



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH

# CITIZEN'S CHARTER HANDBOOK

*2020 Second Edition*





DEPARTMENT OF HEALTH

  
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Secretary of Health

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## I. Mandate:

The Department of Health (DOH) is mandated to be the over-all technical authority on health. The major mandate of DOH is to provide national policy direction and develop national plans, technical standards and guidelines on health. It is also a regulator of all health services and products; and provider of special or tertiary health care services and of technical assistance to other health providers specially to Local Government Units (LGU). With other health providers and stakeholders, the DOH shall pursue and assure the following:

- Promotion of the health and well-being for every Filipino;
- Prevention and control of diseases among population at risk;
- Protection of individuals, families and communities exposed to health hazards & risks; and
- Treatment, management and rehabilitation of individuals affected by diseases and disability.

The 1987 Constitution, Article II, Section 15 declares that “The State shall protect and promote the right to health of the people and instill health consciousness among them. Also, Articles XIII, on Social Justice and Human Rights on Health, declares that it is the responsibility of the State to “adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers” (Section 12); “establish and maintain an effective food and drug regulatory system and undertake appropriate health, manpower development, and research, responsive to the country’s health needs and problems” (Section 12); and “establish a special agency for disabled person for their rehabilitation, self-development, and self-reliance, and their integration into the mainstream of society” (Section 13). Other statutes depicting the legal mandate of the Department of Health are: Executive Order 102, “Redirecting the Functions and Operations of the Department of Health,” issued by the Office of the President on May 24, 1999; Republic Act 7160, or the Local Government Code; and Executive Order 272, Executive Order 292, Administrative Code of 1087, Section 2, Chapter 1, Title IX). 2 Based on Executive Order 102, issued by the Office of the President in May 24, 1999, the DOH is responsible for and serve as the:

- Lead agency in articulating national objectives for health, to guide the development of local health systems, programs and services;
  - Direct service provider for specific programs that affect large segments of the population, tuberculosis, malaria, schistosomiasis, HIV-AIDS and other emerging infections and micronutrient deficiencies;
  - Lead agency in health emergency response services, including referral and networking systems for trauma, injuries and catastrophic events;
  - Technical authority in disease control and prevention;



- Lead agency in ensuring equity, access and quality of health care services through policy formulation, standards development and regulations;
- Technical oversight agency in charge of monitoring and evaluating the implementation of health programs, projects research, training and services;
- Administrator of selected health facilities at sub-national levels that act as referral centers for local health systems i.e., tertiary and special hospitals, reference laboratories, training centers, centers for health promotion, center for disease control, and prevention, regulatory offices among others;
- Innovator of new strategies for responding to emerging needs;
- Advocate for health promotion and healthy life styles for the general population;
- Capacity-builder of LGUs, the private sector, non-governmental organizations, peoples' organizations, national government agencies in implementing health programs, services, through technical collaborations, logistical support, provision of grants and allocation and other partnership mechanism;
- Lead agency health and medical research;
- Facilitator of the development of health industrial complex in partnership with the private sector to ensure self-sufficiency in the production of biologicals, vaccines and drugs and medicines;
- Lead agency in health emergency preparedness and response;
- Protector of standards of excellence in the training and education of health care providers at all levels of the health care system;
- Implementer of the National Health Insurance Law; providing administrative and technical leadership in health care financing; and
- Expressing national objectives for health to lead the progress of local health systems, programs and services.

Essentially, the DOH has three specific roles in the health sector: leadership in health, enabler and capacity builder and administrator of specific services namely, national and sub-national health facilities and hospitals serving as referral centers, direct services for emergent health concerns requiring complicated technologies and assessed as critical for public welfare and health emergency response services, referral and networking systems for trauma, injuries, catastrophic events, epidemics and other widespread public danger. To accomplish its mandate and roles the Department has the following power and functions based on Executive Order 102:

- Formulate national policies and standards for health;
- Prevent and control leading causes of death and disability; 3





- Develop disease surveillance and health information systems;
- Maintain national health facilities and hospitals with modern and advanced capabilities to support local services;
- Promote health and well-being through public information and to provide the public with timely and relevant on health risks and hazards;
- Develop and implement strategies to achieve appropriate expenditure patterns in health as recommended by international agencies;
- Develop sub-national centers and facilities for health promotion, disease control and prevention, standards, regulations and technical assistance;
- Promote and maintain international linkages for technical collaboration;
- Create the environment for the development of a health industrial complex;
- Assume leadership in health in times of emergencies, calamities, and disasters and system failures;
- Ensure quality of training and health human resource development at all levels of the health care system;
- Oversee financing of the health sector and ensure equity and accessibility to health services; and
- Articulate the national health research agenda and ensure the provision of sufficient resources and logistics to attain excellence in evidenced-based intervention for health.

To perform these functions are the various central bureaus and services and sixteen (16) field offices called Centers for Health Development in every region including specialty hospitals and regional hospitals and medical centers. It also has provincial health teams made up of DOH representatives to local health boards and technical personnel for communicable disease control.



## **II. Vision:**

Filipinos are among the healthiest people in Southeast Asia by 2022, and Asia by 2040

## **III. Mission:**

To lead the country in the development of a productive, resilient, equitable and people-centered health system

## **IV. Service Pledge:**

We, the officials and employees of the Department of Health pledge and commit to deliver quality public services as promised in this charter. Specifically, we will: Serve with integrity. Be prompt and timely. Display procedures, fees and charges. Provide adequate and accurate information. Be consistent in applying rules. Provide feedback mechanism. Be polite and courteous. Demonstrate sensitivity and appropriate behavior and professionalism. Wear proper uniform and identification. Be available during office hours. Respond to complaints. Provide a comfortable waiting area. Treat everyone equally.



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Administration and Financial Management Team

## **EXTERNAL SERVICES**

### **COMPLAINTS HANDLING UNIT**

#### **1. Endorsement of Complaints for Walk-in Customers**

This service is available for walk-in customers that seek to file a complainant/concern against DOH Offices/Bureaus, Centers for Health Development, and DOH Health Facilities.



Office or Division:	Administration and Financial Management Team, Complaints Handling Unit (CHU)			
Classification:	Simple			
Type of Transaction:	G2C-Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written Complaint		Complainant		
Supplementary Evidences (if available)		Complainant		
Accomplished Information Sheet		CHU Receiving Desk		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for CHU Information Sheet	1. Provide the requested form	None	2 minutes	<i>Administrative Assistant in the Receiving Desk CHU</i>
2. Fill up the Information Sheet and submit to the CHU receiving personnel	2. Receive the Information Sheet and check if filled up properly	None	5 minutes	<i>Administrative Assistant in the Receiving Desk CHU</i>
3.1. Proceed to the Technical Staff for evaluation and assessment of complaint	3.1 Conduct interview and gather important details to reinforce complaint	None	40 minutes	<i>Legal Researcher III CHU</i>
<i>For complaint not within DOH jurisdiction:</i> 3.2. Receive endorsement letter to concerned office/agency which has jurisdiction <i>For complaint within DOH jurisdiction:</i> 3.2. Receive acknowledgement of complaint and instruction to wait	3.2 Assess if complaint is within the jurisdiction of DOH  <i>If complaint is not within the jurisdiction of DOH, explain to the client which office/agency has the jurisdiction of the complaint and issue endorsement letter</i>  <i>If complaint is within DOH jurisdiction, explain to the client that the complaint shall be properly endorsed to the</i>	None	20 minutes	<i>Legal Researcher III CHU</i>

for the reply of the concerned office	concerned office and will be notified on the reply depending on the classification of complaint following the 3-7-20 processing time or the prescribed processing time by concerned Complaint Centers (e.g Contact Center ng Bayan, Presidential Complaint Center, Hotline 8888, and Anti Red Tape Authority)			
None	Encode and file the complaint in the CHU Monitoring Database	None	10 minutes	<i>Legal Researcher III</i> CHU
None	Endorse the complaint to the office concerned	None	10 minutes	<i>Legal Researcher III</i> CHU
<b>Total:</b>		None	<b>1 hour and 27 minutes</b>	

## 2. Endorsement of Complaints Sent Through Mail and E-mail

This service is available for complainants that file their complaints/concerns through written letters (mails), emails, and Complaint Centers (e.g Contact Center ng Bayan, Presidential Complaint Center, Hotline 8888, and Anti Red Tape Authority) against DOH Offices/Bureaus, Centers for Health Development, and DOH Health Facilities.

Complaint may be lodge through the following:

- Mailing address: *Complaints Handling Unit, Bldg. 1, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila;* and
- Email address: [dohpau.chu@gmail.com](mailto:dohpau.chu@gmail.com)

<b>Office or Division:</b>		Administration and Financial Management Team, Complaints Handling Unit (CHU)		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		Government to Citizen		
<b>Who may avail:</b>		All		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Written Complaint		Complainant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send the written complaint to the CHU's mailing or email address	1. Acknowledge receipt of the written complaint	None	5 minutes	<i>Administrative Assistant in the Receiving Desk CHU</i>
<b><i>For complaint not within DOH jurisdiction:</i></b> 1.2. Receive reply and/or endorsement letter and information that the complaint is not within DOH jurisdiction  <b><i>For complaint within DOH jurisdiction:</i></b> 1.2. Receive acknowledgement of complaint and instruction to wait for the reply of the concerned office based on the prescribed processing time	1.2 Assess if complaint is within the jurisdiction of DOH  <b><i>If complaint is not within the jurisdiction of DOH,</i></b> send a reply on the complaint not within the jurisdiction of DOH and issue endorsement letter to the office/agency concerned which has jurisdiction  <b><i>If complaint is within DOH jurisdiction,</i></b> send a reply that the complaint shall be properly endorsed to the concerned office and shall be notified on the reply depending on the classification of complaint following the 3-7-20 or the prescribed processing time by concerned Complaint Centers (e.g	None	20 minutes	<i>Legal Researcher III CHU</i>

	Contact Center ng Bayan, Presidential Complaint Center, Hotline 8888, and Anti Red Tape Authority)			
None	1.3 Encode and file the complaint in the CHU Monitoring Database	None	10 minutes	<i>Legal Researcher III</i> CHU
None	1.4Endorse the complaint to the office concerned	None	10 minutes	<i>Legal Researcher III</i> CHU
<b>TOTAL</b>		None	<b>45 minutes</b>	

### 3. Endorsement of Complaints via Phone call

This service is available for complainants who chose to lodge their complaint/concern via phone call against DOH Offices / Bureaus, Centers for Health Development, and DOH Health Facilities.

<b>Office or Division:</b>	Administration and Financial Management Team, Complaints Handling Unit (CHU)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Dial DOH hotline and request to be transferred to CHU	1.1 Answer the caller and endorse to appropriate personnel for assessment	None	2 minutes	<i>Administrative Assistant</i> CHU
1.2. Narrate the complaint	1.2. Conduct interview and gather important details to reinforce complaint	None	40 minutes	<i>Legal Researcher III</i> CHU
<b><i>For complaint not within DOH jurisdiction:</i></b> 1.3. Receive information that the complaint is not within DOH jurisdiction  <b><i>For complaint within DOH jurisdiction:</i></b> 1.3. Receive instruction to wait for the reply of the concerned office based on the prescribed processing time	1.3. Assess if complaint is within the jurisdiction of DOH  <b><i>If complaint is not within the jurisdiction of DOH,</i></b> explain to the client which concerned office/agency has the jurisdiction of the complaint  <b><i>If complaint is within DOH jurisdiction,</i></b> explain to the client that the complaint shall be properly endorsed to the concerned office and will be notified on the reply depending on the classification of complaint following the 3-7-20 processing time or the prescribed processing time by concerned Complaint Centers (e.g Contact Center ng Bayan, Presidential Complaint Center, Hotline 8888,	None	20 minutes	<i>Legal Researcher III</i> CHU





	and Anti Red Tape Authority)			
None	1.4 Encode and file the complaint in the CHU Monitoring Database	None	10 minutes	<i>Legal Researcher III</i> CHU
None	1.5 Endorse the complaint to the office concerned	None	10 minutes	<i>Legal Researcher III</i> CHU
<b>TOTAL</b>		None	<b>1 hour and 22 minutes</b>	

#### 4. Endorsement of Complaint Replies/Resolution to the Complainant



This service is for the endorsement of replies to the complaints filed by walk-in customers against DOH Offices / Bureaus, Centers for Health Development, and DOH Health Facilities.

<b>Office or Division:</b>	Complaints Handling Unit (CHU)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1.1. Receive the response/reply/resolution from the office concerned which handles the complaint	None	5 minutes	<i>Legal Researcher III</i> CHU
None	1.2 Encode the document in the CHU Monitoring	None	5 minutes	<i>Legal Researcher III</i> CHU
1.3. Receive the response/reply/resolution from the office concerned which handles the complaint	1.3. Endorse/forward the response/reply/resolution from the office concerned which handles the complaint	None	5 minutes	<i>Legal Researcher III</i> CHU
<b>TOTAL</b>		<b>None</b>	<b>15 minutes</b>	

## 5. Request for Data on the Status of Complaints

This service is available for DOH offices/bureaus that would request pertinent data on the status of complaints in the DOH.

<b>Office or Division:</b>	Complaints Handling Unit (CHU)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government			
<b>Who may avail:</b>	DOH Offices/Bureaus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Accomplished Information Sheet		CHU Receiving Desk		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for CHU Information Sheet	1. Provide the requested form	None	2 minutes	<i>Administrative Assistant in the Receiving Desk CHU</i>
2. Fill up the Information Sheet and submit to the CHU receiving personnel	2. Receive the Information Sheet, check if filled up properly, and inform when will the data be provided	None	5 minutes	<i>Administrative Assistant in the Receiving Desk CHU</i>
3.1. Wait for the requested data to be submitted	3.1. Encode the request in the CHU Requests Monitoring	None	5 minutes	<i>Legal Researcher III CHU</i>
3.2. Receive the requested data	3.2. Prepare the data requested  For request of hard copy, print the requested data and forward to the requesting office  For request of soft copy, email the requested data to the requesting office	None	4 hours	<i>Legal Researcher III CHU</i>
<b>TOTAL</b>		<b>None</b>	<b>4 hours and 12 minutes</b>	



## Administrative Service

### **EXTERNAL SERVICES**

#### **6. Recruitment of Plantilla Positions**



Pursuant to the Civil Service Commission's Omnibus Rules on Appointments and Other Human Resources Actions (ORAOHRA) Rule VII Sec. 24 and Sec. 29, the hiring process shall be completed within nine (9) months from the date the vacant position was published.

This service involves the following stages:

**Acceptance & Evaluation of Job Applications** - Applicants who submitted complete application requirements/documents within the application period shall be evaluated based on the CSC Minimum Qualification Standards

**Administration of General and Technical Examination** - Applicants who met the CSC Minimum Qualification Standards will proceed to take the General and Technical Examination. This refers to non-verbal or verbal test used to assess a variety of mental and cognitive abilities of applicants. On the other hand, technical examination refers to the examination given by the Office where the vacancy exist that evaluates the candidate's skills for the position applied for.

**Conduct of Panel Interview** - Applicants who passed both General and Technical Examinations shall proceed to the Panel Interview which will be conducted by the Human Resource Merit Promotion and Selection Board (HRMPSB).

**Preparation of Appointment and Onboarding** - The appointment shall be issued to qualified applicant who has been considered by the Appointing Authority. The proposed appointee should submit to the PAD-AS the required documents (**See checklist of requirements on Appointment and Onboarding**) to facilitate its preparation.

<b>Office or Division:</b>	Administrative Service, Personnel Administration Division	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government	
<b>Who may avail:</b>	All	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
<b>Job Application:</b>		
1. Application letter addressed to the Director, Administrative Service		Applicant
2. Personal Data Sheet (4 original copies) with attached Work Experience Sheet		CSC Website DOH Intranet for internal applicants
3. Certified True Copy (CTC) of Training Certificates		Training Institutions
4. Authenticated copy of Diploma and Transcript of Records for new applicants		School
5. Certified True Copy (CTC) of Certificate of Eligibility and/or Authenticated Certificate of PRC license and board rating		Professional Regulation Commission, Civil Service Commission, TESDA, LTO
6. Certified True Copy of duly signed and approved Individual Performance Commitment and Review (IPCR) Form from current employer for applicants applying for promotion/transfer		PAD, AS for internal applicants and Human Resource Department for external applicants

<b>Appointment and Onboarding:</b>	
<b>A. For Original Appointment</b>	
1. Four (4) copies of duly accomplished and notarized Personal Data Sheet with Work Experience Sheet	CSC Website
2. Four (4) copies of Position Description Form	CSC Website
3. Two (2) copies of Authenticated Certificate of Eligibility and/or PRC license and board rating or Driver's License	Civil Service Commission and/or Professional Regulation Commission, LTO
4. One (1) original copy of Medical Certificate	MEDI
5. One (1) authenticated Certificate of Live Birth	PSA
6. One (1) authenticated Certificate of Marriage	PSA
7. One (1) original copy of NBI Clearance	NBI
8. One (1) Certified True Copy of Diploma	School
9. One (1) Certified True Copy of Transcript of Records	School
10. Four (4) copies of duly accomplished and notarized Statement of Assets, Liabilities and Net Worth (Revised 2015)	CSC Website
11. One (1) copy of Certificate of Specialty Board / Fellow / Medical Specialist Examination	Office of the Specialty Society
12. Two (2) original signed copies of Comparative Assessment Report (CAR)	PAD-AS
13. Two (2) original signed copies of Resolution	End-user
14. Two (2) original signed copies of Minutes of Deliberation	End-user
<b>B. For Promotion within Department of Health - Central Office</b>	
Refer to Original Appointment Checklist of Requirements: Numbers: 1, 2, 3, 5, 6, 11, 12, 13, and 14	
Two (2) Certified True Copies of duly signed and approved Individual Performance Commitment and Review (IPCR) Form from current employer for the last rating period	Former office
<b>C. For Transfer</b>	
Refer to Original Appointment Checklist of Requirements: Numbers 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, and 14	

Two (2) Certified True Copies of duly signed and approved Individual Performance Commitment and Review (IPCR) Form from current employer for the last rating period				
One (1) Certified True Copy of Service record from former office		Former office		
Two (2) original copies of Approved request to transfer		Former office		
Three (3) original copies of Clearance from former office		Former office		
<b>D. For Reemployment:</b>				
Refer to Original Appointment Checklist of Requirements: Numbers 1, 2, 3, 4, 5, 6,7, 8, 9, 10, and 11				
Three (3) original copies of Clearance from former office		Former office		
<b>E. For Reappointment:</b>				
Refer to Original Appointment Checklist of Requirements: Numbers 1, 2, and 3				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>Stage 1: Acceptance and Evaluation of Application Documents</b>				
1. Submit letter of intent together with the complete documentary requirements	Receive and check completeness of application documents If complete, forward the application documents to the HRMOs If incomplete, return to applicant	None	30 minutes	Receiving Unit PAD-AS
1.2. Wait for the result of evaluation	Evaluate applicants' qualifications vis-a-vis CSC minimum qualification standards of the vacant position and validate authenticity of the submitted documents	None	12 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
None	1.3. Prepare Report of Documentary Review and	None	4 days	Human Resource



	Transmittal Letter to End-user			Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
1.4. Receive the result	Notify the applicants (both those who meet and did not the minimum requirements of the position) through a letter or e-mail	None	3 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
1.5. Receive the result	Notify the applicants (both those who meet and did not the minimum requirements of the position) through a letter or e-mail	None	3 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
<b>TOTAL</b>		<b>None</b>	<b>22 days and 30 minutes</b>	
<b>Stage 2: Administration of General and Technical Examination</b>				
2.1. Receive the schedule of technical examination and confirm the attendance to general and technical examination	2.1 Schedule shortlisted applicants for technical exam	None	2 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/Admin. Officer I PAD-AS
2.2. Attend and submit the technical examination to PAD-AS	2.2. Administer the general and technical examination to applicants	None	12 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/Admin. Officer I PAD-AS
None	2.3. Check general examination and transmit the Technical Examination to the End-User for checking	None	2 days	Human Resource Management Officer I/ Admin. Assistant III/

				<i>Admin. Assistant II/Admin. Officer I PAD-AS</i>
None	4. Check and evaluate the Technical Examination and transmit to PAD-AS	None	5 days	<i>Division Chief (end-user) from the office where the vacant position exist</i>
2.5. Receive results of the examination	2.5. Receive the technical examination results and inform the applicants on the result of the examination through a letter or email	None	2 days	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/Admin. Officer I PAD-AS</i>
<b>TOTAL</b>		<b>None</b>	<b>23 days</b>	
<b>Stage 3: Conduct of Panel Interview</b>				
3.1. Wait for the schedule of the panel interview	3.1. Transmit the Interview Sheet and Behavioral Interview Questionnaire as well as the list of qualified applicants for panel interview with their PDS to the Administrative Officers (AO) or AO designates of the office where the vacancy exists	None	1 day	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD-AS</i>
None	2 Receive the list of qualified applicants and schedule the panel interview	None	2 days	<i>Administrative Officer/AO Designate of concerned Office where vacancy exist</i>
3.3. Receive the schedule of panel	3. Inform applicants on the schedule of panel interview through telephone call / letter / e-mail	None	1 day	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD-AS</i>
4.1. Attend the scheduled panel interview	1 Conduct of Interview and Deliberation	None	12 days	<i>HRMPSB and Administrative Officer of concerned</i>

				Office where vacancy exists
4.2. Await for the result	2. Consolidate panel interview results	None	3 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/Admin. Officer I PAD-AS
None	4.3. Prepare the report of shortlisted applicants	None	5 days	HRMPSB Secretariat
None	4.4. Deliberation of shortlisted applicants	None	10 days	HRMPSB Members
None	4.5. Prepare the final report of shortlisted applicants	None	5 days	HRMPSB Secretariat
None	4.6. Review and discuss the final report with the appointing authority	None	5 days	HRMPSB Chairperson
None	4.7. Review the final report and appoint from the shortlisted applicants	None	12 days	Appointing Authority
	<b>TOTAL</b>	<b>None</b>	<b>56 days</b>	

#### Stage 4: Preparation of Appointment and Onboarding

5.1. Receive congratulatory and/or regret letter	1. Upon receipt of the decision from the appointing authority, prepare letter to the successful applicant requesting submission of documentary requirements for appointment. While, prepare regret letter to those applicants who were not considered for the position.	None	3 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD-AS
5.2. Submit to PAD-AS the complete documentary requirements for appointment	2. Receive documentary requirements and check its completeness  incomplete: return to the proposed appointee	None	1 hour	Receiving Unit of PAD AS

	complete forward to HRMO in-charge			
None	3. Prepare appointment paper	None	1 day	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD-AS
None	4. Submit the appointment paper together with the documentary requirements to the following officials for signature:  HRMO, Chairperson of HRMPSB and the Appointing Authority.	None	5 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD-AS
5.5. Receive signed appointment	5. Transmit signed Appointment paper to the new appointee.	None	1 day	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD-AS
None	6. Route the signed appointment for notation and forward to Records Officer for releasing to the concerned Head of Office.	None	1 day	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD-AS  Records Officer of PAD-AS
None	7. Refer the appointee to the Employee Relations Unit for the schedule of On-Boarding Program	None	30 minutes	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD-AS

5.5. Receive the schedule of On-Boarding Program	5.8. Schedule the On-Boarding Program.	None	1 hour	HRMO of Employee Relations Unit, PAD-AS
6.1. Attend the scheduled onboarding boarding program	6.1. Conduct on-boarding to the new employee	None	1 hour	HRMO of Employee Relations Unit, PAD-AS
	Provide the new appointee the necessary forms for the first salary.	None	2 hours	HRMO of Employee Relations Unit, PAD-AS
None	Endorse new employee to the AO/AO designates	None	30 minutes	HRMO of Employee Relations Unit, PAD-AS
	<b>TOTAL</b>	<b>None</b>	<b>11 days and 6 hours</b>	
	<b>Grand Total (Stage 1 to 4)</b>	<b>None</b>	<b>112 days, 6 hours, and 30 minutes</b>	

\*Service is covered by Civil Service Commission's 2017 Omnibus Rules on Appointments and Other Human Resources Actions (ORAOHRA), revised July 2018



## Bureau of Local Health Systems Development

### EXTERNAL SERVICES

#### 7. Endorsement of LHSD-Related Data/Document to Clients

The Bureau of Local Health Systems Development provides Local Health Systems Development (LHSD) related data/documents to individuals/organizations upon receipt of request.

**LHSD-related Data/Documents:** LGU Health Scorecard, Local Investment Plan for Health, GIDA Registry, BHW Registry

<b>Office or Division:</b>	Bureau of Local Health Systems Development
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business
<b>Who may avail:</b>	All

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of request		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request to BLHSD	1.1 Receive letter of request	None	10 minutes	<i>Administrative staff</i>
	1.2. Forward to the Office of the Director for evaluation and dissemination to concerned division	None	5 minutes	<i>Administrative staff</i>
	1.3 If the request is within the office mandate, prepare report and response letter/memorandum  If the request is beyond the mandate of the bureau or to be collected from other sources, endorse the request to the office in charge of the data/document copy furnished the client	None	1 hour	<i>Technical Staff</i>
	1.3.2. Review report and make a response letter/memorandum and recommend approval  Or Endorsement initialed for approval and signing	None	1 day	<i>Division Chief/OIC</i>
	1.3.1.b. Approve the report and sign the response	None	1 day	<i>Director/OIC</i>



	letter/memorandum			
2. Pick up data/document requested and accomplish CSS Form	2.1 Issue requested data/document to client  If requested data/document is to be sent by email and/or regular mail, Email the requested data/document to the client or submit requested data/document with the corresponding mail request form to Records Section for mailing	None	20 minutes	<i>Administrative staff</i>
	2.1 Release document/data to the client	None	5 minutes	<i>Administrative staff</i>
	2.1.1. If the document is to be sent through email request the client/recipient for an acknowledgement of receipt of email.	None	5 minutes	<i>Administrative staff</i>
	2.1.2. If the document will be sent through regular mail/snail mail, secure a mail request form from the Records Section.	None	5 minutes	<i>Administrative staff</i>
	2.2 Issue Customer Satisfaction Survey (CSS) Form to client	None	5 minutes	<i>Administrative staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 days, 1 hour and 55 minutes</b>	





# Dangerous Drug Abuse Prevention and Treatment Program

## **EXTERNAL SERVICES**

## 8. Substance Abuse Helpline 1550

To provide a confidential first-line service that offers the following; key information & support, referral and brief intervention for individuals and family members facing substance abuse disorders as well as for the communities and general public using a variety of technology-based platforms

<b>Office or Division:</b>	Dangerous Drug Abuse Prevention and Treatment Program			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Phone inquiry		DOH Central Office - DDAPTP		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Dial 1550	1. Assessment	None	15 minutes	<i>Substance Abuse Helpline Agent</i>
2. Seek help/ advise from Substance Abuse Helpline Agent	2. Provide the appropriate intervention	None	30 minutes	<i>Substance Abuse Helpline Agent</i>
3. Receive valuable information/ solutions	3. Record the entire conversations including personal data of client	None	10 minutes	<i>Substance Abuse Helpline Agent</i>
<b>TOTAL</b>		<b>None</b>	<b>55 minutes</b>	



# Epidemiology Bureau

## **EXTERNAL SERVICES**

## 9. Application for Field Management Program Course

Field Management Program Course is an applied management course. It is designed to equip health government staff with knowledge and practical management skills on basic epidemiology, process improvement, and health program planning in providing quality health services. Also, to develop and lead competent work teams and empower them to effectively carry out the core public health functions of assessment, policy development, and assurance.

<b>Office or Division:</b>	Epidemiology Bureau Applied Epidemiology and Health Management Division (AEHMD) Field Management Training Program (FMTP)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	FMTP Alumni and Coordinators, DOH, Regional Offices, Hospitals, LGU's: National and Sub-national Health Staff <ul style="list-style-type: none"> <li>• Service Providers (Clinical, Technical and Allied Health)</li> <li>• Managers (Program Managers, Chiefs of Hospitals, Division/ Unit/ Section/ Cluster Heads, Development Management Officers)</li> <li>• Training Staff</li> <li>• Health Education and Promotion Officers</li> <li>• Licensing and Regulatory Officers</li> <li>• Administrative Staff</li> </ul>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Data Request Form  (Reference: EB Memorandum: Guidelines on Data Requests in Epidemiology Bureau – Annex B)		Support to Operations Division (SOD) – Director's Office Bldg 19, 2 <sup>nd</sup> floor, Rm 2019  <a href="mailto:officeofepidemiologybureau@gmail.com">officeofepidemiologybureau@gmail.com</a>		
2. CSS Form		Support to Operation Division		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client sends data request/ make telephone call to the Director's Office /Division Chief / FMTP Coordinator	1. Receive the request and provide Data Request Form	None	10 minutes	Support to Operations Division (SOD) (Director's Office)  FMTP Coordinators (AEHMD)
2. Submit accomplished Data Request Form	2.1 Receive the accomplished Data Request Form	None	5 minutes	Support to Operations Division (SOD) (Director's Office)
	2.2. Prescreen	None	10 minutes	
	2.3. Record request	None	10 minutes	

	2.4. Assign a control number for tracking	None	5 minutes	Or  <i>FMTF Coordinators (AEHMD)</i>
	2.5. Forward the data request form to Director/ OIC/ Division Chief	None	10 minutes	
	2.6. Review and notation (for additional instructions) of the Director/ OIC/ Division Chief	None	4 hours	<i>EB Director/ OIC Or Division Chief (AEHMD)</i>
	2.7. Forward data request with notation to FMTF Coordinators	None	10 minutes	
	2.8. Process and complete client data request	None	4 hours	<i>FMTF Coordinators (AEHMD)</i>
	2.9. Review and Approval of the FMTF Supervisor and Division Chief	None	2 hours	<i>FMTF Supervisor and Division Chief (AEHMD)</i>
3. Receive the data requested and submits accomplished CSS	3.1. Release of requested data to the client/ send via email remarks and comments	None	15 minutes	Support to Operations Division (SOD) (Director's Office)  Or  <i>FMTF Coordinators (AEHMD)</i>
	3.2. Record data release in the Log Book	None	5 minutes	
	3.3. Provide client with Client Satisfaction Survey (CSS) form for their	None	5 minutes	
4. Client Accomplish CSS form	4. Receive accomplished CSS, record and file	None	10 minutes	Support to Operations Division (SOD) (Director's Office) Or  FMTF Coordinators (AEHMD)
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 3 hours and 35 minutes</b>	



## 10. EB Library Reference Services

The Epidemiology Bureau Library (EB Library) provides materials, instructional research and extension needs to the internal and external clients through its most extensive collection of epidemiological materials on communicable diseases and country's vital statistics.

<b>Office or Division:</b>	Epidemiology Bureau - Support to Operation Division EB Library			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government; G2C- Government to Citizen			
<b>Who may avail:</b>	FETP Fellows, EB Staff, and the General Public			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Valid Government Issued ID or College/School/University ID		College/School/University		
2. Issued Referral Letter from College/School/University Librarian (Students)		College/School/University Library		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present a valid ID For students, present student ID and referral letter issued by their school/college/ university librarian	1. Verify Identity of Client	None	5 minutes	<i>Librarian II</i>
2. Log in/register personal data in the logbook	2. Ask to login in the log book	None	5 minutes	<i>Librarian II</i>
3. Proceed to the computer terminals and search for the title, author, subject or keyword	3.1 Get the call number and title of the book	None	5 minutes	<i>Librarian II</i>
	3.2 Proceed to the shelves (Open Shelves System) and locate the book	None	5 minutes	<i>Librarian II</i>
<b>TOTAL</b>		<b>None</b>	<b>20 minutes</b>	

## 11. Provision of Field Epidemiology Training Program (FETP) Recruitment/Application Documents

FETP ensures that high quality applicants are recruited, screened, and accepted into the program. The goal of the program is to produce quality graduates and that an adequate number of these graduates are strategically placed in health sector agencies, primarily, at the national, regional, and local levels. Recruitment is a year-round activity and targets all DOH Centers for Health Development (CHD) and local government units (LGU). Priority areas are those without or there is an inadequate number of FETP graduates working as epidemiologists in the public health sector.

<b>Office or Division:</b>	Epidemiology Bureau Applied Epidemiology and Health Management Division Field Epidemiology Training Program			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen			
<b>Who may avail:</b>	<ul style="list-style-type: none"> <li>Health professionals (physicians, nurses, veterinarians, medical technologists, pharmacists, and dentists)</li> <li>Two-year experience in public health service with permanent government designation</li> <li>Must be willing to be deployed for field investigations</li> <li>Must be willing to provide four-year return service to the Philippine government health system after the completion of the two-year course</li> <li>Age ≤ 50 years old</li> </ul>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Accomplished FETP Application Form		Field Epidemiology Training Program Applied Epidemiology and Health Management Division Room 308, 3 <sup>rd</sup> flr, Bldg. 19, Epidemiology Bureau <a href="mailto:fetp.ph@gmail.com">fetp.ph@gmail.com</a> / (02) 8651-7800 local 2923		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit requirements via email	1.1. Review/filter submitted requirements for completeness	None	1 day	FETP Staff
	1.2 Forward the applicant's submitted requirements to FETP Training Officer and Division Chief for pre-screening	None	15 minutes	FETP Staff

	1.3. Pre-screen the applicant's documents and give feedback to FETP staff	None	1 day	<i>FETP Training Officer and Division Chief</i>
	1.4. Receive feedback from FETP Training Officer and Division Chief and informs the applicant via email if he/she is qualified or not	None	15 minutes	<i>FETP Staff</i>
2. Acknowledge the email received from the program	3. Provide an initial announcement of the tentative schedule for panel interview	None	10 minutes	<i>FETP Staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 days 1 hour and 10 minutes</b>	

## 12. Provision of Epidemiology Bureau Data

This is the serviced of EB that caters to requests of data, such as but not limited to:

- HIV/AIDS & ART Registry of the Philippines (HARP) Report
- Sexually Transmitted Infection Data/ Report
- Integrated HIV/STI Behavioral and Serologic Surveillance data (IHBSS)
- FHSIS Data Quarterly Report/ Data Request

<b>Office or Division:</b>	National HIV/AIDS & STI Surveillance and Strategic Information Unit (NHSSS)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government; G2C- Government to Citizen; G2B- Government to Business			
<b>Who may avail:</b>	<p>Government: DOH – OSec, DPCB, CHD, LGU, Senate, House of Representatives</p> <p>Non-Government Agencies: UNAIDS, Global Fund, WHO</p> <p>General Public: Academe, Media, Community Based Organization</p>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. EB Memorandum: Guidelines on Data Requests in EB - Annex B (Data Request Form)		Support to Operations Division (SOD) – Director's Office Bldg 19, 2 <sup>nd</sup> floor, Rm 2019 <a href="mailto:officeofepidemiologybureau@gmail.com">officeofepidemiologybureau@gmail.com</a>		
2. CSS Form		Support to Operation Division		
3. Data Request Letter (applicable for Non-government agencies only)		Accomplished by requestor and duly signed by approving authority of the office or institution.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Sends data request form and letter	1. Receive the request and provide Data Request Form	None	20 minutes	Support to Operations Division
2. Accomplish Data Request Form	2.1. Receive the completed Data Request Form	None	10 minutes	Support to Operations Division
	2.2. Record request and assign a control number for tracking	None	5 minutes	Support to Operations Division
	2.3. Forward the Data Request for further review of the request and note action any other additional instruction	None	1 day	Director/OIC

	2.4. Forward the data request to NHSSS Supervisor/Team Leader	None	30 minutes	Support to Operations Division
	2.5. Data request received by NHSSS Supervisor/Team Leader	None	5 minutes	NHSSS
	2.6. Supervisor/Team Leader assign a Surveillance Officer to complete the data request	None	10 minutes	NHSSS Supervisor/Team Leader
	2.7. Surveillance Officer complete the data request	None	5 days	Surveillance Officer
	2.8. NHSSS Team Leader, Supervisors, and Division Chief review and approve the completed data request	None	4 hours	NHSSS Team Leader, Supervisors, and Division Chief
3.1. Receive the requested data	3.1 Data release to the client or via email and logged properly in the record book	None	15 minutes	Support to Operations Division
3.2. Answer CSS Form	3.2. Provide CSS form to the client for their remarks and comments	None	10 minutes	Support to Operations Division
	<b>TOTAL</b>	<b>None</b>	<b>6 days, 5 hours and 45 minutes</b>	



# Health Emergency Management Bureau

## **EXTERNAL SERVICES**

### 13. Public Assistance/Queries

This procedure is to provide guidance on how to provide service to people on a daily basis by rendering information and assistance to public queries

<b>Office or Division:</b>	Health Emergency Management Bureau – Operation Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	Centers for Health Development (CHDs), DOH Hospitals, General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Message Information Sheet		HEMB-OP		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call of request/queries	1.1. Receive the call through the hotline phones from the public.	None	1 minute	<i>Emergency Officer on Duty (EOD) - OpCen</i>
	1.2 Classify the type of query/assistance needed	None	1 minute	<i>Emergency Officer on Duty (EOD) - OpCen</i>
	1.3 Get appropriate details by using the message information sheet	None	5 minutes	<i>Emergency Officer on Duty (EOD) - OpCen</i>
	1.4. Act on the recommended action	None	30 minutes	<i>Emergency Officer on Duty (EOD) - OpCen</i>
2.1. Receive response on inquiry/assistance	2.1. Give feedback/ response on caller's inquiry	None	10 minutes	<i>Emergency Officer on Duty (EOD) - OpCen</i>
2.2. Give feedback	2.2 Ask feedback from the caller	None	10 minutes	<i>Supervising Health Program Officer / EOD1 - OpCen</i>
<b>TOTAL</b>		<b>None</b>	<b>57 minutes</b>	





## Health Facilities and Services Regulatory Bureau

### **EXTERNAL SERVICES**



## 14. Authentication of Pre-Employment Medical Examination Certificate (PEME)

This Office evaluate the authenticity of PEME Certificate issued by the Medical Facility for Overseas Workers and Seafarers.

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B – Government to Business; and G2G – Government to Government			
<b>Who may avail:</b>	OFW applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Pre-employment medical examination- completely filled-out (1 original copy and 1 photocopy) (PEME Certificate shall be submitted by the liaison officer of the clinic)		MFOWS who conducted the medical examination		
B. HIV certificate (1 original copy and 1 photocopy)		MFOWS who conducted the medical examination		
C. Letter request for authentication from the accredited MFOWS that conducted the PEME		MFOWS who conducted the medical examination		
D. One photo copy of Official Receipt		MFOWS liaison officer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Get a number at the guard on duty/Wait to be called at the lobby (If walk-in applicant) (Bldg. 15,G/F)	1. Give number to applicant.	None	5 minutes	<i>Guard on Duty/PAD</i> HFSRB
Submit PEME Certificate and other documentary requirements	2.1 Check the completeness and authenticity of the documents  2.2 If complete, prepare appropriate Order of Payment.  If incomplete, return the documents to applicant for completion	None	1 hour	<i>Licensing Officer</i> RCED

Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building 2, Ground Floor	3.1 Receive payment	PHP50.00/ PEME Cert.	15 minutes	Cashier Cashier's Office
	3.2 Issue official receipt	PHP50.00/ HIV Cert		
	3.3 Receive the payment and enter/logs relevant information in the log sheet for authentication.	None	30 minutes	Cashier Cashier's Office
Await release of authenticated documents	4.1. Stamp at the back of the documents "authenticated".	None	15 minutes	Licensing Officer RCED
	4.2. Approve and sign the "stamped" PEME Certificate	None	2 days	Division Chief RCED
Receive the authenticated documents	5. Release the authenticated PEME Certificate	None	1 hour	Licensing Officer RCED
<b>TOTAL</b>		PHP50.00/ PEME Cert.  PHP50.00/ HIV Cert	2 days, 3 hours and 5 minutes	

## 15. Issuance of Endorsement Letter to Securities and Exchange Commission (SEC)

Favorable DOH endorsement letter based on SEC requirement.

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Letter of intent from the corporate President/Chairman of the Board address to the HFSRB Director signed by one of the board member		Requesting party		
B. Signed and Notarized Articles of Incorporation and By-Laws		Requesting party		
C. Authorization Letter signed by one of the board member (if applicant is a representative)		Board Member of the requesting company		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/Wait to be called at the lobby	1. Give number to the requesting party	None	5 minutes	<i>Guard on Duty/PAD HFSRB</i>
2. Submit documentary requirements for endorsement to SEC	2.1. Check the documentary requirements and request form submitted. If incomplete/incorrect, return the documents to applicant for completion	None	15 minutes	<i>Administrative Assistant VI RCED</i>
	2.2 If complete, receive and record in the logbook and forward to assigned	None	1 day	<i>Administrative Assistant VI RCED</i>

	staff/process owner.			
3. Await release of Endorsement Letter	3.1. Receive the document, record in the log book.	None	1 hour	<i>Administrative Assistant VI</i> RCED
	3.2. Forward documents to the Division Chief review.			
	3.3. Prepare letter of endorsement  If disapproved, notify applicant through letter/email			
	3.4. Approve/sign the letter of endorsement to SEC	None	1 day	<i>Division Chief</i> RCED
	3.5. Forward to Records Section	None	1 hour	<i>Administrative Assistant VI</i> RCED
4. Receive the endorsement letter to SEC	4. Record and release the endorsement letter	None	15 Minutes	<i>Licensing Officer</i> RCE D
<b>TOTAL</b>		<b>None</b>	<b>2 days, 2 hours and 35 minutes</b>	



## 16. Issuance of Certification as Registered Health Facility

This certification shows that the health facility is duly licensed or accredited by the DOH.

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – Office of the Director (Administrative Service – Records Unit)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Duly accomplished Request Form		HFSRB receiving/releasing Window		
B. Copy of issued medical certificate indicating the name of requesting client using the letterhead of the health facility is accepted (when the certification is submitted to other government agencies). (if applicable)		Requesting party/authorized representative		
C. Issued Order of Payment		HFSRB		
D. Duly signed authorization letter from the requesting client		Requesting party/authorized representative		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/Wait to be called at the lobby (If walk-in applicant) (Bldg. 15 ,G/F)  Applicant may send request letter through e- mail at <a href="mailto:hfsrb@doh.gov.ph">hfsrb@doh.gov.ph</a>	1. Give number to the requesting party	None	5 minutes	<i>Guard on Duty/PAD</i> HFSRB
2. Submit duly accomplished Request Form and documentary requirements	2.1 Check the documentary requirements and request form submitted.  2.2. If complete, prepare appropriate Order of Payment.	None	1 hour	<i>Administrative Assistant</i> Administrative Unit

	If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building 2, Ground Floor	3.1 Receive payment  3.2 Issue official receipt	PHP50.00/request	15 minutes	Cashier Cashier's Office
4. Submit copy of OR, accomplished request form and documentary requirements	4. Receive and logbook the accomplished Request Form and prepare certification.	None	2 hours	Administrative Assistant Administrative Unit
5. Await release of certification.	5. Approve and sign the Certification	None	1 day	Licensing Officer RCED
6. Receive the Certification	6. Record release the Certification	None	1 day	Licensing Officer RCED
<b>TOTAL</b>		<b>PHP50.00/request</b>	<b>2 days, 4 hours and 20 minutes</b>	

## 17. Issuance of Certificate of Accreditation to Drug Rehabilitation Practitioners

Accreditation of Drug Rehabilitation Practitioner is a formal authorization issued by the DOH to an individual meeting the accreditation requirements as prescribed under Dangerous Drugs Board (DDB) Regulation No. 1, Series of 2019, "Implementing Rules and Regulations Governing the Accreditation of Drug Rehabilitation Practitioners"

The accreditation of physician is categorized into two:

- a. Provisional Accreditation – refers to the temporary authorization issued by the Center for Health Development (CHD) through the Regulation, Licensing and Enforcement Division (RLED) to a physician for the conduct of DDE. The Certificate is valid for a period of two (2) years. It is non-renewable and the physician must obtain a Certificate of Full Accreditation before it expires for him/her to be able to continue conducting DDE. He/she can only apply for provisional accreditation once.
- b. Full Accreditation –refers to the authorization issued by the Health Facilities and Services Regulatory Bureau (HFSRB)/CHD to a physician who will conduct DDE and management of PWUDs.

The Certificate of Accreditation for both Physicians and Non-physicians is valid for a period of five (5) years.

Type of Application		Office	Application Period
Full Accreditation for Physician	Initial	HFSRB	January 1 – November 15
	Renewal	Respective CHD where the permanent official station* of the practitioner is.	October 1 – December 15
Provisional Accreditation for Physician		Respective CHD where the permanent official station of the practitioner is.	January 1 – November 15
Accreditation for Non-physicians	Initial	HFSRB	January 1 – November 15
	Renewal	Respective CHD where the permanent official station of the practitioner is.	October 1 – December 15

Where to file:

The training of drug rehabilitation practitioners may be provided by the Dangerous Drug Abuse Prevention and Treatment Program (DDAPTP) of the DOH, CHD or DOH-recognized training provider.

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government
<b>Who may avail:</b>	All trained Drug Rehabilitation Practitioners
<div> <div>CHECKLIST OF REQUIREMENTS</div> <div>WHERE TO SECURE</div> </div>	



<b>A. PHYSICIAN</b>	
1. Duly accomplished application form	HFSRB website: <a href="http://hfsrb.doh.gov.ph">hfsrb.doh.gov.ph</a>
2. Certified True Copy (CTC) of valid Professional Regulation Commission (PRC) Identification Card (ID)	Professional Regulation Commission
<b>The following additional requirements during Initial Application:</b>	
3. Certificate of Training on the standard training course on the Screening and Assessment* of Drug Dependents (for Provisional Accreditation) *Synonymous with Assessment and Management of Drug Dependents for Physicians	Training Provider
4. Certificate of Training on the standard training course on Treatment/Management of Drug Dependents issued by DDAPTP/CHD/DOH-recognized training provider (for Full Accreditation)	Training Provider
5. For Psychiatrist and Addiction Medicine Specialist: Certificate of Participation on the orientation seminar on laws, procedures and programs related to drug dependency prevention, assessment and management facilitated by DDAPTP	DDAPTP
6. For Psychiatrist, photocopy of the Board Certificate; for Board Eligible, Certificate of Completion of the Residency Training	For Psychiatrist, Philippine Psychiatric Association; For Board Eligible, hospital where residency training was completed.
7. For Addiction Medicine Specialist, photocopy of Board Certification	Philippine College of Addiction Medicine
8. Certificate of employment (if applicable)	Requesting party
<b>Additional requirement during Renewal of Application:</b>	
Certificate(s) of continuing education/training related to treatment or management of drug dependents provided by DDAPTP/CHD/DOH-recognized training provider (for Full Accreditation)	Training Provider
<b>B. OTHER DRUG REHABILITATION PRACTITIONER (Non-physician)</b>	
1. Duly accomplished application form	HFSRB website: <a href="http://hfsrb.doh.gov.ph">hfsrb.doh.gov.ph</a>
2. Certified True Copy (CTC) of valid Professional Regulation Commission (PRC) Identification Card (ID), if applicable	Professional Regulation Commission
<b>The following additional requirements during Initial Application:</b>	

3. Certificate of the Basic Training Course on Rehabilitation Management of Drug Dependents* *Synonymous to Basic Training Course on the Assessment and Management of Drug		Training Provider		
4. Certificate of Employment or its equivalent that the practitioner is actively involved in the program/clinical management of drug dependents for at least one (1) year		Training Provider		
<b>Additional requirement during Renewal of Application:</b>				
Certificate(s) of continuing education/training related to treatment or management of drug dependents provided by DDAPTP/CHD/DOH-recognized training provider		Training Provider		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty. Wait to be called at the lobby (Bldg. 15, G/F)	1. Give number to the requesting party	None	5 minutes	<i>Guard on Duty/PAD</i> HFSRB
2. Submit duly accomplished Application Form and documentary requirements	2.1 Check the correctness and completeness of the application and documentary requirements If incomplete/incorrect, return the documents to applicant for completion  2.2 If complete, prepare appropriate Order of Payment	None	15 minutes	<i>Administrative Assistant</i> RCED
3. Pay the amount due reflected in the Order of Payment at the Cashier's Office located at Building 2, Ground Floor	3.1 Receive payment  3.2 Issue official receipt	Php 2,000 for the Physician;  Php 1,000 for Other Drug Rehab. Practitioner	15 minutes	<i>Cashier</i> Cashier's Office

4. Submit copy of OR, together with the application and other documentary requirements at the receiving section.	4.1. Receive documents 4.2. Stamp date and time of receipt. 4.3 Return duplicate copy of the application, if provided by the applicant, with stamped date and time of receipt.	None	15 minutes	<i>Administrative Assistant</i> RCED
	4.4 Log the received documents in the D-Tracking System and forward them to the assigned staff.	None	1 hour	<i>Administrative Assistant</i> RCED
	4.5. Review/ Evaluate the submitted documents to determine compliance with the requirements.	None	1 day	<i>Licensing Officer</i> RCED
5. Await the issuance of COA  If non-compliant, submit documents for completion within 30 days from receipt of findings and recommendations. Failure to submit within the specified timeline shall be a ground for Denial of application	<b>If compliant:</b> 5.Recommend the issuance of COA  <b>If non-compliant:</b> 5.1. Inform the applicant of the deficiency through letter or e-mail. 5.1.1 Receive and evaluate the submitted compliance 5.1.2. Inform the denial of applicant through letter or e-mail if requesting party fail to comply within the specified timeline	None	1 day	<i>Division Chief</i> RCED

	5.2. Prepare COA	None	1 hour	<i>Division Chief RCED</i>
	5.3. Approve and signs COA	None	3 days	<i>Director Office of the Director</i>
	5.4. Log and release COA to Records Unit.			<i>Administrative Assistant Office of the Director</i>
6. Receive the approved COA.	6. Release the COA	None	10 minutes	<i>Licensing Officer R CED</i>
<b>TOTAL</b>		<b>Php 2,000 for the Physician ;</b>  <b>Php 1,000 for Other Drug Rehab. Practitioner</b>	<b>6 days and 3 hours</b>	

## 18. Issuance of Permit for Remote Collection of a Regulated Health Facility

Permit for Remote Collection – is a permit issued by the HFSRB to a DOH-accredited drug testing laboratory to collect urine specimen at a temporary/remote facility with 20 or more clients/donor. Permit is valid for two (2) weeks. Collection site should be located within a 100 km radius from the address of the applicant laboratory. Permit shall be posted in a conspicuous area within the laboratory and temporary facility located at a remote site.

