



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH

METRO MANILA CENTER FOR HEALTH DEVELOPMENT CITIZEN'S CHARTER HANDBOOK

2021 *Second Edition*





I. Brief information about the agency

By the virtue of Executive Order 119, the Department of Health-Metro Manila Center for Health Development (DOH-MMCHD) was established on October 16, 1987 to provide the region with efficient and effective health services.

The DOH-MMCHD is the regional arm of the DOH-Central Office and is therefore the primary health agency in Metro Manila. It is mandated to provide technical assistance to partners and stakeholders in health through the efficient use of its resources. It is tasked to lead the local government units in attaining the goals and targets of the Department of Health.

In this regard, the DOH-MMCHD shall ensure the improvement of the health status of the region by providing effective and quality health care delivery system. In ensuring quality health care, the agency implements its licensing and monitoring functions, utilizes its resources to conduct substantial health-related researches and documents practices it holds for procurement of services.

Aside from providing optimal health care to the Metro Manila populace prioritizing the poor and the marginalized, the agency is also in charge of delivering health care services during times of emergency and disaster and upon the request of local executives.

“Boosting Universal Health Care via FOURmula One Plus”

II. Mandate

- Oversee the implementation of policies and programs at the regional level and in the retained health facilities within the region.
- Handle the enforcement of health regulatory policies and directly relate to LGUs, NGOs, POs and the private sector in the development of local health systems, extension of technical and other kind of assistance in the field of health.

III. Vision

Global leader in sustainable and equitable urban health.



IV. Mission

To guarantee optimal health of urban populace, especially the poor and marginalized, through the efficient use of resources and inter-sectoral action with partners and other stakeholders.

V. Core Values

In pursuit of its vision, the MMCHD shall adhere to the following work, which are the following:

Health – of our constituents and employees especially the poor and marginalized.

Excellence – continuously strive for the best by fostering efficiency and effectiveness.

Accessibility and availability – of quality health services for all are ensured.

Leadership – lead the quest for excellence on sustainable and equitable urban health, technical authority on health in NCR.

Teamwork – working together with a result-oriented approach

Honesty and Integrity – acts with honor and accountability; upholds the truth.

OF

Nationalism – love of country

Commitment – to the attainment of the vision, mission, goals and objectives

Respect for human dignity – work with compassion, sympathy and kindness



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External Services



Licensing, Regulations, and Enforcement Division (LRED)



1. Issuance of Certificate of Need

This is applied for the establishment of New Government General Hospital regardless of bed capacity/private hospital applying for less than 100 beds/Conversion from Special into a General Hospital/Conversion or Upgrading of a Birthing Home/Infirmary into a General Hospital

All applicants shall adhere to the following timelines:

Application period - 1st working day of the year to November 15 of the same year

Annual cut-off date - November 15 of the same year

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Regulations, Licensing and Enforcement Division (RLED)			
Classification:	Highly Technical			
Type of Transaction:	Government-to-Government and Government-to-Business			
Who may avail:	Government and Privately-Owned New Hospitals			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Private Hospitals for hospitals applying for less than 100 beds: Accomplished Application Form for Certificate of Need a Hospital Government hospital: Accomplished Application Form for Certificate of Need a Hospital		WEBSITE: www.hfsrb.doh.gov.ph		
Certification from Provincial Planning and Development Office that the proposed Hospital is part of the duly approved Provincial Hospital/Health Care Delivery Plan (if available)		Local Government Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the guard on duty/PACD/RLED/Records.	1. Give number to applicant	None	5 minutes	Guard on duty/PACD/LO/Records



<p>2. Submit Accomplished Application Form and Documentary Requirements</p>	<p>2. Evaluate application form and documents for completeness</p> <p>If incomplete:</p> <p>2.1 Return the documents to applicant for completion.</p> <p>If complete,</p> <p>2.1 Issues order of payment</p>	<p>Php 2000</p>	<p>30 minutes</p>	<p><i>Licensing Officer RLED</i></p>
<p>3. Pay the amount due reflected in the order of payment</p>	<p>3. Receive payment</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Cashier RLED</i></p>
<p>4. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>4. Receive order of payment, complete application/documents, and the Official receipt and photocopy it and return to the requesting party the OR.</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Licensing Officer RLED</i></p>
<p>5. Await the release of Certificate of Need</p>	<p>5.1 Evaluate submitted documents and prepares the final review and evaluation</p>	<p>None</p>	<p>12 days</p>	<p><i>CON Committee RLED</i></p>
	<p>5.2 If approved, prepare the CON</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Licensing Officer RLED</i></p>
	<p>5.3 If disapproved, inform</p>	<p>None</p>	<p>3 days</p>	<p><i>Licensing Officer</i></p>



	applicant in writing through mail			RLED
	5.4 Approve and sign the CON	None	4 days	<i>Regional Director</i>
6. Receives of CON	6. Record and release the approved CON	None	30 minutes	<i>Administrative Assistant/ Assigned Regulatory Officer/s RLED</i>
TOTAL		Php 2000	19 days, 2 hours, and 20 minutes	



2. Issuance of Initial License to Operate/Certificate of Accreditation/ Authority to Operate/Certificate of Registration of a Regulated Health Facility

This procedure starts with the receipt of application to the issuance of LTO/COA/ATO/COR by the Health Facilities and Services Regulatory Bureau (HFSRB)/ and the Centers for Health Development (CHDs).

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

License to Operate (LTO) – a formal authority issued by the DOH to an individual, agency, partnership or corporation to operate a hospital or other health facility. It is a prerequisite for accreditation of a health facility (regulated by Bureau of Health Facilities and Services [BHFS]) or by any accrediting body recognized by DOH. An approved Certificate of Need (CON) and Permit to Construct (PTC) is a pre-requisite for the application of LTO for regulated health facilities.

Validity of LTO:

- Birthing Home (BH) – 1 year
- Blood Center (BC) – 3 years
- Clinical Laboratory (CL) – 1 year
- Dental Laboratories (DL) – 3 years
- Hospital- 1 year
- Infirmery - 1 year
- Psychiatric Care Facility (PCF) – 1 year
- Add- on services - 1 year

Certificate of Accreditation (COA) – a formal authorization issued by the HFSRB to an individual, partnership, corporation or association to operate a medical facility for overseas workers and seafarers.

Validity of COA:

- Drug Testing Laboratory (DTL) – 1 year
- Drug Treatment Rehabilitation Center (DATRC) – 3 years
- Laboratory for Drinking Water and Analysis (LDWA) – 3 years
- Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years

Authority to Operate (ATO) – It is a formal permit issued by the DOH-CHD to an individual, partnership, corporation or association to a BCU/BS.

Validity of ATO:

- Blood Collection Unit (BCU) – 3 years
- Blood Station (BS) – 3 years



Certificate of Registration for a Special Clinical Laboratory- is a certificate issued to a clinical laboratory that offers highly specialized laboratory services that are usually not provided by a general clinical laboratory. A one-time registration applies to clinical laboratory.

For Level 1, Infirmary, BH, BCU, BS, CL, DL (filed at CHD Regional Office)

For Level 2, Level 3 Hospitals, ASP, BC, ASC, Dialysis, DATRC, DTL, LDWA, MFOWS, COR of Special Clinical Laboratory, PCF (filed at DOH, HFSRB, Bldg. 15)

Pursuant to Administrative Order No. 2019-0004 on the Guidelines on Annual Cut-off Dates for the Receipt of Complete Application for Regulatory Authorizations Issued by the Department of Health, all applicants shall adhere to the following timelines:

Type of Application	Application period	Annual cut- off date
<ul style="list-style-type: none">• DOH - LTO• DOH - COA• DOH - ATO• DOH - COR	1st working day of the year to November 15 of the same year	November 15 of the same year

In compliance with Memorandum Circular No. 2020-06 of the Anti-Red Tape Authority, alternative procedures are introduced and recommended to comply with the Zero Contact Policy.



Office or Division:	Regulations, Licensing, and Enforcement Division			
Classification:	Highly Technical			
Type of Transaction:	Government to Business and Government to Government			
Who may avail:	All Health Facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application form1 (for initial & renewal) Application form 2 (for facility with changes, renovation, expansion and alteration), if applicable		From the HFSRB website (hfsrb.doh.gov.ph) (downloadable) or CHD RLED Office		
Acknowledgement (notarized)		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or CHD RLED Office		
Application Form for Medical X-ray Facility, if applicable		From the FDA website (www.fda.gov.ph)		
Application Form for Pharmacy, if applicable		From the FDA website (www.fda.gov.ph)		
Accomplished Health Facility Self-Assessment Tool		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or at CHD-RLED office		
Health Facility Geographic Form (Geographic Coordinates) Required for Initial/New application		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or at CHD- RLED office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the guard on duty/PAD	1. Give number to applicant	None	15 minutes	<i>Guard on Duty/PAD</i>
2.1 Submit duly accomplished application form and documentary requirements *Accomplished Application form and documentary requirements may be submitted electronically in place of hard copies.	2.1. Check the documentary requirements/ application submitted 2.1.1 If complete, prepare appropriate Order of Payment (if applicable, schedule appointment of client for payment of fees)	None	1 hour	<i>Medical Officer IV)/ Medical Officer III</i>



2.2 Concur to appointment schedule	2.1.2 If incomplete, notify the client of the lacking documents in writing			
3. Pay the amount due reflected in the Order of Payment at the Cashier's Office (on the scheduled appointment)	3.1 Receive payment 3.2 Issue official receipt	Refer to Health Facility schedule of fees	10 minutes 5 minutes	<i>Administrative Assistant of Cashier Section</i>
Birthing Home		PHP 4,500		
Blood Center		PHP 5,000		
Blood Collection Unit		PHP 1,500		
Blood Station		PHP 1,400		
BCU/BS		PHP 1,500		
Clinical Laboratory OSS Non-Hospital Based Health Facilities with ancillary Services a. Ancillary Services (fees for 3 years) Clinical Laboratory (CL) Fee Primary Secondary Tertiary		PHP 7,500 PHP 9,000 PHP10,500		



