



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.3 (Ver. 3.0.8, 02/01/2022)

1.1 General Information

1. Agency or State entity Name: 4265 - Public Health, Department of

If Agency/State entity is not in the list, enter here with the [organization code](#).

[Click or tap here to enter text.](#)

2. Proposal Name and Acronym: Centralized Application Branch Online Project (CAB Online)

3. Proposal Description: (Provide a brief description of your proposal in 500 characters or less.)

The California Department of Public Health (CDPH) proposes to refresh the technology of its license application submission system (Adobe Experience Manager), enable 33 additional health care facilities to submit applications electronically, and integrate the new license application submission system with other CDPH systems, including the Electronic License Management System (ELMS). ELMS is a CDPH's data system created in 2005 to manage state licensing-related data as a web forms application.

4. Proposed Project Execution Start Date: 1/3/2023

5. S1BA Version Number: Version 1

1.2 Submittal Information

1. Contact Information

Contact Name: Bassam Abughazaleh

Contact Email: bassam.abughazaleh@cdph.ca.gov

Contact Phone: 1-279-667-0470

2. Submission Type: New Submission

If Withdraw, select Reason: [Choose an item.](#)

If Other, specify reason here: [Click or tap here to enter text.](#)

Sections Changed, if this is a Submission Update: (List all sections changed.)

[Click or tap here to enter text.](#)

Summary of Changes: (Summarize updates made.)

[Click or tap here to enter text.](#)

3. Attach [Project Approval Executive Transmittal](#) to your email submission.
4. Attach [Stage 1 Project Reportability Assessment](#) to your email submission.

1.3 Business Sponsorship

1. Executive Champion (Sponsor)

Title: [Acting Deputy Director](#)

Name: [Cassie Dunham](#)

Business Program Area: [Center for Health Care Quality](#)

2. Business Owner

Title: [Assistant Deputy Director](#)

Name: [Scott Vivona](#)

Business Program Area: [Center for Health Care Quality](#)

3. Product Owner

Title: [Branch Chief](#)

Name: [Kelly Abel](#)

Business Program Area: [Center for Health Care Quality, Centralized Applications Branch](#)

TIP: Copy and paste or click the + button in the lower right corner on any section to add additional Executive Champions, Business Owners, or Product Owners with their related Business Program Areas as needed.

1.4 Stakeholder Assessment

The Stakeholder Assessment is designed to give the project team an overview of communication channels that the state entity needs to manage throughout the project. More stakeholders may result in increased complexity to a project.

1. Indicate which of the following are interested in this proposal and/or the outcome of the project. (Select 'Yes' or 'No' for each.)

State Entity Only: **No**

Other Departments/State Entities: **No**

Public: **No**

Federal Entities: **No**

Governor's Office: **No**

Legislature: **No**

Media: **No**

Local Entities: **No**

Special Interest Groups: **Yes**

Other: **No**

2. Describe how each group marked 'Yes' will be involved in the planning process.

Special Interest Groups: Health Care Facility Providers will not provide input to project requirements or review project artifacts. A selection of health care facility users will participate in user acceptance testing to validate that the system functions as expected. User acceptance testing participation by health care facility users will be limited to functionality related to their provider types.

1.5 Business Program

1. Business Program Name: Center for Health Care Quality, Centralized Applications Branch

2. Program Background and Context: (Provide a brief overview of the entity's business program(s) current operations.)

CDPH is organized into five centers dedicated to different aspects of public health. One of those centers, the Center for Health Care Quality (CHCQ), operates the Licensing and Certification Division (L&C), which is responsible for licensing and regulating health care facilities throughout the state. L&C is an essential part of CDPH's mission to optimize the health and well-being of the people of California, affecting the lives of millions of people in health care facilities each year. CHCQ is primarily funded by a grant from the Centers for Medicare & Medicaid Services (CMS), and by licensing fees paid by health care facilities.

The L&C Division's top priority is to protect patient safety and ensure quality care for all patients and residents of the more than 10,000 health-care facilities the program regulates in California. These include general acute care hospitals, acute psychiatric hospitals, home health agencies, hospices, skilled nursing facilities, and 30 other provider types.