However, the permit for remote collection is not required for the following conditions:

- vehicular accident;
- cases of crime scene, post-accident, and critically ill/disabled patients; and
- in cases of reasonable/suspicious cause involving less than 20 clients/subject/donor PROVIDED that the drug testing laboratory shall submit to BHFS/CHD documents from the requesting party justifying the reason for collection within 48 hours after the procedure.

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau - Regulatory Compliance and Enforcement Division (RCED)	
<b>Classification:</b>	Complex	
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
<b>Who may avail:</b>	All DOH-Accredited Drug Testing Laboratories	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Letter of request to conduct remote collection containing the following information: (date, time, venue of collection and estimated numbers of donors/clients/subjects)  Additional requirements for Clinical Lab, to include the ff.: 1.1 Letter request, signed by the Head of Clinical Laboratory 1.2. Name of the facility with DOH-LTO number 1.3. Address of Facility, Specimen to be collected		Requesting party
2. Notarized MOA/contract between the contracting parties.		Company where the drug testing laboratory will conduct remote collection
3. List of authorized personnel employed at the laboratory		Template of list of personnel for DTL posted in the <a href="https://hfsrb.doh.gov.ph">hfsrb.doh.gov.ph</a> (downloadable)

designated for remote collection.(for Drug Testing Laboratory)				
4. Operational procedures for remote collection and transport (collection, transport, handling) in accordance with DOH MANOPS for drug testing.  Technical or operational procedures for remote collection including specimen handling and transportation. (for Clinical Laboratory)		Requesting party		
5. List of supplies, transport, materials e.g. ice chest  List of laboratory supplies /equipment to be used during remote collection including the transport materials. (for Clinical Laboratory)		Requesting party		
6. One photocopy of official receipt		Requesting party		
7. Online application through the IDTOMIS		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/PAC D. Wait to be called at the lobby	1. Give number to applicant.	None	5 minutes	Guard on Duty/PAD HSFRB
2. Submit hard copy of documents together with the printed order of payment. (Online application is required prior to submission of hard copy). Applicant may apply 7 days prior to	2.1 Check and evaluate the documentary requirements/application submitted 2.2. If complete, prepare appropriate Order of Payment If incomplete, return the documents to applicant for completion	None	1 day	Licensing Officer RCED

scheduled date or earlier.				
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building No. 2 (Ground Floor)	3.1 Receive Payment  3.2. Issue Official Receipt	PHP500/application	15 minutes	Cashier Cashier's Office
4. Submit copy of OR, application documentary requirements at the Bldg. 15,G/F HFSRB Window 4	4. Receive and logbook/D-Tracking System the application/documentary requirements and forwards to assigned staff.	None	30 minutes	Administrative Assistant IV HFSRB
5. Wait the issuance of the approved permit	5.1 Recommend processing of (RCP)	None	1 hour	Licensing Officer RCED
	5.2.Prepare permit for RCP	None	1 day	Administrative Assistant III HFSRB
	5.3Approve and sign the permit	None	4 days	Division Chief RCED
	5.4. Forward to Records Section	None	1 hour	Administrative Assistant RCED
6.Receive the approved RCP	6. Record and release the approved permit	None	15 minutes	Licensing Officer RCED
<b>TOTAL</b>		<b>PHP500/application</b>	<b>6 days, 3 hours and 5 minutes</b>	

## 19. Handling of Complaints against Department of Health Regulated Hospitals and other Health Facilities

Handling of Complaints – to act on a document containing an allegation or a statement of dissatisfaction against a person, natural or juridical which may be hospital or any other health facility, for the latter's violation which could serve as future references for decision making, policy formulation and system improvement.

Delegation of Authority to Handle Specific Complaints to the Regional Office – Regulation, Licensing and Enforcement Division (RLED):

The following are delegated to the RLED of the DOH Regional Offices, regardless of the level of hospital:

1. Non-release of death certificates
2. Non-release of cadaver
3. Non-release of treatment records
4. Poor hospital services
5. Overcharging of Fees
6. Hospital deposit
7. Drug-test related complaints

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – Complaint and Action Unit (CAU)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished complaint form		HFSRB website <a href="http://hfsrb.doh.gov.ph">hfsrb.doh.gov.ph</a> (downloadable)		
2. Proof / evidences if applicable (e.g. proof of receipt – for OFW and Blood Service)		Complainant		
3. Repatriated OFW the following should be submitted: 3.1 Passport (exit visa); 3.2 Boarding Pass; 2. Medical certificate (with English translation) detailing the cause of repatriation; 3. Pertinent documents the repatriated worker may have in his/her possession		Complainant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING TIME	PERSON RESPONSIBLE



		<b>BE PAID</b>		
1. Get a number at the guard on duty/PACD. Wait to be called at the lobby	1. Receive the complaint	None	5 minutes	<i>Guard on Duty/PAD HFSRB</i>
2. Submit duly accomplished complaint form to Bldg. 15, G/F HFSRB Window 4  Client may also email their complaint through <a href="mailto:hfsrb@doh.gov.ph">hfsrb@doh.gov.ph</a>	2. Check the documentary requirements and complaint submitted.	None	15 minutes	<i>Administrative Assistant III Administrative Unit</i>
3. Await the copy of the response letter from the respondent	3.1. Evaluate the complaint as to jurisdiction	None	2 days	<i>Licensing Officer CAU</i>
3.1. Submit comments/position relative to the response of the respondent within three (3) days upon receipt thereon.  Note: If the complainant failed to respond three (3) days upon receipt of the letter, the complaint shall be deemed dismissed and resolved.	<b><i>If within the HFSRB Jurisdiction:</i></b>  3.2. Prepare letter to the respondent requiring him/her to submit letter of explanation regarding the complaint within 3 days upon receipt  3.2.1 Provide copy the complainant and other concern agencies	None	2 days	<i>Administrative Assistant CAU</i>
	<b><i>If not within the HFSRB Jurisdiction:</i></b>  3.2. Refer the complaint letter to appropriate agency/office	None	1 day	<i>Administrative Assistant CAU</i>
	3.3. Sign of the letter	None	3 days	<i>Medical Specialist III CAU</i>
	3.4. Forward to Records	None	1 hour	<i>Licensing Officer</i>

	Section for mailing			
	3.5. Release the document through mail by the Records Section  Wait for the respondent's reply	None	1 day	<i>Licensing Officer</i> CAU
	3.6. Receive response letter from the respondent	None	15 minutes	<i>Administrative Assistant III</i> CAU
	3.7. Send a letter to the complainant to submit a written comment on the reply/response letter of the respondent to be submitted within 3 days upon receipt.  Wait for the complainant's reply	None	1 day	<i>Administrative Assistant III</i> CAU
	3.8. Determine whether or not the respondent has violated a particular law or statute based on the facts and issues of the case  3.8.1. Imposition of applicable penalties for a violation committed	None	2 days	<i>Licensing Officer</i> CAU
4. Await for the decision	4.1. Prepare resolution of the case.	None	3 days	<i>Licensing Officer</i> CAU

	Provide copy to the complainant, respondent and other concerned agencies.			
	4.2. Sign the Resolution	None	2 days	<i>Director IV</i> CAU Office of the Director IV
	4.3. Forward the signed Resolution to CAU for recording	None	15 minutes	<i>Computer Operator</i> Office of the Director IV
	4.4. Forward signed Resolution to Records Section	None	1 day	<i>Licensing Officer</i> CAU
5. Receive case decision	5. Mail/e-mail the copy of the Resolution on the case	None	1 day	<i>Licensing Officer</i> Records Section
<b>TOTAL</b>		<b>None</b>	<b>19 days, 1 hour, and 50 minutes</b>	

## 20. Issuance of Certificate of Recognition of Laboratory Dialysis Water Analysis

Certificate of Recognition – refers to a document that the health facility is duly recognized by the DOH as a laboratory for Chemical Analysis for Dialysis Water.

Validity – 3 years

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Application Form 1 (initial)		HFSRB window 4		
B. Copy of valid Certificate of Accreditation for Laboratory Drinking Water Analysis for Physical and Chemical		Requesting party/authorized representative		
C. Print out of test results of chemicals for dialysis water for method validations		Requesting party		
D. Annex A and Annex B of Assessment tool		HFSRB		
E. Issued Order of Payment		HFSRB		
F. One (1) photocopy of Official Receipt		Requesting party		
G. Recommendation letter (method of validation is ca		National Reference Laboratory East Avenue		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/Wait to be called at the lobby (If walk-in client) (Bldg. 15, G/F)	1. Give number to the requesting party	None	5 minutes	Guard on Duty/PAD HFSRB
2. Submit duly accomplished Application Form and documentary requirements	2.1 Check the documentary requirements and request form submitted. If incomplete/incorrect, return the documents to	None	1 hour	Licensing Officer RCED

	applicant for completion  2.2. If complete, prepare appropriate Order of Payment			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building 2, Ground Floor	3.1 Receive payment  3.2 Issue official receipt	PHP5,000.00/application	15 minutes	Cashier Cashier's Office
4. Submit copy of OR, accomplished request form and documentary requirements	4. Receive and logbook the accomplished Request Form and print out of method validation	None	2 hours	Licensing Officer RCED
5. Await release of certification.	5.1. Forward copy of application and the print out of results of chemicals for dialysis water for method validation to National Reference Laboratory (NRL), East Ave, Quezon City for evaluation.	None	1 day	Licensing Officer RCED
None	5.2. Receive the recommendation letter from the National Reference Laboratory East Avenue and prepare certificate of Recognition	None	1 hour	Division Chief RCED
None	5.3. Approve and sign COR	None	3 days	Director IV Office of the Director IV



None	5.4. Forward to Records Section	None	1 hour	Computer Operator III RCED
6. Receive the certificate of recognition	6. Record release the COR letter	None	1 day	Licensing Officer RCE D
<b>TOTAL</b>		<b>PHP5,000.00/application</b>	<b>5 days, 5 hours and 20 minutes</b>	

## 21. Issuance of Permit to Construct (PTC)

The Permit to Construct (PTC) is a permit issued by Department of Health through Health Facilities and Services Regulatory Bureau 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 hospital 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 pre-requisite for License to Operate.

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
<b>Who may avail:</b>	All	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
A. Letter of intent for new and existing health facility (background and scope of the project)		Requesting party
<b>B. For new health facility:</b> 1. Certificate of Need from the DOH-Regional Office  For new Private Hospital - below 100 Authorized Bed Capacity  For new Government Hospital - regardless of number of Authorized Bed Capacity applied		hfsrb.doh.gov.ph (downloadable)
2. Proof of Registration of Name of Health Facility		Requesting party
2.1 DTI/SEC Registration including Articles of Incorporation and By- Laws (for private health facility)		Department of Trade and Industry/Securities and Exchange Commission Office
2.2 Enabling Act/ Board Resolution (for government health facility)		National/Local Government Unit
2.3 Cooperative Development Authority Registration including Articles of Cooperation and By-Laws		Cooperative Development Authority
3. Three (3) Sets of Site Development Plans and Architectural Floor Plans (in blue print 20 x 30) 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)		Requesting party

C. For expansion/renovation of existing health facility:				
1. Latest DOH Approved Permit to Construct and Approved Floor Plan with latest copy of LTO/COA		Requesting party		
2. Floor Plan indicating proposed change/s (refer to B.3)		Requesting party		
D. Feasibility Study (for non-hospital based dialysis clinic only)		Requesting party		
E. A photocopy of receipt (proof of payment)		Requesting party		
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 at the lobby	1. Give number to the applicant.	None	5 minutes	Guard on Duty/PACD RCED
2. Submit duly accomplished application form and documentary requirements	2.1 Check the documentary requirements/application submitted	None	30 minutes	Licensing Officer RCED
	2.1.1 If complete, prepare appropriate Order of Payment If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office at Building 2 (ground floor)	3.1 Receive the payment	Refer to the Health Facility Schedule of Fees	15 minutes	Cashier Cashier
	3.2 Issue official receipt			
4. Submit copy of OR, application documentary requirements at Bldg. 15, G/F HFSRB Window 4	4. Receive and logbook/D-Tracking System the application/documentary requirements and forward to the assigned staff.	None	15 minutes	Administrative Assistant IV RCED
5. Await the approval of application submitted and receive the notification	5.1 Review and Evaluate the submitted floor plan	None	14 days	Division Chief RCED
	5.1.1. If approved, prepare the permit	None	1 day	



1. if approved, await for the release of Permit to Construct	and inform the facility through letter			<i>Administrative Assistant IV RCED</i>
	If disapproved, inform facility through letter stating the reason of disapproval.	None	1 hour	<i>Administrative Assistant IV RCED</i>
	5.2. Approve and sign the permit to construct	None	4 days	<i>Director IV Office of the Director IV</i>
6. Receive the approved Permit to Construct	6. Record and release the approved Permit to Construct.	None	30 minutes	<i>Licensing Officer RCED</i>
<b>TOTAL</b>		<b>Refer to the Health Facility Schedule of Fees</b>	<b>19 days, 2 hours, and 35 minutes</b>	

### Health Facility Schedule of Fees

<b>Application for permit to Construct a Health Facility</b>	<b>Permit to Construct Application Fee</b>
1.Ambulatory Surgical Clinic	PHP1,400.00
2.Birthing Home	PHP1,400.00
3.Dialysis Clinic	PHP1,400.00
4.Drug Testing Laboratory (free-standing)	PHP1,000.00
5.Drug Abuse Treatment and Rehabilitation Center (DATRC):	
5.1 DATRC (Residential)	PHP1,000.00
5.2 DATRC (Non-Residential)	PHP1,000.00
5.3 DATRC (Residential with Out-patient)	PHP1,000.00



6.Hospital (Note: If there's an application for additional service like DC in level 1 hospital the cost will be applied to the level of hospital) e.g. DC=1,400.00 but DC is an additional service to the hospital then the cost is equal to PHP2,000.00	
6.1 Hospital Level 1	PHP2,000.00
6.2 Hospital Level 2	PHP2,500.00
6.3 Hospital Level 3	PHP3,000.00
7.Medical Facility for Overseas Workers and Seafarers (MFOWS)	PHP1,500.00
8.Infirmery	PHP1,500.00
9.Psychiatric Care Facility:	
9.1 Psychiatric Care Facility (Custodial)	PHP1,500.00
9.2 Psychiatric Care Facility (Acute Chronic)	PHP1,500.00

Note: Filing of applications and fees for the following facilities will be at the CHD under its jurisdiction.

1. Level 1 hospital
2. Birthing Home
3. Infirmery
4. Psychiatric Care facility
5. PTC under HFEP

### Health Facility Schedule of Fees

<b>Application for permit to Construct a Health Facility</b>	<b>Permit to Construct Application Fee</b>
1.Ambulatory Surgical Clinic	PHP1,400.00
2.Birthing Home	PHP1,400.00
3.Dialysis Clinic	PHP1,400.00
4.Drug Testing Laboratory (free-standing)	PHP1,000.00
5.Drug Abuse Treatment and Rehabilitation Center (DATRC):	
5.1 DATRC (Residential)	PHP1,000.00
5.2 DATRC (Non-Residential)	PHP1,000.00
5.3 DATRC (Residential with Out-patient)	PHP1,000.00
6.Hospital (Note: If there's an application for additional service like DC in level 1 hospital the cost will be applied to the level of hospital) e.g. DC=1,400.00 but DC is an additional service to the hospital then the cost is equal to PHP2,000.00	
6.1 Hospital Level 1	PHP2,000.00



6.2 Hospital Level 2	PHP2,500.00
6.3 Hospital Level 3	PHP3,000.00
7. Medical Facility for Overseas Workers and Seafarers (MFOWS)	PHP1,500.00
8. Infirmary	PHP1,500.00
9. Psychiatric Care Facility:	
9.1 Psychiatric Care Facility (Custodial)	PHP1,500.00
9.2 Psychiatric Care Facility (Acute Chronic)	PHP1,500.00

Note: Filing of applications and fees for the following facilities will be at the CHD under its jurisdiction.

1. Level 1 hospital
2. Birthing Home
3. Infirmary
4. Psychiatric Care facility
5. PTC under HFEP



## 22. 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 HFSRB.

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  
 Ambulatory Surgical Clinic (ASC) – 3 years  
 Birthing Home (BH) – 1 year  
 Blood Center (BC) – 3 years  
 Clinical Laboratory (CL) – 1 year  
 COVID-19 Testing Laboratory – 1 year  
 Dental Laboratories (DL) – 1 year  
 Dialysis Clinic (DC) – 3 years  
 Hospital - 1 year  
 Psychiatric Care Facility (PCF) – 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  
 Human Stem Cell & Cell-Based or Cellular Therapy – 1 year  
 Kidney Transplant Facility (KTP) – 3 years  
 Laboratory for Drinking Water and Analysis (LDWA) – 3 years  
 Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years  
 Newborn Screening Center (NSC) – 3 years  
 Authority to Operate (ATO) – a formal permit issued to an individual, partnership, corporation or association to a Blood Collection Unit or Blood Station  
 Blood Collection Unit (BCU) – 3 years  
 Blood Station (BS) – 3 years

Certificate of Registration – refers to the formal authorization issued by DOH to a special clinical laboratory that are not subject to the provisions of other administrative orders, such as but not limited to, Assisted Reproduction Technology Laboratories, Molecular and Cellular Technology, Molecular Biology, Molecular Pathology, Forensic Pathology, Anatomic Pathology Laboratories operating independently from a 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)

Type of Application	Application Period	Annual Cut-Off Date
Department of Health Permit to Construct (DOH-PTC)		November 15

Certificate of Need (CON)		November 15
<b>Initial:</b> <ul style="list-style-type: none"> <li>Department of Health-License to Operate (DOH-LTO)</li> <li>Department of Health-Certificate of Accreditation (DOH-COA)</li> <li>Authority to Operate (ATO)</li> <li>Certificate of Registration (COR)</li> </ul>	1 <sup>st</sup> working day of the year to November 15 of the same year	November 15

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED))
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government
<b>Who may avail:</b>	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Application form1 (for initial & renewal)  Application form for COVID-19 Testing Laboratory  Application form 2 (for facility with changes, renovation, expansion and alteration)	hfsrb.doh.gov.ph (downloadable)
2. Acknowledgement (notarized)	hfsrb.doh.gov.ph (downloadable)
3. Proof of ownership and Name of Facility: 3.1.DTI/ CDA (for single proprietorship) or SEC (for corporation) Registration including Articles of Incorporation/Corporation and By-Laws  3.2. Copy of Enabling Act/LGU Resolution (for government health facility)  <b>Additional for COVID-19 Testing Laboratory:</b> 3.3. Notarized list of personnel, including photocopies of valid PRC identification card. (ANNEX A)  3.4. List of equipment with specifications, reagents, and supplies (ANNEX B)	Department of Trade and Industry (DTI)/ Cooperative Development Authority (CDA)/Security and Exchange Commission (SEC)/  National/Local Government Unit where the facility is located  hfsrb.doh.gov.ph (downloadable form)  hfsrb.doh.gov.ph (downloadable form)

<p>3.5. Copy of Certificate of product Registration (CPR) from Food and Drug Administration of all equipment and reagents</p> <p>3.6. Technical Procedure Manual or Manual of Operations for COVID-19 Testing</p>	<p>Food and Drug Administration</p> <p>Requesting party</p>
<p>4. These requirements shall only be required for COVID-19 Testing Lab:</p> <p>4.1. HFSRB's Assessment Tool for Licensing a COVID-19 testing laboratory (Annex A1)</p> <p>4.2. RITM's Laboratory Assessment Tool (Annex B1)</p> <p>4.3. RITM's Laboratory Biosafety Assessment Tool (Annex B2)</p> <p>4.4. WHO risk Assessment form (Annex C)</p> <p><b>Additional requirement necessary for the recommendation of RCED on the issuance of LTO/ATO/COA/COR (issued by RITM):</b></p> <p>4.5. NEQAS Certificate that the laboratory has passed the Proficiency Testing or the Competency Assessment</p>	<p>hfsrb.doh.gov.ph (downloadable)</p> <p>hfsrb.doh.gov.ph (downloadable)</p> <p>hfsrb.doh.gov.ph (downloadable)</p> <p>hfsrb.doh.gov.ph (downloadable)</p> <p>Research Institute of Tropical Medicine (RITM)</p>
5. Application Form for Medical X-ray Facility	www.fda.gov.ph
6. Application Form for Pharmacy	www.fda.gov.ph
7. Accomplished Health Facility Self-Assessment Tool	hfsrb.doh.gov.ph (downloadable)
8. Health Facility Geographic Form (Geographic Coordinates) Required for Initial/New application	hfsrb.doh.gov.ph (downloadable)
9. Approved Permit to Construct (PTC) For Initial/New application Facility with changes, expansion, renovation and alteration (If applicable) (PTC for COVID-19 Lab) waived cy 2020	Requesting party

Additional requirements: 10. BSF- Recommendation Letter(RL) signed by the Regional Director		lead Blood Center where the facility is located		
11. Online application thru IDTOMIS (DTL) for Renewal		DOH IDTOMIS website		
12. Proof of payment (COVID-19 Lab. Fee) – waived cy 2020		Requesting party		
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 at the lobby	1. Give number to applicant.	None	5 minutes	Guard on Duty/PACD HFSRB
2. Submit duly accomplished application form and documentary requirements	2.1 Check the documentary requirements/application submitted	None	1 day	Licensing Officer RCED
	2.2. If complete, prepare appropriate Order of Payment  If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office at Building 2 (ground floor)	3.1 Receive payment	Refer to Health Facility schedule of fees	15 minutes	Cashier Cashier's Office
	3.2 Issue official receipt			
4. Submit copy of OR, application documentary requirements at the HFSRB Window 4	4. Receive application and documentary requirements together with the copy of the OR	None	5 minutes	Admin. Asst. IV RCED
5. Await the schedule for inspection of health facility	5.1 Receive and logbook/D-Tracking System the application/documentary requirements and forwards to assigned staff.	None	1 day	Admin. Asst. IV RCED

	5.2 Schedule the inspection/evaluation and prepare travel documents (DPO/RPO, Vehicle Request, TEV) and inform the health facility through letter/e-mail	None	5 days	Licensing Officer RCED
	5.3.Travel to the official destination	None	2 days	Licensing Officer RCED
	5.4.Conduct inspection visit.	None	2 days	Licensing Officer RCED
	5.4.1.Provide one (1) photocopy of the assessment tool to the facility			
6. Wait for the issuance of LTO/ATO/COA/COR  6.1.If compliant, wait for the issuance of LTO/ATO/COA/COR  <i>for facility with non-compliance findings:</i>  6.1.1 submit proof of compliance within 30 calendar days	6.1. Recommend issuance of LTO/ATO/COA/COR  <i>for facility with non-compliance findings:</i>	None	3 days	Division Chief RCED
	6.2 Notify the facility of the non-compliance and evaluate the submitted compliance documents (if failed to comply within 30 calendar days, denial of application and forfeiture of payment)			
	6.3 If compliant, prepare the LTO/ATO/COA/ COR If non-compliant, inform the facility the reason of denial of application through letter/e-mail	None	1 day	Division Chief RCED
	6.4. Approve and sign the LTO/ATO/COA/COR	None	4 days	Director HFSRB
	6.5 Forwards to Records Section	None	1 hour	Computer Operator III



7. Receive the approved LTO/ATO/COA/COR	7. Record and release the approved LTO/ATO/COA/COR	None	30 minutes	Licensing Officer RCED
<b>TOTAL</b>		<b>Refer to the Health Facility Schedule of Fees</b>	<b>19 days, 1 hour, and 55 minutes</b>	

### Health Facility Schedule of Fees

Application for LTO	Fees to be Paid	Validity
1. Hospital (Note: no payment of license, registration fee, ancillary services if government, DOH retained owned, but with payment in ancillary service if non-DOH retained owned)		
<b>1.1 Level 1 Hospital</b>	PHP6,500.00	1 year
1.1.1 Registration Fee (for new hospital)	PHP200.00	One-time
1.1.1 Blood Station-required	PHP1,400.00	1 year
1.1.2 Blood Collection Unit (If offered as additional service)	PHP1,500.00	1 year
1.1.3 Blood Collection Unit and Blood Station	PHP1,500.00	1 year
1.1.4 Clinical Laboratory (secondary category)- required	PHP2,500.00	1 year
1.1.5 X-ray (c/o FDA)		
1.1.6 Pharmacy (c/o FDA)		
<b>1.2. Level 2 Hospital</b>	PHP8,500.00	
1.2.1 Registration Fee (for new hospital)	PHP200.00	One-time
1.2.1 Blood Station-required	PHP1,400.00	1 year
1.2.2 Blood Collection Unit (if offered as additional service)	PHP1,500.00	1 year
1.2.3 Blood Collection Unit and Blood Station	PHP1,500.00	1 year
1.2.4 Clinical Laboratory (tertiary category)- required	PHP3,000.00	1 year
1.2.5 X-ray (c/o FDA)		
1.2.6 Pharmacy (c/o FDA)		
<b>1.3 Level 3 Hospital</b>	PHP10,500.00	
1.3.1 Registration Fee (for new hospital)	PHP200.00	One-time

1.3.1 Blood Bank - required	PHP5,000.00	1 year
1.3.2 Blood Bank with additional function (if offered as additional service)	PHP5,000.00	1 year
1.3.3 Clinical Laboratory (tertiary category)-required	PHP3,000.00	1 year
1.3.4 Dialysis Clinic (Note: no renewal fee if owned by the hospital)-required	PHP3,000.00	1 year
1.3.5 X-ray (c/o FDA)		
1.3.6 Pharmacy (c/o FDA)		
<b>2. Ambulatory Surgical Clinic (ASC) [Note: no renewal fee if owned by the hospital]</b>		
2.1 One-Stop Shop Non-hospital based ASC	PHP14,000.00	3 years
2.2 Hospital-based ASC	PHP4,000.00	1 year
2.3 Free-Standing ASC	PHP14,000.00	3 years
3. Dialysis Clinic (DC)		
3.1 One-Stop Shop Non-Hospital based DC	PHP9,500.00	3 years
3.2 Hospital-based DC	PHP3,000.00	1 year
3.3 Free-Standing DC	PHP9,500.00	3 years
4. Ambulance Service Provider		
4.1 Ambulance Service Provider- Hospital Based	PHP5,000.00	1 year
4.2 Ambulance Unit-hospital based per vehicle	PHP1,000.00	1 year
4.3 Ambulance Service Provider – free standing	PHP15,000.00	3 years
4.4 Ambulance Unit- free standing	PHP3,000.00	3 years
<b>Application for LTO</b>	<b>Fees to be Paid</b>	
5. Blood Center	PHP5,000.00	3 years
<b>6.a. General Clinical Laboratory-non-hospital based</b>		
6.a.1 Primary	PHP2,500.00	1 year
6.a.2 Secondary	PHP3,000.00	1 year
6.a.3 Tertiary	PHP3,500.00	1 year
6.a.4 Limited	PHP2,500.00	1 year
<b>6.b. General Clinical Laboratory one-stop shop non-hospital based</b>		1 year
6.b.1 Primary	PHP7,500.00	3 years
6.b.2 Secondary	PHP9,000.00	3 years
6.b.3 Tertiary	PHP10,500.00	3 years
6.b.4 Limited	PHP7,500.00	3 years
7. HIV Testing Laboratory (included in the clinical laboratory)		

7.1Add-on service G6PD confirmatory lab.		
7.2Add-on service RHIVDA		
Registration (if new)	PHP200.00	One-time
Note: BCU,BS,BB- no renewal fee if with Clinical Laboratory		
<b>8.Dental Laboratory</b>		
8.1Registration Fee	PHP200.00	One-time
<b>8.2Removable Prosthesis Services:</b>	PHP1,000.00	
8.3Removable partial dentures with metal framework (without casting)	PHP1,500.00	1 year
8.4Special removable appliances (without casting)	PHP1,500.00	
8.5Removable partial dentures with metal framework	PHP2,000.00	1 year
Special removable appliances	PHP2,000.00	1 year
<b>Fixed Prosthesis Services:</b>		
8.6Crown and Bridge without metal alloy substructure – metal free	PHP1,000.00	
Crowns and bridges with ceramics, composites or resins	PHP1,500.00	
8.7Crown and Bridge with metal alloy substructure fabrication –	PHP1,500.00	
Ceramics or resins fused to metal, or purely metal alloy (without casting)	PHP2,000.00	
-Special Fixed Prosthesis (without casting)		
-Crown and Bridge with metal alloy structure fabrication		
Ceramics or resins fused to metal, or purely metal alloy		
-Special Fixed Prosthesis		
<b>Removable and Fixed Prosthesis Services</b>	PHP2,500.00	
Limited Services	PHP1,000.00	3 years
<b>Removable and Fixed Prosthesis Services</b>	PHP2,500.00	
Limited Services	PHP1,000.00	3 years
<b>Application for LTO</b>	<b>Fees to be Paid</b>	
9.Birthing Home	PHP4,500.00	1 year
9.1Registration Fee (for new)	PHP200.00	One-time
10.Infirmery	PHP6,000.00	1 year
10.1Registration Fee (for New)	PHP200.00	One-time
11.Psychiatric Care Facility		

11.1Registration Fee	PHP200.00	One-time
11.2Psychiatric Care Facility (Custodial)	PHP6,000.00	1 year
11.3Psychiatric Care Facility (Acute Chronic)	PHP7,500.00	1 year
<b>Application for Certificate of Accreditation</b>		
12.Drug Testing Laboratory-Screening	PHP5,000	1 year
12.1Drug Testing Laboratory-Confirmatory	PHP10,000.00	2 years
12.2Cash Bond	PHP20,000.00	One-time
<b>13.Drug Abuse Treatment and Rehabilitation Center (Note: No fee if government DOH retained owned)</b>		
13.1Drug Abuse Treatment and Rehabilitation Center (Residential)	PHP14,000.00	3 years
13.2Drug Abuse Treatment and Rehabilitation Center (Non-Residential)	PHP6,000.00	3 years
13.3Drug Abuse Treatment and Rehabilitation Center (Residential with Out-patient)	PHP15,000.00	3 years
13.4Cash Bond	PHP30,000.00	One-time
14.Human Stem Cell and Cell Based or Cellular Therapy Facility	PHP38,000.00	3 years
15.Kidney Transplant Facility (hospital-based only)	PHP38,000.00	3 years
16.Laboratory for Drinking Water Analysis (no renewal payment if with Clinical Laboratory)	PHP5,000.00	3 years
17.Medical Facility for Overseas Workers and Seafarers	PHP13,500.00	3 years
17.1Cash Bond	PHP100,000.00	One-time
18.Newborn Screening Center	PHP8,500.00	3 years
<b>Application for Certificate of Registration:</b>		
19.Special Clinical Laboratory	PHP200.00	One-time
Application for Certificate of Recognition as Laboratory for Dialysis Water	PHP5,000.00	3 years
Note :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		

## 23. Issuance of Renewal License to Operate/ Authority to Operate/ Certificate of Accreditation/Certificate of Registration of a Regulated Health Facility

This procedure starts with the receipt of application for renewal to the issuance of LTO/ ATO/COA /COR by the HFSRB.

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

Ambulatory Surgical Clinic (ASC) – 3 years

Birthing Home (BH) – 1 year

Blood Center (BC) – 3 years

Clinical Laboratory (CL) – 1 year

COVID-19 Testing Laboratory – 1 year

Dental Laboratories (DL) – 1 year

Dialysis Clinic (DC) – 3 years

Hospital- 1 year

Infirmiry – 1 year

Psychiatric Care Facility (PCF) – 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

Human StemCell & Cell-Based or Cellular Therapy – 1 year

Kidney Transplant Facility (KTP) – 3 years

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

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

Newborn Screening Center (NSC) – 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

Certificate of Registration – refers to the formal authorization issued by DOH to a special clinical laboratory that are not subject to the provisions of other administrative orders, such as but not limited to, Assisted Reproduction Technology Laboratories, Molecular and Cellular Technology, Molecular Biology, Molecular Pathology, Forensic Pathology, Anatomic Pathology Laboratories operating independently from a clinical laboratory. One-time registration of a clinical laboratory.

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

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

Type of Application	Renewal Period	Annual Cut-Off Date
<b>Renewal:</b> <ul style="list-style-type: none"> <li>DOH-LTO</li> <li>DOH-COA</li> </ul>	October 1- December 15	December 15

• ATO		
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For EXPIRED authorizations:

Length of Expiry	Sanction	Remarks
Less than or equal to three months ( $\leq$ 3 months) expired	Penalty: 100% surcharge and Gap in the Validity of the authorization	For processing as renewal
More than three months ( $>$ months) expired	None	For processing as initial Application for DOH-PTC, DOH LTO/DOH-COA shall be required.

<b>Office or Division:</b>	Health Facilities and Services Regulatory Bureau – RCED	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
<b>Who may avail:</b>	All	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Application form1 (for initial & renewal)  Application form for License to Operate COVID-19 Testing Laboratory  Application form 2 (for facility with changes, renovation, expansion and alteration)		hfsrb.doh.gov.ph (downloadable)
2. Acknowledgement (notarized)		hfsrb.doh.gov.ph (downloadable)
3. These requirements shall only be required for COVID-19 Testing Lab: 3.1. HFSRB's Assessment Tool for Licensing a COVID-19 testing laboratory (Annex A1) 3.2. RITM's Laboratory Assessment Tool (Annex B1) 3.3. RITM's Laboratory Biosafety Assessment Tool (Annex B2) 3.4. WHO risk Assessment form (Annex C)		hfsrb.doh.gov.ph (downloadable)  hfsrb.doh.gov.ph (downloadable)  hfsrb.doh.gov.ph (downloadable)  hfsrb.doh.gov.ph (downloadable)

<p><b><i>Additional requirement necessary for the recommendation of RCED on the issuance of LTO/ATO/COA/COR (issued by RITM):</i></b></p> <p>3.5. NEQAS Certificate that the laboratory has passed the Proficiency Testing or the Competency Assessment</p>	Research Institute of Tropical Medicine (RITM)
4. Certification that the laboratory passed the Proficiency Testing or the Competency Assessment	Research Institute of Tropical Medicine (RITM)
5. Application Form for Medical X-ray Facility (If applicable)	<a href="http://www.fda.gov.ph">www.fda.gov.ph</a>
6. Application Form for Pharmacy (if applicable)	<a href="http://www.fda.gov.ph">www.fda.gov.ph</a>
7. Accomplished Health Facility Self-Assessment Tool	<a href="http://hfsrb.doh.gov.ph">hfsrb.doh.gov.ph</a> (downloadable)
8. Health Facility Geographic Form (Geographic Coordinates) Required for Initial/New application	<a href="http://hfsrb.doh.gov.ph">hfsrb.doh.gov.ph</a> (downloadable)
9. Approved Permit to Construct (PTC) For Initial/New application Facility with changes, expansion, renovation and alteration (If applicable) (PTC for COVID-19 Lab.) –waived cy 2020	Requesting party
<p>10. Additional requirements: External Quality Assessment Program (EQAP)</p> <p>For clinical laboratory- certificate of Participation of the Laboratory administered by the NRLs</p> <p>Primary Clinical Laboratory- Clinical Microscopy, Hematology, Parasitology</p> <p>Secondary Clinical laboratory- Clinical Microscopy, Hematology, Clinical Chemistry, Serology/Immunology</p> <p>Tertiary Clinical Laboratory- Clinical Microscopy, Hematology, Clinical Chemistry, Serology/ Immunology, Parasitology, Microbiology</p> <p>For DTL- Proficiency Test Result (passed)</p>	Requesting party



For LDWA- Proficiency Test Result (passed)				
11. One (1) photocopy of official receipt		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/PAD Wait to be called at the lobby	1. Give number to applicant.	None	5 minutes	<i>Guard on Duty</i> HFSRB
2. Submit duly accomplished application form and documentary requirements	2.1 Checks the documentary requirements/application submitted  2.2 If complete, prepare appropriate Order of Payment.  If incomplete, return the documents to applicant for completion	None	1 hour	<i>Licensing Officer</i> RCED
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building 2, Ground Floor	3.1 Receive payment 3.2 Issue official receipt	Health Facility Schedule of Fees	15 minutes	<i>Cashier</i> Cashier's Office
4. Submit copy of OR, application documentary requirements at the Bldg. 15, G/F Window 4	4. Receive application and documentary requirements together with the copy of the OR	None	5 minutes	<i>Administrative Assistant IV</i> RCED
5. Await the schedule for	5.1 Receive and logbook/D-Tracking System the application/documentary requirements and forwards to assigned staff.	None	1 day	<i>Administrative Assistant IV</i> RCED



	5.2 Schedule the inspection (announced) monitoring (unannounced) evaluation and prepares travel documents (DPO/RPO, Vehicle Request, TEV) (facility owner is not informed)	None	5 days	Licensing Officer RCED
	5.3 Travel to the facility	None	2 days	Licensing Officer RCED
	5.4 Conducts inspection	None	2 days	Licensing Officer RCED
	5.5 Provide one (1) photocopy of the assessment tool to the facility			
6. Wait for the issuance of LTO/ATO/COA/COR	6.1. Recommend issuance of LTO/ATO/COA/COR	None	3 days	Division Chief RCED
6.1. If compliant, wait for the issuance of LTO/ATO/COA/COR	<i>for facility with non-compliance findings:</i>			
<i>for facility with non-compliance findings:</i>	6.1.1 Notify the facility of the non-compliance and evaluate the submitted compliance documents (if failed to comply within 30 calendar days, denial of application and forfeiture of payment)			
6.1.1 submit proof of compliance within 30 calendar days	6.2. If compliant, prepare the LTO/ATO/COA/ COR If non-compliant, inform the facility the reason of denial of application through letter/e-mail	None	1 day	Division Chief RCED
	6.3. Approve and sign the LTO/ATO/COA/COR	None	3 days	Director HFSRB
	6.4 Forwards to Records Section	None	1 hour	Computer Operator III

				HFSRB
7. Receive the approved LTO/ATO/COA/COR	7Record and release the approved LTO/ATO/COA/COR	None	30 minutes	Licensing Officer RCED
<b>TOTAL</b>		<b>Refer to the Health Facility Schedule of Fees</b>	<b>19 days, 1 hour, and 55 minutes</b>	

### Health Facility Schedule of Fees

Application for LTO	Fees to be Paid	10% Discount	Validity
1.Hospital (Note: no payment of license, registration fee, ancillary services if government, DOH retained owned, but with payment in ancillary service if non-DOH retained owned)			
<b>1.1Level 1 Hospital</b>	PHP6,000.00	PHP5,400.00	1 year
1.1.1Registration Fee (for new hospital)	PHP200.00		One-time
1.1.1Blood Station-required	None		1 year
1.1.2Blood Collection Unit (If offered as additional service)	None		1 year
1.1.3Blood Collection Unit and Blood Station	None		1 year
1.1.4Clinical Laboratory (secondary category)- required	PHP2,000.00	PHP1,800.00	1 year
1.1.5X-ray (c/o FDA)			
1.1.6Pharmacy (c/o FDA)			
<b>1.2.Level 2 Hospital</b>			
1.2.1Registration Fee (for new hospital)	PHP200.00		One-time
1.2.1Blood Station-required	None		1 year
1.2.2Blood Collection Unit (if offered as additional service)	None		1 year
1.2.3Blood Collection Unit and Blood Station	None		1 year

1.2.4 Clinical Laboratory (tertiary category)-required	PHP2,500.00	PHP2,250.00	1 year
1.2.5 X-ray (c/o FDA)			
1.2.6 Pharmacy (c/o FDA)			
<b>1.3 Level 3 Hospital</b>			
1.3.1 Registration Fee (for new hospital)	PHP200.00		One-time
1.3.1 Blood Bank - required	None		1 year
1.3.2 Blood Bank with additional function (if offered as additional service)	None		1 year
1.3.3 Clinical Laboratory (tertiary category)-required	PHP2,500.00	PHP2,250.00	1 year
1.3.4 Dialysis Clinic (Note: no renewal fee if owned by the hospital)-required	PHP3,000.00	PHP2,700.00	1 year
1.3.5 X-ray (c/o FDA)			
1.3.6 Pharmacy (c/o FDA)			
<b>2. Ambulatory Surgical Clinic (ASC) [Note: no renewal fee if owned by the hospital]</b>			
2.1 One-Stop Shop Non-hospital based ASC	PHP14,000.00	PHP12,600.00	3 years
2.2 Hospital-based ASC	PHP4,000.00	PHP3,600.00	1 year
2.3 Free-Standing ASC	PHP14,000.00	PHP12,600	3 years
<b>3. Dialysis Clinic (DC)</b>			
3.1 One-Stop Shop Non-Hospital based DC	PHP9,500.00	PHP8,550.00	3 years
3.2 Hospital-based DC	PHP3,000.00	PHP2,700.00	1 year
3.3 Free-Standing DC	PHP9,500.00	PHP8,550.00	3 years
<b>4. Ambulance Service Provider</b>			
4.1 Ambulance Service Provider	PHP5,000.00	None	1 year
4.2 Ambulance Unit-hospital based per vehicle	PHP1,000.00	None	1 year
4.3 Ambulance Service Provider – free standing	PHP15,000.00	None	3 years
<b>Application for LTO</b>	<b>Fees to be Paid</b>		
5. Blood Center	PHP5,000.00	PHP4,500.00	3 years
<b>6.a. General Clinical Laboratory-non-hospital based</b>			
6.a.1 Primary	PHP2,000.00	PHP1,800.00	1 year
6.a.2 Secondary	PHP2,500.00	PHP2,250.00	1 year

6.a.3Tertiary	PHP3,000.00	PHP2,700.00	1 year
6.a.4Limited	PHP2,500	PHP2,250.00	1 year
<b>6.b.General Clinical Laboratory one-stop shop non-hospital based</b>			1 year
6.b.1Primary	PHP6,000.00	PHP5,400.00	3 years
6.b.2Secondary	PHP7,500.00	PHP6,750.00	3 years
6.b.3Tertiary	PHP9,000.00	PHP8,100.00	3 years
6.b.4Limited	PHP6,000.00	PHP5,400.00	3 years
7.HIV Testing Laboratory (included in the clinical laboratory)			
7.1Add-on service G6PD confirmatory lab.			
7.2Add-on service RHIVDA			
Registration (if new)	PHP200.00		One-time
Note: BCU,BS,BB- no renewal fee if with Clinical Laboratory			
<b>8.Dental Laboratory</b>			
8.1Registration Fee	PHP200.00		One-time
<b>8.2Removable Prostheses Services:</b>	PHP1,000.00		
8.3Removable partial dentures with metal framework (without casting)	PHP1,500.00		1 year
8.4Special removable appliances (without casting)	PHP1,500.00		
8.5Removable partial dentures with metal framework	PHP2,000.00		1 year
Special removable appliances	PHP2,000.00		1 year
<b>Fixed Prostheses Services:</b>			
8.6Crown and Bridge without metal alloy substructure – metal free	PHP1,000.00		
Crowns and bridges with ceramics, composites or resins	PHP1,500.00		
8.7Crown and Bridge with metal alloy substructure fabrication –	PHP1,500.00		
Ceramics or resins fused to metal, or purely metal alloy (without casting)	PHP2,000.00		
-Special Fixed Prostheses (without casting)			
-Crown and Bridge with metal alloy structure fabrication			
Ceramics or resins fused to metal, or purely metal alloy			
-Special Fixed Prostheses			

<b>Removable and Fixed Protheses Services</b>	PHP2,500.00		
Limited Services	PHP1,000.00		3 years
<b>Application for LTO</b>	<b>Fees to be Paid</b>		
9.Birthing Home	PHP3,000.00	PHP2,700.00	1 year
9.1Registration Fee (for new)	PHP200.00		One-time
10.Infirmery	PHP5,500.00	PHP4,950.00	1 year
10.1Registration Fee (for New)	PHP200.00		One-time
11.Psychiatric Care Facility			
11.1Registration Fee	PHP200.00		One-time
11.2Psychiatric Care Facility (Custodial)	PHP4,000.00	PHP3,600.00	1 year
11.3Psychiatric Care Facility (Acute Chronic)	PHP5,500.00	PHP4,950.00	1 year
<b>Application for Certificate of Accreditation</b>			
12.Drug Testing Laboratory-Screening	PHP5,000	No Discount	1 year
12.1Drug Testing Laboratory-Confirmatory	PHP10,000.00	No Discount	2 years
12.2Cash Bond	PHP20,000.00	None	One-time
<b>13.Drug Abuse Treatment and Rehabilitation Center (Note: No fee if government DOH retained owned)</b>			
13.1Drug Abuse Treatment and Rehabilitation Center (Residential)	PHP14,000.00	PHP12,600.00	3 years
13.2Drug Abuse Treatment and Rehabilitation Center (Non-Residential)	PHP6,000.00	PHP5,400.00	3 years
13.3Drug Abuse Treatment and Rehabilitation Center (Residential with Out-patient)	PHP15,000.00	PHP13,500.00	3 years
13.4Cash Bond	PHP30,000.00	None	One-time
14.Human Stem Cell and Cell Based or Cellular Therapy Facility	PHP38,000.00	PHP34,200.00	3 years
15.Kidney Transplant Facility (hospital-based only)	PHP38,000.00	PHP34,200.00	3 years
16.Laboratory for Drinking Water Analysis (no renewal payment if with Clinical Laboratory)	PHP5,000.00	PHP4,500.00	3 years



17. Medical Facility for Overseas Workers and Seafarers	PHP13,500.00	PHP12,150.00	3 years
17.1 Cash Bond	PHP100,000.00	One-time	One-time
18. Newborn Screening Center	PHP8,500.00	PHP7,650.00	3 years
<b>Application for Certificate of Registration:</b>			
19. Special Clinical Laboratory	PHP200.00	None	One-time
Application for Certificate of Recognition as Laboratory for Dialysis Water	PHP5,000.00	None	3 years
<p>Note :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</p>			



Health Human Resource Development Bureau

## **EXTERNAL SERVICES**

## 24. Human Resources for Health Data Request

Information on human resources for health (HRH), such as distribution by geographic location, service type, facility ownership, profession, etc. are provided to requesting individuals, organizations, agencies, etc., e.g. regional distribution of nurses.