Limited Service Capability		PHP 7,500		
One Stop-Shop Government Hospital a.(Non-DOH Retained) Clinical Laboratory (CL) CL Fee for Level 1 Hospital CL Fee for Level 2 Hospital Secondary CL Fee for Level 3 Hospital Tertiary b.Non-Hospital-Based Non-OSS Health Facilities and Services (e.g. Ambulatory Surgical Clinic and Dialysis with Clinical Laboratory) Clinical Laboratory (CL) Fee Primary Secondary Tertiary		PHP 2,500 PHP 3,000 PHP 2,500 PHP 3,000 PHP 3,500		
Infirmary		PHP6,000		
Dental Laboratory a. Removable and Fixed Prosthesis b. Limited Services		PHP 2,500 PHP 1,000		



a. One Stop-Shop (OSS) Non-Hospital Based Dialysis		PHP 9,500		
b. One Stop-Shop Government Hospital (Non-DOH Retained) Dialysis		PHP 3,000		
Free standing		PHP 9,500		
Drug Testing Laboratory		PHP 5,000		
Cash Bond (FOR HFSRB)		PHP20,000		
DATRC				
a. Residential:		PHP 6,000		
b. Non-residential: Cash Bond – PHP20,000.00 (FOR HFSRB)		PHP14,000		
LDWA		PHP 5,000		
Psychiatric Care Facility				
a. Acute/Chronic		PHP 7,500		
b. Custodial Care		PHP 6,000		



<p>Renewal every 3 years</p> <p>a. Private Hospital Basic Fee (initial)</p> <p>Level 1 Hospital Level 2 Hospital Level 3 Hospital</p> <p>b. One Stop-Shop Private Hospital Medical Facility for Overseas Workers and Seafarers (MFOWS) Fee (initial)</p> <p>LWDA Fee PHP5,000 (initial)</p> <p>PHP5,000 (renewal)</p> <p>COA Validity – 3 years</p> <p>10% discount for renewal of application received from the first day of October to the last day of November of the last year of validity of the LTO/COA 10% discount PHP4,500.00</p>		<p>PHP 6,500 PHP 8,500 PHP 10,500</p> <p>PHP13,500</p>		
<p>4. Present proof of payment</p>	<p>4. Receive Official Receipt</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Administrative Assistant III</i></p>



	(OR) and photocopy OR			
5. Wait for the schedule of inspection	5. Receive the application/documentary requirements and forward to designated staff	None	1 day	<i>Administrative Assistant II</i>
6. Submit requirements/documents (electronically) as stated in the assessment tools	6.1 Notify client in writing to submit (electronically) requirements/documents for pre-evaluation 6.2 Pre-evaluate submitted documents	None	7 days	<i>Medical Officer IV)/Medical Officer III</i>
7. Concur with the schedule for inspection	7.1 Schedule the inspection and inform the health facility in writing	None	1 day	<i>Medical Officer IV)/ Medical Officer III</i>
	8.1 Conduct inspection visit 8.2 Provide a photocopy of the assessment tool to the facility	None	1 day	<i>Medical Officer IV)/ Medical Officer III</i>
9.1 Wait for the issuance of LTO/ATO/COA /COR	9.1. Recommend issuance of LTO/ATO/COA /COR for fully complied health facility	None	4 days	<i>Licensing Officer V</i>



<p><i>for facility with non-compliance findings:</i> 9.1.1 submit proof of compliance within 30 calendar days</p>	<p><i>for facility with non-compliance findings:</i> 9.1.1 Notify the facility of the non-compliance in writing 9.1.2 if failed to comply within 30 calendar days, notify the facility of denial of application and forfeiture of payment in writing</p>			
10. Receive the approved LTO/ATO/COA /COR	10. Prepare the LTO/ATO/COA / COR	None	1 day	Licensing Officer III/ Licensing Officer III/ Licensing Officer III)
	11. Approve and sign the LTO/ATO/COA/COR	None	4 days	Regional Director/ Assistant Regional Director
	12. Inform client thru e-mail availability of LTO/ATO/COA/COR 13. Record and release the approved LTO/ATO/COA/COR	None	30 minutes	Administrative Assistant II
Total	Refer to Health Facility schedule of fees	19 days, 2 hours, and 5 minutes		

Issuance of Initial License to Operate/Certificate of Accreditation/ Authority to Operate/Certificate of Registration of a Regulated Health Facility is covered under AO2018-0016



3. Renewal of License to Operate/Certificate of Accreditation/ Authority to Operate/Certificate of Registration of a Regulated Health Facility

This procedure starts with the receipt of application for the issuance of LTO/COA/ATO/COR by the Health Facilities and Services Regulatory Bureau (HFSRB)/ and the Centers for Health Development (CHDs).

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

License to Operate (LTO) – a formal authority issued by the DOH to an individual, agency, partnership or corporation to operate a hospital or other health facility. It is a prerequisite for accreditation of a health facility (regulated by BHFS) by any accrediting body recognized by DOH.

Validity of LTO:

Ambulance Service Provider (ASP) – 3 years (Free-Standing); 1 year (Institution-Based)

Ambulatory Surgical Clinic (ASC) – 3 years

Birthing Home (BH) – 1 year

Blood Center (BC) – 3 years

Clinical Laboratory (CL) – 1 year

Dental Laboratories (DL) – 3 years

Dialysis Clinic (DC) – 3 years (Free-Standing); 1 year (Institution-Based)

Hospital- 1 year

Psychiatric Care Facility (PCF) – 1 year

Infirmary – 1 year

**Add-on Services – 1 year

Certificate of Accreditation (COA) – a formal authorization issued by the HFSRB to an individual, partnership, corporation or association to operate a medical facility for overseas workers and seafarers.

Drug Testing Laboratory (DTL) – 1 year

Drug Treatment Rehabilitation Center (DATRC) – 3 years

Laboratory for Drinking Water and Analysis (LDWA) – 3 years

Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years

Authority to Operate (ATO) – It is a formal permit issued by the DOH-CHD to an individual, partnership, corporation or association to a BCU/BS.

Blood Collection Unit (BCU) – 3 years

Blood Station (BS) – 3 years (Free-Standing); 1 year (Institution-Based)

Certificate of Registration for a Special Clinical Laboratory- is a certificate issued to a clinical laboratory that offers highly specialized laboratory services that are usually not provided by a general clinical laboratory.



One-time registration of a clinical laboratory.

For Level 1, Infirmary, BH, BCU, BS, CL, DL (filed at CHD Regional Office)

For Level 2, Level 3 Hospitals, ASP, BC, ASC, Dialysis, DATRC, DTL, LDWA, MFOWS, COR of Special Clinical Laboratory, PCF (filed at DOH, HFSRB, Bldg. 15)

The Renewal period for DOH-LTO/ATO/COA shall be from October 1 to December 15 of the current year. A 10% discount shall be given to those who filed complete renewal applications from October 1 to November 30 of the current year.

Eligible for Renewal:

- Facilities with no sanctions, violations or deficiencies;
- Facilities which have corrected/complied to the noted violations at the time of application; and
- Facilities which submitted/participated in the Online Health Facility Statistical Reporting System (OHFSRS)

The DOH-LTO/ATO/COA of those facilities with sanctions, violations or deficiencies shall be renewed only after serving out their deficiencies. If compliance was met after the expiration of the DOH-LTO/ATO/COA, the date of validity of the new DOH-LTO/ATO/COA shall start from the date of full compliance.

1. All applicants shall adhere to the following timelines: Renewal for DOH LTO, DOH COA, DOH ATO from October 1 December 15; Cut off-date is December 15;
2. In the event that the cut-off date falls on a weekend or is declared as a regular/special/non-working holiday, or there is a force majeure, the cut-off date shall automatically be moved to the next working day following the holiday or weekend.
3. The CHD-RLEDs shall not accept application whether manual or through the Online Licensing and Regulatory System beyond the set cut-off dates of the current year.
4. Applicants who intend to submit via mail or courier shall ensure that their applications shall be received by the CHD-RLEDs on or before the cut-off dates
5. Applications for renewal of expired DOH-LTO/COA/ATO shall still be processed subject to penalties and sanctions.
6. [In compliance with Memorandum Circular No. 2020-06 of the Anti-Red Tape Authority, alternative procedures are introduced and recommended to comply with the Zero Contact Policy.](#)

SANCTIONS:

Length of Expiry -Less than or equal to three months expired (Penalty: 100% surcharge and Gap in the Validity of DOH-LTO/COA/ATO)

Remarks: For processing of renewal; More than three months - For processing as initial. Application for DOH-PTC, DOH-LTO/COA/ATO shall be required.