Online Application Submission System/Adobe Experience Manager

In December 2019, an online application submission system was implemented using Adobe Experience Manager (AEM) pursuant to Health and Safety Code Section 1272. The provider-

facing system enables general acute care hospital (GACH) and acute psychiatric hospital (APH) providers to submit their applications electronically. The automated application submission system reduced many cumbersome manual processes for GACH and APH applications and have created a seamless route for application submissions and processing. For the other 33 provider types, the application review process remains manual.

Electronic Licensing Management System

Centralized Applications Branch (CAB) analysts use the Electronic Licensing Management System (ELMS) to record and manage information about providers, facilities, the services they provide, and the status of their applications. Despite using the AEM and ELMS systems, the application process is highly manual and prone to delays. Out of 35 provider types, 33 of them must submit paper applications and payments via the U.S. Postal Service. Data submitted by providers in AEM must be manually rekeyed into ELMS. Delays in processing applications have the potential to impact patients if a facility is not promptly licensed to provide enough beds or other health care services. Manually keying data into ELMS risks recording incorrect information, such as creating duplicate records and mis-typed data. Duplicate records are usually discovered when a provider is contacted twice for the same application, or when an application appears delayed in the workflow. Mis-typed data is discovered incidentally when analysts are reviewing the data in ELMS or in a report.

Initial, Change of Ownership, or Report of Change Applications Process

The paper application process is very manually intensive. When a paper application packet for an Initial, Change of Ownership, or Report of Change is received through the mail, the CAB Intake Team creates the application packet folder, generates an application ID in ELMS, adds the facility profile information to the system, and files the paper application packet folder for manager pick-up to assign to an analyst for processing. The manager picks up the application packet from the file and the new application is assigned to an analyst for review and evaluation. If the application type requires an application fee, the application is prescreened to ensure all the required forms/supporting documents are submitted before requesting payment. If the application is missing the required documentation, the analyst requests the required documentation from the applicant. The applicant has 21 days to provide the required documentation, or the application is deemed incomplete and a letter is sent to the applicant stating that the application will no longer be considered. If all the required documentation is received within the 21-day timeframe, the analyst requests the application fee. The applicant has 21 days to submit the application fee, or the application is deemed incomplete. When the application fee is received, the analyst submits the check to the Office of Internal Operations, Fiscal Management Branch to process it.

Once the application has all the required documentation and the application fee (if applicable) is received and clears the bank, the analyst conducts a full review of the content of the application, runs a compliance history report, and conducts several database checks, to ensure the applicant meets state licensing and/or federal certification requirements. One of the main databases that are checked is the Caregiver Applicant Background System (CABS), which tracks applications of professional certifications (e.g., Certified Nurse Assistants, Nursing Home Administrators, and Home Health Aides). This application is shared with the Department of Social Services. CAB analysts must manually look up information in CABS and rekey relevant information into ELMS.

This manual, paper-based process adds many days to the processing and approval of applications. The table below shows the average approval timeframes and the average time spent in correction status for each application type.

Application Type	Approval Timeframe	Average Time Spent in Correction Status
Initial	209	73
Change of Ownership	219	121
Report of Change	93	39

Based on ELMS records from 11/1/2020 through 11/30/2021

GACH and APH providers may submit their applications electronically using the AEM system. Once received the analyst processes them the same way as the paper applications by manually generating an application ID in ELMS, adding the facility profile information to the system, conducting compliance history and database checks. GACH and APH payments must still be made by sending a paper check separately from the application.

The analyst notifies District Office staff to inform them that the evaluation timeline has begun and to inquire if the District Office will be conducting a survey. The analyst reviews the application for accuracy and completeness, and communicates with the applicant if additional information is required. If the application packet is incomplete or contains incorrect/insufficient information, the analyst will contact the applicant for the necessary information. The applicant has 60 days to submit the requested information for an Initial and Change of Ownership application and 30 days for all other Report of Change applications. If all requested information is received and the content of the application meets state licensing and/or federal certification requirements, the analyst approves the application, updates ELMS, and notifies the applicant and the District Office. If the application type requires a survey, the analyst forwards the application to the District Office to conduct an onsite survey. If the application is denied or deemed incomplete, the analyst updates ELMS, notifies the applicant, and the District Office.

