

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

ADMINISTRATIVE PROCEDURE MEMORANDUM

Date: April 27, 2011
To: Administrators of General Hospitals and Community Clinics
From: Howard Roitman, Division Director, Health Facilities and Emergency Medical Services Division
Re: Authorizing General Hospitals to List Directly Owned Community Clinics on their License as Off-Campus Locations (OCLs)

Summary. Current regulations authorize general hospitals to add outpatient off-campus services to their license unless such services meet the definition of another licensure category, such as ambulatory surgical services or community clinics. This memorandum provides notice of a policy change authorizing general hospitals to include off-campus community clinic services directly owned by the hospital under their license as OCLs.

Policy Change

- Effective April 1, 2011, the Department is administratively modifying the off-campus provisions to allow services that meet the definition of community clinic to be added to the general hospital license as an OCL. Note that this change does not apply to: 1) community clinics that provide inpatient care or 2) community clinics and emergency centers.
- In addition to effecting this change administratively, the Department will be seeking corresponding regulatory changes.

Implementation of the Administrative Change

- Process and Important Dates. Under current regulations, hospitals may add an OCL at any time by submitting a completed letter of intent. However, in order to be exempt from plan review and meet "existing" rather than "new" Life Safety Code occupancy requirements, off-campus services must be added during first renewal on or after April 1, 2011. Since renewals must be submitted at least 30 days prior to the license's expiration date, this applies to renewals submitted on or before February 29, 2012. To parallel this existing timeline, facilities will be allowed to add community clinics in operation as of August 30, 2011 as

OCLs exempt from plan review on both renewal *and* amended license applications *on or before February 29, 2012*.

- Two-Hour Firewall Requirements. Please note that the 2-hour fire wall requirements will apply to community clinic services in the same way that they apply to other off-campus locations. A 2-hour firewall is required for OCLs that have one or more anesthetizing locations, except:
 - between a licensee that adjoins one or more other licensees if all have the same ownership or governing body and all occupancies are board and care, ambulatory care or business occupancy. If so, a one-hour firewall is acceptable.
 - a licensee that adjoins one or more other licensees if all have the same ownership or governing body, all meet the standards for the most stringent of the applicable occupancy standards and understand that any Life Safety Code (LSC) deficiency cited for one occupancy applies to all occupancies.
 - free-standing structures except in circumstances where it is specifically mandated by the LSC.

Implementation of the Regulatory Change. The Department plans to go before the Board of Health on May 18, 2011 to request a rulemaking hearing on July 20, 2011. The proposed changes to Chapter IX - Community Clinics and Community Clinics and Emergency Centers and conforming amendments to Chapter IV - General Hospitals are provided below.

Amendments have been highlighted for your reference. Please submit comments to Lorraine Dixon-Jones, via e-mail at lorraine.dixon@state.co.us by *Friday, May 13, 2011*. Prior to the rulemaking hearing in July, there will be additional opportunity for stakeholder comment.

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3 **6 CCR 1011-1, Chapter IX**
4 **Community Clinics and Community Clinics and Emergency Centers**

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7 **Section 1. DEFINITIONS**

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9 1.1 Community Clinic or Community Clinic and Emergency Center. A “community clinic” or a “community
10 clinic and emergency center” is defined as a comprehensive community-based medical facility which
11 includes general or primary care services, preventive health services, diagnostic or therapeutic outpatient
12 services, appropriate inpatient services, and/or emergent care services. The emergency center
13 (emergency services available 24 hours) portion of the license shall be an optional component, and a
14 community clinic may be licensed as a “community clinic” or as a “community clinic and emergency
15 center.

16
17 ~~1.5 Exclusions.~~ The term community clinic or a community clinic and emergency center does not include
18 the following:

19 ~~(a) A facility that is licensed as part of or a department of a general hospital and is not freestanding;~~

20 (a) **SERVICES OF A GENERAL HOSPITAL THAT ARE:**

21 **1) ON THE HOSPITAL CAMPUS AND LICENSED AS PART OF OR A DEPARTMENT OF THE HOSPITAL.**

22 **2) LISTED AS AN OFF-CAMPUS LOCATION UNDER THE HOSPITAL LICENSE. HOWEVER, THIS**

23 **PARAGRAPH (a)(2) DOES NOT INCLUDE COMMUNITY CLINICS THAT PROVIDE INPATIENT CARE OR**
24 **COMMUNITY CLINICS AND EMERGENCY CENTERS.**

25 (b) A facility which is used as an office for the private practice of a physician(s) except when:

26 l) it holds itself out to the public or other health care providers as a community clinic or a
27 community clinic and emergency center or as a similar facility with a similar name or
28 variation thereof which creates confusion in the mind of the public, indicating that it is
29 capable of providing the same care as required by these regulations and or in fact
30 provides the same level of care as required by these regulations, and in the case of an
31 emergency center, of providing 24-hour emergency care;

32 2) it is operated or used by a person or entity different than the physician(s).

33 3) patients are charged a fee for the use of the facility in addition to the physician(s)
34 professional fee.