Office or Division:	Regulations, Licensing and Enforcement Division			
Classification:	Complex			
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
Who may avail:	All Regulated Licensed Health Facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application form1 (renewal)		From the HFSRB website (hfsrb.doh.gov.ph) (downloadable) or CHD RLED Offices		
Acknowledgement (notarized)		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or CHD RLED Offices		
Application Form for Medical X-ray Facility (if applicable)		From the FDA website (www.fda.gov.ph)		
Application Form for Pharmacy (if applicable)		From the FDA website (www.fda.gov.ph)		
Accomplished Health Facility Self-Assessment Tool		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or at CHD-RLED offices		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCES SINGTIM E	PERSON RESPONSIBLE
1. Secure a number at the guard on duty/PACD	1. Give number to applicant	None	5 minutes	<i>Guard on Duty / PACD</i>
2.1 Submit duly accomplished application form and documentary requirements* *Accomplished Application form and documentary requirements may be submitted electronically in place of hard copies.	2.1 Check the documentary requirements/ap plication submitted 2.2.1 If complete, prepare appropriate Order of Payment (if applicable, schedule appointment of client for payment of fees)	None	1 hour	<i>Medical Officer IV/ Medical Officer III</i>



2.2 Concur with appointment schedule	2.2.2 If incomplete, notify the client of the lacking documents in writing			
3. Pay the amount due reflected in the Order of Payment at the Cashier's Office (on the scheduled appointment)	3.1 Receive payment 3.2 Issue official receipt	Refer to Health Facility schedule of fees	15 minutes	<i>Administrative Assistant III / Collection Officer in Cashier Section</i>
Ambulance Service Provider a. Institution based (Ambulance per unit) b. Non-Institution Based (Ambulance per unit) c. Ambulance Service Provider		PHp1,000 + Renewal Fee Php 5,000 PHP3,000 PHP15,000		
Ambulatory Surgical Clinic		PHP 4,000		
Birthing Home		PHP 3,000		
Blood Center		PHP 5,000		
Blood Collection Unit		PHP 1,500		
Blood Station (Fully-owned by the facility)		No fee		
BCU/BS (Fully-owned by the facility)		No fee		
Clinical Laboratory				



<p>OSS Non-Hospital Based Health Facilities with ancillary Services</p> <p>a. Ancillary Services Clinical Laboratory (CL) Fee</p> <p>Primary Secondary Tertiary</p>		<p>PHP 2,500 PHP 3,000 PHP 3,500</p>		
<p>Limited Service Capability</p>		<p>PHP 7,500</p>		
<p>One Stop-Shop Government Hospital</p> <p>a. (Non-DOH Retained) Clinical Laboratory (CL) CL Fee for Level 1 Hospital Secondary –</p> <p>CL Fee for Level 2 Hospital Tertiary –</p> <p>CL Fee for Level 3 Hospital Tertiary –</p> <p>b. Non-Hospital-Based Non-OSS Health Facilities and Services (e.g. Ambulatory Surgical Clinic and Dialysis with Clinical Laboratory)</p>		<p>PHP 2,500</p> <p>PHP 3,000</p> <p>PHP 3,000</p> <p>PHP 14,000 every 3 years</p>		



Clinical Laboratory (CL) Fee: Primary – Secondary – Tertiary –		PHP 2,500 PHP 3,000 PHP 3,000		
Dental Laboratory a. Removable – b. Fixed Prosthesis – c. Removable and Fixed Prosthesis d. Limited Services –		PHP 1,000 PHP1,000 PHP2,500 PHP 1,000		
a. One Stop-Shop (OSS) Non-Hospital Based Dialysis b. One Stop-Shop Government Hospital (Non-DOH Retained) Dialysis c. One Stop-Shop Private/Government Hospital (Non-DOH Retained) d. Dialysis (Hospital owned)		PHP 9,500 (HFSRB only) PHP 3,000 No fee		
Free standing Dialysis –		PHP 9,500 (HFSRB only)		
Drug Testing Laboratory Cash Bond – PHP20,000.00 (FOR HFSRB)		PHP 5,000		



DATRC a. Residential:		PHP 6,000		
b. Non-residential: Cash Bond – PHP20,000.00 (FOR HFSRB)		PHP14,000		
Infirmery		PHP 5,500		
LDWA – Psychiatric Care Facility a. Acute/Chronic b. Custodial Care		PHP5,000 PHP 5,500 PHP 4,000		
a. Private Hospital Basic Fee (initial) Level 1 Hospital Level 2 Hospital Level 3 Hospital b. One Stop-Shop Private Hospital Medical Facility for Overseas Workers and Seafarers (MFOWS) Fee (initial) Cash Bond – PHP100,000.00 (for central) PHP5,000.00		PHP 6,000 PHP 8,500 PHP 10,500 PHP13,500		
4. Present proof of payment (Official receipt)	4. Receive application with documentary requirements and photocopy the OR	None	5 minutes	<i>Administrative Assistant III</i>
5. Wait for the issuance of LTO/ATO/COA /COR	5.1 Processing of LTO/ATO/COA/ COR	None	1 day	<i>Licensing Officer III/ Licensing Officer III/ Licensing Officer III</i>



	5.2 Approve and sign the LTO/ATO/COA/COR	None	3 days	<i>Regional Director/ Assistant Regional Director</i>
6. Receives the approved LTO/ATO/COA/COR	6.1 Inform client thru e-mail availability of LTO/ATO/COA/COR 6.2 Records and release the approved LTO/ATO/COA/COR	None	30 minutes	<i>Administrative Assistant II</i>
TOTAL		Refer to Health Facility schedule of fees	4 days, 1 hour, and 55 minutes	

Schedule of Fees:

10% discount for renewal of application received from the first day of October to the last day of November of the last year of validity of the LTO/COA



4. Issuance of Permit to Construct

Department of Health Permit to Construct (DOH-PTC) is a permit issued by DOH through Health Facilities and Services Regulatory Bureau (HFSRB)/ and the Centers for Health Development (CHDs) to an applicant who will establish and operate a hospital or other health facility, upon compliance with required documents set forth in Administrative Order No. 2016-0042-A prior to the actual construction of the said facility.

A DOH-PTC is also required for hospitals and other health facilities with substantial alteration, expansion, renovation, increase in the number of beds, transfer of site or add services beyond their service capability. It is a prerequisite for License to Operate.

Application must be filed from the first working day of the year to November 15 of the same year as prescribed in the DOH Administrative Order No. 2019-0004.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Regulations, Licensing and Enforcement Division	
Classification:	Highly-Technical	
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
Who may avail:	All Health Facilities	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Accomplished Application Form for Permit to Construct a Health Facility		Website: www.hfsrb.doh.gov.ph
Letter of intent for new and existing health facility (background and scope of the project)		Requesting party
For new health facility: Approved Certificate of Need from the DOH-Regional Office <ul style="list-style-type: none"> ● New government general hospitals ● Private hospitals below 100 Authorized Bed Capacity 		Requesting party
Proof of Registration of Name of Health Facility <ul style="list-style-type: none"> ➤ DTI/SEC Registration including Articles of Incorporation and By-Laws (for private health facility) ➤ Enabling Act/ Board Resolution (for government health facility) ➤ Cooperative Development Authority Registration including 		From Department of Trade and Industry (DTI)/ SEC/ CDA Securities and Exchange Commission Office/Department of Trade and Industry Local Government Unit



Articles of Cooperation and By-Laws		Cooperative Development Authority		
Three (3) Sets of Site Development Plans and Architectural Floor Plans (in blue print 20 x 30)		Private/Government Practitioners		
<ul style="list-style-type: none"> ➤ Signed and sealed by an Architect/Engineer ➤ Showing all areas with appropriate scale, dimension and labels ➤ Demonstrating proper spatial and functional relationships of areas (refer to Checklist for Review of Floor Plan) 				
For expansion/renovation of existing health facility		Requesting party		
<ul style="list-style-type: none"> ➤ Latest DOH Approved Permit to Construct and Approved Floor Plan with latest copy of LTO/COA ➤ Floor Plan indicating proposed change/s (refer to B.3 of the Application Form) 		Private/Government Practitioners		
Feasibility Study (for non-hospital-based dialysis clinic only)		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the guard on duty/PACD/RLED	1. Give number to the applicant	None	5 minutes	Guard on Duty/PACD/RLED
2. Submit duly accomplished application form and documentary requirements	2. Checks the documentary requirements/application submitted 2.1. If complete, prepare appropriate Order of Payment 2.2. If incomplete,	None	30 minutes	Licensing Officer RLED



	return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office	3. Receive payment and Issue official receipt	Refer to Health Facility Schedule of Fees	15 minutes	<i>Administrative Assistant of Cashier Section</i>
Hospital Level 1		PHP 2,000		
Level 2 (For HFEP Facility Only)		PHP 2,500		
Level 3 (For HFEP Facility Only)		PHP 3,000		
Psychiatric Care Facility				
Acute-chronic		PHP 1,500		
Custodial		PHP 1,500		
Dialysis Clinic – <i>add-on service to Level 1 Hospital</i>		PHP 1,400		
Ambulatory Surgical Clinic – <i>add-on service to Level 1 Hospital</i>		PHP 1,400		
Drug Abuse Treatment and Rehabilitation Center (For HFEP Facility Only)		PHP 1,000		
Primary Care Facility (Infirmary)		PHP 1,500		
Primary Care Facility (Birthing Home)		PHP 1,400		



4. Present proof of payment (Official receipt)	4. Receive and log to the logbook/ D-Tracking System the application/ documentary requirements and forwards to assigned staff	None	30 minutes	Licensing Officer RLED
5. Await the approval of application submitted	5. Evaluates the submitted floor plan	None	8 days	Licensing Officer RLED
	5.1: If disapproved, inform the applicant in writing through mail		1 day	
	5.2: If approved, prepare the PTC		30 minutes	
	5.3 Approve and sign the PTC		4 days	Regional Director/ RLED
6. Receive the PTC	8. Record and release the approved PTC	None	30 minutes	Administrative Assistant /Licensing Officer/s RLED
TOTAL		Refer to Health Facility Schedule of Fees	13 days, 2 hours and 20 minutes	



5. Remote Collection Permit for Clinical Laboratories

A permit issued by the Health Facilities and Services Regulatory Bureau (HFSRB)/ Centers for Health Development (CHDs) to DOH-licensed clinical laboratories conducting mobile collection. The permit allows clinical laboratories to operate only within one hundred (100) km radius from the main laboratory. Applicants may apply 7 days or earlier prior to the scheduled remote collection activity. The permit is valid for 2 weeks.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

In compliance with Memorandum Circular No. 2020-06 of the Anti-Red Tape Authority, alternative procedures are introduced and recommended to comply with the Zero Contact Policy.