<b>Office or Division:</b>	Planning and Standards Division, Health Human Resource Development Bureau			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of request		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request for HRH data <u>or</u> <u>information</u>	1.1. Receive letter request	None	5 Minutes	<u>Planning, Research, and Information Management Team (PRIMT)</u> Information Unit
	1.2. Process, assess, and/or validate availability of requested HRH data or information	None	1 hour	<u>PRIMT</u> Information Unit
2. Receive response and accomplish CSS Form	2. Send response to client together with Customer Satisfaction Survey (CSS) form	None	2 days	<u>PRIMT</u> Information Unit, Division Head, Bureau Director
<b>TOTAL</b>		<b>None</b>	<b>2 days, 1 hour and 5 minutes</b>	



## 25. Need for Training Certificate (NTC)

This is in pursuant to the Section 4 of the Interim Rules and Regulations Implementing Administrative Order No. 242, which provides that the DOH will issue the Need for Training Certificate (NTC) to Filipino Licensed physicians in order to be allowed to undergo training in areas of specialization contained in the so-called Skill List.

<b>Office or Division:</b>	Learning and Development Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Filipino Licensed Physicians			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Application Form (6 copies with Original 2x2 ID Colored Pictures)		E-copy can be downloaded at <a href="http://www.evpcommittee.ph">www.evpcommittee.ph</a>		
2. Perfected Contract between the applicant and the University or Training Institution in the US (Note: The Perfected Contract should be authenticated/ <a href="#">apostilled</a> by the Philippine Embassy/Consulate nearest their place of residence. All documents that originate from the USA must also be authenticated/ <a href="#">apostilled</a> by the Philippine Embassy/Consulate in the USA)		Applicant		
3. Valid Current Professional Regulation Commission (PRC) ID back to back (Authenticated by PRC 1 original, 5 photocopy)		PRC		
4. PRC Certificate of Registration (Authenticated by PRC 1 original, 5 photocopy) <a href="#">-alternate to the PRC ID</a>		PRC		
5. Certificate of No pending Case from PRC (1 original, 5 photocopy)		PRC		
6. Philippine Career Plan/Career Plan after EVP (6 copies)		Applicant		
7. US Specialization Plan/Personal post-graduate studies/specialization plan (6 copies)		Applicant		
8. Signed Returned Service <a href="#">Agreement</a> Contract (2 copies)		HHRDB		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request the issuance of NTC together with required documents	1. Evaluate the relevance and completeness of documents based on the DOH	None	2 days	<i>EVP Coordinator</i> HHRDB-LDD

If authorized representative will claim the NTC, Authorization Letter addressed to the Director of HHRDB signed by the EVP Applicant	Guidelines for issuance of NTC			
	2.1 Check compliance to documentary requirements	None	1 day	<i>EVP Coordinator</i> HHRDB-LDD
	2.2 Process and issue NTC to EVP applicants during attendance to EVP Orientation	None	1 day	<i>EVP Coordinator</i> HHRDB-LDD
	2.3. Inform EVP applicant via email if the NTC is approved and ready for release	None	30 minutes	<i>EVP Coordinator</i> HHRDB-LDD
3. Get the NTC  If authorize representative, must bring a photocopy of his/her valid ID (back to back)	3. Release NTC	None	4 hours	<i>EVP Coordinator</i> HHRDB-LDD
	<b>TOTAL</b>	<b>None</b>	<b>4 days, 4 hours and 30 minutes</b>	



## Health Promotion and Communication Service

### **EXTERNAL SERVICES**

## 26. Loaning Out of Mascot, other Exhibit Materials and Electronic Billboard

The HPCS Resource Center allows DOH employees and other agencies to borrow mascot, exhibit materials and electronic billboard.

<b>Office or Division:</b>	Health Promotion and Communication Service – Communication and Multimedia Development Division (HPCS-CMDD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen,			
<b>Who may avail:</b>	DOH employees, Researchers from private and other government entities, general public			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Letter of request addressed to the Director of Health Promotion and Communication Service		Requesting body		
2. ID		Requesting body		
3. Mascot Guidelines		HPCS Resource Center		
4. Electronic Billboard Guidelines		HPCS Resource Center		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present ID and request letter to HPCS Resource Center Staff	1. Check the availability of the Mascot or Exhibit materials	None	5 minutes	<i>HPCS Resource Center Staff</i>
2. Fill up the form provided by the HPCS subject to the approval of CMDD Div. Chief.	2. Route letter to Communication and Multimedia Development Division (CMDD) for approval	None	10 minutes	<i>HPCS Resource Center Staff</i>
3. Wait for the approval of the request	3. Prepare gate pass and record information of requested material	None	30 minutes	<i>HPCS Resource Center Staff</i>
4. Get requested Materials,	4. Approve request	None	10 minutes	<i>HPCS Resource Center Staff</i>
<b>Total</b>		<b>None</b>	<b>55 minutes</b>	

## 27. Provision of Information, Education and Communication (IEC) materials for walk in clients

The Health Promotion and Communication Service Resource Center (HPCS Resource Center) provide IEC materials to DOH employees, researchers from private and other government entities for walk-in clients.

<b>Office or Division:</b>	Health Promotion and Communication Service – Communication and Multimedia Development Division (HPCS-CMDD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	DOH employees, Researchers from private and other government entities, general public			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Valid ID		Clients/Patrons		
2. Referral letter (for students only)		School Librarian/College Librarian		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present valid ID and referral letter (for students researchers) at the HPCS Resource Center counter	1.Check/ verify validity of the ID presented and information indicated in the referral letter	None	5 minutes	<i>Resource Center Staff</i>
2. State query/queries or reference questions	2. Clarify and analyze query/queries to determine availability of IEC materials	None	10 minutes	<i>Resource Center Staff</i>
3. Receive answer and or information source/s of the query/queries	3. Identify and give available IEC materials to clients	None	15 minutes	<i>Resource Center Staff</i>
4. Record in the logbook provided by the resource center staff the received IEC materials	4. If not available in the resource center collection, refer to other libraries or agencies	None	5 minutes	<i>Resource Center Staff</i>
<b>TOTAL</b>		<b>None</b>	<b>36 minutes</b>	



# Knowledge Management and Information Technology Service

## **EXTERNAL SERVICES**

## 28. Provision of reference/information and bibliographic services for walk-in clients

Providing information and bibliographic services for clients.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen			
<b>Who may avail:</b>	DOH employees, Researchers from private and other government entities, general public			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Valid ID		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR, DSWD		
2. Referral letter (for students only)		School Librarian/College Librarian		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present valid ID and referral letter (for students researchers) at the library counter	1. Check/verify validity of the ID presented and information in the referral letter	None	5 minutes	<i>Library Staff</i>
2. State query/queries or reference questions	2. Clarify and analyze query/queries to determine possible information source/s	None	10 minutes	<i>Library Staff</i>
3. Receive answer and or information source/s of the query/ queries	3.1 Identify and present or guide researcher on how to use information source/s of the query/queries if available in the library  If not available in the library, refer to other libraries	None	15 minutes	<i>Library Staff</i>
<b>TOTAL</b>		<b>None</b>	<b>30 minutes</b>	

## 29. Provision of reference/information and bibliographic services online or through phone

The DOH Library provide reference/information and bibliographic services to DOH employees, researchers from private and other government entities through email, phone or face to face (walk-in)

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government G2C- Government to Citizen			
<b>Who may avail:</b>	DOH employees, Researchers from private and other government entities, general public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send query/queries or reference question/s through email ( <a href="mailto:dohlibrary@gmail.com">dohlibrary@gmail.com</a> or <a href="mailto:centrallibrary@doh.gov.ph">centrallibrary@doh.gov.ph</a> )	1.1 Read and analyze query/queries or reference question/s to determine possible answer or source of the answer to the query/queries	None	5 minute	<i>Guard</i>
	1.2 If query/queries is clear check OPAC and other online resources for the answer or source of answer to the query/queries	None	20 minutes	<i>Library Staff</i>
	1.3 If query/queries need more clarification email back the requester to clarify query/queries	None	10 minutes	<i>Library Staff</i>
2. Receive answer and or information source/s of the query/queries and answer online customer satisfaction survey	2.1 Email the answer to the query or the information source and send link to online customer satisfaction survey	None	5 minutes	<i>Library Staff</i>





	2.2 If not available in the library collection, refer to other libraries through email	None	10 minutes	<i>Library Staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>50 minutes</b>	

### 30. Procedures on the Response to Health Information and Inquiries from the DOH Call Center

Procedures in the timely and accurate response to Inquiries and Health Information from the DOH Call Center

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government G2C- Government to Citizen			
<b>Who may avail:</b>	DOH employees, Academe, Medical Societies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Form		KMITS-Call Center		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Contact DOH  a. Contact the DOH Call Center via call/ email/ SMS	1.a.Receipt of Call/SMS/Email from the client	None	5 minutes	Administrative Officer III, Health Program Officer II, Health Program Officer I
1.b. Call DOH call center	1.b. Receipt of Call from Client- Provide First call resolution or transferring the call to the proper Department or Bureau, attached agencies, CHDs, Hospitals.	None	5 minutes	Administrative Officer III, Health Program Officer II, Health Program Officer I
1.c. Contact DOH call center Via EMAIL	1.c. Receipt of Email-Provide available information or endorse/ refer email to proper agency, Department or Bureau, CHDs or Hospitals.	None	5 minutes	Administrative Officer III, Health Program Officer II, Health Program Officer I
1.d. Contact DOH call center Via SMS	1.d. Receipt SMS- Provide available information or endorse/ refer to proper agency, Department or Bureau, CHDs or Hospitals.	None	5 minutes	Administrative Officer III, Health Program Officer II, Health Program Officer I
2. Await for the response	2. Search information in the	None	4 minutes	Administrative Officer III,

	DOH knowledge database,			<i>Health Program Officer II, Health Program Officer I</i>
3. Receipt of document or response from Call Center agent	<p>3.1.a. Provide action taken the request for health inquiries, complaints, referrals or information.</p> <p>b. Provide document requested</p> <p>c. Refer client to the concerned DOH office, CHD's, Attached agencies, Hospitals and LGU for more information.</p>	None	10 minutes	<i>Administrative Officer III, Health Program Officer II, Health Program Officer I</i>
<b>TOTAL</b>		<b>None</b>	<b>19 minutes</b>	

## 31. Procedures on the Receipt and Response coursed through the Freedom of Information (FOI) portal

Procedures in the requests for information received from the FOI portal.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G- Government to Government G2C- Government to Citizen			
<b>Who may avail:</b>	Academe, Government employees, Private individuals			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. FOI Request Form (for walk-in clients)		KMITS FOI Unit Bldg. 9 San Lazaro Compound, Sta. Cruz, Manila		
2. Letter request with contact information		Requesting Party		
3. Photocopy of valid ID		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR, DSWD		
4. FOI portal (for online clients)		FOI portal : <a href="http://foi.gov.ph">http://foi.gov.ph</a>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send request for information and Provide contact information, information requested and copy of valid ID	1.1. Receipt of request for information and checking of requirements	None	5 minutes	<i>Administrative Officer III</i>
	1.2. Assess whether DOH is the appropriate agency for the requested information	None	5 minutes	<i>Administrative Officer III, Health Program Officer II, Health Program Officer I</i>
	1.3 Classify request by the nature of FOI request, either (1) Policy, program or other technical requests and (2) Legal, Financial and Administrative requests	None	5 minutes	<i>Administrative Officer III, Health Program Officer II, Health Program Officer I</i>
2. Wait for the response	2.1 Forward request to the concerned Decision Maker	None	5 minutes	<i>Administrative Officer III, Health Program Officer II, Health</i>

				<i>Program Officer I</i>
	<p>2.2 Process request</p> <p>If information is available, data or record will be provided to client</p> <p>If information is not available, FOI Receiving Officer will endorse the request to concerned DOH Office</p>	None	10 minutes	<i>Administrative Officer III, Health Program Officer II, Health Program Officer I</i>
	2.3. Receipt of response from the concerned DOH Office	None	3 days	<i>Administrative Officer III, Health Program Officer II, Health Program Officer I</i>
3. Receipt of document or response from FOI Receiving Officer	3. Provide an official response to the requesting party	None	15 days	<i>Administrative Officer III, Health Program Officer I</i>
	<b>TOTAL</b>	<b>None</b>	<b>18 days and 30 minutes</b>	



## Legal Service

# **EXTERNAL SERVICES**

## 32. Legal Assistance

The service under the Legal Research and Assistance Division (LRAD) includes review of contracts/agreements, policies, or similar documents for purposes of rendering legal opinion and/or issuance of legal clearance.

<b>Office or Division:</b>	Legal Service - Legal Research and Assistance Division	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2G – Government to Government; G2C – Government to Citizen; G2B – Government to Business Entity	
<b>Who may avail:</b>	All	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
General requirements:		
➤ Letter/memorandum (endorsement), clearly indicating the legal query or issue ( <i>1 original</i> )		Client
➤ Updated contact details (may be in the letter/memorandum or DTRAK, as applicable)		Client
➤ Contract or document to be reviewed ( <i>1 photocopy</i> ) <i>*If document to be reviewed is an amendment or extension of contract, the original contract (1 photocopy)</i>		Client
➤ Certificate of Availability of Funds, if applicable ( <i>1 photocopy</i> )		Accounting Division, Building 2
Secondary requirements, as applicable: ( <i>1 photocopy</i> )		
➤ Versions of the contract to be reviewed, if for amendment or extension		Client
➤ General Appropriations Act or documents evidencing source of funds and appropriation		Client
➤ Issuances establishing basis for executing the contract		Client
➤ Documents mentioned/cited in the document to be reviewed or relevant to the legal query/issue		Client
➤ Summary or Executive Briefer (upon request)		Client
➤ Meeting minutes/notes (upon request)		Client
➤ Accounting vouchers or documents (upon request)		Client
➤ Editable soft copy of contract (upon request)		Client

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the endorsement (with updated contact details) and the document for opinion or review, including attachments, if any	1.1. Receive and check the documents if the general requirements are complete  <i>** If incomplete, the endorsement may be returned<sup>1</sup> to the Client</i>	None	20 minutes	Legal Service (LS) Receiving Staff - Administrative Assistant
	1.2. Attach routing slip to the endorsement and assign a reference/control number	None	5 minutes	Legal Service (LS) Receiving Staff - Administrative Assistant
	1.3 Submit the endorsement to the Director <sup>2</sup> for initial assessment/assignment	None	3 hours	Administrative Assistant
	1.4 Assign the endorsement to a legal officer	None	4 hours	Director <sup>3</sup>
	1.5 Review and draft response <sup>4</sup> to the endorsement in a memorandum/letter  <i>*May return the endorsement if found to be deficient in the above requirement</i>	None	15 days <sup>5</sup>	Handling Lawyer/Legal Officer
	1.6 Supervise the review and submit the draft recommended for Director's approval	None		Division Chief
	1.7 Approve and sign memorandum	None		Director

<sup>1</sup> Return may also be made upon assessment of assigned legal officer of deficiency

<sup>2</sup> May be delegated to Division Chiefs per ISO

<sup>3</sup> May be delegated to Division Chiefs per ISO

<sup>4</sup> Response may be opinion, endorsement, comments, or legal clearance, as applicable

<sup>5</sup> Includes consultations with Division Chief and/or Director, revisions, and coordination with other offices



	1.8 Release signed memorandum to Office of the Chief of Staff/ Health Regulation Team – Assistant Secretary (OCS/HRT-A) Charade Mercado-Grande <sup>6</sup>	None		Administrative Assistant
	1.9 Review and clear LS memorandum	None	3 days	OCS/HRT-A
	1.10 Return LS Memorandum to LS	None		OCS/HRT-A
2. Pick-up LS Memorandum/ Notice	1.11 Have LS memorandum ready for pick-up/release to Client	None	1 day	Legal Service Administrative Assistant
	<b>TOTAL</b>	<b>None</b>	<b>19 days, 7 hours and 25 minutes</b>	

<sup>6</sup> Pursuant to December 5, 2018 Memorandum from the Secretary of Health requiring documents from LS to be cleared by OCS/HRT Asst. Secretary Charade Mercado-Grande, followed by January 20, 2019 Memorandum from OCS/HRT-Asst. Secretary directing that opinions and legal clearances issued by the LS are to be cleared by her office.



## Philippine Blood Center

### **EXTERNAL SERVICES**

### 33. Reservation of Blood Unit

The Philippine Blood Center – Blood Assistance Unit is responsible in managing and allocating the limited blood stocks thru proper coordination and networking.

<b>Office or Division:</b>	Philippine Blood Center - Reservation of Blood Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	Blood Service Facilities (BSF); Public			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Official Blood Request		Blood Bank/ Laboratory		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call for reservation of blood from staff of hospital, dialysis center, end – user Blood Service Facilities, Donor Recruitment Officer	1.1. Receive phone calls	None	1 minute	<i>Blood Assistance Officer</i>
	1.2. Ask details of transaction and records in the logbook: Name of Hospital, Blood Group  Then Provide Reference Number and pertinent instructions like what to bring such as: transport boxes, ice packs (if necessary) Complete Blood Request Form	None	5 minutes	
	1.5 Encode in the National Blood Bank Network System (NBBNetS)	None	4 minutes	
<b>TOTAL</b>		<b>None</b>	<b>10 minutes</b>	

## 34. Releasing of Blood and Blood Components

Releasing of blood follows a systematic sequence. A Reference Number and transport box are requirements prior to release of the blood units.

<b>Office or Division:</b>	Philippine Blood Center - Releasing of Blood and Blood Components			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	Blood Service Facilities (BSF); Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Official Blood Request		2. Blood Bank/ Laboratory		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Blood Request Form from the Hospital/ Health Facility Center	1.1. Check completeness of data and verify reservation	None	5 minutes	<i>Blood Assistance Officer</i>
	1.2 Give order of payment/ charge slip and instruct the client to pay at the Cashier	None	2 minutes	<i>Medical Technologist – on- duty</i>
2. Pay the prescribed fee at the Cashier Section	2. Process payment and issue Official Receipt	(see table below)	3 minutes	<i>Cashier</i>
3. Return to the Releasing Section and give the official receipt and the blue copy of charge slip and wait to be called	3.1. Receive from the client his/ her O.R.	None	1 minute	<i>Medical Technologist – on – duty</i>
	3.2 Prepare blood request accordingly	None	15 minutes	
4. Fill out Customer Satisfaction Survey Form and drop in the Suggestion Box	4. Receive the form	None	3 minutes	<i>Person in Charge</i>
5. Present appropriate Transport Box and sign in Blood Issuance Form	5.1 Release the Blood Product/s together with the official receipt and duly accomplished Blood Issuance Form. Pack the blood product properly.	None	5 minutes	<i>Medical Technologist – on – duty</i>

	5.2. File the completed transaction accordingly	None	5 minutes	
	<b>TOTAL</b>	<b>(see table below)</b>	<b>39 minutes</b>	

**Summary of Fee:**

1. Whole Blood (WB)	Php 1,800
2. Packed Red Blood Cells (PRBC)	Php 1,500
3. Platelet Concentrate (PC)	Php 1,000
4. Fresh Frozen Plasma (FFP)	Php 1,000
5. Cryoprecipitate (CRYOPPT)	Php 1,000
6. Single Donor Platelets (SDP)/ Apheresis	Php 13,000



Procurement Service

## **EXTERNAL SERVICES**

## 35. Conduct of Submission and Opening of Bids

The Submission and Opening of Bid Proposals are conducted to determine that the participating bidder/s is/are legally, technically, and financially capable in rendering services to the government projects.

Outsourcing services to the government projects.				
Office or Division:	Procurement Service / Planning and Procurement Management Division			
Classification:	Complex			
Type of Transaction:	G2B- Government to Business			
Who may avail:	Business entity who participated on any procurement			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Legal Documents: <ul style="list-style-type: none"><li>➤ Registration Certificate from SEC, DTI or CDA</li><li>➤ Mayor's/Business Permit</li><li>➤ Tax Clearance</li></ul>		Issuing Agency		
Technical Documents: <ul style="list-style-type: none"><li>➤ Statement of all ongoing and completed contract government and private contract</li></ul>		Bidding Documents/GPPB Website		
<ul style="list-style-type: none"><li>➤ Statement of Single Largest Completed Contract (SLCC) similar to the project to be bid</li><li>➤ Valid PCAB License or Special PCAB License (for Civil Works)</li></ul>		Issuing Agency		
Financial Documents: <ul style="list-style-type: none"><li>➤ Audited Financial Statement</li><li>➤ Computation of Net Financial Contracting Capacity (NFCC)</li></ul>		Private Auditing Firm/BIR Bidding Documents/GPPB Website		
Bid Security (in any form)		Issuing Agency/ Universal Bank/ Bidding Documents/GPPB Website		
Class "B" Documents: For goods: Valid Joint Venture Agreement (JVA) (if applicable) For civil works: JVA in accordance with RA 4566 and its IRR (if applicable)		Bidder/JV Partner		
Other Technical requirements as required in the Bidding Documents		Issuing Agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The COBAC members/Alternate Members, End-user, TWG, and Observers confirms their schedule of the activity	1.1. Prepare attendance sheet, abstract of bids, eligibility checklist, master copy of BD and coordinate with AU Staff the availability of	None	1 hour	PPMD Secretariat & AU Staff PS

	conference room, provision of meals and equipment			
2. Prospective bidders submit proposals to PPMD Secretariat on or before the deadline of submission of bids	2.1. Assist in receiving proposals, stamps the date and time on the envelopes, write sequence numbers on envelopes based on date/time received, routes the attendance sheet for signature, notes and records the proceedings	None	2 days	COBAC Chairperson/ Vice- Chairperson/ Alternate Vice- Chairperson PS
	2.2. PPMD Secretariat provides checklist and suppliers attendance sheet to the COBAC Members	None	2 days	COBAC Chairperson/ Vice- Chairperson/ Alternate Vice- Chairperson PS
	2.3 PPMD Secretariat assists the COBAC Members in the opening of the eligibility and technical proposals	None	2 days	COBAC Chairperson/ Vice- Chairperson/ Alternate Vice- Chairperson PS
	2.4 COBAC Members checks the submitted documents of each bidder against a checklist of required documents if they are present and by using non-discretionary pass/fail criterion, the COBAC Members declares the	None	2 days	COBAC Chairperson/ Vice- Chairperson/ Alternate Vice- Chairperson PS



	<p>eligible and ineligible bidder</p> <p>If Ineligible – COBAC Members reseals the proposal of ineligible bidder and PPMD Secretariat assists in re-sealing the envelopes and obtains signature of bidders upon re-sealing</p> <p>If eligible proceed with opening of 2<sup>nd</sup> envelope</p>			
	<p>2.4. COBAC Members Individually opens financial proposal (2nd envelope) - assists in the opening of the financial proposal</p>	None	30 minutes	<p><i>COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson</i></p>
	<p>2.5. COBAC Members checks the submitted financial documents of each bidder against a checklist of required documents. By using non-discretionary pass/fail criterion, the COBAC Members declares the bidder's proposal "pass" or "fail"</p> <p>If failed, Reseal failed financial proposal</p>	None	30 minutes	<p><i>COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson PS</i></p>

	If passed, read the bid price/s, encode the bid price/s in the abstract of bids to be signed by the bidders and COBAC Members			
	2.6. PPMD Secretariat stamps the original copy of eligibility, technical, and financial documents for signature of the COBAC Members	None	30 minutes	COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson PS
	2.7. PPMD Secretariat prepares minutes of the Submission and Opening of bids for review of Team Leader	None	30 minutes	COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson PS
	2.8. PPMD Secretariat finalizes the minutes of Submission and Opening of bids	None	30 minutes	COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson PS
	2.9. PPMD Secretariat forwards the minutes of Submission and Opening of bids to the COBAC Chairperson/Vice-Chairperson/Alternate Vice-Chairperson for approval and signature	None	30 minutes	COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson PS
	2.10. Approval of Minutes of Meeting	None	30 minutes	COBAC Chairperson/ Vice-Chairperson/ Chairperson/



				Alternate Vice-Chairperson PS
	<b>TOTAL</b>	<b>None</b>	<b>8 days, 4 hours and 30 minutes</b>	

### 36. Posting of Bid Bulletin at PhilGEPS Website

To assist the Central Office Bids and Awards Committee (COBAC) in responding to requests for clarification on any part of the Bidding Document (BD) and in modifying any provisions in the posted BD

<b>Office or Division:</b>	Procurement Service			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government G2G, Government to Client G2C, Government to Business G2B			
<b>Who may avail:</b>	Prospective Bidder/s and End-user			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Memorandum from PS to End-user reflecting the issues and concerns raised during the Pre-bidding Conference		Secretariat		
2. Response Memorandum and/or Signed Revised Purchase Request (PR)/ Terms of Reference (TOR) and other documentary requirements, as necessary		End-User		
3. Bid Bulletin signed by the COBAC Chairperson/Vice-Chairperson or Alternate Vice-Chairperson		Secretariat and Admin Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Receive the response memorandum and/or signed revised PR/TOR from the <b>EUU</b> and draft Bid Bulletin reflecting the changes, if any.	1. Present the response memorandum and/or signed revised PR/TOR to the COBAC during Regular Meeting	None	1 day	PPMD Secretariat, COBAC Members
	1.2. Finalize the Bid Bulletin	None	1 hour	PPMD Secretariat, PPMD Chief/OIC and PS Director
	1.3. Endorse the finalized Bid Bulletin for initial of PPMD Chief/OIC and PS Director	None	1 hour	PPMD Secretariat, PPMD Chief/OIC and PS Director
	1.4. Approve Bid Bulletin by the COBAC Chairperson/ Vice-Chairperson/	None	1 day	COBAC Chairperson/ Vice- Chairperson/

	Alternate Vice-Chairperson			Alternate Vice-Chairperson
2. Receive the approved Bid Bulletin, maintain signed copy for releasing to the prospective bidders who bought the BD, and forward the original signed document to PPMD Secretariat	2.1. Post Bid Bulletin in the PhilGEPS website	None	2 hours	PPMD Secretariat and AU Staff
	2.2 Print the proof of posting on PhilGEPS website and maintain copy on-file.	None	5 minutes	PPMD Secretariat Procurement Service
	<b>TOTAL</b>	<b>None</b>	<b>2 days, 4 hours and 5 minutes</b>	

## 37. Sale of Bidding Documents

As provided in Section 17.4 of the Implementing Rules and Regulations (IRR) of Republic Act 9184, bidders may be asked to pay for bidding documents to recover the cost of their preparation and development. The BAC shall issue the bidding document to the prospective bidders upon payment of the corresponding cost.

<b>Office or Division:</b>	Office of the Director IV (Administrative Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B- Government to Business			
<b>Who may avail:</b>	Prospective bidders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Order of Payment		DOH-Procurement Service, Building 6		
2. Original Copy of Official Receipt		DOH-Building 2, Financial Management Division-Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for Bidding Documents	1.1. Issue an Order of Payment	Please see standard rates below	5 minutes	<i>Administrative Officer I, Receiving Area</i>
2. Submit order of payment and pay the required fee in DOH-Cashier Section	2.1. Receive order of payment then process payment	Please see standard rates below	5 minutes	<i>Cashier personnel</i>
	2.2. Issue Official Receipt		5 minutes	<i>Cashier personnel</i>
3. Submit Original Copy of Official Receipt in the DOH-Procurement Service	3.1. Receive Official Receipt	None	5 minutes	<i>Administrative Officer I, Receiving Area</i>
	3.2. Reproduce request bidding document	None	15 minutes	<i>Administrative Officer I, Receiving Area</i>
4. Fill-up of Distribution List	4.1. Provide distribution list	None	5 minutes	<i>Administrative Officer I, Receiving Area</i>
5. Receive requested document	5. Release requested document	None	5 minutes	<i>Administrative Officer I, Receiving Area</i>
<b>TOTAL</b>		<b>None</b>	<b>45 minutes</b>	



**Standard rates:**

<b>Approved Budget for the Contract</b>	<b>Maximum Cost of Bidding Documents (in Philippine Peso)</b>
500,000 and below	500.00
More than 500,000 up to 1 Million	1,000.00
More than 1 Million up to 5 Million	5,000.00
More than 5 Million to 10 Million	10,000.00
More than 10 Million up to 50 Million	25,000.00
More than 50 Million up to 500 Million	50,000.00
More than 500 Million	75,000.00

***Based on Section 17.4 of the Implementing Rules and Regulations (IRR) of Republic Act 9184***

### 38. Request for Copies of Procurement Documents

The Procurement Service (PS) – Administrative Section receives Request for Copies of relative Procurement Documents such as Abstract and Minutes of Meeting to track and forward PS-Procurement Planning and Management Division (PPMD) to secure approval from appropriate authority.

<b>Office or Division:</b>	Office of the Director IV (Administrative Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B- Government to Business			
<b>Who may avail:</b>	Bidder			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Original Copy of Letter of Request		Bidder		
2. Order of Payment		DOH-Procurement Service, Building 6		
3. Original Copy of Official Receipt		DOH-Building 2, Financial Management Division-Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Original Copy of Letter of Request	1.1. Receive request for copies of Abstract and Minutes of the Meeting	P20.00 per page	5 minutes	<i>Administrative Officer I</i>
	1.2. Attach routing slip	None	5 minutes	<i>Administrative Officer I</i>
	1.3. Encode document in PS Tracking System	None	5 minutes	<i>Administrative Officer I</i>
	1.4. Forward document to the <b>Procurement Service Director</b>	None	5 minutes	<i>Administrative Officer I</i>
	1.5. Route document to concerned PS staff. <b>AUS</b> forward document to concerned PS staff	None	5 minutes	<i>Administrative Officer I</i>
	1.6. Secure approval from appropriate authority	None	5 minutes	<i>COBAC Secretariat concerned</i>
	1.7. Receive approve response letter	None	5 minutes	<i>Administrative Officer I</i>



	1.8 Issue Order of Payment to bidder	None	5 minutes	<i>Administrative Officer I</i>
2. Submit order of payment and pay the required fee in DOH-Cashier	2. Receives order of payment and process	P20.00 per page	5 minutes	2.1. Cashier personnel
3.1. Submit Original Copy of Official Receipt in the DOH-Procurement Service	3. Receive Official Receipt	None	5 minutes	Administrative Officer I, Receiving Area
3.2. Receive request	3.2. Release requested document	None	5 minutes	Administrative Officer I, Receiving Area
	<b>TOTAL</b>	<b>P40.00 per page</b>	<b>55 minutes</b>	

### 39. Posting within DOH premises of Invitation to Bid

To ensure wide dissemination of Invitation to Bid (IB) by posting the IB in conspicuous places within the DOH premises.

<b>Office or Division:</b>	Procurement Service – Procurement Planning and Management Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government G2B- Government to Business			
<b>Who may avail:</b>	Prospective Bidders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Signed Invitation to Bid (IB)		PPMD Staff		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Receive the signed IB by the COBAC Chairperson/Vice-Chairperson/Alternate Vice Chairperson from AU Staff	1.1. Post the copy of IB on bulletin boards in conspicuous places within DOH premises. for continuous period of 7 Calendar Days	None	1 hour	PPMD Secretariat AU Staff Procurement Service
	1.2. Prepare certificate of posting in conspicuous places	None	1 hour	PPMD Secretariat Procurement Service
	1.3. Forward certificate to PPMD Chief for review/initial. The AU Staff forwards the document to the PS Director for signature.	None	1 hour	PPMD Secretariat /PPMD Chief/ AU Staff/ PS Director Procurement Service
	1.4. Receive the signed certificate from AU Staff and maintain original copy on-file	None	10 minutes	PPMD Secretariat AU Staff Procurement Service
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 10 minutes</b>	

#### 40. Receipt of Incoming Procurement Documents (Letters, Memorandums, Notice of Meeting, PPMP, PR and TOR)

The Procurement Service (PS) – Administrative Section receives PPMP, PR and TOR to track and forward to PS-Planning Section for verification of documents.

<b>Office or Division:</b>	Office of the Director IV (Administrative Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For PPMP (1 Original Signed)</b>		POMIS generated		
<b>For Purchase Request (PR)</b>				
Approved PR		POMIS Generated		
Clearance		Issued by DOH identified clearing houses		
Allocation List		DOH End users		
Justification if recommending a Negotiated Procurement				
<b>For Terms of Reference (TOR)- Maintenance Services and Managed Service &amp; Related &amp; Analogous Contract of Service</b>				
Approved TOR		DOH End users		
Clearance				
Justification if recommending a Negotiated Procurement		DOH End users		
<b>For Terms of Reference (TOR) – Consulting Services</b>				
Approved TOR		DOH End users		
Data Privacy Act of 2012 Compliance & Non-Disclosure agreement, if applicable		DOH End users		
Special Requirements, if any		DOH End users		
Clearance from Cluster Head and designated Technical Office (s)		DOH End users		
Scope of Work		DOH End users		
<b>For Terms of Reference (TOR) – Event Organizing Services</b>				
Approved TOR		DOH End users		
Justification if recommending a Negotiated Procurement		DOH End users		
Clearance from Cluster Head and HPCS		DOH-HPCS, Building 18		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit of incoming document	1.1. Receive incoming documents	None	5 minutes	Administrative Officer I Admin. Section
	1.2. Attach routing slip	None	5 minutes	Administrative Officer I Admin. Section

	1.3 Encode document in PS Tracking System	None	5 minutes	<i>Administrative Officer I</i> Admin. Section
	1.4. Forward document to the Procurement Service Director	None	5 minutes	<i>Administrative Officer I</i> Admin. Section
	1.5. Route document to concerned PS staff. AUS forwards document to concerned PS staff	None	5 minutes	<i>Administrative Officer I</i> Admin. Section
	<b>TOTAL</b>	<b>None</b>	<b>25 minutes</b>	

## 41. Request for Refund (Bidding Documents, Performance Bond and Performance Security)

The Procurement Service (PS) – Administrative Section receives Request for Refund to track and forward to PS-Contract Management Division (CMD) for processing of documents.

<b>Office or Division:</b>	Office of the Director IV (Administrative Section)
<b>Classification:</b>	SIMPLE
<b>Type of Transaction:</b>	G2B- Government to Business
<b>Who may avail:</b>	For Winning Bidder and Losing Bidder
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
<b>Bidding Documents</b>	
<b>For Winning Bidder</b>	
a. Original Copy of Letter of Request for Refund	Bidder
b. Original Copy of Official Receipt	DOH-Building 2, Financial Management Division-Cashier
<b>For Losing Bidder / For Cancelled Procurement</b>	
a. Original Copy of Letter of Request for Refund	Bidder
b. Certified True Copy of Letter from COBAC	DOH-Building 12, Logistics Management Division /LMD
<b>PERFORMANCE BOND</b>	
<i>For Goods</i>	
a. Original Copy of Letter of Request for Refund	Bidder
b. Original Copy of Official Receipt	DOH-Building 2, Financial Management Division-Cashier
c. Certified True Copy of Inspection and Acceptance Report /IAR	DOH-Building 12, Logistics Management Division /LMD
<i>For Services</i>	
a. Original Copy of Letter of Request for Refund	Bidder
b. Original Copy of Official Receipt	DOH-Building 2, Financial Management Division-Cashier
c. Certified True Copy of Certificate of Acceptance	End-User concerned
<b>PERFORMANCE SECURITY</b>	
a. Original Copy of Letter of Request for Refund	Bidder
b. Certified True Copy of Inspection and Acceptance Report/ IAR  <b>or</b> Certified True Copy of Certificate of Acceptance	DOH-Building 12, Logistics Management Division /LMD  End-User concerned
c. Two (2) Photocopy of two (2) valid/government ID	Bidder

with three (3) signature (authorized representative) Note: Please bring two (2) original IDs				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Original Copy of Letter of Request with Original copy of Official Receipt	1.1. Receive request with official receipt for refund on bidding documents/performance bond/performance security	None	5 minutes	<i>Administrative Officer I</i>
	1.2. Attach routing slip	None	5 minutes	<i>Administrative Officer I</i>
	1.3. Encode document in PS Tracking System	None	5 minutes	<i>Administrative Officer I</i>
	1.4. Forward document to the Contract Management Division (CMD) for processing of request	None	5 minutes	<i>Administrative Officer I</i>
<b>TOTAL</b>		<b>None</b>	<b>20 minutes</b>	

## 42. Posting at PhilGEPS and DOH websites of Invitation to Bid

To ensure wide dissemination of Invitation to Bid (IB) by posting at PhilGEPS and DOH websites.

<b>Office or Division:</b>	Procurement Service – Procurement Planning and Management Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	All PhilGEPS registered agencies.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Signed Invitation to Bid (IB)/Request for Quotation(RFQ)/Request for Best and Final Offer(RBFO)		BAC Chairperson PPMD STAFF		
2. Finalized Bidding Documents		PPMD STAFF		
3. Final Eligibility Requirement Checklist		PPMD STAFF		
4. Allocation List (If Applicable)		End-user/Program/PPMD STAFF		
5. Supporting Documents (If Applicable)		End-user/Program /PPMD STAFF		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive the signed IB by the COBAC Chairperson/Vice-Chairperson/ Alternate Vice Chairperson from AU Staff	1.1. Log-in to <a href="http://www.PhilGEPS.gov.ph">www.PhilGEPS.gov.ph</a> , supply details and attach the IB, bidding documents and other relevant documents	None	1 hour	PPMD Secretariat Procurement Service
	1.2 Post of IB/ at PhilGEPS website and the DOH website			
	1.3. Print the proof of posting on PhilGEPS and DOH websites and maintains copy on-file	None	5 minutes	PPMD Secretariat Procurement Service
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 5 minutes</b>	

### 43. Conduct of Pre-Bidding Conference

To present the details of procurement project, clarify the requirements, terms and conditions and specifications cited in the Bidding Documents posted in the PhilGEPS website to all prospective bidder/s.

<b>Office or Division:</b>	Procurement Service			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	Central Office Bids and Awards Committee, Technical Working Group, Observers, End-users, and Prospective Bidders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Attendance Sheet of COBAC and Supplier		Procurement Service – Procurement Planning and Management Division		
2. Bidding Documents		Procurement Service – Administrative Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The COBAC members/Alternate Members, End-user, TWG, and Observers confirms their schedule of the activity	<b>1.1. PPMD Secretariat</b> prepares the documents for the activity such as attendance sheet (COBAC and Suppliers), Bidding Document and Power Point Presentation.	None	1 hour	<i>PPMD Secretariat</i> Procurement Service
2. COBAC members, End-user, TWG, Observers and Prospective Bidder/s signs the Attendance Sheet	<b>2.1. PPMD Secretariat</b> prepare the attendance sheet for signature	None	1 day	PPMD Secretariat, PPMD Chief/OIC and PS Director Procurement Service
	<b>2.2. PPMD Secretariat</b> assists in presenting the bidding documents in the conference, notes and records the proceedings and provides Secretariat	None	1 hour	PPMD Secretariat



	functions for COBAC			
	2.3. Meeting to the PPMD Team Leader (TL) /Co TL for review and initial thereafter finalizing comments	None	1 hour	PPMD Secretariat
	2.4 Prepares minutes of the meeting, forwards the minutes of the	None	1 hour	PPMD Secretariat
	2.5 Prepares memorandum to the End-user if there are changes/ clarifications raised during the Pre-bidding Conference for review of PPMD Chief, PS Director	None	1 hour	PPMD Secretariat
	2.6 Finalize comments and endorses memorandum for initial of PPMD CHIEF/OIC and PS DIRECTORS	None	1 hour	PPMD Secretariat
	2.7 Routes the approved memorandum to End-user for appropriate action	None	1 hour	PPMD Secretariat
	2.8 Prepare and approve of Minutes of Meeting	None	1 day	PPMD Secretariat Procurement Service
	2.9 Approval of memorandum	None	1 day	COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson Procurement Service
	<b>2. AU Staff</b> receives the approved minutes of meeting and forwards it to	None	2 hours	AU Staff and PPMD Secretariat Procurement Service

	<b>PPMD Secretariat</b> for posting at DOH website and as file-copy (within 5 calendar days after the conduct of Pre-bidding Conference)			
<b>3. EUU</b> receives the memorandum regarding clarification/s or any changes during the Pre-Procurement Conference and submits response/confirmation/ comments/ suggestion/ and/or revised PR/TOR and other documentary requirements by the End-user	3.1. Present the response/revised PR/TOR and other documentary requirements to the COBAC	None	1 hour	<i>AUS</i> Procurement Service
	3.2 COBAC shall decide to proceed with the procurement and post the corresponding bid bulletin	None	2 hours	<i>COBAC</i> Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson and Members Procurement Service
	<b>TOTAL</b>	<b>None</b>	<b>4 days and 4 hours</b>	

#### 44. Provision of Cobac Resolution Recommending Award of Contract or Declaration of Failure of Bidding

To assist the Central Office Bids and Awards Committee (COBAC) in the preparation and approval of resolution recommending the award of contract to the Single Calculate Responsive Bidder (SCRB)/Lowest Calculated Responsive Bidder (LCRB)/Highest Rated Responsive Bidder (HRRB).

<b>Office or Division:</b>	Procurement Service			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G, Government to Government G2B, Government to Business G2C, Government to Client			
<b>Who may avail:</b>	<b>Bidder</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Procurement Package Folder		Procurement Service		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>Fees to be Paid</b>	<b>Processing Time</b>	<b>Person Responsible</b>
1. PPMD Secretariat prepares the resolution recommending the award of contract	1.1. Forward the document to the <b>PPMD CHIEF/OIC and PS DIRECTOR</b> for review  If with comments, revise the document and forward the document to the <b>PPMD CHIEF/OIC/PS DIRECTOR</b> for initial signature  If no revision, forward resolution for signature of COBAC	None	1 day	<b>PPMD Secretariat PS</b>
2. Prepare the Documentary Requirements Checklist	2. Prepare the Documentary Requirements Checklist and endorse the checklist and procurement documents to the <b>Contract Mgt. Div. (CMD) Staff</b> for preparation of Notice of Award, Purchase	None	3 days	<b>PPMD Secretariat PS</b>

	Order/Contract and Notice to Proceed			
3. <b>AUS</b> receives the approved resolution by the COBAC, and forwards to <b>PMMD Secretariat</b> .	3. Forward the approved resolution by the COBAC to the <b>CMD Staff</b>	None	1 hour	<i>AU Staff, PPMD Secretariat PS</i>
	<b>TOTAL</b>	<b>None</b>	<b>4 days 1 hour</b>	

## 45. Bid Evaluation and Post Qualification Evaluation of Lowest Calculated Bid OSR The Single Calculated Bid (LCB/SCB)

To assist the Central Office Bids and Awards Committee (COBAC) and the Technical Working Group (TWG) in the bid evaluation and determining whether the LCB/SCB is responsive to all the requirements and conditions as specified in the Bidding Documents (BD)

<b>Office or Division:</b>	Procurement Service / Planning and Procurement Management Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	<b>TWG, Bidder</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Notice of Meeting, Evaluation Checklist, Attendance		Procurement Service		
2. Proposal of the LCB/SCB		Procurement Service		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. <b>TWG</b> confirms the attendance to the conduct of Bid Evaluation to the <b>PPMD Secretariat</b> .	1. Prepare the needed documents for the activity and forward the documents needed to the TWG	None	1 hour	<i>PPMD Secretariat</i> PS
	1.2 Evaluate the submitted document of the lowest/single <b>bidder</b> as read with the assistance of the <b>PPMD Secretariat</b> <b>TWG</b> prepares the bid evaluation report	None	1 day	<i>TWG</i> PS
1. TWG forwards the bids evaluation report to <b>PPMD Secretariat</b>	2.1 <b>PPMD Secretariat</b> presents the said report to COBAC for concurrence and receives instruction from COBAC to issue	None	1 day	<i>PPMD Secretariat and COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson</i> PS

	notice to Lowest Calculated Bid (LCB)/Single Calculated Bid (SCB) on submission of post-qualification requirements.			
	1.2. <b>PPMD Secretariat</b> prepares the notice to bidder on submission of documentary requirements for initial of PPMD CHIEF/OIC and PS DIRECTOR	None	1 hour	<i>PPMD Secretariat, PPMD CHIEF/OIC and PS DIRECTORS PS</i>
	2.3. Approval of the notice to LCB/SCB on submission of post-qualification requirements	None	1 day	<i>COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson PS</i>
3. AU Staff receives notice to LCB/SCB on submission of post-qualification requirements	3. <b>AU Staff/PPMD Secretariat</b> forwards/sends the notice on submission of post-qualification requirements to the LCB/SCB (within 5 calendar days upon receipt of notification)	None	1 hour	<i>AU Staff and PPMD Secretariat PS</i>
4. LCB/SCB submits post-qualification requirements to the AU Staff	4.1 <b>AU Staff</b> receives bidder's post-qualification requirements and forwards the said documents to <b>PPMD Secretariat</b>	None	1 hour	<i>AU Staff and PPMD Secretariat PS</i>
	4.2 <b>PPMD Secretariat</b> forwards the post-qualification requirements to the TWG to verify, validate, and ascertain all statements made	None	2 hours	<i>PPMD Secretariat PS</i>

	and documents submitted by the bidder with LCB/SCB and assists the TWG during evaluation			
5. TWG submits the post-qualification report	5.1 <b>PPMD Secretariat</b> receives the TWG Report	None	1 day	<i>PPMD Secretariat COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson and Members PS</i>
	5.2 <b>PPMD Secretariat</b> presents the result to <b>COBAC</b> for review and deliberation 5.2.1 If responsive, <b>PPMD Secretariat</b> prepares resolution recommending the award of contract  5.2.2 If non-responsive, Send notice of post-disqualification (NPD) <b>PPMD Secretariat</b> prepares <b>NPD</b> for initial of <b>PPMD CHIEF/OIC</b> and <b>PS DIRECTOR</b>	None	1 hour	
	5.3. <b>Approval of NPD</b>	None	1 day	<i>COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson PS</i>
6. Bidder receives the NPD	6.1 In case the bidder submitted RfR, endorse to the TWG for evaluation and acknowledge RfR.	None	3 days	<i>AU Staff and PPMD Secretariat PS</i>

	<p>6.2 If no RfR received within 3 CD, proceed to the evaluation of the 2<sup>nd</sup> LCB</p> <p>Note: In case of SCB, <b>PPMD Secretariat</b> obtains instruction from <b>COBAC</b> to prepare resolution declaring failure of bidding. In case of LCB, COBAC directs the evaluation to the 2<sup>nd</sup> LCB and follows the procedure</p>	None	1 hour	<p><i>AU Staff and PPMD Secretariat PS</i></p>
	<p>6.3 <b>PPMD Secretariat</b> presents the RfR to the COBAC for decision</p> <p>6.3.1 If favorable, <b>PPMD Secretariat</b> prepares resolution recommending the award of contract</p> <p>6.3.2 If unfavorable, <b>PPMD Secretariat</b> prepares denial of RfR and proceed to the evaluation of 2<sup>nd</sup> LCB</p>	None	1 day	<p><i>PPMD Secretariat and COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson and Members PS</i></p>
	<p>6.4 <b>PPMD Secretariat</b> prepares the response to deny RfR for initial of <b>PPMD CHIEF/OIC and PS DIRECTOR</b></p>	None	1 day	<p><i>PPMD Secretariat, PPMD CHIEF/OIC and PS DIRECTORS PS</i></p>



	6.5 Approval of response to deny RfR	None	1 day	COBAC Chairperson/ Vice-Chairperson/ Alternate Vice-Chairperson
<b>5. AU Staff/PPMD Secretariat</b> forwards/sends the signed response to deny RfR	<b>Bidder</b> receives the response to deny RfR	None	1 hour	AU Staff/ PPMD Secretariat PS
	<b>TOTAL</b>	<b>None</b>	<b>12 days and 1 hour</b>	



Public Assistance Unit

## **EXTERNAL SERVICES**

## Medical Assistance

<b>Office or Division:</b>	PUBLIC ASSISTANCE UNIT - PUBLIC ASSISTANCE UNIT			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Client G2G-Government to Government			
<b>Who may avail:</b>	Walk-in Patients, Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Clinical Abstract		Sa Ospital kung saan nagpatingin ang pasyente		
Doctor's Prescription/Request		Sa doctor kung saan nagpatingin ang pasyente		
Certificate of Indigency/Social Case Study Report		Sa Barangay kung saan nakatira ang pasyente/Sa Medical Records ng Ospital		
Additional Requirements for Proxy 1. ID of Authorized representative 2. Authorization Letter		Kliyente		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita at ipasa ang mga orihinal na dokumento at rekisito sa paghingi ng medical assistance kagaya ng mga sumusunod:  a. Doctor's Prescription/ Request b. Medical Certificate/Abstract c. Certificate of Indigency d. Authorization letter (If need arises)	1. Tanggapin at suriin Mabuti ang mga naipasang dokumento at rekisito ng pasyente	None	4 min	<i>First Frontline Staff</i>
2. Humingi at mag fill-up ng information sheet	2. Suriin kung tama ang nailagay na mga impormasyon	None	3min	<i>First Frontline Staff</i>

3. Ibigay ang information sheet sa PAU staff	3. Tingnan sa Computer ang huling transaction ng pasyente at interbyuhin ang pasyente para sa Medical Assistance	None	5min.	<i>Second Frontline Staff</i>
4. Maghintay lamang ng ilang minuto	4.1 Huling pagsuri sa dokumento ng pasyente;	None	5min.	<i>Supervisor</i>
	4.1.1 Kung nakapasa sa alituntunin: gagawin ang referral letter/letter of endorsement/ stub			
	4.1.2 Kung hindi pumasa: IBalik ang dokumento sa pasyente at gagabayan sa alituntunin			
	4.2 Aprubahan ang dokumento	None	2min.	<i>Director/Program Manager</i>
5. Tanggapin ang referral letter/letter of endorsement/stub at pumunta sa Ospital	5. Ibigay ang kopya referral stub at pumunta sa nakasaad na Ospital	None	1min.	<i>First frontline Staff</i>
<b>TOTAL PROCESSING TIME</b>			<b>20 minutes</b>	



## Pharmaceutical Division

### **EXTERNAL SERVICE**

## 47. Electronic Drug Price Monitoring System (EDPMS) Certificate of Compliance

This procedure aims to ensure that all drug establishment owners who wish to participate in all government tendering activities for drugs and medicines are compliant with the Electronic Drug Price Monitoring System uploading requirement.

