



ARTA

CITIZEN'S CHARTER

SERVICE APPLIED FOR	WHO MAY AVAIL	DOCUMENTARY REQUIREMENTS	DETAILED STEPS AND DURATION	MAXIMUM PROCESSING TIME	PROCESSING FEE IN PHP	PERSON IN CHARGE, POSITION, UNIT/ DIVISION
<u>Handling of Complaints</u>	Any individual/party alleged to be aggrieved or dissatisfied by the services provided by the regulated health facilities/licensing division, or licensing division personnel.	Filled-out Complaint Form Logbook and logsheet of complaints Approved Regional Personnel Order	1. Receipt of complaint. 2. Recording of complaint. 3. Forwarding to Division Chief. 4. Assignment of complaint to technical staff/committee. 5. Evaluation of complaint as to jurisdiction. 6. Verification of complaint with respondent. (await communication from respondent) 7. Referral to appropriate unit, section, division, or agency. 8. Conduct of fact finding, if necessary. 9. Preparation and approval of Resolution, if applicable. 10. Provision of copy of resolution to complainant and respondent.	7 working days communication from respondent to be submitted within 3 working days from receipt of verification letter	None	Receiving Clerk; Licensing Officer; Division Chief; Regional Director; Records Section

Prepared by:


MA. LILLIBETH I. MANZALA, RN
Licensing Officer III

Reviewed by:


ANTONETTE Q. DIMAANO, MD, FPOGS
Division Chief

Approved by:


MARIO S. BACULOD, MD, MPH, CESO IV
OIC - Director IV



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<u>LICENSING PROCESS</u> Certificate of Need (CON) Permit to Construct (PTC) Certificate of Accreditation (COA) Authority to Operate (ATO) License to Operate (LTO)	Government and Private Health Facility Owner/Head/ Representative	Accomplished Application Form Worksheet for Review of Regulatory Officer (RO) Logbook or Logsheets Order of Payment Official Receipt Proof of Compliance (for renewal) COC from FDA <i>Refer to applicable references</i>	Receipt of Application: 1. Submission of duly accomplished forms and requirements. 2. Receipt and checking of completeness of required documents. 3. Issuance of Order of Payment (OP). 4. Receipt of OP and payment of fee.	7 working days (inspection for initial application done within 20 days from complete application)	CON: P2,000.00 PTC: Level 1 Hospital: P2,000 Psychiatric Care Facility: P1,500 Dialysis Clinic: P1,500 Drug Abuse Treatment & Rehab Center: P1,000 Infirmary: P1,500 Birthing Home: P1,400 LTO: Registration Fee: P200 Infirmary (initial): P5,500 Infirmary (renewal): P6,000 Birthing Home (initial): P4,500 Birthing Home (renewal): P3,000 Level 1 Hospital-Private (initial): P6,500 Level 1 Hospital-Private(renewal): P6,000 (no fee for government owned) Clinical Laboratory-Secondary (initial): P2,500 Clinical Laboratory-Secondary (renewal): P2,000 Clinical Laboratory-Tertiary (initial): P3,000 Clinical Laboratory-Tertiary (renewal): P2,500 Blood Collecting Unit (initial): P1,500 Blood Station (initial): P1,400 Dialysis Clinic (initial/renewal): P3,000 Drug Testing Laboratory (initial/renewal): P5,000 Ambulance (initial/renewal): P5,000 Ambulance Unit (initial/renewal): P1,000 Blood Collecting Unit (initial/renewal): P1,500 Blood Station (initial/renewal): P1,400	Receiving Clerk or Regulatory Officer; Cashier
		Accomplished Application Form Accomplished Health Facility Assessment Tool Compliance Report <i>Refer to applicable references</i>	Processing of Application: 1. Endorsement of documents to Regulatory Officer. 2. Evaluation of application as to compliance to requirements. 3. Preparation and conduct of inspection for LTO, COA, and ATO. 4. Issuance of accomplished tool (during exit conference upon inspection). 5. Review and recommendation.			Licensing Officer; CON Committee for CON; Health Facility Establishment and Review Committee (HFERC) for PTC; Division Chief