Office or Division:	Regulations, Licensing, and Enforcement Division	
Classification:	Complex	
Type of Transaction:	Government to Business and Government to Government	
Who may avail:	All DOH-Licensed Clinical Laboratories	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
1. Accomplished Application Form	DOH-HFSRB website/CHD RLED Offices	
Letter of Request signed by the Head of the Clinical Laboratory with the following information: Name of facility with DOH-LTO number Address of facility Date of Collection Time of Collection Venue Estimated number of clients Specimen to be collected List of Personnel who will conduct the activity	Requesting party	
3. Notarized Memorandum of Agreement or Contract between the contracting parties	Requesting party	
4. Technical or operational procedures for remote collection including specimen handling and transportation	Requesting party	



5. List of laboratory supplies/equipment including the transport materials		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secures a number at the guard on duty/PAD	1. Gives number to applicant	None	15 minutes	<i>Guard on Duty/PAD</i>
2.1 Submit duly accomplished application form and documentary requirements *Accomplished Application form and documentary requirements may be submitted electronically in place of hard copies. 2.2 Concur with appointment schedule	2.1 Reviews and evaluates completeness and correctness of the submitted documents 2.1.1 If complete and within prescribed period, prepare order of payment (if applicable, schedule appointment of client for payment of fees) 2.1.2 If incomplete or not within prescribed period, notify the client of the lacking documents in writing	None	1 hour	<i>Licensing Officer II</i>
3. Pays Fee at the Cashier (on the scheduled appointment)	3.1 Receives payment and issue official receipt	Php 500 x number of site	15 minutes	<i>Administrative Assistant in Cashier Section</i>
4. Present proof of payment (official receipt)	4. Receive application with documentary requirements and photocopy the OR	None	15 minutes	<i>Nurse II</i>
5. Waits for the signed RCP-CL	5.1 Processing of RCP- CL	None	1 hour	<i>Licensing Officer III</i>



	5.2 Approve and sign the RCP-CL	None	4 days	<i>Regional Director/ OIC/Assistant Regional Director</i>
6. Receives the approved RCP-CL	6.1 Inform client thru e-mail availability of RCP-CL 6.2 Record and release the approved RCP-CL	None	30 minutes	<i>Administrative Assistant II</i>
TOTAL		Php 500 x number of site	4 days and 3 hours and 15 minutes	



6. Renewal of Registration of Licensed Embalmers and Licensed Massage Therapists

This is usually undertaken every year by licensed embalmers and massage therapists.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Regulation and Licensing Enforcement Division (RLED)	
Classification:	Complex Transaction	
Type of Transaction:	Government-to-Citizen; Government-to-Business; and Government-to-Government	
Who may avail:	Government and Privately-Owned Health Facilities	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
Renewal Application Form	CHD Office	
<u>Presentation of the following:</u> One (1) original copy of Professional Tax Receipt One (1) original copy of Resident Certificate One (1) photocopy of Medical Certificate (Chest X-ray) One (1) original copy of Valid Identification Card	Local Government Unit Local Government Unit From any government physician SSS, DFA, LGUs issued ID, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH, COMELEC, LTO	
CEE/CEUE Certification of Credit Units Earned (30 units)	Accredited Training Institution	
One (1) photocopy of Certificate of Registration	Committee on Embalmers/Undertaker	
Recent ID Picture: 1 pc 1x1, 2 pcs. 2x2	Any photo studio	
<u>for Category I:</u> Practicing Professional: Employer's Certificate/ Business Permit	Applicant's Employer	
<u>for Category II:</u> Non Practicing Professional: Authorized letter re: professional not practicing but still want to be included in the Master List/ Registry	Requesting party	



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the PACD	1. Give number to applicant	None	5 minutes	<i>Administrative Aide III/ Administrative Assistant II</i>
2. Submit Renewal Requirements	2.1 Receive the filled-up Renewal Application Form and other requirements	None	15 minutes	<i>Administrative Assistant III</i>
	2.2 Review of Completeness / Verification of Authenticity of the Submitted Documents	None	15 minutes	<i>Administrative Assistant III</i>
	2.2.1 if complete: issues order of payment	Php 250.00 Penalty: PHP 83.33/yr	15 minutes	
	If incomplete: notify the client of lacking documents thru worksheet provided by LO	None	15 minutes	
3. Pay Fee to Cashier	3. Receive the order of payment and cash and issue official receipt	None	15 minutes	<i>Administrative Assistant III / Collection Officer of Cashier Section</i>
4. Present proof of payment	4. Receive and photocopy the official receipt	None	15 minutes	<i>Administrative Assistant III</i>



5. Wait for the signed ID and Certificate of Registration	5.1 Process the ID and Certificate of Registration	None	1 hour	<i>Administrative Assistant III</i>
	5.2 Approve the ID and Certificate of Registration	None	4 days	<i>Regional Director</i>
6. Receive the approved ID and Certificate of Registration	6. Record and release of the approved ID and Certificate of Registration	None	30 minutes	<i>Administrative Assistant III</i>
TOTAL		Php 250.00 Penalty: PHP 83.33/yr	4 days, 3 hours and 5 minutes	



7. Validation of Drug Test Kits

Drug Testing Kits (DTKs) validation curbs proliferation or use of fake Drug Test Kits or those which are not approved by Food and Drugs Administration. Centers for Health Development (CHDs) inspect or validate the DTKs of Drug Testing Laboratories (DTLs). DTLs shall register online newly procured DTKs and request for a schedule of DTK validation from their respective CHD. The DTLs will log on to Integrated Drug Test Operations Management Information System (IDTOMIS) website using user ID and password. Authorized DTL personnel shall be requested to provide a login ID and password via email through IDTOMIS.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Regulations, Licensing, and Enforcement Division			
Classification:	Simple			
Type of Transaction:	Government to Business and Government to Government			
Who may avail:	All DOH-Licensed Drug Testing Laboratories			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Drug Testing Kit Validation Form		IDTOMIS Website		
2. Used Drug Testing Kits with drug test results		Requesting party		
3. Newly procured Drug Testing Kits		FDA-Approved Drug Testing Kit Supplier		
4. Facility to return at least 50% of used kits from the previous DTK Balance				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/PACD. Wait to be called	1. Give number to applicant	None	15 minutes	<i>Administrative Aide III/ Administrative Assistant II</i>
2. Submit the Drug Test Kits validation form with the used drug test kits with drug test result and new drug test kits	2. Receive validation form, count and check newly procured and used DTKs	None	1 hour per 500 drug test kits	<i>Administrative Aide I</i>
3. Wait for the validated DTKs	3.1 Encoding of new and used DTKs	None	1 hour per 500 drug test kits	<i>Administrative Aide I</i>



	3.2 Validate the newly procured DTKs thru IDTOMIS Website	None	1 hour per 500 drug test kits	<i>Administrative Aide I</i>
	3.3 Marking of the newly procured DTKs for notation and affix signature on the boxes	None	1 hour per 500 drug test kits	<i>Administrative Aide I</i>
4. Receive the validated DTKs	4. Return/release the validated DTKS	None	20 minutes	<i>Administrative Aide I</i>
TOTAL		None	4 hours 35 minutes	



Local Health Support Division (LHSD)



8. Issuance of Certification for the Primary HIV Care Facility/ HIV Treatment Hub Assessment

This ensures that a facility can provide quality services such as the provision of medications, counselling and promotions activities to persons living with Human Immunodeficiency Virus (PLHIV). It aims to standardize the provision of the following by institutionalizing a set of standards and criteria for a quality-assured facility. Compliance with the standards and criteria provide platform for Phil Health accreditation.

Validity: 2 years
HIV certificate - 2 years

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

OFFICE/DIVISION:	Local Health Support Division – Infectious Diseases Prevention and Control Cluster			
CLASSIFICATION:	Highly Technical			
TYPE OF TRANSACTION:	Government to Government and Government to Business			
WHO MAY AVAIL:	Hospitals, Social Hygiene Clinics, Private Clinics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original copy of Letter of Intent from the facility		Applicant		
One (1) original copy of Accomplished and Complete Self-Assessment Form (1 original)		hivncr2020@gmail.com		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to LHSD For Walk in Clients: 1.1 Secure a number at the on PACD. Wait to be called at the lobby Thru email: 1.2 Email application to hivncr2020@gmail.com	For Walk in Client: 1.1 Give number to applicant. For Email Applications: 1.2 Acknowledge receipt of email of client	None	10 minutes	<i>Guard on Duty/ PACD, Administrative Aide I of LHSD- IDPCC</i>
2. Submit duly documentary requirements	2. Reviews submitted documentary requirements for completeness, correctness and	None	1 hour	Program Officer of LHSD- IDPCC



	schedule facility visit			
3. Wait for the visit, assessment and feedback/result	3.1 Inform / Notify client of the date of visit regarding schedule of assessment *thru e-mail or phone call	None	1 hour	Program Officer of LHSD- IDPCC
	3.2 On-site Validation of the health facility by the certifying team	None	11 days	Program Officer of LHSD- IDPCC
4. Receive assessment from Certifiers	4.1 Report the findings, rating and overall decision to the facility and reporting of the same to Committee	None	1 day	Program Officer of LHSD- IDPCC
A. If application is incomplete/ has findings: Submit the documents indicated in the assessment form (comply with deficiencies)	4.2.1 If incomplete: Provide assessment forms with comments to comply deficiencies	None	1 day	Program Officer of LHSD- IDPCC
	4.2.2 Validate compliance from the findings <i>For validation on program guidelines:</i> *Client is given 2 weeks to comply			
B. If application is disapproved: Receive Notice of Disapproval Re-application for certification in case of disapproval)	4.3 If disapproved: Prepare Notice and notify Technical Assistance (TA) team in case of disapproval			



C. If application is approved: Receive Feedback (Approval Notice)	4.4 If complete, inform the facility of the approval of certificate	None	1 hour	Program Officer of LHSD- IDPCC
5. Wait for the certificate	5.1 Preparation of endorsement letter to DOH-CO NASPCP and letter of notification of the requesting facility	None	1 hour	Program Officer of LHSD- IDPCC
	5.2 Signs the endorsement letter to DOH-CO NASPCP	None	1 day	Regional Director
	5.3 Awaits notification of endorsement from NASPCP Disease Prevention and Control Bureau – Department of Health for the issuance of Department Personnel Order	None	***Note: The release of certificate by DOH-CO is quarterly and annually	DPCB- NASPCP Program Officer
6. Receive certificate	6.1 Receives the signed certificate via email	None	1 hour	Program Officer of LHSD- IDPCC
	6.2 Release the signed certificate	None	5 minutes	Program Officer of LHSD- IDPCC
Total:		None	For Approved: 14 days 5 hours and 15 minutes	



9. Issuance of Certificate of Accreditation/Commitment/Certificate of Quality Service (TB DOTS, Animal Bite Treatment Center, Mother-Baby Friendly Health Facility)