<b>Office or Division:</b>		Pharmaceutical Division		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2B – Government to Business		
<b>Who may avail:</b>		Pharmaceutical Owners/ Distributors		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Request letter for Certificate of Compliance to Electronic Drug Price Monitoring System or Service Request Form			<a href="http://www.edpms.doh.gov.ph">www.edpms.doh.gov.ph</a>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.1. Online application for certificate of compliance	1.1. Review and validate for correctness the submitted drug price data in the EDPMS	None	1 day	System Support Unit – Senior Health Program Officer
1.2. Wait for the feedback or issuance of the Certificate of Compliance	1.2. Prepare the computer generated Certificate of Compliance from the Electronic Drug Price Monitoring System website	None	1 day	System Support Unit – Senior Program Health Officer
2. Get the certificate	2.1. Issue the EDPMS Certificate of Compliance duly signed by PD Division Chief	None	2 days	System Support Unit – Senior Health Program Officer
	2.2. Coordinate with the client on how to get the certificate	None	1 day	System Support Unit – Senior Health Program Officer
	<b>TOTAL</b>	<b>None</b>	<b>5 days</b>	



Supply Chain Management Office

**EXTERNAL SERVICE**

## 48. Request for Schedule of Delivery (RSD)

Request of Suppliers with approved PO's to receive the DOH procured commodities to DOH warehouses

<b>Office or Division:</b>	Supply Chain Management Office - Warehousing and Distribution Division (WDD)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2B- Government to Business			
<b>Who may avail:</b>	Suppliers with approved PO's for initial acceptance and delivery to the DOH warehouse			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Photocopy of Purchase Order (PO) (description, quantity and amount of goods)		Procurement Service		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Apply online to the SCMO logistics information system. (description, quantity and amount of goods according to the approved PO)	1.1. View and Print the RSD	None	10 minutes	<i>Staff in charge</i>
	1.2 Batch review based on the availability of warehouse space	None	1 day	<i>Chief, Warehouse Section</i>
	1.3. Actual validation of space from different warehouse managers	None	2 days	<i>Warehouse managers/ Chief, Warehouse Section</i>
	1.4. Recommend approval or disapproval of RSD	None	1 day	<i>Chief, WDD</i>
	1.5. Approval/ Disapproval of RSD	None	1 hour	<i>Director, SCMO</i>
2. Release of RSD	2. Release of RSD to Supplier	None	2 hours	<i>Staff in charge</i>
	<b>TOTAL</b>	<b>None</b>	<b>4 days, 3 hours and 10 minutes</b>	





Field Implementation and Coordination Team

## **EXTERNAL SERVICES**

## 49. Processing of Complaints

These are letter of complaints/concerns received by the Office of the Secretary (OSec) or the Health Regulations Team (HRT) forwarded to the Field Implementation and Coordination Team (FICT) – Offices for immediate and appropriate action.

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team Offices</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	All clients with complaints			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. 1 original/scanned letter of complaint		Complainant		
2. 1 original/scanned supporting documents (if available)		Complainant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Receive copy of complaint via e-mail or DTRAK  *Will come from OSec/HRT/FICT-Usec	1.1. Receive and stamp main document for DTRAK	None	3 minutes	Administrative Assistant V
	1.2 Encode document matrix	None	3 minutes	Administrative Assistant V
	1.3. Scan documents for filing	None	3 minutes	Administrative Assistant V
	1.4.1. If complaint is for other FICT offices and facilities under it, Endorse documents to Complaints and Concerns Coordinator	None	5 minutes	Administrative Assistant V
	1.4.2. Draft endorsement memorandum to the appropriate CHD Director or office concerned	None	2 hours	Administrative Assistant V
	1.4.3. Check/ Approve draft endorsement memorandum	None	1 day	Executive Assistant

	1.4.4. Sign approved endorsement memorandum to respective office	None	1 day	Usec/Asec
	1.4.5. Send signed memorandum to the official email address of respective CHD	None	30 minutes	Senior Health Program Officer (Complaints and Concerns Coordinator)
	1.5.1. If for respective FICT, assess the document	None	1 hour	Senior Health Program Officer
	1.5.2. Draft response	None	4 hours	Senior Health Program Officer (Complaints and Concerns Coordinator)
	1.5.3. Check/ Approve draft endorsement memorandum	None	1 day	Executive Assistant/COS
	1.5.4. Sign approved endorsement memorandum to respective office	None	1 day	Usec/Asec
2. Receive feedback	2.1. Update of the complaints and concerns monitoring matrix	None	10 minutes	Senior Health Program Officer
	2.2. Email response to the sender/ complainant	None	30 minutes	Senior Health Program Officer (Complaints and Concerns Coordinator)
	<b>TOTAL for Other DOH Facilities</b>	<b>None</b>	<b>2 days, 3 hours and 24 minutes</b>	
	<b>TOTAL for FICTC Complaints</b>	<b>None</b>	<b>2 days, 5 hours and 49 minutes</b>	

## 50. Processing of External Invitation for Assistant Secretary Offices

These are invitations received for the Assistant Secretary of Field Implementation and Coordination Team (FICT) to attend meetings, and other health-related events from other government agencies and other stakeholders.

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team Asec Offices</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Client, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. 1 Original/Scanned Copy of Letter of Invitation		Client's Office		
2. 1 Original/Scanned Copy Program		Office of the Event Organizers		
3. 1 Original/Scanned Copy Executive Briefer		Client's Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send requirements and wait for the result or decision	1.1.Receive, stamp and DTRAK document	None	5 minutes	Administrative Assistant V or Executive Assistant
	1.2. Encode and scan documents	None	5 minutes	Administrative Assistant V or Executive Assistant
	1.3 Provide Invitation to the Executive Assistant and/or Schedule Point Person	None	5 minutes	Administrative Assistant V or Executive Assistant
	1.4 Propose invitation to the Assistant Secretary  If approved, release via DTRAK to FICT-Usec  If disapproved, coordinate with client	None	10 minutes	Administrative Assistant V or Executive Assistant
	1.5 FICT-Usec approval  Or If invitation involves travelling to be approved by the	None	1 day	Undersecretary of Health for Field Implementation and Coordination Team

	Office of the Secretary  If approved, preparation of technical documents (DPO, ticket, etc.)  If disapproved, coordinate with client the status of invitation			
2. Receive confirmation and/or refusal of attendance from FICT Asec Office	2. Send confirmation and/or refusal	None	10 minutes	Administrative Assistant V or Executive Assistant
3. Get details and/ or arrangements	3. Inform details and/or arrangements	None	10 minutes	Administrative Assistant V or Executive Assistant
	<b>TOTAL</b>	<b>None</b>	<b>1 day and 45 minutes</b>	

## 51. Processing of Medical Assistance for Indigent Program (MAIP)

The FICT Offices extend financial assistance to all indigents through the MAIP. The assistance can be availed of Monday through Friday, 8:00 am to 5:00 pm.

<b>Office or Division:</b>	FICT Offices			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All Indigent Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. 1 original copy of Request letter		Person requesting for medical assistance		
2. 1 original copy Social Case Study		Social Worker		
3. 1 original copy Certificate of Indigence		Municipal or Barangay Office		
4. 1 original/photocopy Clinical Abstract or Medical Certificate		Records Office of the Hospital		
5. 1 original/photocopy Hospital Bill/Laboratory Procedure Request/Medical Prescription with Price Quotation		Accounting Office of the Hospital		
6. One (1) copy of Government Issued Identification Card		GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<i>If patient is not available,</i> Authorization Letter from the Patient		Requesting Party/ Patient		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all requirements to the Action Officer	1.1. Assess completion of submitted documents.  If documents are incomplete, return to sender and inform them of the missing requirements	None	15 minutes	Administrative Officer Designate/ Administrative Aide VI
2. If submitted documents are correct and complete, client to wait for the release of Guarantee Letter from DOH-PAU	2.1. Approval of the requirements	None	1 day	Usec/ Asec FICT
	2.2. Update monitoring matrix for Medical Assistance Request	None	5 minutes	Administrative Officer Designate/ Administrative Aide VI
	2.3 Draft endorsement letter to DOH-Public Assistance Unit (PAU)	None	10 minutes	Administrative Officer Designate/ Administrative Aide VI

	2.4. Approve draft endorsement letter to DOH-PAU	None	10 minutes	Executive Assistant
	2.5. Sign approved draft endorsement letter to DOH-PAU	None	2 hours	Usec/ Asec FICT
	2.6. Forward to Administrative Staff for DTRAK	None	5 minutes	Administrative Officer Designate
	2.7 Create DTRAK number in the DTRAK system	None	5 minutes	Administrative Assistant V
	2.8 Update the monitoring matrix for outgoing documents	None	5 minutes	Administrative Assistant V
	2.9 Route document/s to DOH-PAU	None	1 hour	Administrative Assistant V
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 3 hours, and 45 minutes</b>	

## 52. Receiving and Releasing of Documents (Walk-In)

The FICT Office receives letters and other documents pertaining to FICT concerns. Completeness of documents for specific transactions with FICT units will be evaluated upon transmission to the concerned FICT units.

<b>Office or Division:</b>	FICT Office – Receiving Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government, G2C- Government to Citizen, G2B- Government to Business			
<b>Who may avail:</b>	All clients with letters and other documents that are for FICT-Office			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Main document for transmittal to FICT			Requesting party/Client	
2. Receiving Copy (1 Photocopy of the main document)			Requesting party/Client	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Main document and Receiving Copy to the Receiving Staff and provide contact details	1.1. Receive and stamp the main document, indicate the date and time of receipt and name of receiving officer, record client's contact details	None	5 minutes	Administrative Aide VI
	1.2. Encode and create document details into the DTRAK system for routing slip with reference number	None	10 minutes	Administrative Aide VI
	2.2. Encode document details in internal document tracking system	None	5 minutes	Administrative Aide VI
	2.3. Forward to the assigned FICT office staff for the required action	None	5 minutes	Administrative Aide VI
	2.4. Review, evaluate and provide action	None	1 day	EA/SHPOs/MO



	If with comments, forward document to the COS for further evaluation			
	2.5. Evaluate and sign the document and forward to Head of Office	None	1 day	Chief of Staff
	2.6.1. Check document/s  If with comments or further instructions, to forward to the COS  If none, final documents shall be forwarded to AA VI for routing to responsible office/s. Proceed to 2.7	None	30 minutes	Head of Office (Usec/Asec)
	2.6.2. If with comments, evaluate and sign the document and forward to Head of Office  When finalized, go back to 2.6.1.	None	30 minutes	Chief of Staff
	2.7. Create DTRAK Routing Slip to be attached in the document/s to be forwarded to responsible offices  Do not forget to photocopy office's copy	None	10 minutes	Administrative Aide VI
	2.8. Encode document details in internal document tracking system	None	10 minutes	Administrative Aide VI

3. Release document/s	3. Forward document/s to assigned office for required action	None	10 minutes	PhilCare
	<b>TOTAL If no comments from the Usec/Asec</b>	None	2 days, 1 hour, and 25 minutes	
	<b>TOTAL If with comments from the Usec/Asec</b>	None	2 days, 2 hours, and 25 minutes	

## 53. Response to Queries via E-mail

The FICT Office is one of the main channels by which letters and other documents are received by the Department. Completeness of documents for specific transactions with the FICT units will be evaluated upon transmittal to the concerned FICT units.

Official E-mail addresses are as follows:

1. FICT Undersecretary NCRL- [usecbayugo@gmail.com](mailto:usecbayugo@gmail.com)
2. FICT Undersecretary VisMin-
3. FICT Assistant Secretary Luzon-
4. FICT Assistant Secretary NCR-

<b>Office or Division:</b>	FICT Office – Technical Team, Receiving Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Main document and/or important attachments			Requesting party	
2. For email documents, kindly include the following information Full name Address Contact details			Requesting party	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send an e-mail with the letter/document attached to the office's official e-mail address  If with attachments, make sure to attach all documents	1.1. Send client an acknowledgement receipt and review said document  If attachments are incomplete, email client to resend complete attachments	None	10 minutes	COS/EA/Sr Health Program Officer/AO/AA
If attachments are incomplete, client to re-send complete attachments through email	1.2. Read the email along with the complete documents and identify the form of email. Evaluate next steps and advise the sender If for actions, Draft email to the sender	None	1 day	COS/EA/Sr Health Program Officer/AO/AA
	1.3.1. If with letter response, draft letter and finalize the letter and Sign	None	1 day	COS/EA/Sr Health Program Officer/AO/AA

	If no further evaluation/ actions email sender			
2. Receive a letter/response from FICT Office	2. Email response letter to the sender and make sure to tag the email closed on file	None	10 minutes	COS/EA/S/Sr Health Program Officer/AO/AA
	<b>TOTAL</b>	<b>None</b>	<b>2 days and 30 minutes</b>	

## 54. Goodwill Message Request

Goodwill Messages are messages requested from the Undersecretary/ Assistant Secretary for souvenir programs of health events or for publication of health materials.

<b>Office or Division:</b>	Field Implementation and Coordination Team (FICT) Offices			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G – Government to Government G2C – Government to Citizen G2B – Government to Business			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Request letter for Goodwill Message		Client		
2. Event Details (date, time, theme, purpose of the event) or Event briefer form		Client		
3. Contact Person (for purposes of coordination)		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Invitation and Receiving Copy to the Receiving Staff and provide contact details.	1. Check if all required information is in the documents submitted.	None	10 minutes	Executive Assistant/ Administrative Assistant
2. Get receiving copy and the Document Tracking Information System (DTRAK) number	2. Encode document details into the DTRAK system, and issue acknowledgement receipt with DTRAK number to client.	None	5 minutes	Executive Assistant/ Administrative Assistant
3. Wait for the response	3.1. Assess if goodwill message request may be granted (no conflicts of interest, and other concerns)	None	1 day	Executive Assistant
	3.2. EA to discuss with Usec/Asec.  If approved, EA to draft goodwill message, and coordinate with client for any other	None	1 day	Executive Assistant

	<p>pertinent information.</p> <p>If not granted, EA to draft letter to client informing them that the request for goodwill message was declined, and the reason therefor</p>			
4. Receive notice of final action on request.	<p>4. Inform client</p> <p>a. EA or duly authorized representative to approve the goodwill message/sign the letter of denying request other conditions such as rescheduling or delegation</p> <p>b. EA to transmit approved message, letter denying request or other conditions such as rescheduling or delegation</p>	None	1 day	Executive Assistant
	<b>TOTAL</b>	<b>None</b>	<b>3 days and 15 minutes</b>	

## 55. Processing of External Invitation for Undersecretary Offices

The FICT Office of the Undersecretary of Health receives various invitations for the Undersecretary coming from the DOH units, NGAs, NGOs, CSOs, LGUs, Development Partners, Advocacy groups and the like. Invitations pertain to attendance of meetings, gracing of an occasion, giving out speeches, as panelist, to name a few. The invitation may be forwarded via email/ walk-in

<b>Office or Division:</b>	FICT Office of the Undersecretary			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. 1 Scanned/ Emailed Copy of Letter of Invitation			Requesting party	
2. Events Profile Sheet (EPS) or Events Briefer (EB) or Executive Summary			Client, template supplied by FICT Usec Office	
3. Draft Talking Points			Requesting party	
4. Complete Event Kit (EPS/EB/Executive Summary, Letter of Invitation, Speech, PowerPoint Presentations, USB)			FICT Usec Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send letter of invitation and attachments	1. Check if all required information is in the documents submitted.	None	15 minutes	Chief-of-Staff
2. Get acknowledgement receipt and the Document Tracking Information System (DTRAK) number.	2. Encode document details into the DTRAK system, and issue acknowledgement receipt with DTRAK number to client.	None	5 minutes	Chief-of-Staff
3. Coordinate with FICT office regarding the request.	3.1. Discuss with Usec If with approval and can go Block the event date in the calendar	None	1 day	COS/EA
	3.2. Prepare event briefer, and coordinate with client for any additional information.	None	2 days	EA/ COS

	EA/COS to recommend the following actions: 1. Usec. attendance 2. Regrets 3. Delegate to other DOH senior officials 4. Request for recommendation of DOH senior officials for controversial/highly sensitive matters			
	3.3. Assign the preparation of the presentation and or speech to the technical staff	None	10 minutes	<i>Chief-of-Staff</i>
4. Receive notice of final action on invitation.	4.1. Prepare power point presentation and/or speech	None	1 day	<i>COS/EA/SHPOs/MO/AO/AA/Secretary</i>
	4.2. Submit prepared presentation and/or speech to COS and/or Head of Office for approval	None	1 day	<i>COS/EA/SHPOs/MO</i>
	4.3. Once approved, Prepare the kit as hard copy of the Head of Office	None	10 minutes	<i>COS/EA/SHPOs/MO/Secretary</i>
	<b>TOTAL</b>	<b>None</b>	<b>5 days and 45 minutes</b>	





Administrative Service

**INTERNAL SERVICES**



## 56. Leave Application

Civil Service Commission Form No. 6 (revised 1984) is used to document an employee's leave of absence.

<b>Office or Division:</b>	Administrative Service, Personnel Administration Division	
<b>Classification:</b>	Simple (3days)	
<b>Type of Transaction:</b>	G2G or Government to Government	
<b>Who may avail:</b>	DOH Officials and Employees	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	
Duly Accomplished Leave Application Form	DOH Intranet	
Attachment:		
<b>Sick Leave</b>		
<ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Medical Certificate if half-day or more than 5 days</li> </ul>	Attending Physician	
<b>Vacation Leave</b>		
<ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Travel Authority (if vacation will be spent abroad)</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018 if vacation will be spent abroad)</li> </ul>	DOH Intranet DOH Intranet DOH Intranet	
<b>Maternity Leave (R.A. 11210)</b>		
<ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Medical Certificate with estimated date of delivery</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul>	Attending Physician DOH Intranet DOH Intranet	
<b>Paternity Leave (R.A. 8187)</b>		
<ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Certified true copy of marriage contract</li> <li>• Birth Certificate of the newly born child</li> <li>• Medical certificate with pathological reports in case of miscarriage of spouse</li> </ul>	Philippine Statistics Authority Attending Physician Attending Physician	
<b>Study Leave (CSC MC No. 21 S. 2004)</b>		
<ul style="list-style-type: none"> <li>• Contract between the head of office and Employee</li> <li>• Department Personnel Order</li> </ul>	Employee's Office Employee's Office	

<ul style="list-style-type: none"> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Rehabilitation Leave (Joint Circular No. 01 S. 2006-CSC &amp; DBM)</b></p> <p>-Job-related injuries incurred in the performance of duty (6 months)</p> <ul style="list-style-type: none"> <li>Police Report/Incident Report</li> <li>Medical Certificate</li> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Parental Leave for Solo Parent (R.A. 8972)</b></p> <ul style="list-style-type: none"> <li>CSC Form No. 6</li> <li>Certified True Copy of Solo Parent ID</li> <li>Birth Certificate of child</li> </ul> <p><b>Special Leave Benefits for Women (R.A. 9710)</b></p> <ul style="list-style-type: none"> <li>CSC Form No. 6</li> <li>Medical Certificate reflecting the estimated period of recuperation</li> <li>Clinical Summary reflecting the gynecological disorder</li> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Special Emergency Leave Affected by Natural Calamities/Disasters (CSC Resolution 1200289 dated February 8, 2012)</b></p> <ul style="list-style-type: none"> <li>Certification from the Municipal/City/Baranggay Office that the current area of residence is declared under state of calamity</li> </ul> <p><b>Ten-Day Leave Under R.A. 9262 (Anti-Violence Against Women and Their Children Act of 2004)</b></p> <ul style="list-style-type: none"> <li>Barangay Protection Order or Temporary/Permanent Protection Order obtained from the court</li> </ul>		<p>DOH Intranet</p> <p>Philippine National Police</p> <p>Attending Physician</p> <p>DOH Intranet</p> <p>DOH Intranet</p> <p>Municipal/City/Social Welfare Office</p> <p>Attending Physician</p> <p>DOH Intranet</p> <p>Attending Physician</p> <p>Attending Physician</p> <p>DOH Intranet</p> <p>Municipal/City/Baranggay Office</p> <p>Baranggay Office/Court</p>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Submit 2 copies of Leave Application form (CSC Form No. 06 (revised 1984))	1.1 Check completeness including its attachments, if incomplete return to sending office for compliance	None	10 mins.	Receiving Clerk PAD
	1.2 If complete, encode details in the Leave Application Database	None	4 hrs.	Human Resource Management Officer I/Releasing Clerk PAD
	1.3 Fill-up the leave credits balance on the Leave Application Form and update employee's leave card	None	4 hrs. 30mins	Human Resource Management Officer I PAD
	1.4 Encode details of processed Leave Application in the "Leave Filing" menu of the Time and Attendance System and update Leave Application Database	None	4 hrs. 30mins	Human Resource Management Officer I PAD
	1.5 Verification of computation of Leave Credit balance. If inaccurate, return to process owner.	None	4 hrs.	Human Resource Management Officer II PAD
	1.6 Certify and update database	None	4 hrs.	Releasing Clerk PAD
	1.7 Return to Releasing Section	None	5 mins.	
	1.8 Sorting	None	2 hrs	



	(1 copy for 201 file, 1 copy for office file)			
	1.9 Release to concerned Offices	None	45 mins.	
<b>TOTAL PROCESSING TIME</b>			<b>3 days</b>	

## 57. Processing of Payroll/Payment of Salaries

This includes all activities in the preparation of payroll to facilitate the timely payment of employees' salaries.

<b>Office or Division:</b>	AFMT – AS/FMS			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	All DOH employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Duly accomplished and signed Daily Time Record (DTR)		PTIS.doh.gov.ph		
2. Obligation Request and status		DOH Intranet		
3. Disbursement Vouchers for Payroll		DOH Intranet		
4. Monthly Report of Attendance		Leave Unit		
5. Request letter/ form for payroll adjustments		PAD		
6. Salary/other benefits and allowances General payroll		PAD		
7. Payroll Register		PAD		
<b>Additional requirement for plantilla personnel:</b> Monthly Report of Deductions of Loans		PAD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit duly accomplished and signed (DTR)  <b>If with lacking requirement/s:</b>  Submit the lacking document/s	1.1. Receive and evaluate the DTR if entries are complete and duly signed by the Head of Office	None	15 minutes	Receiving Officer PAD
	If incomplete: Return to the Office			
	If complete, forward to the Leave Unit for processing			
	1.2. Generate Monthly Report of Attendance (MRA)			
	1.3. Check if log entries in the DTR is parallel with MRA			
	1.4. Forward to the Payroll Unit for processing	None	5 minutes	Administrative Officer I PAD
	1.5. Indicate changes on the previous payroll that should be	None	3 hours	Administrative Officer II

	reflected on the next payroll such as salary adjustments due to promotion, names to be deleted and/or added on the payroll, loan payment/completion, etc			<i>Sr. Admin Assistant I</i> PAD
	1.6. Encode late and absences based on MRA	None	1 day	<i>Administrative Officer II</i> <i>Sr. Admin Assistant I</i> PAD
	1.7. Encode on the Computerized Payroll System (CPS) the necessary adjustments on the current payroll based on notations	None	1 day	<i>Administrative Officer II</i> <i>Sr. Admin Assistant I</i> PAD
	1.8. Validate the printed draft payroll per office whether entries indicated on the previous payroll were reflected correctly.	None	4 hours	<i>Administrative Officer II</i> <i>Sr. Admin Assistant I</i> PAD
	1.9. Print the ATM Alpha List Report, Alpha List Payroll, Obligation Request and Status and Disbursement Vouchers	None	1 hour	<i>Administrative Officer II</i> <i>Sr. Admin Assistant I</i> PAD
	1.10. Forward the printed Payroll, ATM Alpha List Report, ORS and Disbursement Voucher for certification /approval of the Chief of PAD and Director of AS	None	30 minutes	<i>Administrative Officer II</i> <i>Sr. Admin Assistant I</i> PAD
	1.11. Sign Printed Payroll Report, ATM Alpha List Report, ORS and Disbursement Voucher	None	1 hour	<i>Chief PAD and Director, AS</i> PAD
	1.12 Forward payroll report to the FMS for further processing	None	10 minutes	<i>Releasing Officer</i> PAD

	1.13 Receive the approved General Payroll Register from PAD.	None	10 minutes	Admin. Asst VI CPU
	1.14. Review the attached documents then endorses to team leader	None	1 hour	AA IV, FA II, SAA I CPU
	15 Team leader reviews and prepares Journal Entry	None	30 minutes	AO IV CPU
	1.15.1. if compliant with the requirements, endorses to Budget Division for obligation	None	10 minutes	Admin. Asst VI CPU
	not compliant, returns to PAD.			
	1.16. Receive and assign ORS/obligation No, and forward to the controller of allotment.	None	5 minutes	AA III Budget Division
	1.17. Encode in the Appropriate Registry of Allotment and forward to concerned signatory	None	5 minutes	AO V, FA II Budget Division
	1.18. Review, certify the availability of allotment, and forward to releasing	None	2 hours	Administrative Officer V/Division Chief Budget Division
	1.19. Record the documents to be released and forward to Accounting Division	None	10 minutes	Administrative Aide III Budget Division
	1.20.Receive the documents	None	5 minutes	AAll Accounting Division
	1.21. Assign NCA Number, None Initials and forward to concerned signatory of DV	None	5 minutes	SAA I Accounting Division
	1.22. Certify Box C of DV and forward to releasing	None	1 day	Accountant II Accounting Division
	1.23. Record the documents to be	None	10 minutes	AAll



	released and forward to Cashier Section			Accounting Division
	1.24. Receive the approved Payroll	None	5 minutes	AA IV Cashier Section
	1.25. Prepare check and ADA	None	1 hour	Cashier II Cashier Section
	1.26. Prepare advice of check issued and forward to signatories	None	4 hours	FA II Cashier Section
	1.27. Sign the checks, ADA and ACIC	None	4 hours	Head Cashier, Chief Budget and Director
	1.28. Forward the signed checks, ADA, and ACIX to Land Bank of the Philippines	None	2 hours	AA VI Cashier Section
	1.29. Create an ATM Report on USB for the credit of funds then forward it to Cashier's Office	None	30 minutes	<i>Administrative Officer II Sr. Admin Assistant I Personnel Section</i>
<b>TOTAL</b>		<b>None</b>	<b>6 days, 6 hours and 25 minutes</b>	



Epidemiology Bureau

**INTERNAL SERVICES**

## 58. EB Central Receiving Office

This covers the day-to-day receiving of official documents necessary for the delivery of office services.

<b>Office or Division:</b>		Epidemiology Bureau - Admin Unit		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2G- Government to Government		
<b>Who may avail:</b>		All Internal and External Offices		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
DTRAK of Documents		Online Document Tracking Information System www.odtis.doh.gov.ph		
CSS Form		Support to Operation Division		
Receiving Copy (External Documents)		Originating Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send physical copies of documents to EB Admin Office	1. Search DTRAK number in the ODTIS website	None	5 minutes	SOD
	1.2. Receive the Document	None	5 minutes	SOD
	1.3. Encode the Subject of the document in the incoming documents spreadsheet	None	10 minutes	SOD
	<b>TOTAL</b>	<b>None</b>	<b>20 minutes</b>	

## 59. Loaning of Library Resources

Responsible for providing reference materials and services to all EB staff, health program managers and FETP fellows during field outbreak investigations, surveillance activities, surveys and any special studies and researches.

<b>Office or Division:</b>		Epidemiology Bureau - EB Library		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2G- Government to Government		
<b>Who may avail:</b>		FETP Fellows and EB Staff		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask for the assistance of the Librarian	1. Log-in the required details of the clients.	None	5 minutes	<i>Librarian I and Librarian II</i>
2. Retrieve and locate the materials using the database (OPAC) etc.	2. Search book from computer terminals and/or proceed to the shelves and locate the book.	None	5 minutes	<i>Librarian I and Librarian II</i>
3. Loan-out of books  Note: A client may loan out a maximum of three (3) books and one (1) journal at a time	3. Give loaned books  Note: Books and journals can be borrowed for fifteen (15) days period (excluding holidays, Saturday and Sunday). All the borrowed materials can be renewed after the due date.	None	5 minutes	<i>Librarian I and Librarian II</i>
	<b>TOTAL</b>	None	15 minutes	

## 60. Returning of Loaned/ Borrowed Library Resources

Returning of loaned books.

<b>Office or Division:</b>		Epidemiology Bureau - EB Library		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2G- Government to Government		
<b>Who may avail:</b>		FETP Fellows and EB Staff		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			N/A	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present book/ journal for return	1. Receive book/journal for return	None	5 minutes	<i>Librarian I and Librarian II</i>
2. Wait for validation	2. Scan/ validate book borrowed	None	5 minutes	<i>Librarian I and Librarian II</i>
3.1. Receive transaction slip	3.1. Hand the acknowledgment receipt of borrowed book or journal  Note: Materials should be signed and returned with the signatory of the Librarian	None	5 minutes	<i>Librarian I and Librarian II</i>
3.2. Accomplish CSS form then drop in the box	3.2. Hand CSS form	None	5 minutes	<i>Librarian I and Librarian II</i>
	<b>TOTAL</b>	None	20 minutes	

## 61. Data Request

Facilitation of Data Requests for specific information from the Bureau.

<b>Office or Division:</b>	Epidemiology Bureau - Office of the Director			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	All Internal Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Data Request Form		Support to Operation Division		
Duly signed Letter of Request (external clients)		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished Data Request Form to the Director's Office	1.1 Prescreen, Record, and Assign of Control Number	None	10 minutes	OD
	1.2 Review and Notation of the Director / Officer in Charge	None	1 day	OD
	1.3 Process Data Request by concerned Unit /Division	None	3 days	AEHMD/SMED/HIV
	1.4 Completion of Data	None	1 day	AEHMD/SMED/HIV
	1.5 Approval of the Division Chief	None	1 hour	AEHMD/SMED/HIV
	1.6 Approval of the Director	None	1 hour	OD
2. Receive the requested data and	2. Release of Data to the	None	10 minutes	OD



accomplish CSS Form	Requesting party and give CSS Form			
	<b>TOTAL</b>	<b>None</b>	<b>5 day, 2 hours, and 20 minutes</b>	

## 62. Provision of Field Epidemiology Training Program (FETP) Report

FETP trains health professionals to develop epidemiologic expertise through conduct of epidemiologic investigations, disease surveillance activities, rapid health assessments, program assessments and evaluations, and planned studies or research. One of the program's vital outputs/deliverables is to produce scientific papers (field investigation reports and special studies), surveillance reports and long-term studies.

<b>Office or Division:</b>		Epidemiology Bureau Applied Epidemiology and Health Management Division Field Epidemiology Training Program		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G- Government to Government		
<b>Who may avail:</b>		OSEC, PHST, RESUs		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
EB Memorandum: Guidelines on Data Requests in EB - Annex B (Data Request Form)		Epidemiology Bureau Director's Office (EB-DO) Bldg 19, 2 <sup>nd</sup> floor, Rm 2019 <a href="mailto:officeofepidemiologybureau@gmail.com">officeofepidemiologybureau@gmail.com</a>		
CSS Form		Support to Operation Division		
CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send data request/make telephone call for request to the Director's Office	1. Receive the request and provide Data Request Form	None	10 minutes	<i>EB Secretary</i>
2. Accomplish Data Request Form	2.1. Receive the completed Data Request Form	None	10 minutes	<i>EB Secretary</i>
	2.2. Record the request and assign a control number for tracking	None	5 minutes	<i>EB Secretary</i>
	2.3. Forward the Data Request to Director/Officer-in-Charge (OIC) for further review of the request and note action or any other additional instruction	None	2 hours	<i>Director/OIC</i>
	2.4 Forward data request to AEHMD for action	None	1 day	<i>AEHMD Admin</i>



	2.5. AEHMD Admin forward data request to Division Chief and FETP Training Officer (TO) for further review	None	1 day	<i>Division Chief and FETP Training Officer</i>
	2.6. Division Chief and FETP TO assign FETP Staff to generate requested data	None	15 minutes	<i>FETP Staff</i>
	2.7. FETP Staff completes the data report	None	1 day	<i>FETP Staff</i>
	2.8. FETP TO and Division Chief review and approve the report	None	2 hours	<i>FETP TO</i>
	2.9 FETP Staff endorses the data report to DO for review and approval of EB Director	None	2 hours	<i>DO</i>
	2.10. Send approved data report to the requesting party/client for dissemination via hand-carry or email and properly log the issuance to the official record book / online record	None	30. minutes	<i>DO</i>
3. Receive the requested data and accomplish the CSS form	3.1 DO provides CSS form to the requesting party/client for remarks/comments and forwards accomplished CSS to SOD Staff	None	10 minutes	<i>EB Secretary</i>
	3.2. Document and consolidate CSS form	None	15 minutes	<i>SOD Staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>3 days, 7 hours, and 5 minutes</b>	

### 63. Provision of Technical Assistance on ESR Online

Event-based Surveillance and Response (ESR) Unit provides technical assistance to requesting users on matters regarding ESR Online (i.e. Account Creation and Management, Password Reset, Server Problems etc.)

<b>Office or Division:</b>	Epidemiology Bureau Applied Epidemiology and Health Management Division Event-based Surveillance and Response			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Existing Online ESR Users (Regional Epidemiology and Surveillance Units)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Technical Assistance Request Form/ (TA) Request Form		Event-based Surveillance and Response Unit <a href="mailto:esr.central@gmail.com">esr.central@gmail.com</a> <a href="mailto:gonzalesgabrieljohn@gmail.com">gonzalesgabrieljohn@gmail.com</a>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send accomplished Technical Assistance Request Form	1.1. Receive the (TA) Request Form	None	1 day	ESR Officer/s
	1.2. Forward the (TA) Request Form to ESR Computer Programmer	None	10 minutes	ESR Officer/s
	1.3. Provide requested technical assistance	None	2 days	ESR Computer Programmer
	1.4. Inform requesting party on completed request	None	1 day	ESR Computer Programmer
	1.5. Compile (TA) Request Form	None	10 minutes	ESR Computer Programmer
2. Receive the request data and Accomplish CSS form	2. Receive the accomplished CSS for proper documentation	None	10 minutes	Secretary, Director's Office
	<b>TOTAL</b>	<b>None</b>	<b>4 days and 30 minutes</b>	



# Health Human Resource Development Bureau

## **INTERNAL SERVICES**

## 64. Request for Technical Assistance on the Process of Learning and Development Management

The Learning and Development Management is a regular program of the Health Human Resource Development Bureau pursuant to Civil Service Commission policies and DOH internal policies pertaining to staff development.

<b>Office or Division:</b>	Health Human Resource Development Bureau – Learning and Development Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	All DOH staff (Regular, Coterminous and Job Order)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Not Applicable		Not Applicable		
Not Applicable		Not Applicable		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare Memorandum/ communication addressed to the HHRDB Director requesting technical assistance on the process of Learning and Development Management.	1.1 Receive request for Technical Assistance at the HHRDB Directors Office	None	5 minutes	Administrative Aide VI
	1.2. Forward request to office of the Division Chief of HHRDB-LDD	None	5 minutes	Administrative Aide VI
	1.3. Assign technical staff who will coordinate/ provide technical assistance	None	1 day	<i>Division Chief</i>
	1.4 Coordinate the available schedule to the requesting office	None	1 day	Technical Staff
2. Receive reply	2. The HHRDB shall respond through a memorandum on the agreed schedule to render the technical assistance or may officially communicate through email.		1 day	<i>Office/Bureau's Designated Learning and Development Officer (LDO) HHRDB-LDD</i>



	<b>TOTAL</b>	<b>None</b>	<b>3 days and 10 mins</b>	
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## Health Promotion and Communication Service

### **INTERNAL SERVICES**

## 65. Request for Printing Services

(HPCS Resource Center) provides printing services (Production/Reproduction (Duplo machine) and Large Format Printing Services) to DOH employees.

<b>Office or Division:</b>	Health Promotion and Communication Service – Communication and Multimedia Development Division (HPCS-CMDD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Printing Job Request Form		HPCS Printing Office, Bldg. 14C		
Printing supplies and materials		Requesting Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up job request form for printing and attach the hard and soft copy of prototype material(s)	1. Check the workload and status of the HPCS printing office	None	5 minute	<i>Printing Staff</i>
2. Submit the filled up and signed job request form for printing	2.1 Route to the office of the HPCS-CMDD chief for approval	None	10 minutes	<i>Printing Staff</i>
	2.2 Print the approved prototype of materials	None	35 minutes	<i>Printing Staff</i>
3. Pick up the printed materials in the HPCS printing office  Note: Give claim stub to the client.	3. Record the requested service for proper documentation	None	5 minutes	<i>Printing Staff</i>
	If disapproved, clearance for outside printing will be indicated in the Job Request form	None	5 minutes	<i>Printing Staff</i>
<b>TOTAL</b>		<b>None</b>	<b>60 minutes</b>	

## 66. Request for Clearance for the Terms of Reference (TOR), Purchase and/or Printing of IEC print materials, collaterals, printing equipment, printing supplies and materials.

The Health Promotion and Communication Service-Communication and Multimedia Development Division (HPCS-CMDD) is the clearing house of the TOR, Purchase and/or Printing of IEC print materials, collaterals, printing equipment, printing supplies and materials.

<b>Office or Division:</b>	Health Promotion and Communication Service – Communication and Multimedia Development Division (HPCS-CMDD)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of Request		Requesting office		
TOR and/or Purchase Request		Requesting office		
Soft and hard copy of sample materials or prototype		Requesting office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter of request addressed to HPCS director with the attached copy of TOR or PR, Sample of Collaterals or Print/Soft copy of materials	1.1. Receive and route to the office of HPCS Director, HPCS-CMDD chief	None	1 hour	CMDD Staff
	1.2. Assign CMDD staff to review the TOR or technical specifications	None	30 minutes	HPCS Director, CMDD Chief
	1.3. Review TOR or technical specifications based on sample or soft copy submitted by requesting office	None	2 hours	CMDD Staff
2. Wait for the review and approval of the request for clearance	2.1. Issue clearance to requesting office technical specification are complete and correct	None	10 minutes	CMDD Staff
	If there are findings, assigned CMDD	None	2 hours	CMDD Staff



	staff will return to the requesting office with modification in the technical specifications.			
3. Revise and re-submit the TOR or PR to HPCS-CMDD for the approval and issuance of clearance	3.1 Forward to CMDD Chief and HPCS director for approval and signature	None	1 hour	CMDD Staff
	3.2 Release of TOR or PRs and clearance to requesting office (Same process to be undertaken for request for clearance with revisions)	None	5 minutes	CMDD Staff
	<b>TOTAL</b>	<b>NONE</b>	<b>6 hours and 45 minutes</b>	



## Pharmaceutical Division

### **INTERNAL SERVICES**

## 67. Clearing House for Procurement of DOH Medicines

This procedure aims to ensure that, in the procurement of medicines of the different programs and offices of the DOH-Central Office, the correct specifications are written and the Approved Budget for the Contract (ABC) is reasonable.

<b>Office or Division:</b>		Pharmaceutical Division		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G – Government to Government		
<b>Who may avail:</b>		DOH Central Office		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Accomplished Purchase Request			<a href="http://www.doh.gov.ph">www.doh.gov.ph</a>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit accomplished Purchase Request	1. Review and finalize the technical specifications and ABC based on the latest edition Philippine National Formulary and latest edition of Drug Price Reference Index	None	2 days	<i>System Support Unit – process owner</i>
	2.1. Recommend to the Pharmaceutical Division Chief for Clearing / Revising (thru feedback form)	None	1 day	<i>System Support Unit – process owner</i>
	2.2. Approve and submit the feedback form to the end-users duly signed by PD Division Chief  If revisions need to be made, end-user shall revise the technical specifications and ABC of the items	None	2 days	<i>System Support Unit – process owner</i>
	2.3. Re-submit the revised PR, for approval of PD Division Chief	None	1 day	<i>System Support – process owner</i>
2. Receive cleared PR	2.4. Release approved PR	None	1 day	<i>Division Chief</i>
<b>TOTAL</b>		<b>None</b>	<b>7 days</b>	



Internal Audit Service

**INTERNAL SERVICES**

## 68. Conduct of Special Assignment (Fact-Finding Investigation)

This involves verification of facts to the allegations in response to a letter request sent by the Office of the Secretary/Office of the Chief of Staff and Office Concerned to the Director of Internal Audit Service. Audit programs are being developed based on the concerns or issues of the requesting party. Also, in FFI, compared with that of Special Audit, sending of engagement letters and conduct of exit conferences are not included.

<b>Office or Division:</b>	Internal Audit Service			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Office of the Secretary (OSEC) and Office of the Chief of Staff (OCS)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter-request from the higher authority to conduct Fact-Finding Investigation and pertinent documents in relation to the complaint or request.		Office of the Secretary/Office of the Chief of Staff		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter-request for the conduct of Fact-finding Investigation and pertinent documents	1.1. Receive and record request for Fact-Finding Investigation	None	10 minutes	<i>Administrative Assistant III</i>  Office of the Director
	1.2. Forward letter request for the conduct of fact-finding investigation to the IAS Director	None	10 minutes	<i>Administrative Assistant III</i>  Office of the Director
	1.3. Assign the task to the Division Chiefs/Team Leaders	None	3 days	IAS Director IV
	In case the conduct of the audit is in need of members with specialization (Engineers, Architects, HR), the team will create a separate DPO			<i>Audit Team Leaders (Internal Auditors III, IV, V)</i>
	1.4. Prepare an Audit Program	None	2 days	<i>Audit Team Leaders (Internal</i>

	based on the request			<i>Auditors III, IV, V)</i>
	1.5. Prepare Audit Checklist (AC) of documents needed in the conduct of audit	None	4 hours	<i>Audit Team Leaders (Internal Auditors III, IV, V) and Members (Internal Auditing Assistant, Internal Auditors I,II, Administrative Officer II)</i>  Management Audit Division and Operations Audit Division
	1.6. Send to the auditee via fax, e-mail and other modes of communication, the DPO and AC prior to audit	None	2 hours	<i>Audit Team members (Internal Auditing Assistant, Internal Auditors I,II, Administrative Officer II)</i>  Management Audit Division and Operations Audit Division
	1.7. Coordinate with the auditee regarding the upcoming audit	None	2 days	<i>Audit Team members (Internal Auditing Assistant, Internal Auditors I,II, Administrative Officer II)</i> Management Audit Division and Operations Audit Division
	1.8. Conduct of Courtesy Call/Entry Conference	None	2 hours	<i>Audit Team Leaders (Internal Auditors III, IV, V) and Members</i>
	1.9. Conduct of Audit proper  In the event of circumstances beyond control, audit activities will be subjected for extension.	None	10 days	<i>(Internal Auditing Assistant, Internal Auditors I,II, Administrative Officer II)</i>  Management Audit Division



	2. Prepare Fact-Finding Investigation Report	None	30 days	and Operations Audit Division
	3. Submit Fact-Finding Investigation Report	None	10 days	
	<b>TOTAL</b>	<b>None</b>	<b>58 days and 20 minutes</b>	

## 69. Conduct of Special Assignment (Special Audit)

Conduct of Special Audit involves performance of audit activities and process in response to a letter request sent by the Office of the Secretary/Office of the Chief of Staff and Office Concerned to the Director of Internal Audit Service. Audit programs are being developed based on the concerns or issues of the requesting party.