		CON/PTC/COA/ATO/LTO Letter of approval or disapproval	Issuance or Non-Issuance of CON/PTC/COA/ATO/LTO: 1. Approval/disapproval. 2. Release of CON/PTC/COA/ATO/LTO.	20 working days from receipt of complete application		Licensing Officer; Division Chief; Regional Director; Records Section
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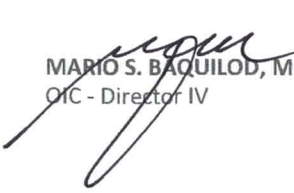
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<u>Monitoring Process</u>	Licensed Regulated Government and Private Health Facilities	<p>Accomplishment Report Master list of health facilities Monitoring Criteria</p> <p>Approved Regional Personnel Order Health Facility Assessment Tool Notice of Violation Form</p>	<p>Pre-Monitoring:</p> <ol style="list-style-type: none"> 1. Prioritization and identification of health facilities; 2. Finalization and approval of Monitoring Plan. 3. Preparation of materials/documents for monitoring. <p>Monitoring Phase: <i>Facility:</i></p> <ol style="list-style-type: none"> 1. Pre-conference with facility staff. 2. Conduct of monitoring. 3. Consolidation of findings by team members. 4. Exit conference/feedback and furnish health facility a copy of accomplished Assessment Tool with noted findings, if applicable. 5. Recommendation for issuance of Notice of Violation, if applicable. 	monitoring as scheduled	None	<p>Licensing Officers; Division Chief</p> <p>Licensing Officers</p>

		Accomplished Assessment Tool Logbook for Monitoring, NOV, and CDO	Post-Monitoring Phase: <i>Regional Office:</i> 1. Perform post travel activities such as preparation of reports and updating of records. <i>(submission of Letter of Explanation and Proofs of Compliance by monitored health facility).</i> 2. Issuance of NOV and CDO, if applicable.	LOE: within 3 calendar days from date of visit POC: within 30 calendar days from date of visit		Licensing Officers; Division Chief; Regional Director; Records Section
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<u>Surveillance Process</u>	Unlicensed Regulated Health Facilities	<p>Documented report of health facility without COA/ATO/LTO; List of unlicensed health facilities; Approved Regional Personnel Order; Health Facility Assessment Tool</p> <p>Communication to LGU and DMO; Logbook for NOV and CDO Surveillance Tracking Form</p>	<p>Pre-Surveillance:</p> <ol style="list-style-type: none"> 1. Identification of health facilities operating without COA/ATO/LTO. 2. Preparation of surveillance plan. 3. Preparation of official travel documents. 4. Coordination with DMO and LGU (if LGU owned). <p>Surveillance:</p> <ol style="list-style-type: none"> 1. Surveillance of health facility. 2. Feedback with health facility staff with appropriate recommendations, if necessary. 3. Recommendation for issuance of Notice of Violation (NOV) and/or Cease and Desist Order (CDO), if applicable. 4. Information to LGU of status of health facility (if LGU owned). <p>Post-Surveillance:</p> <ol style="list-style-type: none"> 1. Perform post travel activities such as surveillance report and letter of information to LGU (if LGU owned). 	as scheduled	None	<p>Licensing Officers; Division Chief; Regional Director</p> <p>Licensing Officers</p> <p>Licensing Officers; Division Chief; Regional Director; Records Section</p>

			2. Coordination with DMO to validate closure of status of health facility, whenever applicable.			
			3. Issuance of NOV with CDO, if applicable.			
			4. Monitor/tracking of health facility issued with Notice of Violation and Cease and Desist order.			

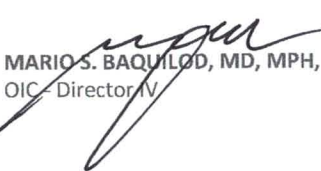
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