District Offices use two systems to perform and record site surveys:

- Risk and Safety Solutions (RSS), which is used to conduct mobile surveys. The software provider is owned and operated by the University of California Office of the President.
- ASPEN Central Office (ACO) records results of facility inspections and incident findings. It is owned by the Centers for Medicare and Medicaid Services (CMS).

For those application types that are approved and require a survey, once the District Office completes the survey and approves the provider to receive an initial license or an updated license based on the reported changes, the CAB analyst updates ELMS with information from the District Office, RSS and ACO. The analyst generates the license in PDF using ELMS, obtains appropriate signatures, and sends the new/updated license to the applicant via email. (Prior to COVID, licenses were printed on special paper stock with wet signatures and mailed to providers. CAB does not expect to revert to that process post-COVID.)

When the process is complete, the analyst scans the application packet and correspondence/documents generated by the analyst into the CAB G drive and uploads it into

ELMS for documentation, and mails the complete application packet to the local District Office for their records.

License Renewals Process

The annual License Renewal Application (LRA) / License Renewal Invoice is generated and distributed to the licensee 120 days from the date the license expires. The licensee is required to submit both the LRA and license renewal fee prior to the license expiration date. Once the license renewal fee and LRA are received, the renewed license may be generated and distributed within 30-days of the expiration date. When the CAB, Provider Licensing Unit (PLU) analyst receives the LRA and check via mail, the check is distributed to the Office of Internal Operations, Fiscal Management Branch. The Fiscal Management Branch processes the check. Once the check clears the bank, the PLU analyst reviews ELMS to validate the information on the LRA is complete and signed, conducts database checks for compliance with state licensing requirements. If the licensee is in compliance with state licensing requirements the license is renewed, a new license PDF is produced, and emailed to the provider. If the licensee notates on the LRA that there are changes needed to the facility profile/record, the PLU analyst notifies the CAB Report of Change analyst. The Report of Change analyst sends notification to the licensee that a Report of Change application is required to update the facility records in ELMS.

If a license expires, the PLU analyst sends a series of three letters (30 days, 60 days, 90 days) to the licensee requesting the fee and/or LRA to renew the license or the license may be revoked. Late Payment Penalties are assessed after a license is expired at 30 days, 60 days, and 90 days. The PLU analyst must monitor/track this process manually. If the fee and LRA is not received, the license revocation process begins to revoke the license and close the facility for non-compliance.

3. How will this proposed project impact the product or services supported by the state entity?

The proposed project will improve the services provided by CAB to health care facility providers. The proposed system will ensure that electronically submitted applications are complete and the data passes validation checks, which will reduce the number of days applications spend in correction status and reduce the overall application review timeframe. Applicants will be able to view the status of their applications online. CAB analysts will be able to review the submitted applications online and validate that the applicants meet compliance requirements. Applications will be shuttled through an electronic workflow between CAB, district offices, and the Fiscal Management Branch. Data associated with approved applications will be automatically posted to the ELMS without the need for rekeying. Management reports related to the status of applications will continue to be produced from ELMS, the licensing system-of-record.

TIP: Copy and paste or click the + button in the lower right corner to add Business Programs, with background and context and impact descriptions as needed.

1.6 Project Justification

1. Strategic Business Alignment

Enterprise Architect

Title: [Enterprise Architect](#)

Name: [Theresa Giles](#)

Strategic Plan Last Updated? [12/27/2021](#)

Strategic Business Goal: [Protect the Public's Health](#)

Alignment: [The proposed project will allow CAB to increase the timeliness, efficiency, and quality of its regulatory functions. The resulting automated system will help ensure that applicants submit complete and correct applications, which will reduce the number of days applications sit in a correction status. Applicants will also be able to submit payment electronically, further reducing time delays. And CAB analysts will not have to manually rekey data from the applications into the ELMS system.](#)

Strategic Business Goal: [Optimize Data and Technology](#)

Alignment: [The proposed project will enable CAB to provide enhanced services to applicants by minimizing the back-and-forth between CAB and the applicant and shortening the overall time it takes to review and approve an application. It will also improve the quality of facility provider data by reducing the redundant keying of data into ELMS.](#)

Strategic Business Goal: [Enhance Services Through Agile Operations](#)

Alignment: [The proposed project will increase the efficiency of CAB operations by ensuring that necessary application forms and data are submitted with the application and reducing redundant key data entry.](#)

TIP: Copy and paste or click the + button in the lower right corner to add Strategic Business Goals and Alignments as needed.