<b>Office or Division:</b>	Internal Audit Service			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	DOH Bureaus/Services of Central Office, FDA, Retained Hospitals, Center for Health Developments (CHDs), Treatment and Rehabilitation Centers (TRCs) and Sanitarium.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter-request from the higher authority to conduct a Special Audit.		Office of the Secretary (OSEC)/Office of the Chief of Staff (OCS)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Letter Request for the conduct of Special Audit.	1.1. Receive and record request for Special Audit	None	10 minutes	<i>Administrative Assistant III</i>  Office of the Director
	1.2. Forward letter request for the conduct of special audit to the IAS Director.	None	10 minutes	<i>Administrative Assistant III</i>  Office of the Director
	1.3. Assign the task to the Division Chiefs/Team Leaders.  In case the conduct of audit is in need of members with specialization (Engineers, Architects, HR), the team will create a separate DPO.	None	3 days	<i>IAS Director IV</i>  <i>Audit Team Leaders (Internal Auditors III, IV, V)</i>
	1.4. Prepare an Audit Program	None	2 days	<i>Audit Team Leaders (Internal</i>



	based on the request			<i>Auditors III, IV, V)</i>
	1.5. Prepare an Audit Checklist (AC) of documents needed in the conduct of audit and Audit Engagement Letter (AEL) for review and approval of the IAS Director.	None	4 hours	<i>Audit Team Leaders (Internal Auditors III, IV, V) and Members (Internal Auditing Assistant, Internal Auditors I,II, Administrative Officer II)</i>  Management Audit Division and Operations Audit Division
	1.6. Send to the auditee via fax, e-mail and other modes of transmission the duly signed AEL along with DPO and AC prior to the audit execution.	None	2 hours	<i>Audit Team members (Internal Auditing Assistant, Internal Auditors I,II, Administrative Officer II)</i>  Management Audit Division and Operations Audit Division
2. (Receipt of AEL will be acknowledged by the auditee) Acknowledge the receipt of AEL and prepare the documents needed for the conduct of Special Audit per AC and additional records and documents, as may be required	2. Coordinate with the auditee regarding the upcoming audit activity	None	2 days	<i>Audit Team members (Internal Auditing Assistant, Internal Auditors I,II, Administrative Officer II)</i>  Management Audit Division and Operations Audit Division
3. (Auditee step)	3.1. Conduct of Entry Conference	None	2 hours	<i>Audit Team Leaders</i>

Attend entry conference	3.2. Conduct of Audit proper	None	10 days	<i>(Internal Auditors III, IV, V) and Members (Internal Auditing Assistant, Internal Auditors I, II, Administrative Officer II)</i>  Management Audit Division and Operations Audit Division
4. (Auditee step) Attend exit conference	4. Conduct of Exit Conference	None	1 day	
	5. Prepare Audit Report	None	10 days	
	6. Submit Final Audit Report	None	10 days	
	<b>TOTAL</b>	<b>None</b>	<b>39 days and 20 minutes</b>	



# Knowledge Management and Information Technology Service

## **INTERNAL SERVICES**

## 70. Clearance of Technical Specifications for ICT Equipment and Services

Issuance of clearance before procurement of ICT equipment to ensure standard and interoperable systems and equipment. This is a requirement of Procurement Services before proceeding with the procurement process.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Information Technology and Infrastructure Division (ITISD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Central Office Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Purchase Request (one copy only; signed by the requester and approved by the head of office)		Generated thru POMIS system ( <a href="https://uhmistrn.doh.gov.ph/pomis">https://uhmistrn.doh.gov.ph/pomis</a> )		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits PR for clearance	1.1 Receive PR, Checks Tech Specs  If Cleared, Stamp Clearance Mark  If Not Cleared, Returns to end-user with remarks	None	42 minutes	Admin Assistant / Receiving Personnel
2. Updates PR based on ITISD's remarks and resubmit it	2.1 Receive and repeat steps 1 and 2	None	10 minutes	Admin Assistant / Receiving Personnel
	2.2. Initial the submitted form	None	1 day	Clearing Officer
	2.3. Sign the form		1 day	KMITS Director
	2.4. Release cleared PR to end-user	None	5 minutes	KMITS Admin
2. Accomplish Client Satisfaction Form	2. Receive client satisfaction form	None	3 minutes	ITISD Staff (Person In Charge of Request)
<b>TOTAL</b>		<b>None</b>	<b>3 days</b>	

## 71. Database Backup and Restore

Backup of system or database which are stored in DOH KMITS data center. Request may include restoration of database (in cases where old databases are needed to be reverted or existing database has been corrupted)

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Information Technology and Infrastructure Division (ITISD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Central Office Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Form (one copy only; signed by head of office)		KMITS Office, Downloadable ( <a href="https://home.doh.gov.ph/uploads/downloads/DOH_INT_RANET_KMITSservicerequestform_100422.docx">https://home.doh.gov.ph/uploads/downloads/DOH_INT_RANET_KMITSservicerequestform_100422.docx</a> )		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Letter of Request or SRF signed by Head of Office	1.1 Receive request and Assign to concerned staff	None	5 minutes	<i>Division Chief / Receiving Personnel</i>
	1.2 Logins and backup/restore the database requested	None	4 hours	<i>Programmer/CMT</i>
2. Accomplish Client Satisfaction Form	2. Receive client satisfaction form	None	3 minutes	<i>ITISD Staff</i> <i>(Person In Charge of Request)</i>
	<b>TOTAL</b>	<b>None</b>	<b>4 hours and 8 minutes</b>	

## 72. Distribution of ICT Equipment in Central Office

This procedure was established to provide clear, specific and standard guidelines in the numbering and posting of administrative issuances in the DOH Administrative Issuances Billboard / Intranet. The process also aims to ensure that the latest issuances are readily available and disseminated to concerned DOH personnel, stakeholders and other external clients.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Administrative Unit (KMITS-Admin Unit)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. DTRAK Registration and Routing Slip		Requesting Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter of request addressed to Director IV of KMITS	1. Receive request	None	5 minutes	<i>Administrative Assistant III/ Computer Operator I</i>
2. Wait for the reply	2.1. Forward letter to Director IV for approval	None	10 minutes	<i>Administrative Assistant III/ Computer Operator I</i>
	2.2. Approve or disapprove request	None	1 day	<i>Director IV</i>
	2.3. Forward letter of request to Administrative Officer IV for action	None	5 minutes	<i>Director IV</i>
	2.4. Coordinate with the requesting office for the confirmation of requested ICT equipment	None	20 minutes	<i>Administrative Assistant III</i>
3.1. Receive support	3.1. Give feedback	None	10 minutes	<i>Administrative Assistant V</i>
3.1.1. For replacement – forward request to KMITS-ITISD for inspection report	3.1.1. Get replacement – forward request to KMITS-ITISD for inspection report	None	10 minutes	<i>Administrative Assistant III</i>

*Requesting office will submit to KMITs-ADMIN once issued inspection report				
3.1.2. Fill-out the property acknowledgement receipt (PAR) and gate pass	3.1.2. For additional ICT equipment: -call the office concern to fill-out the property acknowledgement receipt (PAR) and gate pass	None	10 minutes	<i>Administrative Assistant III</i>
	3.1.2.1. Forward the ICT equipment request to ITISD for active directory (AD)	None	10 minutes	<i>Administrative Assistant III and Computer Operator III</i>
	3.1.2.2. Receive the signed property acknowledgement receipt (PAR) and gate pass	None	5 minutes	<i>Administrative Assistant III</i>
	3.1.2.3. Sign the PAR	None	10 minutes	<i>Releasing Officer</i>
	3.1.2.4. Submit the five (5) copies of PAR to Property Management Team of Administrative Service(PMT-AS) for recording and transfer of accountability and stamping/ marking of all pages	None	1 day	<i>Property Management Team of Administrative Service(PMT-AS)</i>
	3.1.2.5. Receive the remaining four (4) copies of PAR/PTR from PMT-AS	None	5 minutes	<i>Administrative Assistant III</i>
4. Receive the equipment (replacement or additional)	4.1. Release the ICT equipment to recipient with one duly signed PAR	None	15 minutes	<i>Administrative Assistant III</i>
	4.2. Give one (1) copy of PAR to	None	15 minutes	<i>Administrative Assistant II/</i>



	Accounting Division-FMS			<i>Computer Operator I</i>
	4.3. File two (2) remaining copies PAR/PTR	None	5 minutes	<i>Administrative Assistant III</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 days, 2 hours and 15 minutes</b>	



### 73. Loaning Out of Library Materials

The DOH Library allows DOH employees to borrow books and other information materials for 5 working days and can be renewed for another 5 days provided no other readers need the material/s.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid ID		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register in the logbook for library users at the guard counter	1. Assist in the registration	None	1 minute	<i>Guard</i>
2. Present DOH ID and provide the title/s of the material/s to be borrowed to the library staff	2.1 Check if borrower is already registered in the library database, if registered assist the library user/borrower in locating material/s	None	15 minutes	<i>Library Staff</i>
	2.2. Log information material to be borrowed in the database or scan barcode of the material and check-out under the borrower's name	None	5 minutes	<i>Library Staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>21 minutes</b>	

## 74. Posting of Administrative Issuances

This procedure was established to provide clear, specific and standard guidelines in the numbering and posting of administrative issuances in the DOH Administrative Issuances Billboard / Intranet. The process also aims to ensure that the latest issuances are readily available and disseminated to concerned DOH personnel, stakeholders and other external clients.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. DTRAK Registration and Routing Slip		DOH Online Document Tracking Information System (DTRAK)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the approved Administrative Issuance(s) DTRAK Routing Slip logbook	1.1 Receive the issuance in the DTRAK	None	5 minutes	Records Officer I, Data Controller II
	1.2. Register date of receipt in the DTRAK routing slip	None	5 minutes	Records Officer I, Data Controller II
	1.3. Acknowledge receipt in the logbook	None	5 minutes	Records Officer I, Data Controller II
2. Wait for the issuance to be posted in the AIS Billboard	2.1. Process the request	None	10 minutes	Information Officer III, Admin Officer III, Admin Asst. VI
	2.2. Review / check compliance to AIS guidelines  If non-complying, return to requesting office for appropriate action	None	10 minutes	Information Officer III, Admin Officer III, Admin Asst. VI
	2.3. Receive the issuance after compliance	None	10 minutes	Records Officer I Data Controller I
	2.4. Assign issuance number	None	5 minutes	Information Officer III, Admin Officer III, Admin Assistant VI

	2.5. Scan the issuance and encode in the Administrative Issuance System	None	10 minutes	<i>Records Officer I, Data Controller II</i>
	2.6. Publish and upload in the AIS Billboard	None	5 minutes	<i>Records Officer I, Data Controller II</i>
	2.7. Mark the issuance with POSTED stamp	None	10 minutes	<i>Records Officer I, Data Controller II</i>
	2.8. Update status of the issuance in the DTRAK	None	5 minutes	<i>Records Officer I, Data Controller II</i>
	2.9. Final check/review (indices, hyperlink) and filing of the posted issuance	None	30 minutes	<i>Records Officer I, Data Controller II</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 50 minutes</b>	

## 75. Posting and Updating of Web Contents (with configuration and customization of web page)

The Portal Management Unit of Knowledge Management Division – Knowledge Management and Information Technology Service provides service on posting and updating of web contents requested by different offices to ensure efficient provision of information to the public. It involves receiving, review and posting and deleting of web contents of DOH website and Intranet.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Offices			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Web Posting Request Form		Knowledge Management Division, 2nd Floor, Bldg.9; Department of Health Intranet (home.doh.gov.ph)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out the Web posting request form and have it approved by Office Head. Send the approved request form and soft copy of the document/s to Portal Management Unit	1. Receive and review completeness and document format and quality	None	30 minutes	Information Systems Analyst II or Administrative Officer I (Portal Management Unit Staff)
	1.2 Assign request number and record the request in the web posting monitoring tool	None	5 minutes	Information Systems Analyst II or Administrative Officer I (Portal Management Unit Staff)
	1.3. Review request if for intranet, website posting/updating or both applicable	None	15 minutes	Information Systems Analyst II or Administrative Officer I (Portal Management Unit Staff)
	1.4. Post/update/delete web contents to website/intranet of both	None	6 days	Information Systems Analyst II or Administrative Officer I (Portal Management Unit Staff)

	1.5. Update the web posting Monitoring Tool	None	5 minutes	<i>Information Systems Analyst II or Administrative Officer I (Portal Management Unit Staff)</i>
2. Receive the update	2. Update the client through phone or email	None	5 minutes	<i>Information Systems Analyst II or Administrative Officer I (Portal Management Unit Staff)</i>
	<b>TOTAL</b>	<b>None</b>	<b>6 days and 1 hour and 10 minutes</b>	

## 76. Processing of Outgoing Mails (Bulk Mailing)

This procedure was established to ensure the smooth flow of outgoing office communications by providing clear, specific and standard guidelines in the processing, releasing and delivery of mails from the DOH Central Office to PhilPOST.

### Note:

1. KMITS-CRAU only process mailing by bulk
2. Schedule of delivery of mails to PhilPost is every Wednesday and Friday only

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Central Offices			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Mailing Request Form (MRF) – 2 copies		DOH Intranet (downloadable Forms)		
Return Card (for registered mails)		Central Records and Archives Unit CRAU		
International Express Mails Service (IEMS) pouch		CRAU		
Domestic Express Mails Service (DEMS) pouch		CRAU		
DEMS/IEMS Consignment Note		CRAU		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Submit the MRF together with the mails	1.1 Receive MRF and mails	None	5 minutes	<i>Records Officer I, Data Controller II</i>
	1.1.1 Check if number of envelopes tally with the number indicated in the MRF	None	5 minutes	<i>Records Officer I, Data Controller II</i>
	1.1.2 Register date of receipt in the DTRAK routing slip	None	5 minutes	<i>Records Officer I, Data Controller II</i>
	1.1.3 Acknowledge receipt in the logbook	None	5 minutes	<i>Records Officer I, Data Controller II</i>
	1.2 Process the requests	None	30 minutes	<i>Records Officer I, Data Controller II</i>
	1.2.1 Review / check the MRF and each mailing envelope for compliance to mailing procedures (DM 2017-0410)	None	30 minutes	<i>KMITS</i>

	If non-complying, return to requesting office for appropriate action			<i>Records Officer I, Data Controller II</i>
	1.2.2. Receive mails once deficiency is complied	None	30 minutes	<i>Records Officer I, Data Controller II</i>
	1.3. Weigh and indicate the amount of postage in each mailing envelope	None	1 hour	<i>Records Officer I, Data Controller II</i>
	1.4. Prepare supporting documents for delivery of mails to PhilPOST	None	1 hour	<i>Records Officer I, Data Controller II</i>
	1.5 Deliver mails to PhilPOST	None	2 days	<i>Administrative Aide IIII</i>
	1.6. Receive mailing reports and update status of request in the DTRAK	None	5 minutes	<i>Records Officer I, Data Controller II</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 days, 3 hours and 55 minutes</b>	

## 77. Procedures in Requesting Library Clearance

This is to request library clearance

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Knowledge Management Division (KMITS-KMD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Clearance Form		DOH Intranet		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present clearance form duly signed by the requesting employee and her/his immediate supervisor	1.1. Receive clearance form and verify/check accuracy of information indicated in the clearance form	None	2 minutes	<i>Library Staff</i>
	1.2. Check and verify in the database/borrower's logbook for any library accountability	None	10 minutes	<i>Library Staff</i>
	1.3. Sign clearance form if there's no borrowed material/accountability	None	1 minute	<i>Library Staff</i>
2. Receive signed clearance	2. Log information in the clearance database and release duly signed clearance form	None	2 minutes	<i>Library Staff</i>
<b>TOTAL</b>		<b>None</b>	<b>15 minutes</b>	



## 78. Session Management of Video Conferencing, Internet bandwidth for DOH events

Request to initiate and manage video conferencing sessions which includes bandwidth monitoring and videoconferencing system management

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Information Technology and Infrastructure Division (ITISD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Central Office Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Form (one copy only; signed by head of office)		KMITS Office, Downloadable ( <a href="https://home.doh.gov.ph/uploads/downloads/DOH_INTRANET_KMITSservicerequestform_100422.docx">https://home.doh.gov.ph/uploads/downloads/DOH_INTRANET_KMITSservicerequestform_100422.docx</a> )		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Letter of Request or SRF signed by Head of Office	1.1 Receive request and assign to concerned staff	None	5 minutes	<i>Division Chief / Receiving Personnel</i>
	1.2 Configure Internet bandwidth for DOH events	None	30 minutes	<i>ITO/ISA</i>
	1.3. 1. If Onsite video conferencing, ITISD goes to site and configures Video conferencing equipment	None	30 minutes	<i>Computer Operator</i>
	1.3.2. If site is ITISD conference room, check availability of room, facilitates actual session	None	30 minutes	<i>Computer Operator</i>
2. Accomplish Client Satisfaction Form	2. Receive client satisfaction form	None	3 minutes	<i>ITISD Staff (Person In Charge of Reported Issue)</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 38 minutes</b>	

## 79. Corrective Maintenance of Computers/Peripherals, Internet/network connection, IPPBX connection, Virus Issues (Minor concerns)

Repair of ICT devices (desktops, laptops, printers), connectivity issues (wireless, wired, router, etc) and security issues (virus, active directory, etc) which can be accomplished in 4 hours or less

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Information Technology and Infrastructure Division (ITISD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Central Office Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Form (one copy only; to be accomplished and signed by the end-user)		KMITS Office, Downloadable ( <a href="https://home.doh.gov.ph/uploads/downloads/DOH_INTRANET_ICTServiceRequestForm_171501.pdf">https://home.doh.gov.ph/uploads/downloads/DOH_INTRANET_ICTServiceRequestForm_171501.pdf</a> )		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Make a Phone Query or Submit Letter of Request or Fill-out Service Request Form (SRF) signed by End-user	1.1 If Letter of Request or Service Request Form: Assign to concerned staff	None	5 minutes	<i>Division Chief / Receiving Personnel</i>
	If Phone Call: If problem is simple, guide client on how to solve the problem	None	5 minutes	<i>Computer Operator</i>
	If Problem cannot be solved over the phone, go to office and diagnose/ troubleshoot/repair the problem on-site	None	51 minutes	<i>Computer Operator</i>
	If Problem cannot be solved because of defective parts, make a pre-inspection report and advise the client for outside repair or procurement of defective parts	None	30 minutes	<i>Computer Operator</i>

	1.2. After Repair or procurement of defective parts, prepare post-inspection report. Then test or install replacement parts.	None	15 minutes	Computer Operator
2. Bring equipment to KMITS and Fill-out Service Request Form (SRF) signed by Head of Office	2.1 Receive equipment	None	15 minutes	Computer Operator
	2.2 Diagnose/troubleshoot/repair the problem	None	51 minutes	Computer Operator/Receiving Personnel
	2.3 If Problem cannot be solved because of defective parts, make a pre-inspection report and advise the client for outside repair or procurement of defective parts	None	30 minutes	Computer Operator
	2.4 After Repair or procurement of defective parts, prepare post-inspection report. Test or install replacement parts	None	30 minutes	Computer Operator
	2.5 Prepare Gate pass of the ICT Equipment	None	5 minutes	Computer Operator
3. Accomplish Client Satisfaction Form	3. Receive client satisfaction form	None	3 minutes	Computer Operator (Person In Charge of Reported Issue)
<b>TOTAL</b>		<b>None</b>	<b>4 hours</b>	

## 80. Corrective Maintenance of Computers/Peripherals, Internet/network connection, IPPBX connection, Virus Issues (Major concerns)

Repair of ICT devices (desktops, laptops, printers), connectivity issues (wireless, wired, router, etc) and security issues (virus, active directory, etc) which may take up to 3 days to accomplish

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Information Technology and Infrastructure Division (ITISD)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Central Office Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Form (one copy only; to be accomplished and signed end-user)		KMITS Office, Downloadable ( <a href="https://home.doh.gov.ph/uploads/downloads/DOH_INTRANET_ICTServiceRequestForm_171501.pdf">https://home.doh.gov.ph/uploads/downloads/DOH_INTRANET_ICTServiceRequestForm_171501.pdf</a> )		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Make a Phone Query or Submit Letter of Request or Fill-out Service Request Form (SRF) signed by End-user	1.1 If Letter of Request or Service Request Form: Assign to concerned staff	None	5 minutes	<i>Division Chief / Receiving Personnel</i>
	If Phone Call: If problem is simple, guide client on how to solve the problem	None	5 minutes	<i>Computer Operator</i>
	If Problem cannot be solved over the phone, go to office and diagnose/ troubleshoot/repair the problem on-site	None	1 hour and 21 minutes	<i>Computer Operator</i>
	If Problem cannot be solved because of defective parts, make a pre-inspection report and advise the client for outside repair or procurement of defective parts	None	30 minutes	<i>Computer Operator</i>
	1.2. After Repair or procurement of defective parts, prepare post-inspection report.	None	15 minutes	<i>Computer Operator</i>

	Then test or install replacement parts.			
2. Bring equipment to KMITS and Fill-out Service Request Form (SRF) signed by End-user	2.1 Receive equipment	None	15 minutes	Computer Operator
	2.2 Diagnose/ troubleshoot/repair the problem	None	2 days, 4 hours and 21 minutes	Computer Operator/ Receiving Personnel
	2.3 If Problem cannot be solved because of defective parts, make a pre-inspection report and advise the client for outside repair or procurement of defective parts	None	30 minutes	Computer Operator
	2.4 After Repair or procurement of defective parts, prepare post-inspection report. Test or install replacement parts	None	30 minutes	Computer Operator
	2.5 Prepare Gate pass of the ICT Equipment	None	5 minutes	Computer Operator
3. Accomplish Client Satisfaction Form	3. Receive client satisfaction form	None	3 minutes	Computer Operator (Person In Charge of Reported Issue)
<b>TOTAL</b>		<b>None</b>	<b>3 days</b>	

## 81. Technical Training

<b>Office or Division:</b>	Knowledge Management and Information Technology Service – Information Technology and Infrastructure Division (ITISD)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Central Office Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Form (signed by head of office)		KMITS Office, Downloadable		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Letter of Request or Fill-out SRF signed by Head of Office	1.1 Receive request and assign to concerned staff	None	10 minutes	<i>Division Chief / Receiving Personnel</i>
	1.2 Schedule training and trainers/facilitators	None	30 minutes	<i>ITO</i>
	1.3 Facilitate training preparation of venue, participants' accommodation	None	1week	<i>ITO</i>
	1.4. Prepares Department Personnel Order, HHRDB and FMS requirements	None	1Month	<i>ITO</i>
2. Accomplish client satisfaction form	2. Get Client Satisfaction Form	None	10 minutes	<i>Administrative Staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>5 weeks and 40 minutes</b>	



Procurement Service

**INTERNAL SERVICES**

## 82. Issuance of Notice of Meeting to Central Office Bids and Awards Committee, Technical Working Group, End-users and Observers

To schedule the procurement activities and officially notify the Central Office Bids and Awards Committee (COBAC), Technical Working Group (TWG), End-users (EU), and Observers

<b>Office or Division:</b>	Procurement Service-Procurement Planning and Management Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Central Office Bids and Awards Committee, Technical Working Group, Observers, and End-users			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Notice of Meeting (NOM)		Procurement Service		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Schedule the procurement activities i.e. Pre-Bidding Conference, Submission and Opening of Bids and Bid Evaluation	1.1. Prepare NOM through Procurement Document Management Information System (PDMIS)	None	1 hour	PPMD Secretariat Procurement Service
	1.2. Forward the document to the PPMD Chief and then to the PS Director for review/initial signature	None	1 hour	PPMD Secretariat Procurement Service
	1.3. Approve Notice of Meeting	None	1 day	Chairperson/Vice-chairperson/ Alternate Vice Chairperson Procurement Service
2. Chairperson /Vice-chairperson/ Alternate Vice Chairperson approves the NOM	2. Issue copies of NOM to Central Office Bids and Awards Committee, Technical Working Group, End-users and/ Observers	None	2 hours	PPMD STAFF and AUS Procurement Service
<b>Total</b>		<b>None</b>	<b>1 day and 4 hours</b>	



### 83. Release of Outgoing Procurement Documents

The Procurement Service (PS) – Administrative Section receipt of outgoing documents and ends with forwarding a copy of released document to concerned PS staff for filing.

<b>Office or Division:</b>	Office of the Director IV (Administrative Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Procurement Service personnel			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
All Procurement related documents		PS personnel		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit outgoing documents	1.1. Receive outgoing document	None	5 minutes	Computer Operator IV
	1.2. Encode document in Document Tracking System (DTRAK)	None	5 minutes	Computer Operator IV
	1.3. Release document to concerned office.  For documents to be released outside DOH premises, it will be sent through email, fax and mail	None	10 minutes	Computer Operator IV
	1.4. Forward document file copy to concerned PS Staff for filing	None	5 minutes	Computer Operator IV
	<b>TOTAL</b>	<b>None</b>	<b>25 minutes</b>	

## 84. Request for Vehicle

The Procurement Service (PS) – Administrative Section facilitates provision of vehicle from PS and Administrative Service Transport Management Unit (AS-TMU) to authorized passengers within two (2) days prior to scheduled trip.

<b>Office or Division:</b>	Office of the Director IV (Administrative Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Procurement Service Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Vehicle Request Form (VRF)		DOH Intranet (downloadable forms)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished vehicle request form for the use of PS vehicle	1.1. Check for availability of the PS vehicle  If the vehicle is available, confirm with the requesting staff  If PS vehicle is not available, inquire availability of vehicle with AS-GSD  If vehicle is unavailable, inform the requesting party	None	30 minutes	<i>Administrative Officer IV/ Administrative Assistant I</i>
	1.3. If with available vehicle, forward VRF to PS incoming section for signature of PS Director with pertinent attachments	None	15 minutes	<i>Administrative Officer IV/ Administrative Assistant I</i>
	1.4. Forward approved VRF releasing section for	None	15 minutes	<i>Administrative Officer IV/ Administrative Assistant I</i>



	submission to AS-Transport			
2. Get confirmation/ response	1.6. Confirm availability to requesting staff	None	15 minutes	<i>Administrative Officer IV/ Administrative Assistant I</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 15 minutes</b>	

## 85. Conduct of Pre-Procurement Conference

To assist the Central Office Bids and Awards Committee (COBAC) in determining the readiness of each procurement in terms of confirming the description and scope of the contract and its duration, the Approved Budget for the Contract (ABC), availability of fund, required eligibility/ technical/financial requirements, schedules and compliance with procurement guidelines and RA 9184 prior to the advertisement of the Invitation to Bid.

Note: The holding of a pre-procurement conference may not be required for small procurements, i.e., procurement of goods costing Two Million Pesos (P2,000,000.00) and below, and procurement of civil works costing Five Million Pesos (P5,000,000.00) and below. Refer to Section 20.2 of RA9184 and its Revised IRR.

<b>Office or Division:</b>	Procurement Service-Procurement Planning and Management Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH End-User			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Purchase Request(s)/Terms of Reference (TOR)		PPMD staff		
2. Project Procurement Management Plan (PPMP)		PPMD staff		
3. Eligibility Checklist		PPMD staff		
4. Draft Bidding Documents		PPMD staff		
5. Memorandum		PPMD staff		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1. PPMD Secretariat</b> schedules the conduct of the Pre-Procurement Conference	1.1. Prepare and approve Notice of Meeting (NOM) by the respective COBAC Chairperson/ Vice-chairperson	None	1 day	<i>PPMD Secretariat &amp; COBAC Chairperson/Vice Chairperson/ Alternate Vice Chairperson Procurement Service</i>
	1.2. Issue notice of meeting to COBAC members, end-user, and TWG/ Consultant/ Technical Expert 3-5 days before the	None	2 hours	<i>PPMD Secretariat AU Staff Procurement Service</i>

	scheduled activity			
	1.3. Prepare documents such as but not limited to, attendance sheet, bidding documents and eligibility checklist and draft DPO of TWG, venue/ administrative requirements	None	1 hour	<i>PPMD staff Procurement Service</i>
	1.4. Conduct of Pre-Procurement Conference	None	1 day	<i>PPMD Secretariat Procurement Service</i>
	1.5.1 Assist in Pre-procurement Conference, route the attendance sheet for signature, notes and records the proceedings and provide other secretariat functions for COBAC.	None	2 hours	<i>PPMD Secretariat Procurement Service</i>
	1.5.2. If no clarification/s or changes, finalize the BD and Eligibility Checklist	None	2 hours	<i>PPMD Secretariat Procurement Service</i>
	1.5.3 If there are clarification/s or any changes, prepare memorandum regarding clarification/s	None	4 hours	<i>PPMD Secretariat Procurement Service</i>

	or any changes during the Pre-Procurement Conference			
	1.5.4 Approval of the memorandum	None	1 day	COBAC Chairperson/Vice Chairperson/ Alternate Vice Chairperson Procurement Service
	1.5.5. Issue memorandum regarding clarification/s or any changes during the Pre-Procurement Conference	None	2 hours	PPMD Secretariat and AU Staff Procurement Service
2. Receive the memorandum regarding clarification/s or any changes during the Pre-Procurement Conference	2. Present the response/revi sed PR/TOR and other documentary requirements to the COBAC and shall decide to finalize and post the BD	None	2 hours	PPMD Secretariat and COBAC Members Procurement Service
3. Submit response/confirmati on/ comments/ suggestion/ and/or revised PR/TOR and other documentary requirements by the End-user	3.1 Finalize BD and Eligibility Checklist based on the submitted documentary requirements	None	1 hour	PPMD Secretariat Procurement Service
	3.2. Forward the Invitation to Bid (IB) to <b>the PPMD Chief</b> , then to the <b>PS Director</b> for review/initial signature	None	1 day	PPMD Secretariat, PPMD Chief, PS Director, AU Staff and COBAC Chairperson/Vice-chairperson/ Alternate Vice Chairperson

	<b>PS Director</b> forwards the Invitation to Bid (IB) to <b>AU Staff</b> for signature of the respective <b>COBAC Chairperson/ Vice-chairperson/ Alternate Vice Chairperson</b>			Procurement Service
	4. Prepare and approve minutes of the meeting	None	1 day	<i>PPMD Secretariat &amp; COBAC Chairperson/Vice Chairperson/ Alternate Vice Chairperson Procurement Service</i>
	<b>TOTAL</b>	<b>None</b>	<b>7 days</b>	

## 86. Preparation of Bidding Documents

To prepare the Bidding Documents (BD) following the standard forms and manuals prescribed by the Government Procurement Policy Board (GPPB) and present the specifications of the procurement based on the Purchase Request/Terms of Reference submitted by the end-user which will be used as reference for procurement.

<b>Office or Division:</b>	Procurement Service-Procurement Planning and Management Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Secretariat			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Original Copy of Purchase Request (PR) Terms of Reference (TOR)		End-user/Program		
2. One (1) Copy of Clearance, if applicable		End-user/Program/Clearing House		
3. Copy of Allocation List, if applicable		End-user/Program		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Forward pre-numbered and verified Purchase Request (PR)/Terms of Reference (TOR)/, and other documentary requirements to the PPMD CHIEF/OIC	1. Receive the pre-numbered and verified Purchase Request (PR)/Terms of Reference (TOR)/, and other documentary requirements	None	4 hours	PPMD Chief/OIC Procurement Service
	1.2. Check the category of procurement projects, completeness of the requirements and endorses to concerned Procurement Planning and Management Division Staff (PPMD STAFF) for preparation of BD.	None	2 hours	PPMD Chief/OIC Procurement Service



	1.3. Secure updated copy of BD for goods and services /civil works and uses it as template	None	1 hour	PPMD staff Procurement Service
	<p>1.4. Input the contents on the following sections of BD:</p> <p>For Goods and Services Section I Invitation to Bid (IB) Section II Instructions to Bidders (ITB) <i>Note: ITB provisions are fixed and cannot be changed. Changes in the ITB should be made in the BDS</i></p> <p>Section III Bid Data Sheet (BDS) Section IV General Conditions of the Contract (GCC) <i>Note: GCC provisions are fixed and cannot be changed. Changes in the GCC should be made in the SCC</i></p> <p>Section V Special Conditions of the Contract (SCC)</p>	None	2 days	PPMD staff Procurement Service

	<p>Section VI Schedule of Requirements</p> <p>Section VII Technical Specifications</p> <p>Section VIII Bidding Forms</p> <p>Section X Foreign-Assisted Projects</p> <p>For Civil Works Section I Invitation to Bid (IB)</p> <p>Section II Instructions to Bidders (ITB)</p> <p>Section III Bid Data Sheet (BDS)</p> <p>Section IV General Conditions of the Contract (GCC)</p> <p>Section V Special Conditions of the Contract (SCC)</p> <p>Sec. VI Specifications</p> <p>Sec. VII Drawings/ <i>Plans</i></p> <p>Sec. VIII Bill of Quantities (BOQ)</p> <p>Sec. IX Bidding Forms</p>			
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	Sec. X Foreign-Assisted Projects (if applicable)			
	<p>1.5. Forward the BD to the PPMD Team Leader (TL),</p> <p>PPMD TL forwards the commented BD to the PPMD Chief for review</p> <p>PPMD Chief forwards the commented BD to PS Director for final review.</p> <p>PS Director forwards the final commented BD to PPMD Secretariat for revision</p>	None	2 days	<i>PPMD staff</i> <i>PPMD Chief/OIC</i> <i>PS Directors</i> <i>Procurement Service</i>
	<p>1.6. Revise and finalize the BD</p> <p>PPMD Secretariat will proceed with the scheduling of the Pre-Procurement Conference</p>	None	2 hours	<i>PPMD staff</i> <i>Procurement Service</i>
	<b>Total</b>	<b>None</b>	<b>4 days and 7 hours</b>	



# Field Implementation and Coordination Team

Usec Bayugo

## **INTERNAL SERVICES**

## 87. Approval of the Office Performance Commitment Review (OPCR) of Assistant Secretary Offices of NCR and Luzon

Based on the Department Order 2020-0406 entitled “Revised Implementing Guidelines of the Performance Governance System and the Use of the Office Performance Commitment and Review as Part of its Cascading Framework,” the FICT Undersecretary Office will supervise, review and approve the OPCR of its team members to ensure that the targets and commitments of the FICT are reflected in the OPCR.

<b>Office or Division:</b>	FICT Office of the Undersecretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Assistant Secretaries of NCR and Luzon			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Transmittal Letter			Office of Strategy Management	
Office Performance Commitment and Review Form			Office of Strategy Management	
Team Head's Core Indicators			Office of Strategy Management	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send transmittal letter and accompanying documents	1.1 Stamp Document's receiving copy and enter/encode main document details in the DTrak.	None	10 minutes	Administrative Aide VI
	1.2. Route document to EA/OPCR Point Person	None	5 minutes	Administrative Aide VI
	1.3. Review the OPCR	None	30 minutes	COS/ EA/OPCR Point Person
	1.4 Submit to the COS for signature of the Undersecretary	None	5 minutes	EA/OPCR Point Person
	1.5 Approve and sign the OPCR	None	2 hours	Undersecretary
	1.6. Stamp OPCR and document in the DTrak for release to OSM	None	30 minutes	Administrative Aide VI
2. Get feedback *OSM received the approved OPCR	2. Inform team members that OPCR have been submitted to the OSM	None	10 minutes	EA/OPCR Point Person
	<b>TOTAL</b>	<b>None</b>	<b>3 hours 30 minutes</b>	

## 88. Approval of Work and Financial Plan

Based on the Department Memorandum 2019-0390 or the Submission of the Work and Financial Plan (WFP) CY 2020, all DOH units shall submit approved WFP to the Program Planning Budget Development Committee Secretariat and shall re-submit all approved revised versions of the WFP. The role of the Office of the FICT Undersecretary is to ensure that the WFPs of the team members are aligned with the team's scope of work and the commitments assigned are reflected and duly funded.

<b>Office or Division:</b>	FICT Office of the Undersecretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Assistant Secretaries of NCR and Luzon			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Transmittal Letter			Assistant Secretaries of NCR and Luzon	
Work and Financial Plan Form			Assistant Secretaries of NCR and Luzon	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send the memorandum endorsing the WFP for approval	1.1. Receive and stamp document copy and enter/encode main document details into the DTrak.	None	10 minutes	Administrative Aide VI
	1.2 Route document to the Chief-of-Staff for delegation to assigned staff	None	5 minutes	Administrative Aide VI
	1.3 Evaluate and give instructions on what actions to make	None	10 minutes	COS
	1.4 Assig documents to the Executive Assistant/SHPOs/ MO for complete staff work	None	5 minutes	COS

	1.5 Evaluate the contents of the WFP If there are no comments, WFP is submitted to the Undersecretary for signature  if there are comments, exhaustive review is done, employing complete staff work and coordinating with the sender to verify and resolve issues on the WFP	None	1 day	MO/EA/SHPOs
	1.8. If resolution has been reached, WFP is approved and signed by the Undersecretary	None	1 day	MO/EA/SHPOs
2. Sender receives the approved WFP	2.1. WFP is documented to be routed to appropriate offices	None	10 minutes	Administrative Aide VI
	2.2 WFP is sent to the Asec Offices	None	15 minutes	Administrative Aide VI
	<b>TOTAL</b>	<b>None</b>	<b>2 days 55 minutes</b>	

## 89.Processing of Cash Advance for Local Travel

Cash Advance is a cash/amount granted to officers and employees which will be used for transportation expenses for a local travel

<b>Office or Division:</b>	FICT Office of the Undersecretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	FICT Usec Office staff			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Obligation Status and Request		FICT Usec		
Disbursement Voucher		FICT Usec		
Department Personnel Order		FICT Usec		
Itinerary of Travel (Appendix A)		FICT Usec		
Certification from the Accountant that no previous pending liquidation		Accounting, FMS		
Print screen of Airfare		Airline Company		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit complete requirements	1.1. Check requirements  Note: DPO must be signed and numbered	None	4 hours	Administrative Officer/Staff
	1.2. Prepare ORS and DV named to the person who will travel, if permanent or to any permanent employee, if the traveler is/are Job Order personnel.	None	30 minutes	Administrative Officer/Staff
	1.3. Request Certification from the Accountant that the traveler has no previous pending liquidation	None	20 minutes	Accounting, FMS
	1.4. Check the Print screen of time schedule and Airfare from the Airlines to specify the lowest fare possible	None	10 minutes	Administrative Officer/Staff



	1.5. Submit all the required documents for Cash Advance to the CPU for processing and wait until the CA has been approved and cash deposited on his/her bank account	None	10 minutes	Administrative Officer/Staff/Releasing Officer
	<b>TOTAL</b>	<b>None</b>	<b>5 hours and 10 minutes</b>	

## 90. Processing of Payment for Overtime Services

Overtime Services is a service rendered by an employee beyond office hours and during holidays, Saturdays or Sundays

<b>Office or Division:</b>	FICT Office of the Undersecretary - Admin			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Driver Usec Office			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Obligation Status and Request		FICT Usec		
Disbursement Voucher		FICT Usec		
B.I.R.		FICT Usec		
Overtime Form		FICT Usec		
Overtime Certification and Accomplishment Report		FICT Usec		
Daily Time Report (DTR)		FICT Usec		
Daily Trip Ticket		FICT Usec		
Payslip		Personnel Administration Division, AS		
If applicable, DPO		Usec		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit trip ticket, accomplished overtime certification and accomplishment Report  Note: Submit DPO, if applicable	1.1. Receive and validate submitted requirements	None	30 minutes	Administrative Officer/Staff
	1.2. Prepare ORS, DV and BIR Voucher to be signed by the Head of Office (Usec.)	None	30 minutes	Administrative Officer/Staff
	1.3. Process DTR	None	30 minutes	Administrative Officer/Staff
2. Sign DTR	2. Collect DTR	None	10 minutes	Administrative Officer/Staff
3. Wait for Payment	3. Submit to FMS	None	5 minutes	Administrative Officer/Staff
	<b>TOTAL</b>	<b>None</b>	<b>1 hour &amp; 35 minutes</b>	

## 91. Recommending Approval for International Engagements

The FICT Office of the Undersecretary of Health approves or disapproves the requests for international engagements on official business, based on Department Order 2020-0285, entitled "Revised Guidelines on the Participation of DOH Staff in International Engagements in Support of Philippine Commitments and International Learning and Development Interventions," of the Assistant Secretaries, Medical



Center Chiefs, Chiefs of Hospitals and Directors of Centers for Health Development (CHDs)

<b>Office or Division:</b>	FICT Office of the Undersecretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Assistant Secretaries, Medical Center Chiefs, Chiefs of Hospitals, Directors of CHDs			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Waiver Form			Requesting party	
Invitation			Requesting Party	
Letter Endorsement			Requesting party	
Travel Authority			Requesting Party	
Receiving Copy			Requesting Party	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send the required documents	1.1 If walk-in, documents are stamped and received  If incomplete, documents are given back to the sender  If via email, an acknowledgement is sent. Status of completeness is relayed	None	15 minutes	Administrative Aide VI
	1.2. Encode the document	None	5 minutes	Administrative Aide VI
	1.3. Give documents to the Chief-of-Staff for delegation of work	None	5 minutes	Administrative Aide VI
	1.4. Assign the documents to the Executive Assistant or SHPOs for complete staff work	None	5 minutes	Chief of Staff
	1.5. Review the waiver form and application  If complete, documents are sent	None	3 hours	EA/SHPO

	back to the COS for approval of the Undersecretary  If incomplete, sender is contacted to complete the lacking documents			
	1.6. Submit to the COS for discussion (approval/disapproval) with the Undersecretary  If disapproved, COS/EA coordinates with the sender	None	30 minutes	COS
2. Sender retrieves the documents from HHRDB SEC-ITD	2.1. If approved by the Undersecretary, the documents will be routed to HPDPB Sec-ITD  If disapproved, EA or SHPO will coordinate with the sender	None	1 day	Administrative Aide VI  EA/SHPO
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 2 hours and 20 minutes</b>	

## 92. Recommending Approval of Leave Application

The FICT Office of the Undersecretary of Health approves or disapproves the leave requests of the Assistant Secretaries, Medical Center Chiefs, Chiefs of Hospitals and Directors of Centers for Health Development (CHDs). The application for leave is contained in the Department Memorandum 2018-0265, entitled "Submission of Application of Leave."

<b>Office or Division:</b>	FICT Office of the Undersecretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Assistant Secretaries, Medical Center Chiefs, Chiefs of Hospitals, Directors of CHDs			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Leave Form			Requesting party	
International Leave Form and Travel Authority			Requesting Party	
Sick Leave Form and Medical Certificate			Requesting party	
Receiving Copy			Requesting Party	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send leave form (Vacation or Sick or Study) with accompanying attachments  If documents sent are complete, accepts the stamped receiving documents  If incomplete, sender retrieves the documents	1.1. Check for completeness  For walk-in, documents are checked for completeness then received  If incomplete, documents are given back to the sender  If via email, an acknowledgment is sent and status of completeness is relayed	None	15 minutes	Administrative Aide VI
	1.2. Encode document in the DTrak	None	15 minutes	Administrative Aide VI
2. Wait for the application status	2.1. Give documents to the Chief-of-Staff for review prior to the approval/disapp	None	5 minutes	Administrative Aide

	approval of the Undersecretary			
	2.2. Assign documents to the Executive Assistant or SHPOs for complete staff work	None	5 minutes	Chief of Staff
	2.3. Complete staff work executed by the EA/SHPO	None	20 minutes	EA/SHPO
	2.4 Submission to the COS for discussion (approval/disapproval) with the Undersecretary	None	30 minutes	COS
3. Receive the status of the request for leave and accompanying documents	<p>3. If approved by the Undersecretary, documents will be routed to the sender</p> <p>If disapproved, EA or SHPO will coordinate with the sender</p>	None	1 day	<p>Administrative Aide VI</p> <p>EA/SHPO</p>
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 1 hour, and 30 minutes</b>	

### 93. Reimbursement of Traveling Expenses

Reimbursement of travelling expenses is the collection of the expenses used during the travel. It includes fares, per diem and other incidental expenses

<b>Office or Division:</b>	FICT Office of the Undersecretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	FICT Usec Office			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Obligation Status and Request			FICT Usec	
Disbursement Voucher			FICT Usec	
Department Personnel Order			FICT Usec	
Itinerary of travel (Appendix A)			FICT Usec	
Certificate of Travel (Appendix B)			FICT Usec	
Certificate of Appearance/Attendance			Venue of workshop or trainings/Host	
Paper/Electronic plane tickets			Airline Company	
Screenshot of plane fare			Airline Company	
Boarding Pass			Airline Company	
Certificate of Expenses not requiring receipt for expenses			FICT Usec	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements  Note: make sure to attach the DPO	1.1. Check all requirements	None	20 minutes	Administrative Officer/Staff
	1.2. Prepare ORS and DV for the reimbursement of travelling expenses  Note: Do not forget attachments	None	1 hour	Administrative Officer/Staff
	1.3. Submit to accounting	None	10 minutes	Administrative Officer/Staff
	<b>TOTAL</b>	<b>None</b>	<b>65 mins</b>	

## 94. Approval of the Office Performance Commitment Review (OPCR) of Assistant Secretary Offices of NCR and Luzon

Based on the Department Order 2020-0406 entitled “Revised Implementing Guidelines of the Performance Governance System and the Use of the Office Performance Commitment and Review as Part of its Cascading Framework,” the FICT Undersecretary Office will supervise, review and approve the OPCR of its team members to ensure that the targets and commitments of the FICT are reflected in the OPCR.

<b>Office or Division:</b>	FICT Office of the Undersecretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	Assistant Secretaries of NCR and Luzon			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Transmittal Letter			Office of Strategy Management	
Office Performance Commitment and Review Form			Office of Strategy Management	
Team Head's Core Indicators			Office of Strategy Management	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send transmittal letter and accompanying documents	1.1 Stamp Document's receiving copy and enter/encode main document details in the DTrak.	None	10 minutes	Administrative Aide VI
	1.2. Route document to EA/OPCR Point Person	None	5 minutes	Administrative Aide VI
	1.3. Review the OPCR	None	30 minutes	COS/ EA/OPCR Point Person
	1.4 Submit to the COS for signature of the Undersecretary	None	5 minutes	EA/OPCR Point Person
	1.5 Approve and sign the OPCR	None	2 hours	Undersecretary
	1.6. Stamp OPCR and document in the DTrak for release to OSM	None	30 minutes	Administrative Aide VI
2. Get feedback *OSM received the approved OPCR	2. Inform team members that OPCR have been submitted to the OSM	None	10 minutes	EA/OPCR Point Person
	<b>TOTAL</b>	<b>None</b>	<b>3 hours 30 minutes</b>	





# Field Implementation and Coordination Team

FICT-Luzon

## **INTERNAL SERVICES**

## 95. Processing of Approval to Attendance to International Engagements

Under Department of Memorandum No. 2019-0296 FICT Luzon facilitates timely approval of travel authorities for official travels of employees from Centers for Health Development, Hospitals and Sanitaria, Drug Abuse Treatment and Rehabilitation Centers.

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team Asec Offices</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	DOH Employees, FICT-Luzon, CHDs, and Health Facilities			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
2 Original/Scanned Nomination and Signed Waiver Form		Head of Centers for Health Development or Health Facilities		
1 Original or Scanned Letter of Invitation Addressed to Secretary of Health		Office of the Engagement Organizers		
1 Original or Scanned Letter of Endorsement		Regional Director's Office of Center for Health Development or Supervisor in the Central Office		
3 Original or Scanned Travel Authority		Initials from Client, Head of Administrative Service, Head of Administrative and Finance Management Team		
3 Original or Scanned Clearance Form		Head of Centers for Health Development or Health Agency		
1 Original or Scanned Department Personnel Order		Head of Centers for Health Development or Head Agency		
1 Original or Scanned Curriculum Vitae		Client		
1 Receiving Copy		Centers for Health Development of Health Facilities		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit requirements	1.1. If via email, send acknowledgement.  If walk in, receive and stamp receiving copy.	None	5 minutes	Administrative Assistant V/Executive Assistant
	1.2. Encode the document	None	10 minutes	Administrative Assistant V/Executive Assistant

	<p>1.3. Review the Waiver Application Form</p> <p>If incomplete attachment, client will be asked to resend necessary document</p> <p>If complete attachment, provide original copy to the Executive Assistant</p>	None	10 minutes	Administrative Assistant V/Executive Assistant
2. Wait for the decision	<p>2.1. Evaluate the documents</p> <p>If disapproved, coordinate to client</p> <p>If approved, forward to FICT-Undersecretary for approval</p>	None	30 minutes	<p>Assistant Secretary of FICT-Luzon</p> <p>Administrative Assistant V/Executive Assistant</p>
	2.2. Forward to HHRDB Sec-ITD	None	1 day	Undersecretary of Health for Field Implementation and Coordination team
3.Receive status	3. Send status of document to the client.	None	10 minutes	Administrative Assistant V/Executive Assistant
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 1 hour and 5 minutes</b>	

## 96. Processing of Cash Advance Request

These are the Cash Advance requests of personnel of FICT-Luzon.

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team for Luzon</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G-Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Scanned/Photocopy of Approved DPO		DOH Billboard-DOH Intranet		
1 Scanned/Photocopy of Accomplished Obligation Request		DOH Intranet		
1 Scanned/Photocopy of Disbursement Voucher		DOH Intranet		
1 Scanned/Photocopy of Accomplished Appendix A		DOH Intranet		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Invitation	1.1. Prepare Approved DPO for the complete travel information	None	3 minutes	Administrative Officer Designate
	If land travel, coordinate with motor pool the exact Toll fee and Gasoline expenses  If Air travel, coordinate with Philippine Airlines or Cebu Pacific for the airfare	None	20 minutes	Administrative Officer Designate
	1.2. Accomplish the Obligation Request, Disbursement Voucher and Appendix A	None	3 minutes	Administrative Officer Designate
2. Sign by requesting personnel	2.1 For approval of AFML	None	2 hours	Assistant Secretary of Health for Luzon
	2.2 Request for Certification of no Cash Advance in accounting and Request for stamp in motor pool (Optional)	None	10 minutes	Administrative Officer Designate

	2.3 Forward to Administrative Staff for DTRAK	None	5 minutes	Administrative Officer Designate
	2.4 Create DTRAK number in the DTRAK system	None	3 minutes	Administrative Assistant V
	2.5 Update of monitoring matrix for outgoing documents	None	3 minutes	Administrative Assistant V
	2.6 Route the document/s to DOH-CPU	None	1 hour	Administrative Assistant V
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 44 minutes</b>	

## 97. Processing of Medicine and Equipment Request

These are letter requests (medicine/equipment) received by the Office of the Secretary (OSEC) forwarded to the Field Implementation and Coordination Team (FICT-Usec) which is endorsed to the Office (FICT-Luzon) for our immediate and appropriate action.

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team for Luzon</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Original/Scanned Copy of Request Letter		Client's Office		
1 Receiving copy		Client's Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit requirements	1.1 Receive and Stamp document via email and DTRAK	None	3 minutes	Administrative Assistant IV
	1.2 Encode matrix and scan document	None	5 minutes	Administrative Assistant IV
	1.3 Provide Medicine and Equipment Request to Technical Staff for review	None	10 minutes	Senior Health Program Officer/Nurse IV
	1.4 Provide Medicine and Equipment to Point Person  If for information, update the matrix and file the document.  If for action, draft endorsement memo to concerned offices.	None	1 hour	Point Person for Medicine and Equipment Request (Administrative Assistant IV)
	1.5 Review Endorsement Memo  If disapproved, revised the draft memo.  If approved, endorse for signature of the Assistant Secretary.	None	10 minutes	Senior Health Program Officer/Nurse IV

	1.6 Approval of the Assistant Secretary  If disapproved, revised draft memo.  If approved, for dissemination to concerned offices	None	1 day	Point Person for Medicine and Equipment Request (Administrative Assistant IV)
	1.7 Update matrix	None	3 minutes	Point Person for Medicine and Equipment Request (Administrative Assistant IV)
2. Receive status of document	2. Send status of document	None	5 minutes	Point Person for Medicine and Equipment Request (Administrative Assistant IV)
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 1 hour, and 36minutes</b>	

## 98. Processing of Liquidation Request

These are the liquidation requests of personnel of FICT-Luzon.