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36 ~~A “community clinic” or a “community clinic and emergency center” includes accommodations for~~
37 ~~inpatient stays, unless otherwise exempted by statutory provisions or by a waiver of the requirement by~~
38 ~~the Department under section 10.1. A “community clinic” or a “community clinic and emergency center”~~
39 ~~may include general and primary care providers participating in the medically indigent program pursuant~~
40 ~~to article 15 of title 26. No waiver of inpatient accommodation requirements as required under section~~
41 ~~10.1 of these regulations shall be necessary for medically indigent program providers who provide only~~
42 ~~primary care and other outpatient services during normal business hours. No waiver of inpatient~~
43 ~~accommodation requirements as required under section 10.1 Of the regulations shall be necessary for a~~
44 ~~community clinic or a community clinic and emergency center located within a licensed hospital, but not~~
45 ~~licensed as part of the hospital, and has an admission or transfer agreement with that hospital.~~

46
47 1.2 Emergency or Emergent Care. Emergency or emergent care is defined as treatment for a medical
48 condition manifesting itself by acute symptoms of a sufficiently severe nature that are life, limb, or
49 disability threats requiring immediate attention, where any delay in treatment could be reasonably
50 expected to place the health of the individual in serious jeopardy, or seriously impair bodily functions, or
51 cause serious dysfunction of any bodily organ or part.

52
53 1.3 Inpatient Care. For the purposes in Chapter IX of these regulations, “inpatient care” shall be defined as
54 extended care or stay in the facility beyond the primary care or general services normally rendered which

1 would include an overnight stay or a continuous period of care exceeding twenty-four (24) hours, but not
2 to exceed 72 hours.

3
4 1.4 Primary Care. Primary care is defined as a practice that deals with the individual rather than an organ
5 system or an abnormal physiology and provides an array of services covering the preventive, diagnostic,
6 and therapeutic needs of patients, including referral and coordination of care to the services.

7
8 ~~1.5 Exclusions.~~ *{Explanatory note: this language was moved to Subsection 1.1, as part of the*
9 *definition of community clinic/community clinic and emergency center.}*

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11 **Renumber succeeding sections accordingly.**

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15 **Section 10. INPATIENT SERVICES**

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17 10.1 Limited Stay. A community clinic or a community clinic and emergency center may provide inpatient
18 services to ill or injured persons where a determination has been made **THAT TRANSFER TO ANOTHER**
19 **FACILITY WITH transportation to a hospital or other appropriate facility when** a higher level of care is
20 not immediately necessary provided that the needs of such patients can be met by the facility during a
21 short stay not to exceed 72 hours. *{Explanatory note: This amendment is for clarification purposes*
22 *only. No substantive change is intended.}* "Meeting the needs of patients" shall include, appropriate
23 licensed provider staff, patient care services, equipment and supplies, and physical plant. ~~10.1 (b)~~ The
24 72-hour limit on inpatient stays shall not apply to the Department of Corrections providing medical
25 services pursuant to article I of title 17.

26
27 ~~(a) The Department may waive the requirement for inpatient services after a review of applicant~~
28 ~~materials for licensure provided that the facility demonstrates that it meets the definition of a~~
29 ~~facility under this Chapter IX of the regulations, with the exception of the inpatient component,~~
30 ~~and is not the private practice of an independent, licensed physician.~~
31

32 10.2 Patient Care Unit .

33 **(a) INPATIENT BEDS ARE AUTHORIZED IN:**

34 **(1) FACILITIES THAT ARE PART OF THE DEPARTMENT OF CORRECTIONS.**

35 **(2) COMMUNITY CLINICS, IF SUCH INPATIENT BEDS WERE ADDED TO THE LICENSE ON OR BEFORE**
36 **AUGUST 31, 2011.**

37 **(3) COMMUNITY CLINICS AND EMERGENCY CENTERS.**

38 **(b)** A community clinic or a community clinic and emergency center providing inpatient care shall
39 establish and maintain a patient care unit. Each patient shall have a visible means of
40 identification placed securely on his or her person until discharge. Each patient room shall
41 have adequate space to meet the needs of the patient. In general, the standard shall be 100
42 square feet for each single patient room or 80 square feet per bed for multiple bedrooms and
43 include sufficient illumination to meet patient needs for treatment. Each patient shall have
44 direct access to a call system which signals the provider staff on duty. The facility shall
45 provide patient bathing facilities for patients staying overnight.

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2 **6 CCR 1011-1, Chapter IV - General Hospitals**
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5 4.102 COMPLIANCE WITH THE LIFE SAFETY CODE

6 (1) (c) An off-campus location in operation prior to January 1, 2011 may meet either the existing
7 or the new occupancy Life Safety Code requirements, if it is added to the hospital license
8 at the first renewal licensure that occurs on or after April 1, 2011.

9 **(i) NOTWITHSTANDING THE TIMELINES ESTABLISHED IN PARAGRAPH (1)(c), OFF-CAMPUS**
10 **COMMUNITY CLINIC SERVICES IN OPERATION PRIOR TO AUGUST 31, 2011, MAY BE**
11 **ADDED TO THE HOSPITAL LICENSE THROUGH EITHER A RENEWAL OR AMENDED LICENSE**
12 **APPLICATION SUBMITTED ON OR BEFORE FEBRUARY 29, 2012.**

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