

## Licensing and Certification

In mid-October 2023, the Centers for Medicare & Medicaid Services (CMS) resumed validation survey activities that were paused during the COVID-19 pandemic. Since these activities resumed, hospitals have seen a dramatic increase in validation surveys, which assess an accrediting organization's ability to accurately assess compliance with Medicare Conditions of Participation. This frequently asked questions (FAQs) document explains why there is an increase, what hospitals can expect when undergoing a CMS validation survey, and more.

As a reminder, the California Department of Public Health (CDPH) is the "state survey agency" in California that contracts with CMS to conduct the CMS validation surveys. CDPH surveyors, therefore, conduct both state surveys and federal surveys.

### CMS-Related FAQs

#### **Q: Why is there an increase in CMS validation surveys?**

**A:** As stated above, CMS has resumed validation survey activities that were paused during the COVID-19 pandemic; this is the reason for a dramatic increase in validation surveys. Additionally, [Chapter 5 of the CMS State Operations Manual](#) requires that state survey agencies notify the CMS regional office of any complaints that, if substantiated, would indicate condition-level non-compliance. If the regional office agrees there is a potential condition-level deficiency, it authorizes CDPH to perform a federal complaint survey. In recent years, CMS has increased its oversight of state survey agencies to ensure all potential condition-level deficiency complaints are appropriately referred to the regional office in accordance with the existing requirements in the *State Operations Manual*. CMS has also increased its education to the public on submitting complaints, especially those regarding violations of the Emergency Medical Treatment and Labor Act via an electronic [complaint portal](#).

#### **Q: What should hospitals expect when undergoing a CMS validation survey?**

**A:** In short, a validation survey begins with an entrance conference, during which the surveyors will introduce themselves, explain the purpose of the survey, and identify the documents they wish to review. The surveyors will then conduct records review, observe services being provided, and interview staff and patients. Once complete, the survey team will hold an exit conference, during which the surveyors will provide limited information about their findings. The California Hospital Association's (CHA's) [California Hospital Survey Manual](#), available online at no charge for CHA member hospitals, explains the survey process in detail.

CMS validation surveys often utilize three surveyors; however, more or fewer may be appropriate depending on the circumstances. CDPH surveyors strive to be clear about the purpose of the survey, review the appropriate checklist for the Medicare Conditions of Participation being surveyed, and provide the proper documents to the hospital team.

#### **Q: If a CMS validation survey is conducted, is CMS required to show Form 2802 to hospital staff?**

**A:** Yes, CMS is required to present the form to hospital staff. Hospitals are welcome to write down the Code of Federal Regulation sections and reference tags that may be listed on the form. Later, the hospital can look up these regulations and the Hospital Interpretive Guidelines (found in the [State Operations Manual Appendix A](#)) to both better understand the nature of the complaint CMS is investigating and get a head start on coming into compliance, if necessary.

## Relicensing and Renewals FAQs

### **Q: When will relicensing surveys begin?**

**A:** CDPH has previously focused on addressing a backlog of complaints about hospitals and long-term care facilities that need investigation. However, it is turning its focus to relicensing surveys throughout the remainder of 2025.

### **Q: What type of surveyors should we expect to see during relicensing surveys?**

**A:** Most surveyors are called “health facility evaluator nurses” (HFENs). However, CDPH also employs “consultants” — typically physicians, dietitians, and pharmacists — to review medical, dietary, and pharmacy services. Other CDPH personnel may help conduct the survey as well. Because relicensing surveys typically require a larger survey team than other surveys, hospitals may see a mix of HFENs, consultants, and other personnel.

### **Q: A hospital should receive its renewal notice approximately two months prior to its license expiring. If it doesn't receive this notice, who should the facility contact?**

**A:** If a provider hasn't received its renewal notice, it should contact the CDPH Center for Health Care Quality Licensing and Certification Program's Fiscal Services and Revenue Collection Unit at [rcollection@cdph.ca.gov](mailto:rcollection@cdph.ca.gov). This is the unit responsible for mailing out the license renewal notices.

### **Q: If a hospital's license has expired and it has submitted all renewal paperwork to CDPH, what can facilities do?**

**A:** Verify with CDPH that it has received all documentation.

## CDPH Operational FAQs

### **Q: How does CDPH prioritize its workload?**

**A:** As complaints are received, each district office triages and prioritizes the activities that must be completed in order to investigate the complaint or handle the licensing request. If a complaint alleges a potential “immediate jeopardy” violation, CDPH may alert CMS and request authority to conduct a federal survey on CMS' behalf. CDPH may also alert The Joint Commission and/or other accreditation organizations. Prioritization ultimately depends on the nature of the complaint and whether it alleges a potential federal Condition of Participation deficiency.

### **Q: Is CDPH seeing any complaint trends?**

**A:** Most complaints CDPH receives involve nursing services, care planning, and failure to follow policies and procedures.

### **Q: Are there any survey-related best practices hospitals can follow?**

**A:** While a list of best practices isn't available, hospital staff can learn a great deal about what to do by reading and understanding the [State Operations Manual](#) — and particularly the Hospital Interpretive Guidelines (found in the [State Operations Manual Appendix A](#)). CMS produces these documents in an attempt to foster consistent procedures and interpretations regarding the Conditions of Participation among surveyors nationwide.

### **Q: Does CDPH ever defer or delay a survey?**

**A:** Hospitals can request to delay or defer an upcoming survey through their [CDPH district office](#) and should include hospital census and other relevant data/information when doing so. CDPH will review the justification for the request and make a decision. Early and continuous communication with the district office is vital, because once a surveyor is on site, a survey cannot be withdrawn or delayed.

**Q: How can hospitals provide additional necessary information that exceeds the character limitations in CDPH’s online reporting system?**

**A:** After a facility receives the return receipt for its submission, it should send an email with the additional information to the appropriate CDPH district office. The facility should reference the return receipt so that CDPH can match the original submission with the additional information.

## Miscellaneous FAQs

**Q: When bringing new equipment online, is there anything hospitals can do to expedite the approval process or eliminate delays?**

**A:** When requesting approval for new equipment, thorough supporting documentation is the key to minimizing delays and facilitating the review process — so hospitals should submit as much information as possible to CDPH, including:

- The location of equipment and whether it will be on-site, off-site, or mobile (the equipment’s location will determine which application to submit and what information is required)
- Maps showing where the equipment will be used
- Drawings or photographs of the equipment — or the location where it will be installed — to help CDPH personnel visualize the hospital’s plan

Completed applications are accepted through the online portal where a Centralized Applications Branch analyst will complete the application review/evaluation within 100 days of receipt, pursuant to Health and Safety Code Section 1272. In some cases, CDPH can approve the application remotely without ever going to the hospital.

**Q: What contact information should a facility provide for its mobile clinics? Is the contact information based on where the mobile clinic is parked or where it serves patients?**

**A:** Contact information is based on where the mobile clinic is parked. Mobile clinics should provide the street address — including the city, state, and ZIP code — and phone number.

**Q: Some hospitals have been unable to obtain fire clearance for surge tents because the local fire chief said this is something they do not provide. What should hospitals in this situation do?**

**A:** The facility can still submit the required program flexibility (flex) request to CDPH for evaluation. Some fire chiefs will not complete the “STD. 850 Fire Safety Inspection Request” form, but will provide a sign off via email or other means — which CDPH’s evaluators will accept. CDPH evaluates each program flex request based on its own merit, and since situations and circumstances differ for each flex request, the department looks at the totality of information the facility has provided when making a determination. Once the program flex request is submitted, CDPH encourages facilities to discuss their unique circumstances with the evaluator assigned to it.