This ensures that a facility can provide quality services to presumptive TB patients for TB DOTS, met the minimum criteria in the promotion, protection and support to breastfeeding for Mother-Baby Friendly Health Facility, and quality service and safe to Animal Bite patients. It aims to standardize the provision of the following by institutionalizing a set of standards and criteria for a quality-assured facility. Compliance with the standards and criteria provide platform for PhilHealth accreditation. Application for renewal of certification is after three (3) years for TB DOTS certificate MBFHI Certificate of Accreditation (COA) and two (2) years for ABTC/ABC and MBFHI Certificate of Commitment (COC). Renewal should be done a month before the expiry date of the Certificate.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Local Health Support Division (LHSD) Program & Health Facility Development Cluster (PHFDC)			
Classification:	Highly-Technical			
Type of Transaction:	Government to Business & NGOs, Government to Government			
Who may avail:	Rural Health Units, Government and Private Hospitals, Private Clinics & NGOs			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original copy of Letter of Intent from the facility		Applicant		
One (1) original copy of Accomplished and Complete Self-Assessment Form		LHSD Certifying Team / Regional Program Coordinators / DOH Representative (DMOs) / website www.ncbi.nlm.nih.gov/books/NBK153499/ (MBFHI)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the on PACD. Wait to be called at the lobby	1. Give number to applicant.	None	15 minutes	<i>Guard on Duty/ PACD, Administrative Aide I</i>
2. Submit duly documentary requirements	2. Check the documentary requirements/application submitted *LOI address to RD and SAF with City Health Office	None	2 hours	<i>Nurse III</i>



	<p>endorsement proof of technical assistance</p> <p>3. From RDs office forward the application to LHSD and PHFDC</p> <p>4. Application received by certifying team</p>			
3. Wait for the visit	<p>1. Inform / Notify client of the date of visit regarding schedule of assessment *thru e-mail or phone call</p>	None	2 days working days*	<i>Nurse III</i>
4. Receive assessment from Certifiers	<p>4.1 On-site Validation of the health facility by the certifying team</p>	None	12 days working days*	<i>Nurse III</i>
	<p>4.2 Report the findings, rating and over-all decision to the facility and reporting of the same to Committee</p>	None	1 day	<i>Nurse III</i>
	<p>4.2.1 If incomplete, provide assessment forms with comments to comply deficiencies</p>	None	12 days	<i>Nurse III</i>
	<p>4.2.2 If disapproved:</p> <p>Notification of Technical Assistance (TA) team (DMO IV, LGU Program Officer) in case of disapproval</p>	None		<i>Nurse III</i>



	<i>Re-application for certification in case of disapproval</i>			
	4.3 If complete, inform the facility of the approval of certificate	None	1 day	
5. Wait for the certificate	5.1 Approval of Certification 5.1.1 Recommends to the Regional Director for approval to compliant health facilities 5.2 Registration of the facility	None	3 days working days*	<i>Nurse III</i>
6. Receive certificate	6. Issuance of Certificate 6.1.1 Endorsement to PhilHealth as TB DOTS, ABTC/ABC certified 6.1.2 Endorsement to DOH CO for MBFHI COA	None	2 days working days*	<i>Nurse III</i> <i>Regional Director</i>
TOTAL		None	19 working days 2 hours and 15 minutes	



10. Issuance of Certificate of Quality Service on Temporary Treatment & Monitoring Facilities (TTMF) / Community Isolation Unit (CIU)

This ensures that a facility can provide safe, quality effective and efficient services to a possible/contact, suspect, probable and patient with confirmed COVID-19 both asymptomatic & with mild symptoms met the minimum criteria in the physical plant, human resources, equipment, supplies and essential medicines and quality service and safe to COVID-19 patients. It aims to standardize the provision of the following by institutionalizing a set of standards and criteria for a quality-assured facility. Compliance with the standards and criteria provide platform for Phil Health accreditation.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Local Health Support Division (LHSD) Program & Health Facility Development Cluster (PHFDC)			
Classification:	Highly-Technical			
Type of Transaction:	Government to Business & NGOs, Government to Government			
Who may avail:	Government Health Facilities Extension / Designate Temporary Treatment & Monitoring Facilities and NGOs			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original copy of Letter of Intent from the facility		Applicant		
One (1) original copy of Accomplished and Complete Self-Assessment Form		Licensing Officer / LHSD Certifying Team / MMCDHD website: chd_mm@yahoo.com		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the on PACD. Wait to be called at the lobby	1. Give number to applicant.	None	15 minutes	<i>Guard on Duty/ PACD, Administrative Aide I</i>
2. Submit duly documentary requirements	2. Check the documentary requirements/application submitted *LOI address to RD and accomplished SAF 3. From RDs office forward the application to LHSD and PHFDC	None	2 hours	<i>Nurse III</i>



	4. Application received by certifying team			
3. Wait for the visit	1. Inform / Notify client of the date of visit regarding schedule of assessment *thru e-mail or phone call	None	2 days working days*	<i>Nurse III</i>
4. Receive assessment from Certifiers	4.1 On-site validation of the facility by the certifying team	None	12 days working days*	<i>Nurse III</i>
	4.2 Report the findings, rating and over-all decision to the facility and reporting of the same to Committee	None	1 day	<i>Nurse III</i>
	4.2.1 If incomplete, provide assessment forms with comments to comply deficiencies	None	12 days	<i>Nurse III</i>
	4.2.2 If disapproved: Notification of Technical Assistance (TA) team (DMO IV) in case of disapproval Re-application for certification in case of disapproval	None		
	4.3 If complete, inform the facility of the approval of certificate	None	1 day	<i>Nurse III</i>



5. Wait for the certificate	<p>5.1 Approval of Certification 5.1.1 Recommends to the Regional Director for approval to compliant health facilities</p> <p>5.2 Registration of the facility</p>	None	3 days working days*	<i>Nurse III</i>
6. Receive certificate	<p>6. Issuance of Certificate</p> <p>6.1.1 Endorsement to PhilHealth as TTMF/CIU DOH Certified</p>	None	2 days working days*	<p><i>Regional Director</i></p> <p><i>Nurse III</i></p>
TOTAL		None	19 working days 2 hours and 15 minutes	



11. Issuance of Environmental Sanitation Clearance (ESC)

Environmental Sanitation Clearance (ESC) is issued by the DOH Regional Office allowing the collection, handling, transport, treatment and disposal of domestic sludge or septage for mobile and/or stationary.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Local Health Support Division			
Classification:	Highly Technical			
Type of Transaction:	G2B – Government to Business and G2G – Government to Government			
Who may avail:	All entities / Owners/Operators/Developers who wanted to establish collection, handling, transport, treatment and disposal of domestic sludge or septage (mobile and/or stationary).			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For both Mobile Service and Stationary Service				
1. One (1) original, Three (3) photocopy of Notarized application		Requesting Party		
2. One (1) original, Three (3) photocopy of Report of Inspections, recommendations and findings from the LGU concerned (through local health office)		Local Health Office		
3. One (1) original, Three (3) photocopy of Report of validation and site evaluation conducted by the CHD Regional Office in coordination with the concerned Provincial Health Office		DOH Regional Office and Provincial Health Office		
Representative				
One (1) of Authorization Letter		Owners / Operators/ Developers		
One (1) original, One (1) photocopy of Any government valid ID both from the owner and the representative		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate and Submit Notarized Application Form including documentary requirements	1.1 Receives and evaluates the application for its correctness and completeness of the	None	40 minutes	<i>Nurse III/ SHPO/ Med Tech II</i>



(c/o Local Health Office)	necessary documents forwarded by the local health office			
	1.2 Receives and logs	None	5 minutes	<i>Administrative Assistant III</i>
	1.3 Tabletop evaluation of the application	None	5 days	<i>Medical Officer IV</i>
	1.4 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Nurse III</i>
	1.5 Conducts inspection/ evaluation visit	None	1 day (excludes travel time)	<i>Medical Officer IV</i>
	1.6 Prepares and process inspection/ evaluation report	None	2 days	<i>Medical Officer IV</i>
	1.7 Issues Order of Payment	None	10 minutes	<i>Nurse III</i>
	2. Pays the amount due reflected in the Order of Payment to the Cashier's Office	2.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment	<i>Clearance Fee–</i> <i>For:</i> 1. <i>Private Sludge Collection PHP: 2,600.00</i> 2. <i>Private Sludge Treatment and Disposal PHP: 2,800.00</i> 3. <i>Private Sludge Collection,</i>	20 minutes



		<i>Treatment and Disposal PHP: 3,000.00 (Note: Fee is for both Initial and Operational Permit)</i>		
3. Submits copy of Official Receipt of payment at the EOH office	3.1 Receives and logs	None	5 minutes	<i>Nurse III</i>
	3.2 Prepares Environmental Sanitation Clearance (ESC)	None	1 day	<i>Medical Officer IV</i>
	3.3 Recommends the Approval of ESC	None	1 day	<i>Medical Officer V/ LHSD Chief</i>
	3.4 Signs the ESC	None	10 minutes	<i>Regional Director</i>
4. Receives Approved ESC	4.1 Releases the Approved ESC	None	15 minutes	<i>Administrative Assistant III</i>
TOTAL		<i>Clearance Fee— For: 1. Private Sludge Collection PHP: 2,600.00 2. Private Sludge Treatment and Disposal PHP: 2,800.00 3. Private Sludge Collection, Treatment and Disposal</i>	13 days, 1 hour, 45 minutes	



	<p><i>PHP: 3,000.00 (Note: Fee is for both Initial and Operationa l Permit)</i></p>		
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12. Initial and Operational Clearance for Burial Grounds

Initial / Operational Clearance is issued only by the DOH Regional Office for the establishment of burial grounds (cemetery, memorial park, private burial ground or any place duly designated for permanent disposal of the dead).