Mandate(s): [None](#)

Bill Number/Code, if applicable: [Click or tap here to enter text.](#)

Add the Bill language that includes system-relevant requirements:

[Click or tap here to enter text.](#)

TIP: Copy and paste or click the + button in the lower right corner to add Bill Numbers/Codes and relevant language as needed.

2. Business Driver(s)

Financial Benefit: [No](#)

Increased Revenue: [No](#)

Cost Savings: [Yes](#)

Cost Avoidance: [No](#)

Cost Recovery: **No**

Will the state incur a financial penalty or sanction if this proposal is not implemented? **No**

If the answer to the above question is "Yes," please explain:

[Click or tap here to enter text.](#)

Improvement

Better Services to the People of California: **Yes**

Efficiencies to Program Operations: **Yes**

Improved Equity, Diversity, and/or Inclusivity: **No**

Improved Health and/or Human Safety: **Yes**

Improved Information Security: **No**

Improved Business Continuity: **No**

Improved Technology Recovery: **No**

Technology Refresh: **Yes**

Technology End of Life: **No**

1.7 Business Outcomes Desired

Executive Summary of the Business Problem or Opportunity:

The majority of applications submitted by providers are incomplete or incorrect and require correction to be processed. CAB gives applicants 60 days to submit corrected applications while putting the application in a "correction status" in ELMS. The table below shows that 86% of Initial, 78% of Change of Ownership (CHOW), and 69% of Report of Change applications are incomplete or require some other correction and are subject to the 60-day correction timeframe.

Application Type	# of Applications	Applications Needing Corrections	Correction Percentage	Avg. Days in Correction Status
Initial	2,021	1,737	86%	73
CHOW	331	259	78%	121
Report of Change	9,222	6,370	69%	39
Grand Total	11,574	8,366	72%	

Based on ELMS records from 11/1/2020 through 11/30/2021.

The delays caused by incomplete applications increase the overall number of days from the time the applications are received to the time the applications are approved. The average age of open Initial and CHOW applications is 231 days. Formal timeframes for completing the application review process for some facility types is mandated in the Health and Safety Code (HSC) or other legislation.

Facility Type	Timeframe	Authority
General Acute Care Hospital	100 days	HSC section 1272(a)(1)
Acute Psychiatric Hospital	100 days	HSC section 1272(a)(1)
Community Clinic	100 days	HSC section 1218
Free Clinic	100 days	HSC section 1218
Surgical Clinic	100 days	HSC section 1218
Chronic Dialysis Clinic	100 days	HSC section 1218
Rehabilitation Clinic	100 days	HSC section 1218
Alternative Birthing Center	100 days	HSC section 1218
Psychology Clinic	100 days	HSC section 1218
Affiliate Clinic	30 days	HSC section 1218.1(d)
Intermediate Care Facility/Developmentally Disabled	30 days	Title 22 CCR section 76203(a)(6)(B)
Skilled Nursing Facility	120 days proposed	AB 1502
License Renewal Application	Less than 120 days	HSC section 1267(a)(1)

The department has a need to reduce errors in submitted applications. This action on its own is not sufficient to meet the mandated application review timeframes. However, reducing the errors in submitted applications will reduce the number of applications that require 60-day corrections. The most common error is that providers do not submit all of the required application forms with their application packet, followed by errors related to not providing complete or correct information in the forms themselves. The GACH and APH online application system has reduced both types of application errors and resulted in more complete applications with more correct data. This enables CAB to provide GACH and APH providers better service more efficiently, since there is less back-and-forth to create a complete application. Other provider types are asking when they will be able to submit forms and payments using the online application system.

The department has a need to create efficiencies in CAB operations. Analysts manually key information about the applicant, the facility, and other application information from the paper applications into ELMS. Workflow between CAB intake, managers, analysts, Fiscal Unit, and District Offices includes passing paper application packets and folders. Analysts must manually look up information in related systems—CABS, RSS, ACO—and rekey relevant information into ELMS. Integration of the online application system with the ELMS system and other systems will reduce many of the cumbersome manual processes currently in place and will provide a simplified workflow that will contribute to provider satisfaction by creating a seamless route for application submissions and processing.