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team for Luzon</b>			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Original Copy of Certificate of Attendance		Personnel of FICT-Luzon		
1 Photocopy of Approved DPO		DOH Billboard-DOH Intranet		
1 Original of Drivers' Trip Ticket (For Land Trip)		Driver		
1 Original and 1 Photocopy of Toll fee Receipts (if any)		Driver		
1 Original and 1 Photocopy of Gasoline fee Receipt (if any)		Driver		
1 Original or Photocopy of Boarding Pass (Via Plane)		Personnel of FICT-Luzon		
2 Original Liquidation Report		DOH Intranet		
4 Original Accomplished Disbursement Vouchers		DOH Intranet		
2 Original Accomplished Appendix A		DOH Intranet		
2 Original Accomplished Appendix B		DOH Intranet		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the Requirements	1.1. Collect the Certificate of attendance, Approved DPO and other attachment if needed (Drivers Trip Ticket, Toll Fee, Gasoline Fee, Boarding Pass)	None	5 minutes	Administrative Officer Designate
	1.2 Accomplish the Liquidation Report, Appendix A and Appendix B	None	10 minutes	Administrative Officer Designate
2. Sign the document	2.1. Check and approve documents	None	2 hours	Assistant Secretary of Health for Field Implementation and Coordination Team Luzon
	2.2 Forward to Administrative Staff for DTRAK	None	5 minutes	Administrative Officer Designate
	2.3 Create DTRAK number in the DTRAK system	None	5 minutes	Administrative Assistant V





	2.4 Update monitoring matrix for outgoing documents	None	5 minutes	Administrative Assistant V
	2.5 Route the document/s to DOH-CPU	None	1 hour	Administrative Assistant V
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 30 minutes</b>	



## 99. Processing of Local and International Leave Application

All employees of Luzon Team Centers for Health Development, Hospitals and Sanitarías, Drug Abuse Treatment and Rehabilitation Centers are required to apply for Leave of Absence whenever leaving their office posts. The office of Field Implementation and Coordination Team for Luzon facilitate the process of leave application.

Office or Division:	Field Implementation and Coordination Team for Luzon			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	Head of FICT-Luzon, CHDs, and Health Facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Local Leave Application				
1 Original/Scanned Copy of Local Leave Form		Centers for Health Development or Health Facilities		
1 Receiving copy		Centers for Health Development or Health Facilities		
For International Leave Application				
1 Original/Scanned Copy of International Leave Form		Centers for Health Development or Health Facilities		
2 Original/Scanned Copies of Travel Authority		Centers for Health Development or Health Facilities		
1 Receiving copy		Centers for Health Development or Health Facilities		
For Sick Leave Application				
1 Original/Scanned Copy of Sick Leave Form		Centers for Health Development or Health Facilities		
1 Original/Scanned Copy of Medical Certificate if more than 3 days		Centers for Health Development or Health Facilities		
1 Receiving copy		Centers for Health Development or Health Facilities		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit document	1.1 . Acknowledge request/document  If via email, send acknowledgement  If walk in, receive and stamp document	None	5 minutes	Administrative Assistant V/Executive Assistant
	1.2. Encode document	None	10 minutes	Administrative Assistant V/Executive Assistant

	<p>1.3. Review of Leave Application</p> <p>If incomplete attachment, client will be asked to resend necessary document</p> <p>If complete attachment, provide original copy to the Executive Assistant</p>	None	5 minutes	Administrative Assistant V/Executive Assistant
	<p>1.4. For Approval of the Assistant Secretary</p> <p>If disapproved, coordinate to client</p> <p>If approved, forward to FICT-Usec for approval</p>	None	30 minutes	Administrative Assistant V/Executive Assistant
2. Receive status of document	2.1 Send status of document	None	10 minutes	Administrative Assistant V/Executive Assistant
<b>TOTAL</b>		<b>None</b>	<b>1 hour</b>	

## 100. Processing of Petty Cash Liquidation Request

These are the Petty Cash Liquidation requests of personnel of FICT-Luzon

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team for Luzon</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Photocopy of Approved DPO		DOH Billboard-DOH Intranet		
3 Original Accomplished Obligation Request		DOH Intranet		
4 Original Accomplished Disbursement Voucher		DOH Intranet		
2 Original Accomplished Appendix A		DOH Intranet		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit original receipt of purchase	1.1. Collect the original receipt of purchase	None	5 minutes	Administrative Officer Designate
	1.2 Request for Accomplished Job Order and Inspection and Acceptance to GSD	None	30 minutes	Administrative Officer Designate
	1.3. Request for Waste Material to LMD-GSD	None	3 minutes	Administrative Officer Designate
	1.4. Draft Wear and Tear and Justification of Emergency Purchase	None	2 minutes	Administrative Officer Designate
	1.5 Approve request	None	2 hours	Assistant Secretary of Health for Field Implementation and Coordination Team Luzon
	1.6 Route to respective AO's for the inspection of all files	None	2 hours	Administrative Officer Designate
	1.7 Forward to Administrative Staff for DTRAK	None	5 minutes	Administrative Officer Designate
	1.8 Create DTRAK number in the DTRAK system	None	3 minutes	Administrative Assistant V
	1.9 Update monitoring matrix for outgoing documents	None	3 minutes	Administrative Assistant V



	1.10 Route the document/s to DOH-Cashier	None	1 hour	Administrative Assistant V
	<b>TOTAL</b>	<b>None</b>	<b>5 hours and 51 minutes</b>	

## 101. Processing of Petty Cash Request

These are the Petty Cash requests of personnel of FICT-Luzon

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team for Luzon</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Photocopy of Approved DPO		DOH Billboard-DOH Intranet		
3 Original Accomplished Obligation Request		DOH Intranet		
4 Original Accomplished Disbursement Voucher		DOH Intranet		
2 Original Accomplished Appendix A		DOH Intranet		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide list of equipment needed	1.1. Three canvass of the equipment needed to purchase	None	1 hour	Administrative Officer Designate
	1.2 Request Job order from GSD.	None	30 minutes	Administrative Officer Designate
	1.3 Accomplish Purchase request and Petty Cash Voucher	None	3 minutes	Administrative Officer Designate
2. Sign petty cash request	2.1. Sign by immediate supervisor	None	5 minutes	Administrative Officer Designate
	2.2 Forward to Administrative Staff for DTRAK	None	5 minutes	Administrative Officer Designate
	2.3 Create DTRAK number in the DTRAK system	None	3 minutes	Administrative Assistant V
	2.4 Update monitoring matrix for outgoing documents	None	3 minutes	Administrative Assistant V
	2.5 Route the document/s to DOH-Cashier	None	1 hour	Administrative Assistant V
	<b>TOTAL</b>	<b>None</b>	<b>2 hours and 49 minutes</b>	

## 102. Processing of Reimbursement Request

These are the reimbursement requests of personnel of FICT-Luzon

<b>Office or Division:</b>	<b>Field Implementation and Coordination Team for Luzon</b>			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Original Certificate of Attendance		Personnel of FICT-Luzon		
1 Photocopy of Approved DPO		DOH Billboard-DOH Intranet		
1 Original Drivers Trip Ticket (if any)		Driver		
1 Original and 1 Photocopy of Toll Fee Receipt (if any)		Driver		
1 Original and 1 Photocopy of Gasoline fee Receipt (if any)		Driver		
1 Original and 1 Photocopy of Boarding Pass (if any)		Personnel of FICT-Luzon		
3 Original Accomplished Obligation Request		DOH Intranet		
4 Original Accomplished Disbursement Voucher		DOH Intranet		
2 Original Accomplished Appendix A		DOH Intranet		
2 Original Accomplished Appendix B		DOH Intranet		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Requirements	1.1 Collect the Certificate of attendance, Approved DPO and other attachment if needed (Drivers Trip Ticket, Toll Fee, Gasoline Fee, Boarding Pass)	None	3 Minutes	Administrative Officer Designate
	1.2 Accomplish the Obligation Request, Disbursement Voucher, Appendix A and Appendix B	None	3 minutes	Administrative Officer Designate
2. Sign by respective personnel	2.1 Sign by respective personnel	None	2 minutes	Administrative Officer Designate
	2.2. Approval	None	2 hours	Assistant Secretary of Health for Field Implementation and Coordination Team Luzon
	2.3. Forward to Administrative Staff for DTRAK	None	5 minutes	Administrative Officer Designate



	2.4. Create DTRAK number in the DTRAK system	None	3 minutes	Administrative Assistant V
	2.5. Update monitoring matrix for outgoing documents	None	3 minutes	Administrative Assistant V
	2.6. Route the document/s to DOH-CPU	None	1 hour	Administrative Assistant V





## Procurement and Supply Chain Management Team

### **INTERNAL SERVICES**

### 103.Receiving Documents such as Letters and Memoranda for Information

The Procurement and Supply Chain Management Team (PSCMT) located in Building 12, receives letters and memoranda for information from OSEC and other DOH central offices concerning procurement and supply chain management transactions from the Procurement Service and Supply Chain Management Service, respectively which are under its' direct supervision.

<b>Office or Division:</b>	Procurement and Supply Chain Management Team – Receiving Staff			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government G2C – Government to Citizen G2B – Government to Business			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Main Document for transmittal to DOH		OSEC and other DOH offices (internal documents)		
Receiving Copy (Photocopy of main document)		Not applicable		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Documents plus attachments (if applicable) including the Receiving Copy to the Receiving Staff.	1.1. Receive and stamp DTRAK or other main document.	None	2 minutes	Administrative Staff
	1.2. Sign and indicate the name, date and time by the receiving staff.			
2. Receive acknowledged document and receiving copy /Document Tracking Information System (DTRAK)	Encode document details into the DTRAK system	None	3 minutes	Administrative Staff
	Forward the document to the Technical Staff/Executive Assistant for review or appropriate action.			

	Review documents by the Technical Staff/Executive Assistant and endorse to Usec Taiño for information.	None	30 minutes	Technical Staff/Executive Assistant
	Filling of documents in the respective folder.		1minute	Administrative Staff
3. Fill-up Customer Service Survey (CSS) and drop in the box outside the office	Provide CSS for clients to be filled-up.	None	1minute	Administrative Staff
	<b>TOTAL</b>	<b>None</b>	<b>37 minutes</b>	

## 104. Receiving Documents such as Letters and Memoranda Needing Response

The Procurement and Supply Chain Management Team (PSCMT) located in Building 12, also receives Letters and Memoranda regarding Complaints, Audit Observation Memorandum and requests for medicines from OSEC AND and other DOH central offices that need responses through the issuance memoranda/letters or for endorsement to offices under PSCMT supervision for appropriate actions concerning procurement and supply chain management activities.

<b>Office or Division:</b>	Procurement and Supply Chain Management Team – Receiving Section			
<b>Classification :</b>	Complex (identified as such because the appropriate action is to be addressed by other offices)			
<b>Type of Transaction:</b>	G2G – Government to Government G2C – Government to Citizen G2B – Government to Business			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Main Document for transmittal to DOH		OSEC and other DOH offices (internal documents)		
Receiving Copy (Photocopy of main document)		Not applicable		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Documents plus attachments (if applicable) including the Receiving Copy to the Receiving Staff.	Receive and stamp main DTRAK or other main document.	None	2 minutes	Administrative Staff
	Sign and indicate the name, date and time by the receiving staff.			
2. Receive acknowledged document and receiving copy /Document Tracking Information System (DTRAK)	Encode document details into the DTRAK system	None	3 minutes	Administrative Staff
	Forward the document to the Technical Staff/ Executive Assistant for review and appropriate action			

	Review of documents by the Technical Staff/ Executive Assistant	None	30 minutes	Technical Staff/Executive Assistant
	*For documents that needed response, Technical Staff/Executive Assistant prepare draft memorandum			
	Sign and approval of the Memoranda or letters.	None	30 minutes	Usec. Ma. Carolina Vidal-Taiño
	<p>*For other documents such as compliants on procurement and supply chain management related issues, other non procurement and supply chain management complaints and requests for medicines:</p> <p>Review by the Technical Staff/Executive Assistant and indicate the note in the DTRAK documents and endorsed to the concerned offices as follows:</p> <ul style="list-style-type: none"> <li>Complaints on procurement and supply chain related endorsed to either Procurement Service or Supply Chain</li> </ul>	None	15 minutes	Technical Staff/Executive Assistant

	<p>Management Service</p> <ul style="list-style-type: none"> <li>• Non-related to PSCMT mandate endorsed to IMC</li> <li>• Requests for medicines, endorsed to Supply Chain Management Service</li> </ul>			
3. Fill-up Customer Service Survey (CSS)	Provide CSS for clients to be filled-up.	None	1 minute	Administrative Staff
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 21 minutes</b>	



Center for Health Development

## **EXTERNAL SERVICES**

## 105. Availment of Drug Dependency Examination

The Supreme Court (SC) has reiterated its En Banc resolution in A.M. No. 18-03-16-SC or the Adoption of the Plea Bargaining Framework in Drug Cases, which guides lower court judges on the offenses falling under acceptable plea bargain agreement. Drug Dependency Evaluation (DDE) are conducted to individuals who availed the plea bargaining agreement of RA 9165. This is being conducted to determine the severity of the client's drug dependence and establish diagnosis and recommendation for treatment planning. DDE is necessary so that appropriate intervention may be provided to a drug dependent whether he/she needs a residential based-facility, out-patient, community based or any other method of rehabilitation.

<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Persons Deprived of Liberty (PDLs), Persons Who Use Drugs (PWUDs) on bail			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Court Order (1 photocopy)		Regional Trial Court (RTC)		
Presentation of one Valid Identification Card		GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company		
<b>Additional Notes</b>				
Clients for DDE shall be accompanied by a close family member/s for collateral interview.				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits Requirements	1.1 Receives Court Order	None	10 minutes	Nurse NCD Office
1.1 Receives schedule of DDE/instruction for referral to DOH Accredited Physician (LGU level)	Recommends conduct of drug test at accredited laboratory, if necessary			
<i>note: Clients who fail to come on the day of appointment shall expect a new schedule</i>	1.2 Schedules DDE/Refers client to DOH Accredited Physician (LGU level)	None	20 minutes	Nurse NCD Office
	1.3 Prepares Certificate of Appearance (proof) that the client presented himself at the CHD for DDE	None	20 minutes	Nurse NCD Office



2. Returns to the scheduled date of DDE and submits self for DDE	2.1 Conducts DDE.	None	1 hour	<i>Nurse, CHD Accredited Physician</i> NCD Office
	2.2 Prepares Drug Dependency Evaluation Report and Compliance Report	None	20 minutes	<i>Nurse, CHD Accredited Physician</i> NCD Office
	2.3 Submits Compliance Report to RTC	None	5 days	<i>Nurse</i> NCD Office
<b>TOTAL</b>		None	<b>5 days, 2 hours and 10 minutes</b>	

## 106. Handling of Complaints filed with the PACD, 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.

Office or Division:	Legal Unit/PACD			
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		
Written Complaint (1 original);		Complainant		
Email or contact information.		Complainant		
Supporting Documents, if applicable; and/or		Complainant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide and submit written or verbal complaint to the PACD or through the PCC, CCB, 8888 Citizen's Complaint Hotline	<b>If coursed through the PACD:</b> 1.1 Assess the needed assistance and provide immediate response and/or needed information	None	30 minutes	<i>PACD officer/OIC/ Admin. Aide/Assistant Legal Unit/PACD</i>
	<b>If through the PCC, CCB, 8888 Citizen's Complaint Hotline:</b> 1.1 Receive the endorsed complaint sent through email and forward to Regional Director for proper endorsement	None	30 minutes	8888 Technical Officer Legal Unit/PACD
	<b>If through legal unit:</b> 1.1 Receive the required documents and check for completeness	None	30 minutes	<i>8888 Technical Officer/Legal Officer Legal Unit</i>
	1.2 Records client's information and	None	20 minutes	<i>Officer-in-Charge/ Admin. PACD officer/OIC/</i>

	nature of complaint			Admin/Legal Aide/Assistant /8888 Focal Person Legal Unit/PACD
	<p>1.3 Initial evaluation of the complaint and its supporting document (if applicable)</p> <p>1.3.1 If the complaint is <b><u>within the jurisdiction</u></b> of the CHD, endorse the complaint to the appropriate Office/unit/</p> <p>If the complaint is <b><u>not within the jurisdiction</u></b> of the CHD, endorse the complaint to the appropriate agency with appropriate jurisdiction</p> <p><i>* For 8888 Citizens Complaint, a reversion shall be made to the portal</i></p> <p><i>*copy furnished the complainant/client, PCC, CCB, 8888 Citizen's Complaint Hotline.</i></p> <p><b><u>If the complaint involves administrative cases, consumer</u></b></p>	None	1 day	Officer-in-Charge/ Admin. PACD officer/OIC/ Admin/Legal Aide/Assistant /8888 Focal Person Legal Unit/PACD

	cases, endorse to it shall follow procedures in handling of complaints in accordance with the 2017 RACCS, AO No. 2015-0048, and RA 7394)			
	1.4 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>Officer-in-Charge/ Admin. PACD officer/OIC/ Admin/Legal Aide/Assistant /8888 Focal Person Legal Unit/PACD</i>
	1.5 The concerned Office will respond on the complaint	None	3 days	<i>Concerned Office/Unit Legal Unit/PACD</i>
	1.6 Receives and Review the response of the concerned office on the complaint and draft the letter of action for RD/ARDs /OIC's approval/signature	None	2 days	<i>Attorney/Legal Assistant Legal Unit/PACD</i>
	1.7 Sign the letter of action	None	1 hour	<i>Regional Director/ARD/OIC Legal Unit/PACD</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>Attorney/Legal Assistant/Record s Section Legal Unit/PACD</i>



<b>TOTAL</b>	None	<b>10 days, 2 hours and 50 minutes</b>	
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## 107. 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).

*Note: Any expansion, alteration and change of the approved plan shall be subjected to new application.*

<b>Office or Division:</b>	Local Health Support Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B – Government to Business and G2G – Government to Government
<b>Who may avail:</b>	For all entities/Owners/Operators/ Developers who wanted to establish burial grounds
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
<b>A. Initial Clearance for Public Cemetery or Memorial Park (for public use)</b>	
A.1 Duly accomplished application form (1 original, 3-photocopy)	Requesting Party  *Secure application form from Health Office
A.2 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 (1 original, 3-photocopy)	City/Municipal Office
A.3 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 (1 original, 3-photocopy)	Requesting Party
A.4 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 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 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 A.4.3 In case the land involved is a private property, the title of ownership shall	Requesting Party

be duly registered with the register of deeds. If a donation, the deed of donation shall be likewise registered (1 original, 3-photocopy)	
A.5 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 (1 original, 3-photocopy)	Requesting Party
A.6 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 (1 original, 3-photocopy)	Requesting Party
A.7 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 (1 original, 3-photocopy)	Requesting Party
A.8 Topographic map of the cemetery zone (1 original, 3-photocopy)	Requesting Party
A.9 Technical description of the proposed cemetery showing complete details (refer to Section 3.1.10 – Chapter XXI “Disposal of Dead Persons” P.D.856 (1 original, 3-photocopy)	Requesting Party
<b>*All plans for submission must signed and sealed by corresponding licensed engineer</b>	
A.10 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 (1 original, 3-photocopy)	<p>Regional Health Office</p> <p><i>*Certification from the sanitary engineer will be issued upon submission and review of the requirements stated in items A. 1-A.9</i></p> <p><i>Note: For data on water table (Groundwater table depth) – certification to be secured by the Requesting Party from the NWRB or its deputized offices</i></p>
<b>B. Initial Clearance for Private Burial Ground or Place of Enshrinement (including Sectarian Burial Areas, Catacomb, Mausoleum):</b>	
B.1 Compliance to previous items: <b>A.1, A.3-A.4, A.5, and A.8-A.9</b> and Section 3.5.8 – Chapter XXI “Disposal of Dead Persons”, P.D.856 (1 original, 3-photocopy)	Requesting Party
B.2 Resolution by the city/municipal council permitting the establishments of the private burial ground; *with barangay resolution as pre-requisite	City/Municipal Office

(1 original, 3-photocopy)				
B.3 Certification by the city/municipal planning and development office with regards to the proposed site location; (1 original, 3-photocopy)		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 includes a buffer zone of 50meters around the niche or space for interment		Requesting Party		
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 Certification from the sanitary engineer of the Department of Health *see item A.10 for details (1 original, 3-photocopy)		Regional Heath Office *Certification from the sanitary engineer will be issued upon submission and review of the requirements stated in items B.1-B.7		
Operational Clearance				
1. Application Letter *include: Photo documentation of work completed (1 original, 3-photocopy)		Requesting Party		
2. Validation report of the DOH sanitary engineer as to conformity and compliance of the development (1 original, 3-photocopy)		Regional Health Office		
Representative				
Authorization Letter (1 original)		Owners / Operators/ Developers		
Any government valid ID both from the owner and the representative (1 original, 1 photocopy)		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	None	40 minutes	Designated Staff EOH



	1.1.1 If incomplete, return the documents to the applicant for completion			
	1.2 Receives and logs	None	5 minutes	<i>Administrative Aide VI Central Receiving</i>
	1.3 Tabletop evaluation of the application	None	4 days	<i>Regional Sanitary Engineer EOH</i>
	1.4 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Designated Staff EOH</i>
	1.5 Conducts inspection/evaluation visit	None	1 day (excludes travel time)	<i>Regional Sanitary Engineer EOH</i>
	1.6 Prepares and process inspection /evaluation report and certificate of site suitability	None	2 days	<i>Regional Sanitary Engineer EOH</i>
	1.7 Issues Order of Payment	None	10 minutes	<i>Designated Staff EOH</i>
2. Pays the amount due reflected in the Order of Payment to the Cashier's Office	2. 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 Cashier</i>
3. Submits copy of Official Receipt of payment at the EOH office	3.1 Receives and logs	None	5 minutes	<i>Designated Staff EOH</i>
	3.2 Prepares Initial Clearance	None	1 day	<i>Regional Sanitary Engineer EOH</i>
	3.3 Recommends the Approval of Initial Clearance	None	1 day	<i>Medical Officer V LHSD Chief Office</i>

	3.4 Signs the Initial Permit	None	10 minutes	Regional Director RD's Office
4. Receives the Approved Initial Clearance	4.1 Releases the Approved Initial Clearance	None	15 minutes	Administrative Aide VI Records Section
<b>TOTAL</b>		None	<b>12 days, 1 hour, 45 minutes</b>	
<b>ISSUANCE OF OPERATIONAL PERMIT</b>				
5. Submits documentary requirements at the EOH Office	5.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted  5.1.1 If incomplete, return the documents to the applicant for completion	None	40 minutes	Designated Staff EOH
	5.2 Table top evaluation of the application	None	3 days	Regional Sanitary Engineer
	5.3 Schedules the inspection/evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	Designated Staff EOH
	5.4 Conducts inspection/ evaluation visit	None	1 day (excludes travel time)	Regional Sanitary Engineer
	5.5 Prepares and process inspection/ evaluation report	None	1 day	Regional Sanitary Engineer
	5.6 Prepares Operational Permit	None	1 day	Regional Sanitary Engineer
	5.7 Recommends the Approval of Operational Permit	None	1 day	Medical Officer V LHSD Chief Office
	5.8 Signs the Operational Permit	None	10 minutes	Regional Director RD's Office
6. Receives the Approved Operational Permit	6. Releases the Approved Operational Permit	None	15 minutes	Administrative Aide VI Records Section
<b>TOTAL</b>		Clearance Fee– Php 2,800.00	<b>10 days, 1 hour, 5 minutes</b>	



	(Note: Fee is for both Initial and Operational Clearance )		
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## 108. Issuance of Certificate of Accreditation/Commitment/Certificate of Quality Service (TB DOTS, Animal Bite Treatment Center, Animal Bite Center, and Mother-Baby Friendly Health Facility)

This ensures that a facility can provide quality services to presumptive TB patients for TB DOTS, meets the minimum criteria in the promotion, protection and support to breastfeeding for Mother-Baby Friendly Health Facility (MBFHI), and quality service and safety 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. Renewal should be done a month before the expiry date of the Certificate.

Validity:

TB DOTS certificate - 3 years

ABTC/ABC certificate - 2 years (whether it's for new application or renewal)

MBFHI Certificate of Commitment- 2 years (whether it's for new application or renewal)

<b>Office or Division:</b>		Local Health Support Division (LHSD)/ Regulation and Licensing Enforcement Division (RLED)		
<b>Classification:</b>		Highly-Technical		
<b>Type of Transaction:</b>		Government to Business and Government to Government		
<b>Who may avail:</b>		Rural Health Units, Government and Private Hospitals, and Private Clinics		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of Intent from the facility (1 original)		Applicant		
Accomplished and Complete Self-Assessment Form (1 original)		Licensing Officer / CHD official website		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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</i> LSHD/RLED
2. Submit duly documentary requirements	2. Check the documentary requirements/application submitted	None	2 hours	<i>Guard on Duty/PACD</i> LSHD/RLED
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	<i>Licensing Officer/Program Manager</i> LSHD/RLED

4. Receive assessment from Certifiers	4.1 On-site Validation of the health facility by the certifying team	None	12 days	Licensing Officer/Program Manager LSHD/RLED
	4.2 Report the findings, rating and over-all decision to the facility and reporting of the same to Committee	None	1 day	Licensing Officer/Program Manager LSHD/RLED
	4.2.1 If incomplete, provide assessment forms with comments to comply deficiencies  For validation on program guidelines: Mother-Baby Friendly Health Facility - Allowed to submit compliance, but visitation to the facility will be done for validation;  TB DOTS - No timeline for compliances will be given; the facility needed to pass the standards during on site validation.  Animal Bite Treatment Center/ABC - No timeline for compliances will be given; the facility needed to pass the standards during on site validation.	None	12 days (paused-clock)	Licensing Officer/Program Manager LSHD/RLED
	4.2.2 If disapproved:  Notification of Technical Assistance (TA) team in case of disapproval  Re-application for certification in case of disapproval	None		Licensing Officer/Program Manager LSHD/RLED

	4.3 If complete, inform the facility of the approval of certificate	None	1 day	Licensing Officer LSHD/RLED
5. Wait for the certificate	5.1 Approval of Certification 5.1.1 Recommends to the Regional Director for approval to compliant health facilities	None	2 days	Licensing Officer/Program Manager LSHD/RLED
	5.2 Registration of the facility	None	1 day	Licensing Officer/Program Manager LSHD/RLED
6. Receive certificate	6. Issuance of Certificate  6.1.1 Endorsement to PhiHealth for TB DOTS, ABTC/ABC  6.1.2 Endorsement to DOH CO for MBFHI COA	None	2 days	Licensing Officer/Program Manager LSHD/RLED
<b>TOTAL</b>		None	<b>19 days 2 hours and 15 minutes</b>	

## 109. 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

<b>Office or Division:</b>	Regulations, Licensing and Enforcement Division (RLED)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	Government-to-Government and Government-to-Business			
<b>Who may avail:</b>	Government and Privately-Owned New Hospitals			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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: <a href="http://www.hfsrb.gov.ph">www.hfsrb.gov.ph</a>		
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		
Presentation of proof of payment				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
2. Submit Accomplished Application Form and Documentary Requirements	2.Evaluate application form and documents for completeness  <b>If incomplete:</b>  2.1 Return the documents to applicant for completion.  <b>If complete,</b>	Php 2000.00	30 minutes	Licensing Officer RLED

	2.1 Issues order of payment			
3. Pay the amount due reflected in the order of payment	3. Receive payment	None	15 minutes	Cashier RLED
4. Present the Official Receipt, order of payment and complete application form/documents	4. Receive order of payment, complete application/documents, and the Official receipt and photocopy it and return to the requesting party the OR.	None	30 minutes	Licensing Officer RLED
5. Await the release of Certificate of Need	5.1 Evaluate submitted documents and prepares the final review and evaluation	None	12 days	CON Committee RLED
	5.2 If approved, prepare the CON	None	30 minutes	Licensing Officer RLED
	5.3 If disapproved, inform applicant in writing through mail	None	3 days	Licensing Officer RLED
	5.4 Approve and sign the CON	None	4 days	Regional Director
6. Receives of CON	6. Record and release the approved CON	None	30 minutes	AA/ Assigned Regulatory Officer/s RLED
<b>TOTAL</b>		Php 2000.00	<b>19 days, 2 hours, and 20 minutes</b>	

## 110. 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.

<b>Office or Division:</b>	Local Health Support Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B – Government to Business and G2G – Government to Government
<b>Who may avail:</b>	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		
<b>For both Mobile Service and Stationary Service</b>				
1. Notarized application (1 original, 3 photocopy)		Requesting Party		
2. Report of Inspections, recommendations and findings from the LGU concerned (through local health office) (1 original, 3 photocopy)		Local Health Office		
3. Report of validation and site evaluation conducted by the CHD Regional Office in coordination with the concerned Provincial Health Office (1 original, 3 photocopy)		DOH Regional Office and Provincial Health Office		
<b>Representative</b>				
Authorization Letter (1 original)		Owners / Operators/ Developers		
Any government valid ID both from the owner and the representative (1 original, 1 photocopy)		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 (c/o Local Health Office)	1.1 Receives and evaluates the application for its correctness and completeness of the necessary documents forwarded by the local health office	None	40 minutes	Designated Staff EOH
	1.2 Receives and logs	None	5 minutes	Administrative Aide VI Central Receiving
	1.3 Tabletop evaluation of the application	None	5 days	Regional Sanitary Engineer EOH
	1.4 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	Designated Staff EOH
	1.5 Conducts inspection/ evaluation visit	None	1 day (excludes travel time)	Regional Sanitary Engineer EOH
	1.6 Prepares and process inspection/ evaluation report	None	2 days	Regional Sanitary Engineer EOH
	1.7 Issues Order of Payment	None	10 minutes	Designated Staff EOH

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: Mobile and Stationary - PHP 2,800.00  Combined- PHP 3,000.00	20 minutes	<i>Administrative Assistant III</i> Cashier
3. Submits copy of Official Receipt of payment at the EOH office	3.1 Receives and logs	None	5 minutes	<i>Designated Staff</i> EOH
	3.2 Prepares Environmental Sanitation Clearance (ESC)	None	1 day	<i>Regional Sanitary Engineer</i> EOH
	3.3 Recommends the Approval of ESC	None	1 day	<i>Medical Officer V</i> LHSD Chief Office
	3.4 Signs the ESC	None	10 minutes	<i>Regional Director</i> RD's Office
4. Receives Approved ESC	4.1 Releases the Approved ESC	None	15 minutes	<i>Administrative Aide VI</i> Records Section
<b>TOTAL</b>		Clearance Fee: Mobile and Stationary - PHP 2,800.00  Combined- PHP 3,000.00	<b>13 days, 1 hour, 45 minutes</b>	



## **111. 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).

**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  
Infirmary - 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"> <li>DOH - LTO</li> <li>DOH - COA</li> <li>DOH - ATO</li> <li>DOH - COR</li> </ul>	1st working day of the year to November 15 of the same year	November 15 of the same year

<b>Office or Division:</b>	Regulations, Licensing, and Enforcement Division	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	Government to Business and Government to Government	
<b>Who may avail:</b>	All Health Facilities	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
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
For initial/new application, Proof of ownership and Name of Facility: <ul style="list-style-type: none"> <li>➤ DTI/SEC/CDA Registration including Articles of Incorporation/Corporation and By-Laws</li> <li>➤ Enabling Act/LGU Resolution (for government health facility)</li> </ul>		From Department of Trade and Industry (DTI)/ SEC/ CDA  Local Government Unit where the facility is located
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 <a href="http://hfsrb.doh.gov.ph">hfsrb.doh.gov.ph</a> (downloadable) or at CHD- RLED office		
Proof of Payment				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the guard on duty/PACD/ RLED. Waits to be called at the lobby	1. Give number to applicant	None	15 minutes	Guard on Duty/PAD RLED
2. Submit duly accomplished application form and documentary requirements	2.1. Check the documentary requirements/ application submitted  2.1.1 If complete, prepare appropriate Order of Payment  2.1.2 If incomplete, notify the client of the lacking documents in writing	None	1 hour	AA/ Regulatory Officer RLED
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office	3.1 Receive payment  3.2 Issue official receipt	Refer to Health Facility schedule of fees	10 minutes  5 minutes	AA/ Cashier Cashier
4. Present proof of payment	4. Receive Official Receipt (OR) and photocopy OR	None	5 minutes	AA/ Regulatory Officer RLED

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	application and forfeiture of payment)			
	<b>if non-compliant,</b> 6.2. Inform the facility the reason of denial of application through letter/e-mail	None	1 day	<i>Assigned Regulatory Officer/s</i> RLED
	<b>if compliant:</b> 6.2.prepare the LTO/ATO/COA/COR			
	6.3. Approve and sign the LTO/ATO/COA/COR	None	4 days Areas with travel limitation: 2 days	<i>Assigned Regulatory Officer/s/Director</i> OIC-RLED/RLED
7. Receive the approved LTO/ATO/COA/COR	7. Record and release the approved LTO/ATO/COA/COR	None	30 minutes	<i>AA/ Regulatory Officer</i> RLED
<b>Total</b>		Refer to Health Facility schedule of fees	<b>19 days, 2 hours, and 5 minutes</b>	

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

#### Schedule of Fees:

<b>Services</b>	<b>Fee</b>
1. Birthing Home	PHP4,500.00
2. Blood Center	PHP5,000
3. Blood Collection Unit	PHP 1,500.00
4. Blood Station	PHP1,400.00
5. BCU/BS	PHP 1,500.00
6. 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 –	   PHP7,500.00 PHP9,000.00 PHP10,500.00
9. Limited Service Capability	PHP7,500.00
10. 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 –	PHP2,500.00
CL Fee for Level 3 Hospital Tertiary –	PHP3,000.00
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 –	PHP2,500.00
Secondary –	PHP3,000.00
Tertiary –	PHP3,500.00
Infirmery	PHP6,000.00
11. Dental Laboratory	
a. Removable and Fixed Prostheses –	PHP2,500.00
b. Limited Services –	PHP1,000.00
12. a. One Stop-Shop (OSS) Non-Hospital Based Dialysis	PHP9,500.00
b. One Stop-Shop Government Hospital (Non- DOH Retained) Dialysis	PHP3,000.00
13. Free standing –	PHP9,500.00
14. Drug Testing Laboratory Cash Bond –PHP20,000.00 (FOR HFSRB)	PHP5,000.00
15. DATRC	
a. Residential:	PHP6,000.00
b. Non-residential:	PHP14,000.00
Cash Bond – PHP20,000.00 (FOR HFSRB)	
16. LDWA – Psychiatric Care Facility	PHP5,000.00
a. Acute/Chronic –	PHP7,500.00
b. Custodial Care –	PHP6,000.00
17. Renewal every 3 years	
a. Private Hospital Basic Fee (initial)	
Level 1 Hospital -	PHP6,500.00
Level 2 Hospital	PHP8,500.00
Level 3 Hospital	PHP 10,500.00
b. One Stop-Shop Private Hospital Medical Facility for Overseas Workers and Seafarers (MFOWS) Fee (initial)	PHP13,500.00
LWDA Fee PHP5,000.00 (initial), PHP5,000.00 (renewal)	
COA Validity – 3 years Renewal every 3years 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	



## 112. Issuance of Initial / Operational Permit for the development and operation of drinking water supply system

Initial Permit / Operational Permit is issued only by the DOH Regional Office for the development and operation of drinking water supply system.

<b>Office or Division:</b>	Local Health Support Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B – Government to Business and G2G – Government to Government
<b>Who may avail:</b>	All entities/ Owners / Operators/ Developers/ water providers who wanted to develop / Operate drinking water supply system
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
<b>Initial Permit</b>	
1. Application Form (incl. cover letter) (1 original, 3-photocopy)	Requesting Party
2. Drinking Water Site Clearance issued by the local health office (1 original, 3-photocopy)	Municipal Health Office / City Health Office
3. Results of bacteriological and physical-chemical analyses of raw water from DOH-accredited water laboratory (1 original, 3-photocopy) <i>Note: This is a pre-requisite to the issuance of drinking water site clearance</i>	DOH Accredited Water Laboratory
4. Engineering report and/or feasibility study, including assessment of water source and system capacity and pressure to meet the water demands of intended beneficiaries or clients (1 original, 3-photocopy)	Requesting party
5. Plans and specifications and other required document signed and sealed by a privately practicing Sanitary Engineer	Privately practicing Sanitary Engineer



(1 original, 3-photocopy)				
6. Report of Inspection/Evaluation and endorsement from the local health office (1 original, 3-photocopy)		Municipal Health Office / City Health Office / Provincial Health Office		
<b>Operational Permit</b>				
1. Application letter (1 original, 3 photocopies)		Requesting Party		
2. Report of inspection (incl. pictures and proof of completed works) of completed construction works and complete disinfection of the system (1 original, 3-photocopy)		Municipal Health Office / City Health Office		
3. Result of the water sampling and testing conducted by a DOH-accredited water laboratory (1 original, 3-photocopy)		Municipal Health Office and DOH Accredited Water Laboratory		
4. Report of inspection verifying completeness of construction works and disinfection from the regional and/or provincial sanitary engineer (1 original, 3-photocopy)		Regional Health Office and/or Provincial Health Office		
<b>Representative</b>				
Authorization Letter (1 original)		Owners / Operators/ Developers		
Any government valid ID both from the owner and the representative (1 original, 1-photocopy)		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
<b>ISSUANCE OF INITIAL PERMIT</b>				
1. Submits documentary requirements for Initial Permit Application 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 applicant for completion	None	40 minutes	<i>Designated Staff EOH</i>
	1.2 Receives and logs	None	5 minutes	<i>Administrative Aide VI Central Receiving</i>
	1.3 Table top evaluation of the application	None	3 days	<i>Regional Sanitary Engineer EOH</i>
	1.4 Preparation of report	None	2 days	<i>Regional Sanitary Engineer EOH</i>

	1.5 Issues Order of Payment	None	10 minutes	<i>Designated Staff EOH</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	Permit Fee– PHP 2,600.00 /2,800.00 (Note: Fee is for both Initial and Operational Permit)	20 minutes	<i>Administrative Assistant III Cashier</i>
3. Submits copy of Official Receipt of payment at the EOH office	3.1 Receives and logs	None	5 minutes	<i>Designated Staff EOH</i>
	3.2 Prepares Initial Permit	None	1 day	<i>Regional Sanitary Engineer EOH</i>
	3.3 Recommends the Approval of Initial Permit	None	1 day	<i>Medical Officer V LHSD Chief Office</i>
	3.4 Signs the Initial Permit	None	10 minutes	<i>Regional Director RD's Office</i>
4. Receives the Approved Initial Permit ("Notice to Proceed")	4.1 Releases the Approved Initial Permit ("Notice to Proceed")	None	15 minutes	<i>Administrative Aide VI Records Section</i>
<b>TOTAL</b>		Permit Fee– PHP 2,600.00 /2,800.00 (Note: Fee is for both Initial and Operational Permit)	<b>7 days, 1 hour, 45 minutes</b>	
<b>ISSUANCE OF OPERATIONAL PERMIT</b>				
5. Submits documentary requirements for Operational Permit Application at the EOH Office	5.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted	None	40 minutes	<i>Designated Staff EOH</i>
	5.1.1 If incomplete, return the documents to the applicant for completion			
	5.2 Table top evaluation of the application	None	3 days	<i>Regional Sanitary Engineer EOH</i>
	5.3 Schedules the inspection/evaluation and prepares Office Order/	None	3 days	<i>Designated Staff EOH</i>

	travel documents and inform the establishment of the inspection			
	5.4 Conducts inspection/ evaluation visit	None	1 day (excludes travel time)	<i>Regional Sanitary Engineer EOH</i>
	5.5 Prepares and process inspection/ evaluation report	None	2 day	<i>Regional Sanitary Engineer EOH</i>
	5.6 Prepares Operational Permit	None	1 day	<i>Regional Sanitary Engineer EOH</i>
	5.7 Recommends the Approval of Operational Permit	None	1 day	<i>Medical Officer V LHSD Chief Office</i>
	5.8 Signs the Operational Permit	None	10 minutes	<i>Regional Director RD's Office</i>
6. Receives the Approved Operational Permit	6. Releases the Approved Operational Permit	None	15 minutes	<i>Administrative Aide VI Records Section</i>
<b>TOTAL</b>		Permit Fee— PHP 2,600.00 /2,800.00 (Note: Fee is for both Initial and Operational Permit)	<b>11 days, 1 hour, 5 minutes</b>	

### 113. Issuance of Operating Permit for Refuse Collection Service/ Refuse Disposal Area and Facilities

Operating Permit is issued by the DOH Regional Office allowing the collection, handling, transport, treatment and disposal of refuse collection service/refuse disposal area and facilities.

<b>Office or Division:</b>	Local Health Support Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B – Government to Business and G2G – Government to Government
<b>Who may avail:</b>	For all entities/ Owners / Operators/ Developers who wanted to establish or operate refuse collection service/refuse disposal area and facilities.

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Both Refuse Collection Service/ Refuse Disposal Area and Facilities				
1. Letter of Application (1 original, 3 photocopy)		Requesting Party		
2. Project Description (1 original, 3 photocopy)		Requesting Party		
3. Location Plan (1 original, 3 photocopy)		Requesting Party		
4. Technical Specifications/descriptions of facilities/equipment (1 original, 3 photocopy)		Requesting Party		
5. Report of evaluation and site validation of the DOH RO-sanitary engineer (1 original, 3-photocopy)		Regional Health Office		
*All plans for submission must be signed and sealed by corresponding licensed engineer				
Representative				
Authorization Letter (1 original)		Owners / Operators/ Developers		
Any government valid ID both from the owner and the representative (1 original, 1 photocopy)		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. Submits documentary requirements at 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 applicant for completion	None	40 minutes	Designated Staff EOH
	1.2 Tabletop evaluation of the application	None	3 days	Regional Sanitary Engineer EOH
	1.3 Schedules the inspection/evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	Designated Staff EOH
	1.4 Conducts evaluation and site validation	None	2 days (excludes travel time)	Regional Sanitary Engineer EOH
	1.5 Prepares and process inspection/ evaluation report	None	3 days	Regional Sanitary Engineer EOH
	1.6 Issues Order of Payment	None	10 minutes	Designated Staff EOH

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	Operating Permit: PHP 2,800.00 - for stationary and mobile service provider 3,000.00 – for combined	20 minutes	<i>Administrative Assistant III Cashier</i>
3. Submits copy of Official Receipt of payment at the EOH office	3.1 Receives and logs	None	5 minutes	<i>Designated Staff EOH</i>
	3.2 Prepares Operating Permit	None	1 day	<i>Regional Sanitary Engineer</i>
	3.3 Recommends the Approval of Operating Permit	None	1 day	<i>Medical Officer V LHSD Chief Office</i>
	3.4 Signs the Operating Permit	None	10 minutes	<i>Regional Director RD's Office</i>
4. Receives the Approved Operating Permit	4.1 Releases the Approved Operating Permit	None	15 minutes	<i>Administrative Aide VI Records Section</i>
<b>TOTAL</b>		Operating Permit: PHP 2,800.00 - for stationary and mobile service provider 3,000.00 – for combined	13 days, 1 hour, 40 minutes	

## 114. 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.

<b>Office or Division:</b>	Regulations, Licensing and Enforcement Division	
<b>Classification:</b>	Highly-Technical	
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
<b>Who may avail:</b>	All Health Facilities	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Accomplished Application Form for Permit to Construct a Health Facility		Website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a>
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"> <li>• New government general hospitals</li> <li>• Private hospitals below 100 Authorized Bed Capacity</li> </ul>		Requesting party



<b>Proof of Registration of Name of Health Facility</b> <ul style="list-style-type: none"> <li>➤ DTI/SEC Registration including Articles of Incorporation and By-Laws (for private health facility)</li> <li>➤ Enabling Act/ Board Resolution (for government health facility)</li> <li>➤ Cooperative Development Authority Registration including Articles of Cooperation and By-Laws</li> </ul>		From Department of Trade and Industry (DTI)/ SEC/ CDA  Securities and Exchange Commission Office/Department of Trade and Industry  Local Government Unit  Cooperative Development Authority		
<b>Three (3) Sets of Site Development Plans and Architectural Floor Plans (in blue print 20 x 30)</b> <ul style="list-style-type: none"> <li>➤ Signed and sealed by an Architect/Engineer</li> <li>➤ Showing all areas with appropriate scale, dimension and labels</li> <li>➤ Demonstrating proper spatial and functional relationships of areas (refer to Checklist for Review of Floor Plan)</li> </ul>		Private/Government Practitioners		
<b>For expansion/renovation of existing health facility</b> <ul style="list-style-type: none"> <li>➤ Latest DOH Approved Permit to Construct and Approved Floor Plan with latest copy of LTO/COA</li> <li>➤ Floor Plan indicating proposed change/s (refer to B.3 of the Application Form)</li> </ul>		Requesting party  Private/Government Practitioners		
<b>Feasibility Study (for non-hospital-based dialysis clinic only)</b>		Requesting party		
<b>Proof of Payment</b>		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	None	30 minutes	Licensing Officer RLED



	2.2. If incomplete, 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	AA/ Cashier Cashier
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	AA/Licensing Officer/s RLED
<b>TOTAL</b>		Refer to Health Facility Schedule of Fees	<b>13 days, 2 hours and 20 minutes</b>	

#### Schedule of Fees:

Type of Health Facility	Fees
Hospital	
Level 1	2,000.00
Level 2 (For HFEP Facility Only)	2,500.00
Level 3 (For HFEP Facility Only)	3,000.00
Psychiatric Care Facility	



Acute-chronic	1,500.00
Custodial	1,500.00
Dialysis Clinic – <i>add-on service to Level 1 Hospital</i>	1,400.00
Ambulatory Surgical Clinic – <i>add-on service to Level 1 Hospital</i>	1,400.00
Drug Abuse treatment and Rehabilitation Center (For HFEP Facility Only)	1,000.00
Primary Care Facility (Infirmary)	1,500.00
Primary Care Facility (Birthing Home)	1,400.00

## 115. Issuance of Personnel Related Documents (External)

To facilitate the timely preparation and issuance of personnel related documents such as Service Record, Certificate of Employment, Evaluation in the Human Resource Unit, Certificate of Employment with Compensation, Certificate of Net Take Home Pay,



Certificate of Leave Credits, and Service Record to DOH CHD officials and employees who retired/resigned/transferred to another agency for whatever purposes that they may intend.

<b>Office or Division:</b>	Management Support Division-Personnel/Human Resource Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen and G2G – Government to Government			
<b>Who may avail:</b>	CHD Retirees/Employees who resigned or transferred to other agencies			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Principal:</b> 1. Duly accomplished request form (2 original copies)		Personnel Section/Human Resource Section		
2. One Valid Identification Card (1 photocopy)		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
<b>Authorized representative:</b>				
1. Duly accomplished request form (2 original copies)		Personnel Section/Human Resource Section		
2. One Valid Identification Card of the principal and authorized representative (1 photocopy)		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
3. Authorization Letter (1 original copy)		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure request form from the MSD-Personnel/HRM/R records Section	1. Provide the Request Form to requesting party	None	5 minutes	<i>Administrative Assistant MSD-Personnel/HRM/R records Section</i>
2. Submit duly accomplished form and receive 2nd copy of the accomplished request form	2.1 Receive the accomplished Request form from requesting party and give 2nd copy to requesting party	None	5 minutes	<i>Administrative Assistant MSD-Personnel/HRM/R records Section</i>
	2.2 Retrieve and prepare the requested document	None	2 days and 4 hours	<i>Administrative Assistant MSD-Personnel/HRM/R records Section</i>
	2.3 Review and endorse the requested document for approval	None	1 hour	<i>Administrative Officer IV / Administrative Assistant MSD-Personnel/HRM/R records Section</i>
	2.4 Signs the requested document	None	1 hour	<i>Chief Administrative Officer / Administrative Officer V</i>

				MSD- Personnel/HRM/R ecords Section
3. Receive the requested document	3. Issue the requested document to requesting party	None	1 hour	<i>Administrative Assistant</i> MSD- Personnel/HRM/R ecords Section
<b>TOTAL</b>		None	<b>2 days, 7 hours, 10 minutes</b>	

## 116. Processing of Claims - External

To carry-out a systematic processing of claims such as Payments for Honoraria, Board & Lodging, Training Activities, and Mandatory Expenses and other related financial concern for DOH-CHD Operations.