Validity: *lifetime, unless any expansion, alteration and change of the approved plan shall be subjected to new application.*

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Local Health Support Division – Environmental and Occupation Health Cluster (EOHC)	
Classification:	Highly Technical	
Type of Transaction:	G2B – Government to Business and G2G – Government to Government	
Who may avail:	For all entities/Owners/Operators/ Developers who wanted to establish burial grounds	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
A. Initial Clearance for Public Cemetery or Memorial Park (for public use)		
A.1. One (1) original, Three (3) photocopy of Duly accomplished application form	Requesting Party *Secure application form from Health Office	
A.2. One (1) original, three (3) photocopy of Resolution of the city/municipal council for the site embodying therein the strict compliance to Chapter XXI – “Disposal of Dead Persons” (PD 856) *with barangay resolution as pre-requisite	Local Government Unit	
A.3. One (1) original, Three (3) photocopy of Map of the proposed cemetery in triplicate copies indicating the dimensions of the cemetery in length and width and the 25-50 meter zones, the dwelling places and sources of water supply within said zones	Requesting Party	
A.4. One (1) original, three (3) photocopy of Title of ownership of the land proposed to be utilized as a cemetery, duly registered with the office of the register of deeds of the province/city	Requesting Party	



<p>A.4.1 In case the land involved is a public land, the site shall be set aside by the President of the Philippines for cemetery purposes. The application shall be coursed through the Lands Management Bureau, Department of Environment and Natural Resources in the form of a resolution by the city or municipal council or provincial board whichever body is concerned</p> <p>A.4.2 When the site if owned by the municipality or component city, the provincial board may set aside the said land for cemetery purposes upon recommendation of the city, the city council concerned shall set aside such land</p> <p>A.4.3 In case the land involved is a private property, the title of ownership shall be duly registered with the register of deeds. If a donation, the deed of donation shall be likewise registered</p> <p>(1 original, 3-photocopy)</p>	
<p>A.5. One (1) original, Three (3) photocopy of Plan for the construction of a reinforced concrete wall or steel grille or combination thereof with a minimum height of two (2) meters around the cemetery with a steel grille main door provided with a lock</p>	<p>Requesting Party</p>
<p>A.6 One (1) original, three (3) photocopy of Plan for the construction of a chapel or a structure/building for public assembly within the cemetery. It shall have a minimum area of 50 square meter, (5mx 10m) where funeral ceremonies may be held and serves as a haven for protection against the sun or rain</p>	<p>Requesting Party</p>
<p>A.7 One (1) original, Three (3) photocopy of Plan for the construction of a 4-meter wide main road from the gate to the rear and the 1-meter minimum cross roads which divide the cemetery in lots and sections</p>	<p>Requesting Party</p>



A.8 One (1) original, Three (3) photocopy of Topographic map of the cemetery zone	Requesting Party
A.9. One (1) original, Three (3) photocopy of Technical description of the proposed cemetery showing complete details (refer to Section 3.1.10 – Chapter XXI “Disposal of Dead Persons” <i>P.D.856</i>)	Requesting Party
*All plans for submission must signed and sealed by corresponding licensed engineer	
A.10. One (1) original, Three (3) photocopy of Certification from the sanitary engineer of the Department of Health with regards to the suitability of the land proposed to be utilized as a cemetery, as to depth of water table during the dry and rainy seasons, highest flood level, direction of run-off, drainage disposal, the distance of any dwelling house within 25meter zone and drilling of a well or any source of potable water supply within 50 meter zone	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
B. Initial Clearance for Private Burial Ground or Place of Enshrinement (including Sectarian Burial Areas, Catacomb, Mausoleum):	
B.1 One (1) original, Three (3) photocopy of Compliance to previous items: A.1, A.3-A.4, A.5, and A.8-A.9 and Section 3.5.8 – Chapter XXI “Disposal of Dead Persons”, <i>P.D.856</i>	Requesting Party
B.2 One (1) original, three (3) photocopy of Resolution by the city/municipal council permitting the establishments of the private burial ground; *with barangay resolution as pre-requisite	City/Municipal Office
B.3 One (1) original, Three (3) photocopy of Certification by the city/municipal planning and development office with regards to the proposed site location	City/Municipal Office
B.4 Certification by the city/municipal engineer that the design of the proposed structures conforms to the National Building Code of the Philippines;	City/Municipal Office
B.5 Size of the burial private ground shall be at least 1.2 hectares which	Requesting Party



includes a buffer zone of 50meters around the niche or space for interment				
B.6 Burial shall be limited to 10 niches occupying an area not more than 30 square meters to be located at the center of the proposed site;		Requesting Party		
B.7 Additional burials shall not exceed or go beyond the 30 square meters designated site and shall be constructed only over and above the existing niches, but in no case more than 4 niches or 3.0 meter high whichever is lower;		Requesting Party		
*All plans for submission must signed and sealed by a corresponding licensed engineer				
B.8 One (1) original, Three (3) photocopy of Certification from the sanitary engineer of the Department of Health *see item A.10 for details		Engineer III EOHC Pollution Control Officer Regional Sanitary Engineer		
Operational Clearance				
1. One (1) original, Three (3) photocopy of Application Letter *include: Photo documentation of work completed		Requesting Party		
3. One (1) original, Three (3) photocopy of Validation report of the DOH sanitary engineer as to conformity and compliance of the development		Engineer III EOHC Pollution Control Officer Regional Sanitary Engineer		
Representative				
One (1) of Authorization Letter		Owners / Operators/ Developers		
One (1) original, One (1) photocopy of Any government valid ID both from the owner and the representative		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
ISSUANCE OF INITIAL PERMIT				
1. Submits documentary requirements at the EOH Office	1.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted 1.1.1 If incomplete, return the documents to the	None	40 minutes	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>



	applicant for completion			
	1.2 Receives and logs	None	5 minutes	<i>Administrative Assistant III</i>
	1.3 Tabletop evaluation of the application	None	4 days	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	1.4 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	1.5 Conducts inspection/evaluation visit	None	1 day	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	1.6 Prepares and process inspection /evaluation report and certificate of site suitability	None	2 days	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	1.7 Issues Order of Payment	None	10 minutes	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>



2. Pays the amount due reflected in the Order of Payment to the Cashier's Office	2.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment	Clearance Fee– Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)	20 minutes	<i>Administrative Assistant III / Collection Officer in Cashier Section</i>
3. Submits copy of Official Receipt of payment at the EOH office	3.1 Receives and logs	None	5 minutes	<i>Administrative Assistant III</i>
	3.6 Prepares Initial Clearance	None	1 day	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	3.7 Recommends the Approval of Initial Clearance	None	1 day	<i>Division Chief of Local Health Support Division</i>
	3.4 Signs the Initial Permit	None	10 minutes	<i>DOH MMCHD Regional Director</i>
4. Receives the Approved Initial Clearance	4.1 Releases the Approved Initial Clearance	None	15 minutes	<i>Administrative Aide VI of Records Section</i>
TOTAL		Clearance Fee– Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)	12 days, 1 hour, 45 minutes	
ISSUANCE OF OPERATIONAL PERMIT				
6. Submits documentary requirements at the EOH Office	6.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted 6.1.1 If incomplete, return the	None	40 minutes	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>



	documents to the applicant for completion			
	6.2 Table top evaluation of the application	None	3 days	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	6.3 Schedules the inspection/evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	6.4 Conducts inspection/ evaluation visit	None	1 day	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	6.5 Prepares and process inspection/ evaluation report	None	1 day	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	6.6 Prepares Operational Permit	None	1 day	<i>Engineer III of EOHC Pollution Control Officer Regional Sanitary Engineer</i>
	6.7 Recommends the Approval of Operational Permit	None	1 day	<i>Local Health Support Division Chief</i>
	6.8 Signs the Operational Permit	None	10 minutes	<i>DOH MMCHD Regional Director</i>



7. Receives the Approved Operational Permit	7.1 Releases the Approved Operational Permit	None	15 minutes	<i>Administrative Aide VI of Records Section</i>
TOTAL		Clearance Fee— Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)	10 days, 1 hour, 5 minutes	



Management Support Services Division (MSSD)



13. Issuance of Personnel Related Documents (External and Internal)

To facilitate the timely preparation and issuance of personnel related documents such as Service Record, Certificate of Employment, Certificate of Employment with Compensation, and Service Record to DOH CHD officials and employees who retired/resigned/transferred to another agency for whatever purposes that they may intend.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Management Support Services Division – Personnel Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen and G2G – Government to Government			
Who may avail:	CHD Retirees/Employees who resigned or transferred to other agencies/ CHD Permanent/ Contractual/ Contract of Service			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal:		Personnel Section		
1. Duly accomplished request form				
2. One(1) photocopy of One Valid Identification Card		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen’s Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
Authorized representative:				
1. Duly accomplished request form		Personnel Section		
2. One(1) photocopy of One (1) Valid Identification Card of the principal and authorized representative		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen’s Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
3. One(1) original of Authorization Letter		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish request form from the MSSD – Personnel Section	1. Provide request form for Service Record, Certificate of Employment, Certificate of Employment with Compensation	None	5 minutes	Administrative Aide II MSSD- Personnel Section
2. Submit duly accomplished request form	2.1. Receive duly accomplished request form	None	5 minutes	Administrative Aide II MSSD- Personnel Section
	2.2 Prepare the requested document	None	1 day and 4 hours	Administrative Aide II



				MSSD- Personnel Section
	2.3 Review and sign the requested document	None	1 day and 4 hours	<i>Chief Administrative Officer/ Administrative Officer V</i>
	2.4 Affix agency's official dry seal on requested document	None	1 hour	<i>Administrative Aide II MSSD- Personnel Section</i>
3. Receive the requested document with date of receipt indicated on the request form	3. Release the requested document to requesting party	None	1 hour	<i>Administrative Aide II MSSD- Personnel Section</i>
TOTAL		None	3 days, 2 hours, 10 minutes	