The department has a need to move the online GACH and APH application system to a technology that CDPH IT can support. The online GACH and APH application system was created using the Adobe Experience Manager software. AEM was an enterprise standard at CDPH and had been used

successfully to automate forms submissions for other CHCQ programs, such as Flex Waivers and End of Life Drug and Palliative Care Programs. Since the implementation of the GACH and APH application system, CDPH has decided that AEM is no longer an enterprise standard and will not perform new development using that platform. CDPH plans to migrate existing applications off the AEM platform over time.

Business Problem ID: 1

Business Problem: By automating the application submission process for health care facility providers, the CDPH has the opportunity to reduce errors in health care facility applications which in turn reduces the number of days applications spend in correction status. This will enable CDPH to provide improved service to health care facility providers by approving applications more quickly. It will also enable CDPH to improve its regulatory compliance with regard to application processing timelines, although it will not be sufficient to fully meet regulatory requirements.

Objective ID: 1.1

Objective: Enhance service to health care facility providers and improve regulatory compliance related to Initial application processing timelines by reducing the number of days health care facility providers spend resolving Initial application errors and omissions from 73 days to 37 days within 12 months of solution implementation.

Metric: Average number of days Initial applications spend in correction status.

Baseline: The average number of days Initial applications spent in correction status for the period 11/1/2020 through 11/30/2021 was 73 days.

Target Result: Reduce the average number of days in correction status by 50% to 37 days. The CAB unit will run a standard report 3, 6, and 12 after implementation to measure incremental progress toward the objective.

Objective ID: 1.2

Objective: Enhance service to health care facility providers and improve regulatory compliance related to CHOW application processing timelines by reducing the number of days health care facility providers spend resolving CHOW application errors and omissions from 121 days to 61 days within 12 months of solution implementation.

Metric: Average number of days CHOW applications spend in correction status.

Baseline: The average number of days CHOW applications spent in correction status for the period 11/1/2020 through 11/30/2021 was 121 days.

Target Result: Reduce the average number of days in correction status by 50% to 61 days. The CAB unit will run a standard report 3, 6, and 12 after implementation to measure incremental progress toward the objective.

Objective ID: 1.3

Objective: Enhance service to health care facility providers and improve regulatory compliance related to Report of Change application processing timelines by reducing the number of days health care facility providers spend resolving Report of Change application errors and omissions from 39 days to 20 days within 12 months of solution implementation.

Metric: Average number of days Report of Change applications spend in correction status.

Baseline: The average number of days Report of Change applications spent in correction status for the period 11/1/2020 through 11/30/2021 was 39 days.

Target Result: Reduce the average number of days in correction status by 50% to 20 days. The CAB unit will run a standard report 3, 6, and 12 after implementation to measure incremental progress toward the objective.

Objective ID: 1.4

Objective: Enhance service to health care facility providers and improve regulatory compliance related to Initial application processing timelines by reducing the average number of days from the date the Initial application was received to the date the application was approved from 209 days to 173 days within 12 months of implementation.

Metric: Average number of days spent processing Initial applications.

Baseline: The average number of days spent processing Initial applications for the period 11/1/2020 through 11/30/2021 was 209 days.

Target Result: Reduce the average number of days spent processing Initial applications to 173 days. The CAB unit will run a standard report 3, 6, and 12 after implementation to measure incremental progress toward the objective.

Objective ID: 1.5

Objective: Enhance service to health care facility providers and improve regulatory compliance related to CHOW application processing timelines by reducing the average number of days from the date the CHOW application was received to the date the application was approved from 219 days to 159 days within 12 months of implementation.

Metric: Average number of days spent processing CHOW applications.

Baseline: The average number of days spent processing CHOW applications for the period 11/1/2020 through 11/30/2021 was 219 days.

Target Result: Reduce the average number of days spent processing CHOW applications to 159 days. The CAB unit will run a standard report 3, 6, and 12 after implementation to measure incremental progress toward the objective.

Objective ID: 1.6

Objective: Enhance service to health care facility providers and improve regulatory compliance related to Report of Change application processing timelines by reducing the average number of days from the date the Report of Change application was received to the date the application was approved from 93 days to 74 days within 12 months of implementation.