<b>Office or Division:</b>	MSD -Budget/ Accounting /RD's Office, Cash Section
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government
<b>Who may avail:</b>	All
<b>CHECKLIST OF REQUIREMENTS</b>	
Disbursement Vouchers (DV) in 3 copies, with Box A duly signed	End-user Unit
Obligation Request and Status, duly obligated and signed	End-user Unit
Supporting documents (SD) in reference to COA Circular No. 2012-001 dated June 14, 2012 Revised Documentary Requirements for Common Government Transactions, RA	End-user Unit

9184, and other issuances relative thereto with attached Checklist				
Justification if applicable		End-user Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits Disbursement Voucher with complete supporting documents	1.1 Receives and checks completeness of supporting documents, records in the logbook	None	4 hours	Admin. Asst./aide-Budget Section MSD -Budget/ Accounting
	1.2 Obligates funds and updates Registry of Allotment and Obligation	None	2 hours	Admin. Asst./aide-Budget Section MSD -Budget/ Accounting
	1.3 Certifies availability of funds and signs box b of Obligation Request Slip	None	1 hour	Administrative Officer V-Budget Section MSD -Budget/ Accounting
	1.4 Forwards documents to Accounting Unit	None	1 hour	Admin. Asst./Aide-Budget Section MSD -Budget/ Accounting
	1.5 Receives and records documents in the logbook	None	1 hour	Admin. Asst./aide-Accounting Section MSD -Budget/ Accounting
	1.6 Processes and prepares accounting journal entry	None	2 days	Admin. Asst./aide-Accounting Section MSD -Budget/ Accounting
	1.7 Reviews and certifies cash availability, records in monitoring of cash balance forwards to Division Chief for initial. Signs Box B of DV	None	2 days	Accountant III-Accounting Section MSD -Budget/ Accounting
	1.8 Recommends approval of payment, affixes initial - Box C. Forwards Documents to	None	4 hours	CAO/Administrative Aide MSD -Budget/ Accounting

	Approving Authority			
	1.9 Receives and records in the logbook and forwards documents to Approving Authority	None	1 hour	<i>Admin. Asst./aide - Approving Authority MSD -Budget/ Accounting</i>
	1.10 Approves Disbursement Voucher - signs Box C	None	1 day	<i>Approving Authority MSD -Budget/ Accounting</i>
	1.11 Forwards Approved DV to Cashier	None	1 hour	<i>Admin. Asst./aide- Approving Authority MSD -Budget/ Accounting</i>
	1.12 Receives Approved DV with complete supporting documents - Records receipt in the log book	None	1 hour	<i>Admin. Asst./aide- Cashier Section MSD -Budget/ Accounting</i>
<b>TOTAL</b>		None	<b>7 days</b>	

## 117. Provision of Medical Assistance

Program of the Department of Health intended to provide medical assistance to patients seeking consultation, rehabilitation, examination or otherwise confined in government hospitals within and outside the region.

<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Indigent and Poor Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter request addressed to the Regional Director (1 original copy)		Handwritten or Typewritten by the Client		
Physician's Order / Request Form (1 original and 1 photocopy)		Admitting Government Hospital		
Costing of the Medicine/Laboratory Test (1 original and 1 photocopy)		Admitting Government Hospital		
Clinical Abstract and/or Medical Certificate duly signed by the attending physician (1 original and 1 photocopy)		Admitting Government Hospital		
Social Work Case Summary or Barangay Certificate of Indigency (1 original and 1 photocopy)		Barangay Hall		
Any Government Issued Identification Card (2 photocopy)		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. Submits documentary requirements	1.1 Receives the submitted documents	None	5 minutes	Administrative Aide II Governance
	1.2 Reviews /evaluates the submitted documents and check for completeness	None	15 minutes	Administrative Aide II/ Nurse III Governance
	1.3 Processes the document and prepares	None	2 days	Administrative Aide II/ Nurse III

	endorsement letter to government hospitals. 1.3.1 if government hospital outside the Region (i.e. NCR), forwards the same to Central Office addressed to the Undersecretary of Administration and Financial Management Team for the preparation, processing, and signing of endorsement letter and guarantee letter to be sent back to the regional office			Governance
	1.4 Signing of endorsement letter	None	5 minutes	<i>Regional Director/OIC RD's Office</i>
2. Return and receive the endorsement letter	2. Release of the endorsement letter	None	15 minutes	<i>Administrative Aide VI Records Section</i>
<b>TOTAL</b>		None	2 days, 40 minutes	



## 118. Receipt of Payment - Issuance of Official Receipt

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

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

## 119. Release of Approved Requested Logistics (other than routinely augmented logistics)

This service aims to prescribe the procedures in the flow for the distribution of goods/commodities other than routinely augmented logistics.

<b>Office or Division:</b>	Management Support Division - Materials Management/Supply Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and

	G2G – Government to Government			
<b>Who may avail:</b>	Clients with Approved Release of Requested Logistics			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved Request Letter (1 Photocopy)		CHD		
<b>Representative</b>				
Authorization Letter of the person being represented (1 Original copy)		Requesting Party		
Government Issued Identification Card of the person being represented (1 Original , 1 Photocopy)		Post Office, DFA, PSA, SSS, GSIS, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits Required Documents	1.1 Receives and verifies documents	None	5 minutes	<i>Administrative Assistant V / Administrative Assistant II / Warehouseman Logistics Management Unit</i>
	1.2 Issues 5 original copies of Property Transfer Report (PTR) and issues requested commodities	None	25 minutes	<i>Administrative Assistant V / Administrative Assistant II / Warehouseman Logistics Management Unit</i>
2. Signs the PTR, receive and check requested commodities *if the content of the commodities are tally with the PTR submit 5 copies of signed PTR at Supply Office	2. Receives and files documents received	None	1 hour	<i>Administrative Assistant V / Administrative Assistant II / Warehouseman Logistics Management Unit</i>
<b>TOTAL</b>		None	1 hour, 30 minutes	

## 120. Release of Payments - Checks

Claims of Suppliers, Employees and Staff, LGU's are sometimes made form of checks. Upon presentation of valid identification card and authorization letter, checks are released at the Cashier Section from 8:00AM to 5:00PM from Monday to Friday except during legal non-working holidays.

<b>Office or Division:</b>	Management Support Division – Cashier Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
<b>Who may avail:</b>	Employees and Staff, Suppliers, LGU's
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	

<b>Principal:</b> Presentation of one Valid Identification Card		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
<b>Representative:</b> Presentation of one Valid Identification Card of the principal and authorized representative  Authorization Letter		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR  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>Disbursing Officer</i> MSD – Cashier Section
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 Present the Check Registry Book and assists the claimant where to sign	None	1 hour	<i>Administrative Assistant</i> MSD – Cashier Section
3. Signs Check Registry Book	3. Check the Registry Book if properly signed	None	5 minutes	<i>Disbursing Officer</i> MSD – Cashier Section
4. Receives Check	4. Releases check	None	5 minutes	<i>Disbursing Officer</i> MSD – Cashier Section
<b>TOTAL</b>		None	<b>1 hour and 15 minutes</b>	

## 121. Release of Payments – LDDAP (External)

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

<b>Office or Division:</b>	Management Support Division - Cashier Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Suppliers, LGUs			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any of the following: Bank Certificate – 1 photocopy Letter of Introduction ( DBM form) – 1 original		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 – Cashier Section MSD</i>
2. Waits for the payment to be credited to bank account	2.1 Prepares LDDAP-ADA	None	2 hour	<i>Administrative Assistant – Cashier Section MSD</i>
	2.2 Reviews and Signs LDDAP-ADA	None	1 hour	<i>Administrative Officer V – Cashier Section MSD</i>

	2.3 Forwards to Accounting	None	10 minutes	<i>Administrative Assistant – Cashier Section</i> MSD
	2.4 Receives and records in the log book LDDAP-ADA from Cashier Section	None	10 minutes	<i>Administrative Assistant - Accounting Section</i> MSD
	2.5 Forwards LDDAP – ADA to Accountant III	None	10 minutes	<i>Administrative Assistant – Accounting Section</i> MSD
	2.6 Verifies and Signs LDDAP – ADA	None	1 hour	<i>Accountant III – Accounting Section</i> MSD
	2.7 Forwards LDDAP-ADA to Administrative Assistant	none	10 minutes	<i>Accountant III- Accounting Section</i> MSD
	2.8 Forwards LDDAP-ADA to Authorized Signatory	None	10 minutes	<i>Administrative Assistant – Accounting Section</i> MSD
	2.9 Receives and records in the logbook receipt of LDDAP ADA	None	10 minutes	<i>Administrative Assistant – Authorized Signatory (RD/ARD/Division Chiefs)</i> MSD
	2.10 Signs LDDAP – ADA	None	2 hours	<i>Authorized Signatory- (RD/ARD/Division Chiefs)</i> MSD
	2.11 Forwards LDDAP-ADA to Cashier Section	None	10 minutes	<i>Administrative Assistant – Authorized Signatory</i> MSD
	2.12 Receives LDDAP-ADA and records receipt in the log book	None	10 minutes	<i>Administrative Assistant – Cashier Section</i> MSD
	2.13 Submits LDDAP ADA to Bank	None	4 hours	<i>Disbursing Officer- Cashier</i> MSD
<b>TOTAL</b>		None	<b>1 day, 3 hours and 30 minutes</b>	

## 122. Remote Collection Permit for Clinical Laboratories

A permit issued by 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 scheduled remote collection activity. Permit is valid for 2 weeks.

Office or Division:	Regulations, Licensing, and Enforcement Division			
Classification:	Complex			
Type of Transaction:	G2B – Government to Business G2G – 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		
2. Letter of Request signed by the Head of the Clinical Laboratory with the following information: 2.1. Name of facility with DOH-LTO number 2.2. Address of facility 2.3. Date of Collection 2.4. Time of Collection 2.5. Venue 2.6. Estimated number of clients 2.7. Specimen to be collected 2.8. List of Personnel who will conduct the activity		Requesting party		
3. Notarized Memorandum of Agreement or Contract between the contracting parties				
4. Technical or operational procedures for remote collection including specimen handling and transportation				
5. List of laboratory supplies/equipment including the transport materials				
6. Present proof of payment		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Secures a number at the guard on duty/PAD and wait to be called.	1. Gives number to applicant	None	15 minutes	<i>Guard on Duty/ PAD</i>
2. Submits the accomplished application form with the required documents	2.1 Reviews and evaluates completeness and correctness of the submitted documents  2.1.1 If complete and within prescribed period, issue order of payment  If incomplete or not within prescribed period, return application and inform the reason	None	1 hour	<i>Regulatory Officers RLED</i>
3. Pays Fee to Cashier	3.Receives payment and issue official receipt	Php 500 x number of site	15 minutes	<i>Cashier</i>
4. Present proof of payment to Licensing Office	4. Photocopy the official receipt	None	15 minutes	<i>Regulatory Officers RLED</i>
5. Waits for the signed RCP-CL	5.1 Processes and review the RCP-CL for RD's approval	None	1 hour	<i>Regulatory Officers RLED</i>
	5.2 Approves of RCP-CL	None	4 days	<i>Regional Director</i>
6. Receives the approved RCP-CL	6. Records and releases approved RCPCL	None	30 minutes	<i>RLED Office/Record Section RLED</i>
<b>TOTAL</b>		Php 500 x number of site	<b>4 days and 3 hours and 15 minutes</b>	

## 123. 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.

Office or Division:	Legal 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 *Indicate e-mail address or contact information for release of Legal Opinion.  Supporting documents such as but not limited Republic Acts, Department Memorandum, Guidelines, etc. (1 photocopy)		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	Admin. Aide // Legal Assistant / Staff Legal Unit
	1.2 Review and evaluation of the documents received and preparation of the Legal Opinion	None	19 Days	Attorney Legal Unit
2. Receives legal opinion	2. Release of the Legal Opinion	None	5 minutes	Admin. Aide // Legal Assistant / Staff Legal Unit
TOTAL		None	19 days and 10 minutes	

## 124. 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).

**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.

### 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 - remarks: For processing as initial.  
Application for DOH-PTC, DOH-LTO/COA/ATO shall be required

<b>Office or Division:</b>	Regulations, Licensing and Enforcement Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
<b>Who may avail:</b>	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		
Proof of Payment (presentation of Official Receipt)		Cashier		
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 applicant	None	5 minutes	Guard on Duty / PACD/RLED

2. Submit duly accomplished application form and documentary requirements	2.1 Check the documentary requirements/application submitted  2.1.1 If complete, prepare appropriate Order of Payment If incomplete, notify the client of the lacking documents in writing	None	1 hour	Licensing Officer RLED
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office	3.1 Receive payment  3.2 Issue official receipt	Refer to Health Facility schedule of fees	15 minutes	AA / Cashier Cashier
4. Present proof of payment (Official receipt)	4. Receive application and documentary requirements and photocopy the OR	None	5 minutes	Administrative Assistant / Licensing Officer RLED
5. Wait for the issuance of LTO/ATO/COA/COR	5.1 Processing of LTO/ATO/COA/COR	None	1 day	Licensing Officer RLED
	5.2 Approve and sign the LTO/ATO/COA/COR	None	3 days	Regional Director/ OIC/ARD
6. Receives the approved LTO/ATO/COA/COR	6. Records and release the approved LTO/ATO/COA/COR	None	30 minutes	AA/ Licensing Officer
<b>TOTAL</b>		Refer to Health Facility schedule of fees	<b>4 days, 1 hour, and 55 minutes</b>	

**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*

Services	Fee
1. Ambulance Service Provider	
a. Institution based (Ambulance per unit)	PHP 1,000 + Renewal Fee Php 5,000
b. Non-Institution Based (Ambulance per unit)	PHP3,000
c. Ambulance Service Provider	PHP15,000.00
2. Ambulatory Surgical Clinic	PHP4,000.00
3. Birthing Home	PHP3,000.00
4. Blood Center	PHP5,000

5. Blood Collection Unit	PHP 1,500.00
6. Blood Station (Fully-owned by the facility)	No fee
7. BCU/BS (Fully-owned by the facility)	No fee
8. Clinical Laboratory OSS Non-Hospital Based Health Facilities with ancillary Services a. Ancillary Services Clinical Laboratory (CL) Fee Primary – Secondary – Tertiary –	   PHP2,500.00 PHP3,000.00 PHP3,500.00
9. Limited Service Capability	PHP7,500.00
10. One Stop-Shop Government Hospital a. (Non-DOH Retained) Clinical Laboratory (CL) CL Fee for Level 1 Hospital Secondary –  CL Fee for Level 2 Hospital Tertiary –  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 2,500.00   PHP3,000.00   PHP3,000.00   Php 14,000 every 3 years   PHP2,500.00 PHP3,000.00 PHP3,000.00
11. Dental Laboratory a. Removable - b. Fixed Prostheses – c. Removable and Fixed Prostheses d. Limited Services –	 PHP1,000.00 PHP1,000.00 Php 2,500.00 PHP1,000.00
12. 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)	 PHP9,500.00 (HFSRB only)  PHP3,000  No fee
13. Free standing Dialysis –	PHP9,500.00 (HFSRB only)
14. Drug Testing Laboratory Cash Bond –PHP20,000.00 (FOR HFSRB)	PHP5,000
15. DATRC a. Residential: b. Non-residential: Cash Bond – PHP20,000.00 (FOR HFSRB)	 PHP6,000.00 PHP14,000.00
16. Infirmary	PHP5,500.00
17. LDWA –	PHP5,000.00

Psychiatric Care Facility a. Acute/Chronic – b. Custodial Care –	PHP5,500.00 PHP4,000.00
18. 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)	PHP6,000.00 PHP8,500.00 PHP 10,500.00  PHP13,500.00
Cash Bond – PHP100,000.00 (for central) PHP5,000.00	

## 125. Renewal of Registration of Licensed Embalmers and Licensed Massage Therapists

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

<b>Office or Division:</b>	Regulation and Licensing Enforcement Division (RLED)
<b>Classification:</b>	Complex Transaction
<b>Type of Transaction:</b>	Government-to-Citizen; Government-to-Business; and Government-to-Government
<b>Who may avail:</b>	Government and Privately-Owned Health Facilities
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Renewal Application Form	CHD Office
Presentation of the following: Professional Tax Receipt (1 original) Resident Certificate (1 original) Medical Certificate (Chest X-ray) 1 photocopy One Valid Identification Card (original)	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
Certificate of Registration (1 photocopy)	Committee on Embalmers/Undertaker
Recent ID Picture: 1 pc 1x1, 2 pcs. 2x2	Any photo studio
<b>for Category I</b> Practicing Professional: Employer's Certificate/ Business Permit	Applicant's Employer
<b>for Category II</b> Non Practicing Professional: Authorized letter re: professional not practicing but still want to be included in the Master List/ Registry	Requesting party
Presentation of Proof of Payment	Cashier

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the guard on duty/PACD	1. Give number to applicant	None	5 minutes	<i>Guard on Duty/PAD</i>
2. Submit Renewal Requirements	2.1 Receive the filled-up Renewal Application Form and other requirements	None	15 minutes	<i>Licensing Officer/ AA RLED</i>
	2.2 Review of Completeness / Verification of Authenticity of the Submitted Documents	None	15 minutes	<i>Licensing Officer/ AA RLED</i>
	2.2.1 <b>if complete:</b> issues order of payment	Php 250.00 Penalty: PHP 83.33/ year	15 minutes	<i>Licensing Officer/ AA RLED</i>
	<b>If incomplete:</b> notify the client of lacking documents thru worksheet provided by LO	None	15 minutes	<i>Licensing Officer/ AA RLED</i>
3. Pay Fee to Cashier	3. Receive the order of payment and cash and issue official receipt	None	15 minutes	<i>Cashier</i>
4. Present proof of payment	4. Receive and photocopy the official receipt	None	15 minutes	<i>Regulatory Officers RLED</i>
5. Wait for the signed ID and Certificate of Registration	5.1 Process the ID and Certificate of Registration	None	1 hour	<i>Regulatory Officers RLED</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>RLED Office</i>



<b>TOTAL</b>	Php 250.00 Penalty: PHP 83.33/y ear	<b>4 days, 2hours and 50 minutes</b>	
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## 126. Research Proposal for Funding

The proposal submitted shall be aligned with organizational agenda, undergo technical and ethical clearance by Health Research Development Consortium (HRDC), has endorsement letter from HRDC, and with final approval of CHD Regional Director.



<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
<b>Who may avail:</b>	Interested researcher affiliated with government and or private institutions			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Research Proposal with grant chart, line item budget, project team roles and functions and their respective resume (1 original, 3 photocopy)		Proponent / Researcher		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits documentary requirements at Central Receiving/PACD/ Records	1.1 Receives the research proposal	None	5 minutes	<i>Admin Aide VI</i> Central Receiving/PACD/Records
	1.2 Technical and ethical review	None	7 days	<i>Research Management Committee and Ethics Review Committee Members</i> HRMP
	1.3 Technical and ethical review and issues clearance	None	60 days (paused-clock)	<i>Research Management Committee and Ethics Review Committee Members</i> Consortium
	1.4 Prepares endorsement letter submitted to CL CHD	None	14 days (paused-clock)	<i>Secretariat</i> CLHRDC
	1.5 Approves proposal for funding with the Management Committee	None	3 days	<i>Regional Director</i> RD's Office
	1.6 Releases letter of confirmation to project leader	None	10 minutes	<i>Administrative Aide VI</i> Records Section
	1.7 Reviews and Signs Memorandum of Agreement (MOA)	None	7 days	<i>Legal Officer, Accountant, Head of Agency, Proponent</i> CLCHD and granted institution
	1.8 Orients project team on the submission of progress report, project monitoring	None	1 day	<i>HRMP Focal Person and staff</i> HRMP



	schedule and accounting rules			
	1.9 Process Disbursement Voucher	None	7 days	Accountant / Budget Officer Finance Cluster
	1.10 Releases grant for approved research via bank transfer	None	45 minutes	Cashier Officer Cashier
<b>TOTAL</b>		None	<b>102 days and 1 hour</b>	

Research Proposal for Funding qualified for multi-stage processing.

## 127. Response to Technical Assistance and Support Services to Stakeholders and Partners

Response to request from stakeholders that may include but are not limited to Capability Building, Provision of Logistics (other than routinely augmented), Request of Data, etc.

<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	LGUs, DOH hospitals, government or private health facilities, government agencies, development partners, and other stakeholders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter request addressed to Regional Director (1 original)		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits letter request to Central	1.1 Receives letter request for letter request	None	5 minutes	Admin Aide VI

Receiving/PACD/ Records	submitted to PDOH, the AO shall send the same via official email			Central Receiving/PACD/ Records
	1.2 Reviews documents for proper endorsement to LHSD Chief Office	None	10 minutes	<i>Regional Director/OIC RD's Office</i>
	1.3 Evaluates request letter for routing to concerned Cluster	None	3 hours, 25 minutes	<i>Medical Officer V LHSD Chief</i>
	1.4 Prepares response letter	None	2 days	<i>Program Coordinator LHSD</i>
	1.5 Reviews and finalizes response letter	None	4 hours	<i>Cluster Head/Division Chief LHSD</i>
	1.6 Signs final letter	None	5 minutes	<i>Regional Director/OIC RD's Office</i>
2. Receives response letter	2. Issues Response Letter via email or courier	None	15 minutes	<i>Administrative Aide VI Records Section</i>
<b>TOTAL</b>		None	3 days	

## 128. TB Culture Testing for Baseline and Follow-up Specimens

TB Culture Testing for sputum specimens and extra pulmonary specimens being referred by PMDT- Satellite Treatment Centers (PMDT-STC) and referrals from private hospitals.

**Schedule:**

Acceptance of Specimens: Monday – Thursday (8:00 am – 5:00 pm)

Processing of Specimens: Thursday – Friday

<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	TB DOTS patients of PMDT-STC TB DOTS patients for other private hospitals			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Specimen Receiving Forms (1 original)		Requesting Facility/ PMDT-STC/ TB Culture Laboratory		
Laboratory Request Forms (1 original, hard copy and/or electronic copy)		Requesting Facility/ PMDT-STC/TB Culture Laboratory		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Sends specimen receiving forms together with the request forms and the specimens to Regional TB Culture Laboratory	1.1 Receives specimens with request form from different facilities and encodes in TB Culture Laboratory Register	None	30 minutes	Laboratory Staff TB Culture Laboratory
	1.2 Process specimens (Decontamination , Smear Preparation)	None	30 minutes	Laboratory Staff TB Culture Laboratory
	1.3 TB Smear Microscopy:	None	3 days	Laboratory Staff

	Stains, reads, encodes and release TB Smear Microscopy results – end transaction			TB Culture Laboratory
	TB Culture Test: Incubates specimens *Proceed to agency action 1.4	None	56 days	Laboratory Staff TB Culture Laboratory
	1.4 Identifies isolates	None	1 hour	Laboratory Staff TB Culture Laboratory
2. Receives result	2. Encodes and releases TB Culture results	None	5 days	Laboratory Staff TB Culture Laboratory
<b>TOTAL</b>		None	Sputum Smear Microscopy: 3 days, 1 hour  TB Culture Test: 61 days, 1 hour	

Regional TB Culture Laboratory – TB Culture Testing for Baseline and Follow-up specimens qualified for multi-stage processing.

## 129. 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.

<b>Office or Division:</b>	Regulations, Licensing, and Enforcement Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Business and Government to Government			
<b>Who may avail:</b>	All DOH-Licensed Drug Testing Laboratories			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get a number at the guard on duty/PACD/RLED. Wait to be called	1. Give number to applicant	None	15 minutes	<i>Guard on Duty/ PACD/RLED</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>Regulatory Officers RLED</i>
3. Wait for the validated DTKs	3.1 Encoding of new and used DTKs	None	1 hour per 500 drug test kits	<i>Regulatory Officers/IDTOMIS Personnel RLED</i>
	3.2 Validate the newly procured DTKs thru IDTOMIS Website	None	1 hour per 500 drug test kits	<i>Regulatory Officers RLED</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>Regulatory Officers</i> RLED
4. Receive the validated DTKs	4. Return/release the validated DTKS	None	20 minutes	<i>Regulatory Officers</i> RLED
<b>TOTAL</b>		<b>None</b>	<b>4 hours 35 minutes</b>	



## Center for Health Development

### INTERNAL SERVICES

#### 130. Issuance of Clearance to conduct LDI

Learning Design or Concept Note shall be required as part of the clearing house of HRDU to ensure the quality and validity of all proposed learning and development programs in terms of its objectives, course, contents, participants, venues, schedules and overlaps with other learning and development activities.

<b>Office or Division:</b>	Management Support Division - HRDU
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2G – Government to Government
<b>Who may avail:</b>	Program Managers, end-users

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Learning and Development Design (for training of LDI) or Concept Note ( for orientations, seminar, PIR, write shops/workshops or similar activities)		Program Manager, end-users		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Learning and Development Design/Concept Note	1.1 Check and validate the completeness of the L&D Design/Concept Note	None	20 minutes	Administrative staff HRDU
	1.2 Record submitted L&D Design/Concept Note in logbook	None	5 minutes	Administrative staff HRDU
	1.3 Forward the L&D Design/Concept Note to the Training Officer	None	5 minutes	Administrative staff HRDU
	1.4 Review and Evaluate the L&D Design and Concept Note	None	1 day	Training Specialist III HRDU
	1.4.1 If compliant with the checklist, forward the L&D Design/Concept Note to RD's Office for approval  If not compliant, return the L&D Design/Concept Note to the concerned Program Manager for updating or revision	None	10 minutes	Administrative staff HRDU
	1.5 Approve the Learning and Development Design/ Concept Note	None	1 day	Regional Director HRDU
	1.6 Receive the Learning and Development Design/ Concept Note approved by RD	None	10 minutes	Administrative staff HRDU
2. Receive the approved Learning	2. Provide a copy of the approved	None	15 minutes	Administrative staff HRDU





and Development Design/ Concept Note	Learning and Development Design/ Concept Note			
<b>TOTAL</b>		<b>None</b>	<b>2 days , 1 hour &amp; 5 minutes</b>	

### 131. Issuance of Personnel Related Documents (Internal)

To facilitate the timely preparation and issuance of personnel related documents such as Service Record, Certificate of Employment, Evaluation in the Human Resource Unit, Certificate of Employment with Compensation, Certificate of Net Take Home Pay, Certificate of Leave Credits, and Service Record to DOH CHD permanent/contractual/contract of service employees for whatever purposes that they may intend.

<b>Office or Division:</b>	Management Support Division-Personnel/Human Resource Section		
<b>Classification:</b>	Simple		
<b>Type of Transaction:</b>	G2G – Government to Government		
<b>Who may avail:</b>	CHD Permanent/contractual/contract of service		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
<b>Principal:</b>		Personnel Section/Human Resource Section	
1. Duly accomplished request form (2 original copies)			
2. One Valid Identification Card (1 photocopy)		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR	
<b>Authorized representative:</b>			
1. Duly accomplished request form (2 original copies)		Personnel Section/Human Resource Section	
2. One Valid Identification Card of the principal and authorized representative (1 photocopy)		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR	
3. Authorization Letter (1 original copy)		Requesting party	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure request form from the MSD- Personnel/HRM/R ecords Section	1. Provide the Request Form to requesting party	None	5 minutes	<i>Administrative Assistant</i> MSD- Personnel/HRM/R ecords Section
2. Submit duly accomplished form and receive 2nd copy of the accomplished request form	2.1 Receive the accomplished Request form from requesting party and give 2nd copy to requesting party	None	5 minutes	<i>Administrative Assistant</i> MSD- Personnel/HRM/R ecords Section
	2.2 Retrieve and prepare the requested document	None	2 days and 4 hours	<i>Administrative Assistant</i> MSD- Personnel/HRM/R ecords Section
	2.3 Review and endorse the requested document for approval	None	1 hour	<i>Administrative Officer IV / Administrative Assistant</i> MSD- Personnel/HRM/R ecords Section
	2.4 Signs the requested document	None	1 hour	<i>Chief Administrative Officer / Administrative Officer V</i> MSD- Personnel/HRM/R ecords Section
3. Receive the requested document	3. Issue the requested document to requesting party	None	1 hour	<i>Administrative Assistant</i> MSD- Personnel/HRM/R ecords Section
<b>TOTAL</b>		None	<b>2 days, 7 hours, 10 minutes</b>	

## 132. Payment of Petty Cash

Payment for small amount of expenses like toll fees, gasoline, repairs, office supplies and the like.

<b>Office or Division:</b>	Management Support Division - Cashier			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	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:				
Pre-post implementation		GSS Office		
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 minute	Administrative Officer V Cashier Section
	1.2 Assign control number and sign the PCV	None	10 minutes	Administrative Officer V Cashier Section
	1.3 Release of fund	None	20 minutes	Administrative Officer V Cashier Section
2. Sign the “Received by” portion of the PCV	2. Receive signed PCV	None	10 minutes	Administrative Officer V Cashier Section
<b>TOTAL</b>		None	45 minutes	

### 133. 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 priority.

<b>Office or Division:</b>	Management Support Division - General Services Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Government employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form (1 original) Government ID (1 valid)		Dormitory Manager		
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	5 minutes	Dormitory Manager
2. Check-in to assigned room	2. Prepare room assignment and key endorsement	None	5 minutes	Dormitory Manager
3. Payment of dormitory fees and lost key/other damages (if any)	3.1 Issue order of payment	refer to dormitory fees	10 minutes	Dormitory Manager
	3.2 Issuance of Official Receipt	None	10 minutes	Cashier
4. Check-out	4. Retrieval of keys and Issue clearance / logging-out	None	10 minutes	Dormitory Manager
<b>TOTAL</b>		refer to dormitory fees	40 minutes	

#### Dormitory fees:

CHD	Fees
Metro Manila	PHP 200.00/day for non DOH personnel PHP150.00/day for DOH personnel PHP50.00 - lost key
Cagayan Valley	PHP 400.00/day for official business PHP 200.00/day for DOH Personnel /Union Members PHP 100.00 - lost key

Central Visayas	PHP 300.00/day for non DOH personnel PHP 240.00/day for non Senior Citizen/PWD PHP150.00/day for DOH personnel PHP200.00 - lost key
Eastern Visayas	PHP 300.00/day for non DOH personnel PHP150.00/day for DOH personnel PHP200.00 - lost key
Soccsksargen	PHP 300.00/day for non DOH personnel PHP250.00/day for DOH personnel PHP200.00 - lost key PHP200.00 - lost blanket

### 134. Provision of Transport Service

Provision of transport service to DOH CHD 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 requests submitted one day before the actual date of activity shall be subject to availability of vehicle.

<b>Office or Division:</b>	Management Support Division – General Services Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	DOH CHD staff/employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Vehicle Request Form (1 original)		General Services Section		
Approved Authority to Travel (ATT) or Regional Personnel Order (RPO) or Pass Slip/Gate Pass (1 photocopy)		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits the approved requirements to General Services Section	1.1 Receives the required documents and check for completeness and correctness	None	5 minutes	<i>Transport Officer General Services Section</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  *if no vehicle available: indicate “No available Vehicle” accordingly and return one (1) photocopy of the vehicle request form to the requesting unit or section	None	1 hour	<i>Transport Officer General Services Section</i>
	1.3 Approves the Vehicle Request	None	10 minutes	<i>Administrative Officer V General Services Section</i>
	1.4 Receives the approved vehicle request and prepares trip tickets and filling-out of fuel consumption request	None	2 hours	<i>Transport Officer General Services Section</i>
	1.5 Informs the requesting Unit/Section on the details of their request	None	5 Minutes	<i>Transport Officer General Services Section</i>



<b>TOTAL</b>	<b>None</b>	<b>3 hours, 20 minutes</b>	
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### 135. Release of Payments – LDDAP (Internal)

This service is being availed by CHD end-user units for the release of payment for external clients.

<b>Office or Division:</b>	MANAGEMENT SUPPORT DIVISION			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Employees and Staff			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved Disbursement Voucher		Agency Approving Authority		
Bank Account Number		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits Bank Account Number to Cashier	1. Accepts Bank Account Number	none	10 minutes	<i>Administrative Assistant-Cashier Section MSD</i>
2. Wait for the payment to be	2.1 Encodes details of claim in the	none	1 hour	<i>Administrative Assistant-Cashier Section</i>

credited to bank account	Financial Data Entry System			MSD
	2.2 Prepares LDDAP-ADA/ACIC			
	2.3 Reviews and Signs LDDAP-ADA/ACIC	none	4 hours	<i>Administrative Officer V – Cashier Section</i> MSD
	2.4 Forwards to Accounting	none	5 minutes	<i>Administrative Assistant – Cashier Section</i> MSD
	2.5 Receives and records in the log book LDDAP-ADA/ACIC from Cashier Section	none	10 minutes	<i>Administrative Assistant - Accounting Section</i> MSD
	2.6 Forwards LDDAP – ADA to Accountant III	none	10 minutes	<i>Administrative Assistant – Accounting Section</i> MSD
	2.7 Verifies and Signs LDDAP – ADA	none	5 minutes	<i>Accountant III – Accounting Section</i> MSD
	2.8 Forwards LDDAP-ADA to Administrative Assistant	none	10 minutes	<i>Accountant III- Accounting Section</i> MSD
	2.9 Forwards LDDAP-ADA to Authorized Signatory	none	10 minutes	<i>Administrative Assistant – Accounting Section</i> MSD
	2.10 Receives and records in the logbook receipt of LDDAP ADA	none	10 minutes	<i>Administrative Assistant – Authorized Signatory (RD/ARD/Division Chiefs)</i> MSD
	2.11 Signs LDDAP – ADA	none	2 hours	<i>Authorized Signatory- (RD/ARD/Division Chiefs)</i> MSD
	2.12 Forwards signed LDDAP-ADA to Cashier Section	none	10 minutes	<i>Administrative Assistant – Authorized Signatory</i> MSD
	2.13 Receives signed LDDAP-ADA and records receipt in the log book	none	10 minutes	<i>Administrative Assistant – Cashier Section</i> MSD





	2.14 Submits LDDAP ADA/SLIIE together with the FINDES to Authorized Depository Bank (ADB)	none	4 hours	<i>Disbursing Officer- Cashier MSD</i>
<b>TOTAL</b>		<b>None</b>	<b>1 day, 4 hours &amp; 30 minutes</b>	

BICOL Center for Health Development

## EXTERNAL SERVICES

## 136. Bacteriological Water Analysis of Drinking Water (Multiple tube Fermentation Technique and Heterotrophic Plate Count)

This process is a method of analysing water to estimate numbers of bacteria present, if needed, to find out what sort of bacteria they are.

Releasing of water sample bottle: Monday to Friday (8am to 5pm)

Acceptance of Specimens: Every Monday (8am to 2 pm only)

<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	COMPLEX			
<b>Type of Transaction:</b>	G2C - Government to Client G2G - Government to Government G2B – Government to Business			
<b>Who may avail:</b>	Food establishment, ice plant, water refilling station, water district and household (walk in), hospital and resort.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Form Order of payment		Bicol Regional Blood Center – Security Guard		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for water analysis	1. Issue Order of payment	None	5 minutes	Med. Tech/Lab. Aide/Chemist
2. Pays the amount reflected of payment of order	2. Accepts and issue official receipt based on the amount reflected in the Order of Payment	Treated sample: Php.600.00 (MPN & HPC)  Deep Well/Raw sample: Php.350.00 (MPN)	5 minutes	Collecting officer
3. Receive specific sample bottle	3. Instruct and release of specific water sample bottle and request form	None	5 minutes	Med. Tech/Lab. Aide/Chemist

4. Submit filled up request form and water sample	4. Review request form and receive water sample	None	5 minutes	Med. Tech/Lab. Aide/Chemist
	4.1 Presumptive test and HPC, incubate and read result	None	48 hours	Medical Technologist
	4.2. Confirmatory test and read result 4.3 EC broth incubation and read result  4.4 BGLB incubation and read result	None	48 hours	Medical Technologist
	4.5 Record result	None	2 mins/sample	Medical Technologist
	4.6 Review and validate laboratory result	None	2 mins/sample	Medical Technologist & Pathologist
	5. Receive laboratory result	5.Release laboratory result	None	5 minutes
TOTAL		Treated sample: Php.600.00/sample (MPN & HPC)  Deep Well/Raw sample: Php.350.00/sample (MPN)	4 days and 29 minutes	

### 137. Donor Recruitment and Blood Collection

This is an activity performed to develop programs that aim to create awareness about the importance of voluntary donation and ensure adequate blood supply.

Acceptance of Donor: Monday to Friday (8am to 5pm)

<b>Office or Division:</b>	Blood Center			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C – Government to Client			
<b>Who may avail:</b>	Blood donor			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Donor History Questionnaire		Bicol Regional Blood Center – Donors Clinic		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish Donor History Questionnaire	1. Receives accomplished Donor History Questionnaire	None	5 minutes	Blood Management Unit Staff
2. Attend to predonation counseling	2. Conducts pre-donation counseling	None	20 minutes	Blood Management Unit Staff
3. Attend to interview and assessment	3. Interviews & assessment of donor	None	15 minutes	Blood Management Unit Staff
4. Submit herself/himself for the necessary procedures (4.1, 4.2 & 4.3)	4.1 Blood typing & hemoglobin determination	None	10 minutes	Blood Management Unit Staff
	4.2 Physical examination of donors	None	10 minutes	Blood Management Unit Staff
	4.3 Prepares and performs blood extraction	None	30 minutes	Blood Management Unit Staff
5. Attend to post-donation counseling & donor care	5. Performs post-donation counseling & donor care	None	30 minutes	Blood Management Unit Staff
<b>TOTAL</b>		<b>None</b>	<b>2 hours</b>	

### 138. Enteric Bacteriology (Rectal Swab Culture)

This service aims to ensure that all food handlers are free from enteric pathogens.

Acceptance of Specimens: Every Monday (8am to 5pm)

<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	COMPLEX			
<b>Type of Transaction:</b>	G2C - Government to Client G2G - Government to Government G2B – Government to Business			
<b>Who may avail:</b>	Food handlerst, water refilling station personnel			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Form Order of payment		Bicol Regional Blood Center-Security Guard		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for Rectal swab and fill up request form	1. Evaluate request form and issue order of payment	None	5 minutes	Med. Tech/Lab. Aide/Chemist
2. Pays the amount reflected of payment of order	2. Accepts and issue official receipt based on the amount reflected in the Order of Payment	Php.100.00	5 minutes	Collecting officer
3. Do rectal swab	3. Check receipt, instruct how to do rectal swab and give of Carry & Blair	None	5 minutes	Med. Tech/Lab. Aide/Chemist
4. Submit rectal swab sample	4.1 Receive sample	None	5 minutes	Med. Tech/Lab. Aide/Chemist
	4.2.1 Processing and testing:	None		Medical Technologist
	4.2 .2 Dip rectal swab in peptone tube and selenite tube		30 secs/sample	
	4.2.3 Incubate		24 hours	
	4.2.4 streaking of specimen from peptone to TCBS Agar		30 secs/sample	
	4.2.5 streaking of specimen from selenite to SS Agar		24 hrs	
	4.2.6 Incubate		24 hrs	
	4.2.7 Biochemical testing, streaking on Mc		12 hours	

	Conkey agar and incubate			
	4.2.8 Read biochemical testing and perform bacterial identification using automated machine			
	4.3 Record result	None	2 mins /sample	Medical Technologist
	4.4 Review and validate laboratory result	None	2 mins /sample	Medical Technologist & Pathologist
5. Secure laboratory result	5. Release laboratory result	None	5 minutes	Med. Tech/Lab. Aide/Chemist
<b>TOTAL</b>		<b>Php.100.00</b>	<b>3 days, 12 hours, 30 minutes and 30 seconds</b>	

### 139. Gene Xpert MTB/RIF

Gene Xpert Testing for sputum specimens and extra pulmonary specimens being referred by PMDT- Satellite Treatment Centers (PMDT-STC) and referrals from private hospitals.

Acceptance of Specimens: Monday – Friday (8am to 5pm)

<b>Office or Division:</b>	Local Health Support Division
<b>Classification:</b>	SIMPLE
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government
<b>Who may avail:</b>	TB DOTS patients of PMDT-STC

TB DOTS patients for other private hospitals				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Specimen Receiving Forms Requesting Form		Requesting Facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Send specimen receiving forms together with the request forms and the specimens to Regional TB Laboratory	1.1 Receiving/Checking of specimens if it passed the criteria and completeness of data with request form different facilities	None	5 minutes	TB Laboratory Staff
	1.2 Client Data Entry	None	5 minutes	TB Laboratory Staff
	1.3 Processing and testing of specimens	None	2 hours & 30 minutes	Gene Xpert Technician
	1.4 Recording of result	None	20 minutes	Gene Xpert Technician
2. Receive laboratory result	2. Release laboratory result	None	5 minutes	TB Laboratory Staff
<b>TOTAL</b>		<b>None</b>	<b>3 hours and 5 minutes</b>	

## 140. Issuance of Blood and Blood Component

This service aims to institutionalize equitable system of distribution of blood and blood component to blood service facilities. This is available from Monday to Sunday including holidays (7am to 11pm).

Office or Division:	Blood Center			
Classification:	SIMPLE			
Type of Transaction:	G2G - Government to Government G2B - Government to Business			
Who may avail:	Blood Service Facility			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blood Requisition Issuance Slip Blood Releasing/Tracer Form		Requesting Blood Service Facility Blood Center (blood releasing section)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Call Blood Center to request blood/blood component unit needed	1.1 Receives call clients for request of blood/blood component	None	5 minutes	Medical Technologist on duty
	1.2 Initial checking of blood stock	None	5 minutes	Medical Technologist on duty
2. Receive instruction and fill up Blood Requisition Issuance Slip	2. Response to query	None	5 minutes	Medical Technologist on duty
	2.1 Preparation of blood/blood components for issuance: 2.2. Checking of physical appearance of blood unit 2.3 Validation of blood typing 2.4 Checking & verification of data on blood unit label, validation of test results for 5 Transfusion Transmissible Infections (TTI) & blood typing	None	30 minutes	Medical Technologist on duty
	2.5 Completion of Blood Release/Tracer Form	None	10 minutes/page	Medical Technologist on duty
	2.6 Call BSF for pick time of blood/blood component units	None	5 minutes	Medical Technologist on duty
3. Submit filled up Prepare Blood Requisition Issuance Slip	3. Receives Blood Request & Issue Slip (RIS) and Issuance of RIS No.	None	2 minutes	Medical Technologist on duty
4. Receives blood/blood components and Blood Releasing/Tracer Form	4. Issues blood/blood components and Blood Releasing/Tracer Form to hospital staff	None	5 minutes/unit	Medical Technologist on duty
<b>TOTAL</b>		<b>None</b>	<b>1 hour and 7 minutes</b>	





CAGAYAN VALLEY

Center for Health Development

**EXTERNAL SERVICES**

## 141. Xpert Xpress SARS-CoV-2 Test

The Xpert Xpress SARS-CoV-2 test is a rapid, real-time RT-PCR test intended for the qualitative detection of nucleic acid from the SARS-CoV-2 in upper respiratory specimens such as nasopharyngeal, oropharyngeal, nasal, or mid-turbinate swab collected from individuals suspected of COVID-19. Specimens are collected from different Disease Reporting Units (DRU) and brought in the laboratory for testing.

<b>Office or Division:</b>	Local Health Support			
<b>Classification</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Rural Health Units, Government & Private Hospitals, Private Clinics			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Case Investigation Form (CIF)		Disease Reporting Unit		
Patient Linelist		Disease Reporting Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>REQUEST FOR SARS CoV-2 TEST</b> 1. Send specimen, Case investigation form (CIF) and linelist to the laboratory  Note: Courier is required to wear minimum PPE (Gloves and facemask)	<b>SPECIMEN RECEIVING</b> 1.1 Disinfect transport box, CIF and linelist received	None	30 minutes	Staff assigned in specimen receiving
	1.2 Check for completeness of CIF and linelist			
	1.3 Verify that the number of CIF corresponds to the number of entries in the linelist			

	1.4 Send transport box together with CIF and linelist in the laboratory through the pass box			
	1.5 Send duplicate copy of CIF and linelist to the Regional Epidemiology and Surveillance Unit (RESU)			
	<b>PRE-PROCESSING PROCEDURE</b>	None	30 minutes	Analyst and/or Laboratory Aide
	1.6 Disinfect transport box from the passbox			
	1.7 Open transport box inside the biosafety cabinet (BSC)			
	1.8 Check specimen quality and verify that the number of specimens correspond with the number of CIF and entries in the linelist			
	1.9 Scan CIF and send to encoder			
	1.10 Log-in all specimens received in the Laboratory Worksheet			
	1.11 Disinfect transport box before returning to the receiving staff			

	<b>PROCESSING PROCEDURE</b> 1.12 Aspirate sample using the appropriate pipette and transfer into the Xpert Xpress SARS-CoV-2 cartridge.	None	1 hour per specimen	Analyst
	1.13 Load the inoculated cartridge into the genexpert machine			
	<b>POST PROCESSING PROCEDURE</b> 1.14 Print machine generated result, scan and send to encoder	None	1 hour	Analyst /lab Aide
	1.15 Encode the official result and partial linelist per batch			Encoder
	<b>RELEASING OF RESULT</b> 1.16 Partial linelist per batch sent to RESU immediately after encoding	None	1 hour	Encoder
	1.17 Signed official result and official linelist sent to RESU by Disease Reporting Unit			
<b>TOTAL</b>		<b>None</b>	<b>4 hours</b>	



## CALABARZON

### Center for Health Development

## EXTERNAL SERVICES

### **142. Reporting of Health Information During Emergencies and Disasters**

The Disaster Risk Reduction and Management in Health (DRRM-H) reported health events/incidents to the respective stakeholders.

<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government G2B– Government to Business			
<b>Who may avail:</b>	LGUs, government health facilities, government agencies, and other partners			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request of reports (via letter, SMS, or email)		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request of reports	1.1 Receives SMS or email requesting for a health event/incident	None	1 minute	Administrative Aide
	1.2 Generates the report (request to the provincial counterparts if not available in the Regional Operation Center)	None	1 day	Technical personnel
	1.3 Prepares the report (depending on the degree of report requested)	None	1 day	Technical personnel
	1.4 Releases the report for routing to signatories	None	15 minutes	Administrative Aide
	1.5 Sends report to the requesting agency	None	10 minutes	Administrative Aide
<b>TOTAL</b>		<b>None</b>	<b>2 days and 26 minutes</b>	



## CENTRAL LUZON

### Center for Health Development

## EXTERNAL SERVICES

### 143. Application as Partner School for the implementation of Pre-Service Scholarship Program (PSSP)

Endorsement for the Accreditation of Schools offering midwifery and medicine course as partners in the implementation of Pre-Service Scholarship Program (PSSP).