14. Receipt of Payment - Issuance of Official Receipt

Receives Order of Payment and issue Official receipt in exchange of Cash/Cheques from customer/client.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	MANAGEMENT SUPPORT DIVISION – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Employees and Staff, Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Two (2) copies of Order of Payment		Transacting Office (RLED/BAC SEC/Accounting/Dormitory)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to Cashier and submits Order of Payment	1. Receives order of payment and reviews and verifies the entries on the document presented	none	5 minutes	<i>Administrative Assistant III</i>
2. Pay the amount due as reflected on the Order of Payment	2. Accepts payment	none	10 minutes	<i>Administrative Assistant III</i>
3. Receives Official Receipt	3. Issues Official Receipt	none	5 minutes	<i>Administrative Assistant III</i>
TOTAL		none	20 minutes	



15. Release of Payments - Checks

The cash clerk shall receive check from payors representing collection based on the Order of Payment prepared by the office concerned. He/she shall issue Official Receipt (OR) according to funds to acknowledge receipt of check upon receipt of Order of Payment.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Employees and Staff, Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal -1 Valid Identification Card		Government Agencies/Business Entities		
Representative – 1 Valid Identification Card of the Principal and representative Authorization Letter		Any government agencies/business entities Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present valid ID and/or authorization letter	1. Validate the identity of the claimant	none	5 minutes per transaction	<i>Administrative Officer V</i> <i>Administrative Assistant III</i>
2. Checks Disbursement Voucher amount 2.1 Issue Official Receipt 2.2 Signs box assigned for Claimant's Signature and affixes date received	2. Present the approved DV to supplier 2.1 Receives and checks Official Receipt 2.2 Presents the Check Registry Book and assists the claimant where to sign	none	1 hour	<i>Administrative Officer V</i> <i>Administrative Assistant III</i>



3. Signs Check Registry Book	3. Checks the Registry Book if properly signed	none	5 minutes	<i>Administrative Officer V/ Administrative Assistant III</i>
4. Receives Check	4. Releases check	none	5 minutes	<i>Administrative Officer V Administrative Assistant III</i>
TOTAL		none	1 hour and 15 minutes	



16. Release of Payments – LDDAP (External)

Prepares and release of payment for external client upon receipt of **LDDAP**

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any of the following: One (1) photocopy of Bank Certificate One (1) 1 original Letter of Introduction (DBM form)		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits Letter of Introduction (LOI)/ Bank Certificate to Cashier	1. Accepts Letter of Introduction (LOI)/Bank Certificate	None	10 minutes	<i>Administrative Assistant III</i>
2. Waits for the payment to be credited to bank account	2.1 Prepares LDDAP-ADA	None	2 hour	<i>Administrative Assistant III</i>
	2.2 Reviews and Signs LDDAP-ADA	none	1 hour	<i>Administrative Officer V/ Ms. Leah May Apostol</i>
	2.3 Forwards to Accounting	none	10 minutes	<i>Administrative Assistant II</i>
	2.4 Receives and records in the log book LDDAP-ADA from Cashier Section	none	10 minutes	<i>Administrative Assistant II – Accounting Section</i>
	2.5 Forwards LDDAP – ADA to Accountant III	none	10 minutes	<i>Administrative Assistant II – Accounting Section)</i>
	2.6 Verifies and Signs LDDAP – ADA	none	1 hour	<i>Accountant III)/ Accountant II</i>
	2.7 Forwards LDDAP-ADA to	none	10 minutes	<i>Accountant III/ Accountant II</i>



	Administrative Assistant			
	2.8 Forwards LDDAP-ADA to Authorized Signatory	none	10 minutes	<i>Administrative Assistant II – Accounting Section</i>
	2.9 Receives and records in the logbook receipt of LDDAP ADA	none	10 minutes	<i>Administrative Assistant III/ II of ARD)/ RLED)/ (LHSD)</i>
	2.10 Signs LDDAP – ADA	none	2 hours	<i>Assistant Regional Director/ RLED Chief/ LHSD Chief</i>
	2.11 Forwards LDDAP-ADA to Cashier Section	none	10 minutes	<i>Administrative Assistant III/ II of ARD)/ RLED)/ (LHSD)</i>
	2.12 Receives LDDAP-ADA and records receipt in the log book	none	10 minutes	<i>Administrative Assistant II</i>
	2.13 Submits LDDAP ADA to Bank	none	4 hours	<i>Administrative Assistant III</i>
TOTAL		none	11 hours and 30 minutes	



Regional Director/ Assistant Regional Director's Office



17. Rendition of Legal Opinion or Answer to Queries

This service includes preparation of legal documents and other written communication, rendition of legal opinions or answers to queries or concerns of the Office requiring expertise on the basis of the existing facts and applicable laws.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Legal Affairs Unit			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government G2C – Government to Citizen G2B – Government to Business			
Who may avail:	ALL			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Letter/slip <i>*Indicate e-mail address or contact information for release of Legal Opinion.</i> One (1) photocopy of Supporting documents such as but not limited Republic Acts, Department Memorandum, Guidelines, etc		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter request for legal opinion and supporting documents	1.1 Receive the letter request for legal opinion and supporting documents	None	5 minutes	<i>Legal Assistant II</i>
	1.2 Review and evaluation of the documents received and preparation of the Legal Opinion	None	19 Days	<i>Legal Assistant II</i>
2. Receives legal opinion	2. Release of the Legal Opinion	None	5 minutes	<i>Administrative Assistant II</i>
TOTAL		None	19 days and 10 minutes	



Internal Services



Management Support Services Division (MSSD)



18. Payment of Petty Cash

Receives Order of Payment and issue Official receipt in exchange of Cash/Cheques from customer/client.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	CHD Permanent Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Petty Cash Voucher (PCV)			GAM (Appendix 48)	
Official Receipt			Originating agency/ Establishment	
Additional requirement for toll fee and gasoline: Trip Ticket			GSS Office	
Additional requirement for repairs and maintenance: 1. Pre – post implementation 2. Justification for repair			GSS Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit approved form and other additional requirements accordingly at Cashier Office	1.1. Receive PCV with supporting documents	none	5 minutes	<i>Administrative Officer V</i>
	1.2. Assign control number and sign the PCV		10 minutes	
	1.3. Release of Fund		20 minutes	
2. Signs the received by portion of the PCV	2. Receives the signed PCV	none	10 minutes	<i>Administrative Officer V</i>
TOTAL PROCESSING TIME			45 minutes	



19. Release of Payments – LDDAP (Internal)

Prepares and release of payment for internal client upon receipt of **LDDAP**.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Any of the following: One (1) photocopy of Bank Certificate One (1) 1 original Letter of Introduction (DBM form)			Requesting party	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits Bank Account Number	1. Accepts Bank Account Number	None	10 minutes	<i>Administrative Assistant II</i>
2. Waits for the payment to be credited to bank account	2.1 Encodes details of claim in the Financial Data Entry System	None	1 hour	<i>Administrative Assistant II</i>
	2.2 Prepares LDDAP-ADA/Payroll Register			
	2.3 Reviews and Signs LDDAP-ADA/ACIC	none	4 hour	<i>Administrative Officer V/ Administrative Assistant III</i>
	2.4 Forwards to Accounting	none	5 minutes	<i>Administrative Assistant II</i>
	2.5 Receives and records in the log book LDDAP-	none	10 minutes	<i>Administrative Assistant II – Accounting Section</i>



	ADA/ACIC from Cashier Section			
	2.6 Forwards LDDAP – ADA to Accountant III	none	10 minutes	<i>Administrative Assistant II – Accounting Section</i>
	2.7 Verifies and Signs LDDAP – ADA	none	5 minutes	<i>Accountant III)/ Accountant II</i>
	2.8 Forwards LDDAP-ADA to Administrative Assistant	none	10 minutes	<i>Accountant III)/ Accountant II</i>
	2.9 Forwards LDDAP-ADA to Authorized Signatory	none	10 minutes	<i>Administrative Assistant II – Accounting Section</i>
	2.10 Receives and records in the logbook receipt of LDDAP ADA	none	10 minutes	<i>Administrative Assistant III/ II of ARD)/ RLED)/ (LHSD)</i>
	2.11 Signs LDDAP – ADA	none	2 hours	<i>Assistant Regional Director/ RLED Chief/ LHSD Chief</i>
	2.12 Forwards LDDAP-ADA to Cashier Section	none	10 minutes	<i>Administrative Assistant III/ II of ARD)/ RLED)/ (LHSD)</i>
	2.13 Receives LDDAP-ADA and records receipt in the log book	none	10 minutes	<i>Administrative Assistant II</i>
	2.14 Submits LDDAP ADA /SLIIE together with the FINDES to Authorized Depository Bank (ADB)	none	4 hours	<i>Administrative Assistant III</i>
TOTAL		none	1 day, 4 hours & 30 minutes	



20. Provision of Transport Services

Provision of transport service to DOH MMCHD employees in the conduct of program, activities, attendance to trainings, seminars and meetings and delivery of supplies and commodities. Submission of vehicle request shall be 2 weeks prior to conduct of activity. Vehicle request submitted one day before the actual date of activity shall be subject to availability of vehicle.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Management Support Division – General Support Services			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	DOH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original of Vehicle Request Form		General Support Services		
One (1) photocopy of Approved Authority to Travel (ATT) or Regional Personnel Order (RPO) or Pass Slip/ Gate Pass		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the approved requirements to General Support Services Section	1.1. Receive the required documents and check for completeness and correctness	none	5 minutes	<i>Administrative Assistant II</i>
	1.2 Assigns vehicle based on the availability with regards to the requested date of travel and to the type and capacity of the vehicle needed to serve the request <i>*If no vehicle available: Indicate "No available vehicle" accordingly and</i>	none	1 hour	<i>Administrative Assistant II</i>



	<p><i>return one (1) photocopy of the vehicle request form to the requesting unit or section</i></p> <p><i>1.3 Approves the vehicle request</i></p>	none	10 minutes	<p><i>Chief Administrative Officer – MSSD CAO</i></p>
	<p><i>1.4 Receives the approved vehicle request and prepares trip tickets and filling out of fuel consumption request</i></p>	none	2 hours	<p><i>Administrative Assistant II</i></p>
	<p><i>1.5 Informs the requesting Unit/ Section on the details of their request</i></p>	none	5 minutes	<p><i>Administrative Assistant II</i></p>
TOTAL		none	3 hours, 20 minutes	