Metric: Average number of days spent processing Report of Change applications.

Baseline: The average number of days spent processing Report of Change applications for the period 11/1/2020 through 11/30/2021 was 93 days.

Target Result: Reduce the average number of days spent processing Report of Change applications to 74 days. The CAB unit will run a standard report 3, 6, and 12 after implementation to measure incremental progress toward the objective.

TIP: Copy and paste or click the + button in the lower right corner to add Objectives as needed. Please number for reference.

TIP: Objectives should identify WHAT needs to be achieved or solved. Each objective should identify HOW the problem statement can be solved and must have a target result that is specific, measurable, attainable, realistic, and time-bound. Objective must cover the specific. Metric and Baseline must detail how the objective is measurable. Target Result needs to support the attainable, realistic, and time-bound requirements.

1.8 Project Management

1. Project Management Risk Score: 0.2

(Attach a completed [Statewide Information Management Manual \(SIMM\) Section 45 Appendix A Project Management Risk Assessment Template](#) to the email submission.)

2. Project Approval Lifecycle Completion and Project Execution Capacity Assessment

Does the proposal development or project execution anticipate sharing resources (state staff, vendors, consultants, or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)?

Answer: Yes

Does the Agency/state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?

Answer (No, New, Existing, or Both): Both New and Existing Processes

1.9 Initial Complexity Assessment

1. Business Complexity Score: 1.3

(Attach a completed [SIMM Section 45 Appendix C](#) to the email submission.)

2. Noncompliance Issues: (Indicate if your current operations include noncompliance issues and provide a narrative explaining how the business process is noncompliant.)

Programmatic regulations: **No**

HIPAA/CIIS/FTI/PII/PCI: **No**

Security: **No**

ADA: **No**

Other: **No**

Not Applicable: **No**

Noncompliance Description:

[Click or tap here to enter text.](#)

3. Additional Assessment Criteria

If there is an existing Privacy Threshold Assessment/Privacy Information Assessment, include it as an attachment to your email submission.

How many locations and total users is the project anticipated to affect?

Number of locations: **18 total locations: CAB headquarters in Sacramento, 15 District Offices and 2 Satellites Statewide**

Estimated Number of Transactions/Business Events (per cycle): **Approximately 890 applications per month; approximately 10,684 per year**

Approximate number of internal end-users: **750**

Approximate number of external end-users: **20,000 (based on 2 users per health care facility; 10,000 facilities)**

1.10 Funding

Planning

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to **complete planning** through the project approval lifecycle framework? **No**

If Yes, when will a budget action be submitted to your Agency/DOF for planning dollars?

[Click or tap to enter a date.](#)

2. Please provide the Funding Source(s) and dates funds for planning will be made available:

Internal Departmental Quality Improvement Account (Fund 0942-222, Reporting Structure 42655705, Service Location 31137); 9/1/2021 – 1/3/2023

Project Implementation Funding

1. Has the funding source(s) been identified for ***project implementation***? Yes

If known, please provide the Funding Source(s) and dates funds for implementation will be made available:

Internal Departmental Quality Improvement Account (Fund 0942-222, Reporting Structure 42655705, Service Location 31137); estimated start date 1/3/2023

Will a budget action be submitted to your Agency/DOF? Yes

If “Yes” is selected, specify when this BCP will be submitted: Fall 2022 for Fiscal Year 2023/24

2. Please provide a rough order of magnitude (ROM) estimate as to the total cost of the project: Less than \$10 Million

End of agency/state entity document.

Please ensure ADA compliance before submitting this document to CDT.

When ready, submit Stage 1 and all attachments in an email to ProjectOversight@state.ca.gov.

Department of Technology Use Only

Original "New Submission" Date: [08/15/2022](#)

Form Received Date: [08/15/2022](#)

Form Accepted Date: [08/15/2022](#)

Form Status: [Completed](#)

Form Status Date: [08/15/2022](#)

Form Disposition: [Approved](#)

If Other, specify: [Click or tap here to enter text.](#)

Form Disposition Date: [08/15/2022](#)

Department of Technology Project Number (0000-000): [4265-081](#)