21. Provision of Dormitory Services

Availment of dormitory services is open not only for DOH employees but to other government employees. However, DOH employees are given a priority

Office or Division:	Management Support Division – General Support Services			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Government employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original of Request form		General Support Services		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished request form (dates & number of staff)	1. Review availability of dormitory room/s	none	3 minutes	<i>Dormitory Manager I</i>
2. Check – in to assigned room	2. Prepare room assignment and key endorsement	none	5 minutes	<i>Dormitory Manager I</i>
3. Payment of dormitory fees and lost key/ other damages (if any)	3.1 Issue order of payment	Please refer to dormitory fees on page 65	10 minutes	<i>Dormitory Manager I</i>
	3.2 Issuance of Official receipt		10 minutes	<i>Administrative Assistant III/ Collection Officer of Cashier Section</i>
4. Check – out	Retrieval of keys and issue clearance/ logging out	none	10 minutes	<i>Dormitory Manager I</i>
TOTAL		Please refer to dormitory fees on page 65	38 minutes	



Schedule of Fees for the use of Dormitory in DOH MMCHD

Based on DOH NCRO Order no. 2016-004 with the subject: "Guidelines on the use of the DOH NCRO Dormitory" dated September 19, 2016

PARTICULARS	RATES
Check in/out	
DOH Personnel whether from National/ Regional Offices/ Retained Hospital, and other Public Health Workers	Php 200.00
Non DOH Personnel/ Employees from other Government Agencies	Php 200.00
UKKS Member	Php 150.00
Deposit fee for the room key subject to refund once the key has been surrendered to the Dormitory Manager or Guard on Duty upon check – out	Php 50.00
Accommodation	
Charge for additional linen or change of linen not within the schedule	Php 25.00/ per linen
Amenities	
Wi – Fi connection	Php 50.00/ per head/ day
Penalties/ Fines	
Lost or Damage Key/s	Php 100.00/ duplicate
Eating inside the room	Php 50.00/ offense
Washing of clothes in the room	Php 50.00/ offense
Smoking	Suspension of accommodation privilege



22. Provision of Health Care Services among DOH MMCHD Employees

Employees' Clinic provides health services such as Consultation, monitoring of employees' health status through BP and Blood Sugar, Rapid Dengue Testing and issuing of Four Molecules medication (amlodipine, losartan, metformin, simvastatin) for employees with comorbidities.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office/ Division:	Management Support Services Division – Clinic			
Classification:	Simple			
Type of Transaction:	Government to Government			
Who may avail:	MMCHD Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employees fills up the Patient Form	1. Verify the details in the patient form	None	2 minutes	<i>Clinic Nurse</i>
2. Employees subject themselves for physical examination	2.1. Get vital signs (blood pressure, HR, RR, etc.) * If BP>140/90, may repeat after 30 minutes	None	5 minutes	<i>Clinic Nurse</i>
	2.2. Refers the patient to a physician	None	5 minutes	<i>Clinic Nurse</i>
	* If online consultation 2.3 Contacts physician thru on line platforms	None	5 minutes	<i>Clinic Nurse</i>
	2.4. Conduct consultation	None	15 minutes	<i>Clinic Physician</i>
	2.5. Prescribes prescription	None	5minutes	<i>Clinic Physician</i>
3. Receives prescription/ medication	3. Dispense medication (if available)	None	5minutes	<i>Clinic Nurse</i>
4. Signs in medicine dispenser logbook	4. Instructs and reiterate physicians' instruction and follow up.	None	5 minutes	<i>Clinic Nurse</i>
TOTAL:		None	52 minutes	



23. Availment of the Annual Physical Examination Benefit

Annual Physical examination is a routine check up to determine the employee's health status. Early detection of a non-communicable diseases will prevent the onset of any illness, boost longevity and sustain a healthy lifestyle towards the attainment of life and work balance.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office/ Division:	Management Support Services Division - Clinic			
Classification:	Simple			
Type of Transaction:	Government to Government			
Who may avail:	Regular MMCHD Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employees fills up the Patient Form	1. Verify the details in the patient form	None	2 minutes	<i>Clinic Nurse</i>
2. Employees subject themselves for physical examination	2.1. Get vital signs (blood pressure, HR, RR, etc.) * If BP>140/90, may repeat after 30 minutes	None	5 minutes	<i>Clinic Nurse</i>
	2.2. Refers the patient to a physician	None	5 minutes	<i>Clinic Nurse</i>
	* If online consultation 2.3. Contacts physician thru on line platforms	None	5 minutes	<i>Clinic Nurse</i>
	2.4. Conduct consultation	None	20 minutes	<i>Clinic Physician</i>
	2.5. Issues Laboratory request	None	5 minutes	<i>Clinic Physician</i>
	2.6 Encodes the information needed to process the endorsement letter	None	10 minutes	<i>Clinic Nurse</i>
	2.7 Call referring facility	None	15 minutes	<i>Clinic Nurse</i>



3. Signs at the consultation log book	3.1 Assist patient on final instruction and have patient the consultation log book	None	5 minutes	<i>Clinic Nurse</i>
	3.2 Encodes the information for the endorsement letter	None	5 minutes	<i>Clinic Nurse</i>
	3.3 Forwards the endorsement letter to MSSD proper	None	5 minutes	<i>Clinic Nurse</i>
	3.4 Signs the endorsement letter	None	1 day	<i>MSSD Chief Administrative Officer</i>
4. Receives the Endorsement Letter	4. Issues and release the signed endorsement letter	None	15 minutes	<i>Clinic Nurse</i>
TOTAL:		None	1 day, 1 hour and 40 minutes	



Filing of Complaints



24. Handling and Resolution of Complaints filed with 8888, PCC, and CCB and direct filing with the legal unit

To act on, process and document properly the complaints of clients which could serve as future references for decision making, policy formulation and system improvement.

Operating Hours: Monday to Friday (Excluding Holidays)
8:00 am to 5:00 pm

Office or Division:	Legal Affairs Unit/ MSSD - SAO			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original of Written Complaint		Complainant		
One (1) original of Accomplished Customer Satisfaction Survey form; and/or		Complainant		
Supporting Documents, if applicable; and/or		Complainant		
Email or contact information.		Complainant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide verbal inquiry or submit written or verbal complaint to the PACD, 8888 Citizen's Complaint portal, or the Legal Unit, or through the PCC, CCB, 8888 Citizen's Complaint Hotline	If coursed through the PACD: 1.1 Assess the needed assistance and provide immediate response or information needed	none	15 minutes	<i>Administrative Aide III - MSSD</i>
	1.1.1 If it is a letter complaint, receives the letter and forwards to the Records Section for documentation	none	15 minutes	<i>Administrative Aide III - MSSD</i>



	1.1.2 Receives and forwards the letter complaint to the Regional Director's office for evaluation and appropriate action	none		<i>Administrative assistant in Records Section</i>
	1.1.3 Evaluates the letter – complaint and endorsed to the appropriate office/ unit concern for appropriate action	none	15 minutes	<i>Regional Director</i>
	1.1.4 If the letter - complaint was forwarded to the Assistant Regional Director's office, the letter complaint will be evaluated and endorsed to the Legal Section/ MSSD SAO with the needed appropriate action (proceed to 1.5)	none		<i>Assistant Regional Director</i>
	If through the 8888 Citizen's Complaint Portal: 1.2 Receive complaint and prepare endorsement letter to the concerned office	none		<i>Administrative Assistant II – MSSD SAO</i>
	If through the PCC, CCB, 8888 Citizen's Complaint Hotline: 1.3 Receive the endorsed complaint sent through email and forward to Regional Director for proper endorsement	none		<i>Administrative Assistant II – MSSD SAO</i>



	1.4 Records client's information and nature of inquiry/ complaint	none	3 minutes	<i>Administrative Assistant II – MSSD SAO</i>
	1.5 Initial evaluation of the complaint and it's supporting documents	none	1 day	<i>(Administrative Assistant II – MSSD SAO)/ Legal Assistant II – RD-LAU</i>
	1.5.1 If the complaint is <u>within the jurisdiction</u> of the CHD, endorse the complaint to the appropriate office/ unit	none		<i>Administrative Assistant II – MSSD SAO)/ Legal Assistant II – RD LAU)</i>
	1.5.2 If the complaint is <u>NOT within the jurisdiction</u> , endorse the complaint to the appropriate agency with appropriate jurisdiction *copy furnished the complainant/ client, PCC, CCB, 8888, Citizen's Complaint Hotline	none		<i>Administrative Assistant II – MSSD SAO)/ Legal Assistant II – RD LAU)</i>
	1.5.3 If the case involves administrative cases, consumer cases , it shall follow the procedure in handling of complaints in accordance with the 2017 RACCS, AO No. 2015 – 0048, and RA 7394	none		<i>Legal Assistant II – RD LAU)</i>



	1.6 Issues acknowledgement letter with initial action taken to the client, PCC, CCB, 8888, Citizen's Complaint Hotline via snail mail or email	none	1 day	<i>Administrative Assistant II – MSSD SAO)/ Legal Assistant II – RD LAU)</i>
	1.7 The concerned Office will respond on the complaint	none	10 days	<i>Concerned Office/Unit Legal Unit/PACD</i>
	1.8 Receives/ Review the response of the concerned office on the complaint and draft the letter of action for RD/ARDs /OIC's approval/signature	none	3 days	<i>Administrative Assistant II – MSSD SAO)/ Legal Assistant II – RD LAU)</i>
	1.8.1 sign the letter of action	None	1 hour	<i>Regional Director/ Assistant Regional Director</i>
2. Receives response letter on the action taken by the concerned office	2. Issuance of letter on the action taken by the concerned office to the Client/ DOH-FICT, PCC, CCB, 8888 Citizen's Complaint Hotline via mail or email	None	3 days	<i>Administrative Assistant II – MSSD SAO)/ Legal Assistant II – RD LAU)</i>
TOTAL		None	PACD, 8888, PCC, and CCB 2 days and 48 minutes All others until resolution: 18 days, 1 hour and 18 minutes	