Office or Division:	Management Support Division		
Classification:	Highly Technical		
Type of Transaction:	G2G – Government to Government G2B – Government to Business		
Who may avail:	Private and Public Schools duly recognized by Commission on Higher Education (CHED) offering midwifery and medicine course		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of Intent		Applicant	

For private schools: indicate willingness to provide financial counterpart for the balance of fees of scholars (1 original)				
Certificate of CHED Recognition (1 photocopy)		CHED		
Certificate of School Standing to Midwifery/ Medicine Board Exam – with at least 65% passing average for first time takers in the past 3 years (1 photocopy)		Professional Regulation Commission (PRC)		
Pictures of facilities/ infrastructure necessary to deliver quality education		Applicant		
Issuance/ Memorandum in designating a focal person or PSSP coordinator (1 original)		Applicant		
Course Curriculum with capacity to conduct review class for graduating scholars (1 photocopy)		Applicant		
Schedule of Fees for the course (1 photocopy)		Applicant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits application and documentary requirements to Central Receiving	1.1. Receives the application and issues acknowledgement receipt	None	5 minutes	Administrative Aide VI Central Receiving
	1.2. Review of documents for proper endorsement	None	10 minutes	Director IV or Officer in Charge Regional Director's Office
	1.3. Receives application with complete attachment as routed to the unit	None	5 minutes	Administrative Assistant II Human Resource Development Office
	1.4. Evaluates interested partner schools based on the criteria and requirements set by DOH.	None	1 hour	Training Specialist II Human Resource Development Office
	1.5. Review and signing of validation criteria form	None	10 minutes	Training Specialist III Human Resource Development Office
	1.6. Approval and signing of	None	10 minutes	Director IV



	validation criteria form			Regional Director's Office
	1.7. Prepares endorsement letter of school to DOH-HHRDB for further evaluation and approval. (Attachments include signed validation criteria form, application form and complete documentary requirements.)	None	30 minutes	Training Specialist II Human Resource Development Office
	1.8. DOH through the scholarship committee evaluates and approves accreditation of interested partner schools based on their set timeline and issues memorandum addressed to CHDs for the approval of accreditation.	None	5 days (paused-clock)	DOH-Health Human Resource Development Bureau
	1.9. Prepares letter of notification for accredited partner schools.	None	30 minutes	Training Specialist II Human Resource Development Office
	1.10. Schedules date for signing of memorandum of agreement (MOA) for the implementation of the program.	None	30 minutes	Training Specialist III Human Resource Development Office
2. Attends Scheduled MOA Signing	2.1. Signing of MOA	None	30 minutes	Partner School  Regional Director
	2.2. Endorses duly signed MOA for signature of HHRDB head.	None	30 minutes	Training Specialist II Human Resource Development Office

	2.3. Signing of MOA	None	5 days (paused-clock)	DOH-Health Human Resource Development Bureau (HHRDB) – Head
	2.4. Facilitates the notary of MOA as endorsed by HHRDB.	None	2 days (paused-clock)	Partner School  Notary Public
	2.5. Releases copy of notarized MOA to HHRDB and accredited partner schools.	None	10 minutes	Administrative Aide VI Records Office
<b>TOTAL</b>		<b>None</b>	<b>12 days, 4 hours &amp; 20 minutes</b>	

#### 144. Application as Scholar under Pre-Service Scholarship Program (PSSP)

Endorsement of Applications for scholarship grants to deserving midwifery/ medicine students admitted to DOH Partner Schools to increase availability of healthcare professionals who will provide quality basic health care services to the un-served, underserved, hard to reach, economically underdeveloped, distressed and conflict and geographically isolated and disadvantaged areas (GIDA) of the country.

Interested applicants shall undergo screening and selection process defined by the partner school for admission to the program/course. DOH Partner Schools screen and evaluate interested applicants. DOH partner schools shall submit their shortlist of applicants together with the application form and documentary requirements to CL CHD 2 ½ months before the start of their school year.

<b>Office or Division:</b>	Management Support Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	Medicine/Midwifery students who passed the admission process of a DOH accredited partner school
<b>CHECKLIST OF REQUIREMENTS</b>	
PSSP Application Form (1 original)	DOH Website



	DOH CL CHD – Human Resource Development Unit DOH Partner School			
For Midwifery Course Applicant: High School Report Card with General Weighted Average (GWA) (1 photocopy)	School graduated			
For Medicine Course Applicant: NMAT Score (1 photocopy) Transcript of Records for Pre-Medicine or Undergraduate Course (1 photocopy)				
Certificate of Good Moral Character (1 photocopy)	School Graduated			
Birth Certificate (1 photocopy)	Philippine Statistics Authority or Civil Registrar's Office			
Medical Certificate as certified by Government Physician	Form: Civil Service Commission Website  Issuance: Rural Health Units/ Government Hospitals			
Hepa B Screening Result (1 original)	Licensed Laboratory facilities/ hospitals			
Barangay Certification/ Certification of a Bona Fide Resident of the Community (1 photocopy)	Brgy. Hall (Place of residence)			
Combined Family Income Tax Return (ITR) (1 photocopy)	Bureau of Internal Revenue (BIR)			
NCIP Certification if member of an Indigenous People Group (1 photocopy)	National Commission on Indigenous Peoples (NCIP)			
Certificate of Employment of parent/ legal guardian for dependents of government employees, barangay health workers, traditional birth attendants, police/soldiers fatally wounded/ killed on duty (if applicable) (1 photocopy)	Employer of parent/ guardian			
Identification Card/ Certificate of parent/ guardian for dependents of PWD/ Solo Parent (if applicable) (1 photocopy)	Department of Social Welfare and Development			
Medical Abstract for those students whose parents is suffering from chronic diseases (e.g. Undergoing Dialysis, Cancer patients) (if applicable) (1 photocopy)	Attending Physician/ Health facilities where the patient was hospitalized or being treated			
Certificate as proof of victim of calamities or insurgencies (if applicable) (1 photocopy)	Local Disaster Risk Reduction and Management Office or Department of Social Welfare and Development (DSWD)			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. DOH partner school submits shortlist of applicants, their application forms and complete documentary requirements.	1.1. Receives submitted shortlist with complete attachment and issues acknowledgement receipt.  If there are applications endorsed by other Regions wherein the applicant is a resident of Region 3, HRDU staff receives the application and issues acknowledgement receipt through email.	None	10 minutes	Administrative Assistant II Human Resource Development Office
	1.2. Evaluates applicants based on the criteria and requirements set by DOH.	None	30 minutes	Training Specialist II Human Resource Development Office
	1.3. Review and Signing of validation criteria form	None	10 minutes	Training Specialist III Human Resource Development Office
	1.4. Approval and signature of Validation Criteria Form	None	10 minutes	Director IV Regional Director's Office
	1.5. Prepares endorsement of applicants to DOH-HHRDB for further evaluation and approval. (Attachments include signed selection criteria form, application form and complete documentary requirements of each scholar)	None	30 minutes	Training Specialist II Human Resource Development Office

	For applicants endorsed by other region to provide copy to the concerned region of the endorsement letter and other attachments.			
	1.6. DOH through the scholarship committee evaluates and approves the list of accepted scholars based on their set timeline and issues memorandum addressed to CHDs for the accepted scholars.	None	10 days (paused-clock)	DOH – Health Human Resource Development Bureau (HHRDB)
	1.7. Prepares letter of notification for approved scholars to partner schools.	None	30 minutes	Training Specialist II Human Resource Development Office
	1.8. DOH Partner School informs the applicants of the result of their scholarship application.  1.9. For accepted scholars from other region, the concerned region will inform the concerned partner school of the applicant's acceptance to the scholarship Program.	None	15 minutes (paused-clock)	Focal Person / PSSP Coordinator DOH Partner School
	1.10. Schedules signing of contract and commitment to render service obligation (CSRO).	None	30 minutes	Training Specialist III Human Resource Development Office

	1.11. DOH Partner schools inform the concerned scholars of the scheduled date for the signing of scholarship contracts and CRSOs.	None	15 minutes (paused-clock)	Focal Person / PSSP Coordinator DOH Partner School
	1.12. Prepares scholarship contract and commitment to render service obligation form.	None	30 minutes	Training Specialist II Human Resource Development Office
2. Attends scheduled contract signing with parent/guardian as witness	2.1. Signing of scholarship contracts and Commitment to Render Service Obligations (CRSO).	None	30 minutes	Scholar  Partner School Signatory/ Representative  Accountant III Accounting Office  Director IV Regional Director's Office
	2.2. Endorses duly signed scholarship contracts for signature of HHRDB Head.	None	30 minutes	Training Specialist II Human Resource Development Office
	2.3. Signs contracts of CL CHD PSSP Scholars.	None	10 days (paused-clock)	DOH-Health Human Resource Development Bureau (HHRDB) – Head
	2.4. Facilitates the notary of scholarship contracts as endorsed by HHRDB and CRSOs.	None	2 days (paused clock)	Scholars  Notary public
	2.5. Releases copy of notarized contract and CSROs to	None	15 minutes	Administrative Aide VI Records Office



	HHRDB, Scholars and partner schools			
<b>TOTAL</b>		<b>None</b>	<b>22 days, 4 hours and 45 minutes</b>	

## 145. Procurement through Public Bidding

Perform procurement through Public Bidding to promote transparency, integrity, economic, openness, fairness, competition and accountability.

<b>Office or Division:</b>	Bids and Awards Committee			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Interested Suppliers, Consultants and Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Regular Goods and Equipment Approved Purchase Request (3 original copies), Work and Financial Plan (photocopy) & Allocation List (1 original).		Regular Goods and Equipment End-user		
Infrastructure Projects Approved Plans and Program of Works, Scope of Works, and Approved Budget for the Contract (Original Copy)		Infrastructure Projects End-user		
Original Philippine Contractors Accreditation Board License, Authorization Letter/Special Power of Attorney if not the Owner and Identification Card		Originating Agency/Establishment		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Purchase Bidding Documents at BAC Office.	1.1. Check and validate the provided requirements.	Please see schedule of fees	10 minutes	BAC Secretariat
	1.1. Issue Order of Payment.		5 minutes	BAC Secretariat
2. Payment at Cashier Office	2. Issuance of Official Receipt	Indicated schedule of fees	5 minutes	Administrative Officer V/ Administrative Assistant III Cashier Office
3. Present the official receipt at BAC Office	3.1. Issue Bidding Documents through electronic file (CD) to prospective bidders.	None	10 minutes	BAC Secretariat
	3.2. Conduct of Pre-Bidding Conference  *At least 7 calendar days after posting  Prepares minutes of Pre-Bidding Conference, Bid Bulletin if applicable	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers  BAC Secretariat



	3.3. Posting of Bid Bulletin to PhilGEPS and CLCHD BAC Bulletin Board if applicable	None	30 minutes	BAC Secretariat
	3.4. Conduct of Opening and Submission of Bidding Documents.  *At least 12 calendar days after pre-bidding conference	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers
4.Submits the Bidding Documents	4.1. Receives the Bidding Documents	None	5 minutes	BAC Secretariat
	4.2. Opening of Public Bidding Documents for review, evaluation and declaration of Lowest Calculated Bid (LCB)  *If Public Bidding is unsuccessful, return to first step. If two failed biddings, BAC will call for a meeting to schedule Alternative Mode of Procurement.	None	1 day	Bids and Awards Committee
	4.3. Prepares Abstract of Bids and minutes of Public Bidding	None	1 hour	BAC Secretariat
	4.4. Prepares summary of bid from lowest to highest for post-qualification purposes.	None	30 minutes	BAC Secretariat
	4.5. Conduct of Post-qualification and prepares Post qualification Evaluation Report.	None	1 day  *Minimum 7 calendar days but not	Technical Working Group

			exceeding 30 calendar days	
	4.6. Prepares Notice of post-qualification and disqualification, BAC Resolution and Notice of Award	None	30 minutes	BAC Secretariat
	4.7. Reviews the Notice of post-qualification, BAC Resolution and Notice of Award	none	30 minutes	BAC Secretariat Head
	4.8. Approval of notice of post qualification, BAC Resolution and Notice of Award	None	30 minutes	BAC and HOPE
5. Receive the Post qualification	5.1. Issues notice of post qualification	None	5 minutes	BAC Secretariat
	5.2. Prepares and approves BAC resolution and Notice of Award	None	30 minutes	BAC Secretariat BAC HOPE
6. Receive Notice of Award	6. Require the winning bidder to submit Performance Bond within 10 calendar days upon receipt of Notice of Award	None	5 minutes	BAC Secretariat
7. Submits the Performance Bond	7.1. Receives and validates the submitted Performance bond.	None	5 minutes	BAC Secretariat
	7.2. Prepares Contract Agreement/ Memorandum of Agreement for Infrastructure and Purchase Order for regular goods and equipment.	None	30 minutes for Contract Agreement/ Memorandum of Agreement and 2 hours for Purchase Order	BAC Secretariat Administrative Assistant III Procurement Unit
8. Signs contract of agreement for infrastructure	8.1. Conducts Contract signing for infrastructure while approval of Purchase Order	None	30 minutes for signing of Contract Agreement/ Memorandum of Agreement	HOPE LCRB BAC Secretariat

	for regular goods and equipment		and 4 hours for Purchase Order	
	8.2. Prepares and approves Notice to Proceed for Infrastructure	None	15 minutes	BAC Secretariat BAC HOPE
9. Receives Notice to Proceed	9.2. Issues Notice to Proceed	None	5 minutes	BAC Secretariat
<b>TOTAL</b>		<b>None</b>	<b>34 days, 4 hours, 10 minutes</b>	

\*Procurement through Public Bidding is covered under RA 9184.

Approved Budget of the Contract	Fees (Php)
500,000 and below	500.00
More than 500,000 up to 1 Million	1,000.00
More than 1 Million up to 5 Million	5,000.00
More than 5 Million up to 10 Million	10,000.00
More than 10 Million up to 50 Million	25,000.00
More than 50 Million up to 500 Million	50,000.00
More than 500 Million	75,000.00

## 146. Provision of Information, Education, and Communication (IEC) Materials

As part of DOH advocacy campaign, the CLCHD may provide IEC materials as requested.

<b>Office or Division:</b>	Management Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Form		CLCHD – HPS office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit accomplished request form at HPS office.	1.1. Receive the accomplished request form.	None	5 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II

				Health Promotion Service Office
	<p>1.2. Review and check availability of the requested IEC materials.</p> <p>If printed materials are available, proceed to the next step.</p> <p>If printed materials are not available, prototype shall be given to the client.</p> <p>If prototype for specific materials requested is not available, regret letter shall be issued.</p>	None	30 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II Health Promotion Service Office
2. Receive the IEC material/s	2. Provide IEC materials as requested.	None	5 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II Health Promotion Service Office
<b>TOTAL</b>		<b>None</b>	<b>40 Minutes</b>	

## 147. Public Assistance and Complaints Desk

Each agency shall establish a Public Assistance and Complaints Desk (PACD) which shall set-up to, among others, effectively receive feedback and monitor customer satisfaction, where an officer or employee knowledgeable in frontline services shall at all times be available for consultation and advice.

<b>Office or Division:</b>	Central Luzon Center for Health Development			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Written Complaint, if applicable (1 original)		Complainant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client provide verbal inquiry or submit written complaints *Make sure to secure tracking number for follow-up purposes of complaint	1.1. Assess the needed assistance and provide immediate response and/or needed information  If inquiry needed to be elevated, refer to proper authorities and/or assist client towards the concerned office or staff	None	5 minutes	PACD Officer-in-Charge

	If complaint, receives the written complaint and forward to Regional Director for proper endorsement *shall follow handling of complaints procedure			
	1.2. Records client information and nature of inquiry/complaint	None	3 minutes	PACD Officer-in-Charge
<b>TOTAL</b>		<b>None</b>	<b>8 minutes</b>	

## 148. Recruitment (Region-based and HRH)

This includes all activities in the hiring/recruitment of personnel at Central Luzon Center for Health Development to ensure that every applicant is aware of the process.

<b>Office or Division:</b>	Management Support Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government
<b>Who may avail:</b>	Interested Applicants
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter of Intent indicating the position applying for (1 original)	Applicant
Personal Data Sheet (PDS) (3 original)	Civil Service Commission (CSC) – Form 212
Additional Requirements for HRH	
HRH Application Form (1 original)	CL CHD – Human Resource Development Unit
Certificate of Employment – if with previous employer (1 photocopy)	Previous Employer
Certificate of Trainings / Seminars (1 photocopy)	Training Provider
PRC ID - if applicable (1 photocopy)	Professional Regulation Commission (PRC)
Transcript of Records (1 photocopy)	School graduated
Diploma (1 Photocopy)	School graduated
Requirements for successful applicants	
TOR, Diploma, Board Rating/Certificate of Eligibility (3 original)	Originating school/CSC
Certificate of Trainings (1 photocopy)	From trainings attended
Medical certificate (2 original)	Civil Service Commission (CSC) – Form 211
Physical Examination results (blood test, urinalysis, x-ray, drug test, psychological exam and neuro-psychiatric exam for SG 15 and above and drivers (1 original)	Any government health facility (but for neuro-psychiatric exam only at Mariveles Mental Hospital)

NBI Clearance (1 original)		NBI		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application letter and PDS at the CLCHD central receiving	1.1. Receive documents and check for completeness	None	10 minutes	Administrative Aide IV Central Receiving
	1.2. Review of documents for proper endorsement	None	15 minutes	Administrative Aide VI RD's office
	Receipt of documents as routed to the office	None	5 minutes	Administrative Aide IV Personnel Section
	1.3. Inform applicants whether they meet the minimum requirements and the date of their exam thru text message/phone call/email 5 days after completion of all applications  *allowable extension of 7 days due to inaccessibility of applicant	None	10 minutes (paused-clock)	Administrative Aide VI Personnel Section
2. Attend scheduled examination	2.1. Validates examination	None	15 minutes	Administrative Aide VI/Admin Assistant Personnel Section
	2.2. Inform applicants of the result of their exam and the date of their panel interview thru text message/phone call/email	None	10 minutes (paused-clock)	Administrative Aide VI Personnel Section

	*7 days after examination of all applicants			
	2.3. Conducts panel interview  *as scheduled subject to availability of Human Resource Merit Promotion and Selection Board (HRMPSB)	None	30 minutes	HRMPSB CLCHD
3. Attend panel interview	3.1. Consolidates results and prepare comparative assessment report (for plantilla position)	None	1 day	Administrative Officer V Personnel section
	3.2. Inform successful applicants to submit requirements thru text message/phone call/email after the receipt of the Report of the HRMPSB	None	10 minutes	Administrative Aide VI Personnel Section
4. Submit requirements for successful applicants	4. Receive documents and prepare appointment papers/contracts of service for Job Orders	None	1 hour	Administrative Aide VI/Administrative Assistant/Administrative Officer V Personnel Section
5. Sign the appointment papers/contracts of service for Job Orders	5.1. Signs the appointment papers/contracts of service for Job Orders	None	45 minutes	Applicant AO V HRMPSB RD Budget Section Accounting Section Legal Section
	5.2. Submit appointment papers for plantilla personnel at CSC field office and contracts of	None	4 hours	Administrative Officer V/Administrative Aide/ Assistant Personnel Section





	service for Job Orders at Records Section after being routed to accounting, budget, and legal section			
<b>TOTAL</b>		<b>None</b>	<b>15 days, 7 hours, 30 minutes</b>	



## CENTRAL LUZON

### Center for Health Development

## INTERNAL SERVICES

#### 149. Application for Local Scholarship Program

Provision of Local Scholarship Grants to CL CHD permanent employees based on their training needs and priority programs for career advancement.

<b>Office or Division:</b>	Management Support Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2G – Government to Government
<b>Who may avail:</b>	CLCHD Permanent Employees
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>

Duly Accomplished Checklist of Requirements (1 Original)	CLCHD - HRDU			
Duly Accomplished Application Form (1 Original)	CLCHD - HRDU			
Letter of Intent (1 original)	Applicant			
Recommendation letter / Endorsement Letter from Immediate supervisor (1 original)	Immediate Supervisor			
Personal Data Sheet with Work Experience Sheet – 2017 Version (1 original)	Civil Service Commission (CSC)			
Certificate of no pending case (1 original)	Applicant			
Service Record (1 original)	CL CHD – Personnel Section			
Certificate of non-availment of Local/ Foreign Scholarship for the last 6 months (1 original)	CLCHD - HRDU			
Certificate that he/she have rendered 75% of service obligation for a scholarship previously availed – if applicable (1 original)	Scholarship grantor			
Medical Certificate with attached copy of medical/ physical and psychological exam results (1 original)	Civil Service Commission (CSC)			
Individual Performance Commitment Report (IPCR) for 2 semesters (with very satisfactory rating) (1 photocopy)	CL CHD – Records Section			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits application and documentary requirements to Central Receiving	1.1 Receives the application and issues acknowledgement receipt	None	5 minutes	Administrative Aide VI Central Receiving
	1.2 Review of documents for proper endorsement	None	10 minutes	Director IV or Officer in Charge Regional Director's Office
	1.3 Receives application with complete attachment as routed to the unit	None	5 minutes	Administrative Assistant II Human Resource Development Office
	1.4 Reviews Individual Learning and Development Plan of Applicant for suitability of scholarship grant for	None	1 hour	Training Specialist III Human Resource Development Office

	<p>recommendation and approval.</p> <p>* If the application is not recommended for approval, a regret letter will be issued.</p> <p>For approved application:</p> <p>Prepares Evaluation Form for signing of Continuing Professional Development (CPD) Committee and final approval of the Director</p> <p>*For applications not recommended for approval:</p> <p>Prepares regret letter for signing of the Director</p>			CPD Committee Members
	1.5 Approves Application/ Signs Regret Letter	None	30 minutes	Director IV Regional Director's Office
2. Acknowledges receipt of letter	2.1 Notifies successful applicant of the result of the application and schedule of contract signing.	None	30 minutes	Administrative Assistant II / Training Specialist II Human Resource Development Office
	2.2 Prepares Scholarship Service Contract	None	30 minutes	Training Specialist II Human Resource Development Office
	2.3 Review of prepared contract	None	10 minutes	Training Specialist III Human Resource Development Office

	2.4 Review of prepared contract as to content	None	2 days (paused-clock)	Attorney III Legal Office
	2.5 Requests for issuance of Regional Personnel Order for the approved scholar/s	None	30 minutes	Human Resource Development Unit (HRDU) Staff/ Head
3. Attends signing of contract as scheduled	3.1 Signing of contract	None	30 minutes	Scholar  Immediate Supervisor of Scholar  Accountant III Accounting Office  Director IV Regional Director's Office
	3.2 Notary of Scholarship Contract	Depends on notary public	2 days (paused-clock)	Scholars  Notary Public
	3.3 Releases copy of Scholarship Service Contract	None	5 minutes	Administrative Aide IV Records Office
<b>TOTAL</b>		<b>None</b>	<b>20 days</b>	

\*Total processing time includes scheduling and signing of

## 150. Issuance of Regional Personnel Order (RPO)

This aims to facilitate the timely preparation of RPO for employees going on official business or on official time at least two (2) weeks prior to travel

<b>Office or Division:</b>	Management Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Central Luzon Center for Health Development employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved Letter Request (2 original Copies)		Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the letter request to RD's office	1.1.Receive the letter request from RD's office and route to personnel	None	10 minutes	Administrative Aide V-RD's Office

	1.2.Receive the letter request as routed from RD's office	None	10 minutes	Administrative Aide III- Personnel Section
	1.3.Prepare the RPO	None	30 minutes	Administrative Aide VI- Personnel Section
	1.4.Affix initial on the RPO.	None	5 minutes	Administrative Officer V- Personnel Section
	1.5.Affix initial on the RPO.	None	5 minutes	Chief Administrative Officer
	1.6. Forward the RPO to Regional Director's office	None	10 minutes	Administrative Aide III- Personnel Section
	1.7. Receive the RPO	None	10 minutes	Administrative Assistant Office of the Regional Director
	1.8. Approval of prepared RPO	None	5 minutes	Regional Director
	1.7.Release the approved RPO	None	15 minutes	Administrative Assistant- Records Section
<b>TOTAL</b>		<b>None</b>	<b>1 hour, 40 minutes</b>	

## 151. Issuance of Service Record and Leave Credits for Devolved Personnel

This aims to facilitate the timely issuance of Service Record and Certificate of Leave Credits to devolved DOH personnel

<b>Office or Division:</b>	Management Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	DOH devolved personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Related documents from the LGU where the personnel is assigned (1 original or photocopy)		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the related documents (for senior citizens they will be required to wait in the lobby and a staff from personnel section will be called to attend to them)	1.1. Receive the documents and gather information from the client	None	10 minutes	Administrative Aide-Personnel Section
	1.2. Validate the information and checks the document presented against the records from personnel if requesting for leave credits while if requesting for service record, the 201 file will be retrieved from the records section	None	1 hour, 15 minutes	Administrative Assistant-Personnel Section
	1.3. Prepare the Service	None	30 minutes	Administrative Assistant-



	Record/certificate of leave credits based on records			Personnel Section
	1.4.Review and sign the Service Record/certificate of leave credits	None	15 minutes	Administrative Officer V- Personnel Section
	1.5.Release of Service Record/certificate of leave credits	None	15 minutes	Administrative Assistant- Records Section
<b>TOTAL</b>		<b>None</b>	<b>2 hours, 25 minutes</b>	



## 152. Issuance of Travel Authority

This includes all the activities to facilitate the timely issuance of Travel Authority for employees who are travelling abroad

<b>Office or Division:</b>	Management Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Central Luzon Center for Health Development III permanent employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved Letter Request (1 original)		Employee/RD's Office		
Approved Application for Leave (2 original)		Personnel Section		
Itinerary of Travel (ITT) (1 original)		Travel Agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter request to Regional Director's Office	1.1.Receive the approved letter request and route to personnel	None	10 minutes	Administrative Aide V RD's Office
	1.2. Receive the letter request	None	10 minutes	Administrative Aide III Personnel Section
2. Submit approved application for leave and Itinerary of Travel (ITT)	2.1. Inform the employee that his request for travel has been approved and require him to submit application for leave and ITT	None	1 day	Administrative Aide V Personnel Section
	2.2.Prepare the Travel Authority upon employee's submission of complete requirements	None	30 minutes	Administrative Aide V Personnel Section
	2.3.Affix signature on the endorse by portion	None	5 minutes	Administrative Officer V Personnel Section
	2.4. Forward to Assistant Regional Director for signature	None	10 minutes	Administrative Aide V Personnel Section
	2.5. Receive the TA, affix signature of the	None	10 minutes	Assistant Regional Director

	recommending approval portion and forwards to Regional Director			
	2.6. Receive the TA 2.6.1. Approval of Travel Authority 2.6.2. Forwards to Records section	None	20 minutes	Regional Director
	2.7. Release of Travel Authority	None	15 minutes	Administrative Assistant Records Section
<b>TOTAL</b>		<b>None</b>	<b>1 day, 1 hour and 50 minutes</b>	

## 153. Payment of Salaries

This includes all activities in the preparation of payroll to facilitate the timely payment of employees' salaries

<b>Office or Division:</b>	Management Support Division
<b>Classification:</b>	COMPLEX
<b>Type of Transaction:</b>	G2G – Government to Government

<b>Who may avail:</b>		Central Luzon Center for Health Development employees		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Duly accomplished and signed Daily Time Record (DTR) (2 original)		Employee/Personnel Section		
Employee Journal (2 original)		Employee		
Regional Personnel Order (RPO) or approved letter request (1 photocopy)		Records Section/Personnel Section		
CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished and signed (DTR) with journal and RPO to Personnel Section	1.1. Receive the duly accomplished and signed (DTR) with journal and RPO	None	10 minutes	Administrative Aide III Personnel Section
	1.2. Evaluate the documents and prepare the payroll	None	3 hours	Administrative Assistant Personnel Section
	1.3. Affix initial on the payroll.	None	30 minutes	Administrative Officer V Personnel Section
	1.4. Sign the payroll	None	1 hour	Chief Administrative Officer Personnel Section
	1.5. Forward the payroll	None	10 minutes	Administrative Aide III Personnel Section
	1.6. Receive the payroll	None	10 minutes	Administrative Assistant III Budget Division
	1.7. Encodes in the Appropriate Registry of Allotment and forward to concerned signatory	None	1 hour	Administrative Officer V Budget Division
	1.8. Review, certify the	None	2 hours	Administrative Officer

	availability of allotment, and forward to releasing			V/Division Chief Budget Division
	1.9. Records the documents to be released and forward to Accounting Division	None	10 minutes	Administrative Aide III Budget Division
	1.10. Receive the documents	None	5 minutes	AAII Accounting Division
	1.11. Assigns NCA Number, None Initials and forwards to concerned signatory of DV	None	1 day	SAA I Accounting Division
	1.12. Certifies Box C of DV and forward to releasing	None	1 day	Accountant II Accounting Division
	1.13. Records the documents to be released and forward to Cashier Section	None	10 minutes	AAII Accounting Division
	1.14. Receive the approved Payroll	None	5 minutes	AA IV Cashier Section
	1.15. Prepare check and ADA	None	1 hour	Cashier II Cashier Section
	1.16. Prepare advice of check issued and forward to signatories	None	4 hours	FA II Cashier Section

	1.17. Sign the checks, ADA and ACIC	None	1 day	Head Cashier, Chief Budget and Director
	1.18. Forward the signed checks, ADA, and ACIX to Land Bank of the Philippines	None	2 hours	AA VI Cashier Section
	1.19. Prepare abstract of Payment	None	2 hours	Administrative Assistant Personnel Section
	1.20. Sign the abstract of Payment	None	10 minutes	Administrative Officer V Personnel Section
	1.21. Forward to cashier section	None	10 minutes	Administrative Aide III Personnel Section
<b>TOTAL</b>		<b>None</b>	<b>4 days, 7 hours and 25 minutes</b>	

## 154. Payment of TEV

### Payment of Travelling Expenses Voucher

<b>Office or Division:</b>	Management Support Division		
<b>Classification:</b>	Complex		
<b>Type of Transaction:</b>	G2G – Government to Government		
<b>Who may avail:</b>	CLCHD Personnel		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
Disbursement Voucher (3 original)		GAM (Appendix 32)	
Itinerary of Travel (3 original)		GAM (Appendix 45)	
Certificate of Travel Completed (3 original)		GAM (Appendix 47)	
Regional Personnel Order / Authority to Travel (ATT) (1 photocopy)		Records	
Certificate of Appearance (1 original)		Claimants	
Trip Ticket (1 photocopy)		GSS	
Official Receipts (1 original copy and 1 photocopy)		Claimants	
Feedback Report (1 original)		Claimants	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents	1.1 Receive required documents, assigns DV number, stamp the processed-indexed-NCA box on the face of the DV and records it in the logbook. Forwards the same to the respective accounting staff for processing	None	15 minutes	Accounting Staff (Receiving)
	1.2. Receive and records the same on the logbook.  1.2.1. Reviews accuracy of computation, completeness and correction of supporting documents  1.2.2. Affix initial on "Processed" column of the Processed-Indexed-NCA box  1.2.3. Enters the details of the DV in the corresponding Index of Payment (IoP) of the claimant as proof that claim has been processed and affix his initial on "Indexed" column of the Processed-Indexed-NCA box and forwards the DV with attached supporting documents to Budget Section for funding	None	1 day	Accounting Staff (Processing)

	1.3. Receives the documents and records the same on the logbook. Prepares and attach the Obligation Request and Status (ORS) and forward the documents to the respective Division Head	None	1 day	Budget Staff
	1.4. Signs "Box A" of the ORS and forwards the same to the Budget Section	None	5 minutes	Respective Division Head
	1.5. Reviews the accuracy of computation, completeness and correction of supporting documents. 1.5.1. Verifies availability of allotment. Upon verification, obligates the amount by writing in the ORS the obligation number, the amount, date of obligation, Program, Project, Activity (PPA) and the Account Code of the transaction in their corresponding Registry and certifies the availability of allotment and obligations and signs in the "Box B" of ORS. Forwards the documents to the budget staff for release to Accounting Section	None	1 day	Budget Officer

	1.6. Receives the funded DV from the Budget Section with ORS and records the transaction in the Cash Control File. He indicates the NCA/NTCA No., amount of the Processed-Indexed-NCA box and forwards the DV to the Accountant for review and signature	None	30 minutes	Accounting Staff
	1.7. Further reviews the accuracy of the computation and completeness of supporting documents of the transaction.  Certifies the completeness and correctness of supporting documents and certifies cash availability by signing "Box C" of the DV and shall forward the DV to the Releasing Accounting Staff for release to the RD/ARD Office	None	1 day	Accountant III
	1.8. Signs the "Box D" of the DV and forwards the DV with the supporting documents for release to Cashier Section	None	5 minutes	Regional Director/Assistant Regional Director/OIC
	1.9. Prepares Advice of Checks Issued and Cancelled (ACIC) and List of Due and Demandable	None	1 day	Cashier Staff



	<p>Accounts - Advice to Debit Account (LDDAP-ADA) upon receipt of Approved DV with the supporting documents</p> <p>Details will be encoded and approved on Land Bank of the Philippines – Electronic Modified Disbursement System (LBP-eMDS) System</p> <p>An electronic copy of approved ACIC shall be saved to USB flash drive for bank use.</p>			
	<p>1.10. Sign the “Certified Correct” portion of the LDDAP-ADA. Same is forwarded to the RD/ARD for approval</p>	None	5 minutes	Accountant III
	<p>1.11. Reviews and signs the “Approved” portion and the lower left portion of the LDDAP-ADA and forwards the same to the Cashier Section.</p>	None	30 minutes	RD/ARD/OIC
	<p>1.12. Signs the lower right portion for LDDAP-ADA and delivers the same to the bank along with the electronic copy of ACIC</p>	None	15 minutes	Cashier
<b>TOTAL</b>		<b>None</b>	<b>5 days, 1 hour, and 45 minutes</b>	



## CENTRAL LUZON

Center for Health Development

## EXTERNAL SERVICES

## 155. Certification of Temporary Treatment and Monitoring Facilities / Community Isolation Units (TTMF/CIU) for CORONA Virus Disease 2019 Cases

This aims to standardize the procedure of Health Facility Development Unit (HFDU) on the certification of Temporary Treatment and Monitoring Facilities / Community Isolation Units (TTMF / CIU) for the management of Suspect, Probable and Confirmed Cases with Mild Symptoms of Coronavirus Disease 2019 (COVID-19).

Applies to all TTMF / CIU applying for DOH Certification for PhilHealth COVID-19 Community Isolation Benefit Package (CCIBP).

<b>Office or Division:</b>	Local Health Support Division – Health Facility Development Unit			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	LGUs, DOH Hospitals, Government or Private Health Facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter request addressed to Regional Director (1 original)		Requesting party		
Additional requirements upon initial assessment				
Assessment Tool (1 original)		PDOH		
Policies Required (Hand Hygiene Monitoring Compliance, Infection Prevention and Control, Laundry Service, Food Service Management, Patient Triage and Admission Protocols, Contingency Plan for Staffing, Logistics, Procurement, Security, Disinfection, Psychosocial Support, Risk Communication, Waste Management, Vermin Control, Transport of Patient and Disasters. (1 original)		Requesting party		
Manpower Credentials (1 original)		Requesting party		
MOA with Ambulance; L2/L3 Hospital Referral Laboratory and X-Ray (1 original)		Requesting party		
Floor Plan with Dimension (1 original)		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

400

	<p>2.2 Conducts on-site assessment with PDOHO and TTMF/CIU Head based on the scheduled date and secure documentation of actual evaluation of the TTMF/CIU. Upon return to office, Certifying Team will prepare a summary of findings/report.</p> <p>Files, scan and upload submitted requirements to the corresponding folder in drive for easy access of files.</p>	None	1 day	Certifying Team
	<p>2.3 For compliant requesting party: Prepares the TTMF/CIU Certificate for approval of the Regional Director.</p> <p>For non-compliant requesting party: Informs TTMF/CIU Head to comply within three (3) working days for their remaining deficiencies.</p>	None	1 day	Certifying Team
	<p>2.4 Informs TTMF/CIU Head to pick up their certificate in the Records Section.</p> <p>File a copy of certificate for reference.</p>	None	1 day	Certifying Team  HFDU Staff
3. Receives TTMF/CIU certificate	3.1 Release approved TTMF/CIU certificate	None	30 minutes	Records Staff
<b>TOTAL</b>		<b>None</b>	<b>8 days and 30 minutes</b>	

## 156. Issuance of Certificate of Tax Withheld

Pursuant to National Internal Revenue Code (NIRC) of 1997 and its rules and regulations, government agencies, bureaus, and its instrumentalities are constituted as withholding agents and are therefore obliged to withhold taxes on its transactions as a customer and as an employer. To this effect, contractors, suppliers, service providers including Job Order personnel of the CHD 7 shall be given their Certificate of Taxes Withheld as proof that taxes such as Final VAT, Percentage Tax and Expanded Withholding Tax are being withheld from payments made to them provided official receipt or collection receipt, whichever is applicable, is submitted.

Office or Division:	Management Support Division			
Classification:	Simple			
Type of Transaction:	G2B – Government to Business G2G – Government to Government			
Who may avail:	Suppliers/Contractors/Job Order Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Official Receipt/Collection Receipt whichever is applicable		Supplier/Contractor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit Official Receipt to the receiving staff	1.1. Receive the OR and retrieve the signed Certificate of Tax Withheld together	None	1 hour	Administrative Assistant

	with the copy of paid voucher			
2. Receive the Certificate of Tax Withheld and sign the logbook	2. Issue the Certificate of Tax Withheld and have the supplier/contractor/JO personnel sign the logbook to acknowledge receipt	None	10 minutes	Administrative Assistant
<b>TOTAL</b>		<b>None</b>	<b>1 hour and 10 minutes</b>	

## 157. Donor Recruitment and Blood Collection

This is an activity performed to develop programs that aim to create awareness about the importance of voluntary donation and ensure adequate blood supply.  
Acceptance of Donor: Monday to Friday (8am to 5pm)

<b>Office or Division:</b>		Blood Center		
<b>Classification:</b>		SIMPLE		
<b>Type of Transaction:</b>		G2C – Government to Client		
<b>Who may avail:</b>		Blood donor		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Donor History Questionnaire		Blood Center – Donors Clinic		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish Donor History Questionnaire	1. Receives accomplished Donor History Questionnaire	None	10 minutes	Blood Management Unit Staff
2. Attend to predonation counseling	2. Conducts pre-donation counseling	None	20 minutes	Blood Management Unit Staff
3. Attend to interview and assessment	3. Interviews & assessment of donor	None	15 minutes	Blood Management Unit Staff
4. Submit herself/himself for the necessary procedures (4.1, 4.2 & 4.3)	4.1 Blood typing & hemoglobin determination	None	15 minutes	Blood Management Unit Staff
	4.2 Physical examination of donors	None	10 minutes	Blood Management Unit Staff

	4.3 Prepares and performs blood extraction	None	30 minutes	Blood Management Unit Staff
5. Attend to post-donation counseling & donor care	5. Performs post-donation counseling & donor care	None	30 minutes	Blood Management Unit Staff
<b>TOTAL</b>		<b>None</b>	<b>2 hours and 10 minutes</b>	

### 158. Gene Xpert MTB/RIF

Gene Xpert Testing for sputum specimens and extra pulmonary specimens being referred by PMDT- Satellite Treatment Centers (PMDT-STC) and referrals from private hospitals.

Acceptance of Specimens: Monday – Friday (8am to 5pm)

<b>Office or Division:</b>	Local Health Support Division			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	TB DOTS patients of PMDT-STC TB DOTS patients for other private hospitals			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Specimen Receiving Forms Requesting Form		Requesting Facility		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1 Send specimen receiving forms together with the request forms and the specimens to Regional TB Laboratory	1.1 Receiving/Checking of specimens if it passed the criteria and completeness of data with request form different facilities	None	5 minutes	TB Laboratory Staff
	1.2 Client Data Entry	None	5 minutes	TB Laboratory Staff
	1.3 Processing and testing of specimens	None	2 hours & 30 minutes	Gene Xpert Technician
	1.4 Recording of result	None	20 minutes	Gene Xpert Technician
2. Receive laboratory result	2. Release laboratory result	None	5 minutes	TB Laboratory Staff
<b>TOTAL</b>		<b>None</b>	<b>3 hours and 5 minutes</b>	



## 159. Issuance of Blood and Blood Component

This service is aims to institutionalize equitable system of distribution of blood and blood component to blood service facilities. This is available from Monday to Sunday including holidays (7am to 11pm).

<b>Office or Division:</b>	Blood Center			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2G - Government to Government G2B - Government to Business			
<b>Who may avail:</b>	Blood Service Facility			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Blood Requisition Issuance Slip Releasing/Tracer Form		Requesting Blood Service Facility Blood Center (blood releasing section)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call Blood Center to request blood/blood component unit needed	1.1 Receives call clients for request of blood/blood component	None	10 minutes	Medical Technologist on duty
	1.2 Initial checking of blood stock	None	10 minutes	Medical Technologist on duty
2. Receive instruction and fill up Blood Requisition Issuance Slip	2. Response to query	None	10 minutes	Medical Technologist on duty
	2.1 Preparation of blood/blood components for issuance: 2.2. Checking of physical appearance of blood unit 2.3 Validation of blood typing 2.4 Checking & verification of data on blood unit label, validation of test results for 5 Transfusion	None	45 minutes	Medical Technologist on duty

	Transmissible Infections (TTI) & blood typing			
	2.5 Completion of Blood Release/Tracer Form	None	10 minutes/page	Medical Technologist on duty
	2.6 Call BSF for pick time of blood/blood component units	None	10 minutes	Medical Technologist on duty
3. Submit filled up Prepare Blood Requisition Issuance Slip	3. Receives Blood Request & Issue Slip (RIS) and Issuance of RIS No.	None	5 minutes	Medical Technologist on duty
4. Receives blood/blood components and Blood Releasing/Tracer Form	4. Issues blood/blood components and Blood Releasing/Tracer Form to hospital staff	None	10 minutes/unit	Medical Technologist on duty
<b>TOTAL</b>		<b>None</b>	<b>2 hours and 50 minutes</b>	

## 160. Procurement through Public Bidding

Perform procurement through Public Bidding to promote transparency, integrity, economic, openness, fairness, competition and accountability.

<b>Office or Division:</b>	Bids and Awards Committee			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Interested Suppliers, Consultants and Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Regular Goods and Equipment Approved Purchase Request (3 original copies), Work and Financial Plan (photocopy) & Allocation List (1 original).		Regular Goods and Equipment End-user		
Infrastructure Projects Approved Plans and Program of Works, Scope of Works, and Approved Budget for the Contract (Original Copy)		Infrastructure Projects End-user		
Original Philippine Contractors Accreditation Board License, Authorization Letter/Special Power of Attorney if not the Owner and Identification Card		Originating Agency/Establishment		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Purchase Bidding Documents at BAC Office.	1.1. Check and validate the provided requirements.	Please see schedule of fees	10 minutes	BAC Secretariat
	1.1. Issue Order of Payment.		5 minutes	BAC Secretariat
2. Payment at Cashier Office	2. Issuance of Official Receipt	Indicated schedule of fees	5 minutes	Administrative Officer V/ Administrative Assistant III Cashier Office
3. Present the official receipt at BAC Office	3.1. Issue Bidding Documents through electronic file (CD) to prospective bidders.	None	10 minutes	BAC Secretariat
	3.2. Conduct of Pre-Bidding Conference  *At least 7 calendar days after posting  Prepares minutes of Pre-Bidding Conference, Bid Bulletin if applicable	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers  BAC Secretariat

	3.3. Posting of Bid Bulletin to PhilGEPS and CLCHD BAC Bulletin Board if applicable	None	30 minutes	BAC Secretariat
	3.4. Conduct of Opening and Submission of Bidding Documents.  *At least 12 calendar days after pre-bidding conference	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers
4.Submits the Bidding Documents	4.1. Receives the Bidding Documents	None	5 minutes	BAC Secretariat
	4.2. Opening of Public Bidding Documents for review, evaluation and declaration of Lowest Calculated Bid (LCB)  *If Public Bidding is unsuccessful, return to first step. If two failed biddings, BAC will call for a meeting to schedule Alternative Mode of Procurement.	None	1 day	Bids and Awards Committee
	4.3. Prepares Abstract of Bids and minutes of Public Bidding	None	1 hour	BAC Secretariat
	4.4. Prepares summary of bid from lowest to highest for post-qualification purposes.	None	30 minutes	BAC Secretariat
	4.5. Conduct of Post-qualification and prepares Post qualification Evaluation Report.	None	1 day  *Minimum 7 calendar days but not	Technical Working Group

			exceeding 30 calendar days	
	4.6. Prepares Notice of post-qualification and disqualification, BAC Resolution and Notice of Award	None	30 minutes	BAC Secretariat
	4.7. Reviews the Notice of post-qualification, BAC Resolution and Notice of Award	none	30 minutes	BAC Secretariat Head
	4.8. Approval of notice of post qualification, BAC Resolution and Notice of Award	None	30 minutes	BAC and HOPE
5. Receive the Post qualification	5.1. Issues notice of post qualification	None	5 minutes	BAC Secretariat
	5.2. Prepares and approves BAC resolution and Notice of Award	None	30 minutes	BAC Secretariat BAC HOPE
6. Receive Notice of Award	6. Require the winning bidder to submit Performance Bond within 10 calendar days upon receipt of Notice of Award	None	5 minutes	BAC Secretariat
7. Submits the Performance Bond	7.1. Receives and validates the submitted Performance bond.	None	5 minutes	BAC Secretariat
	7.2. Prepares Contract Agreement/ Memorandum of Agreement for Infrastructure and Purchase Order for regular goods and equipment.	None	30 minutes for Contract Agreement/ Memorandum of Agreement and 2 hours for Purchase Order	BAC Secretariat Administrative Assistant III Procurement Unit
8. Signs contract of agreement for infrastructure	8.1. Conducts Contract signing for infrastructure while approval of Purchase Order	None	30 minutes for signing of Contract Agreement/ Memorandum of Agreement	HOPE LCRB BAC Secretariat

	for regular goods and equipment		and 4 hours for Purchase Order	
	8.2. Prepares and approves Notice to Proceed for Infrastructure	None	15 minutes	BAC Secretariat BAC HOPE
9. Receives Notice to Proceed	9.2. Issues Notice to Proceed	None	5 minutes	BAC Secretariat
<b>TOTAL</b>		<b>None</b>	<b>34 days, 4 hours, 10 minutes</b>	

\*Procurement through Public Bidding is covered under RA 9184.

Approved Budget of the Contract	Fees (Php)
500,000 and below	500.00
More than 500,000 up to 1 Million	1,000.00
More than 1 Million up to 5 Million	5,000.00
More than 5 Million up to 10 Million	10,000.00
More than 10 Million up to 50 Million	25,000.00
More than 50 Million up to 500 Million	50,000.00
More than 500 Million	75,000.00

## CENTRAL VISAYAS

### Center for Health Development

### INTERNAL SERVICES

## 161. Signing of Clearance from Financial Accountabilities

Clearance from financial accountability shall be first verified by the accounting staff if the employee seeking clearance has no outstanding cash advances, unsettled disallowances, and shortages. If records show otherwise, the employee concerned has to settle first the particular financial accountability. The accountant shall then sign the clearance.

Office or Division:	Management Support Division -Accounting			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Job Order Personnel, Permanent and Casual/Contractual Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Matrix/schedule of unsettled disallowances, cash advances and shortages, if applicable 2. Official receipt issued by the cashier as proof of settlement, if applicable		Accounting  Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the clearance to the accounting office	1.1 Forward the clearance to the staff monitoring the cash advances, disallowances, and shortages	None	5 minutes	Administrative Assistant
	1.2. Monitor the receivables of employees and Job Order Personnel shall check the records for any outstanding cash advances,	None	1 day	Administrative Assistant

	disallowances, and shortages			
	1.3. Provide the matrix/schedule of outstanding cash advances, disallowances, and shortages to the employee concerned if there's any, for settlement. If there's none or financial accountabilities are already settled with proof of payment submitted, the clearance shall be then forwarded to accountant.	None	1 day	Administrative Assistant
<b>TOTAL</b>		<b>None</b>	<b>2 days and 5 minutes</b>	

## EASTERN VISAYAS

### Center for Health Development

## EXTERNAL SERVICES



## 162. Procurement through Public Bidding

Perform procurement through Public Bidding to promote transparency, integrity, economic, openness, fairness, competition and accountability.

<b>Office or Division:</b>	Bids and Awards Committee			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Interested Suppliers, Consultants and Contractors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Regular Goods and Equipment Approved Purchase Request (3 original copies), Work and Financial Plan (photocopy) & Allocation List (1 original).		Regular Goods and Equipment End-user		
Infrastructure Projects Approved Plans and Program of Works, Scope of Works, and Approved Budget for the Contract (Original Copy)		Infrastructure Projects End-user		
Original Philippine Contractors Accreditation Board License, Authorization Letter/Special Power of Attorney if not the Owner and Identification Card		Originating Agency/Establishment		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Purchase Bidding Documents at BAC Office.	1.1. Check and validate the provided requirements.	Please see schedule of fees	10 minutes	BAC Secretariat
	1.1. Issue Order of Payment.		5 minutes	BAC Secretariat
2. Payment at Cashier Office	2. Issuance of Official Receipt	Indicated schedule of fees	5 minutes	Administrative Officer V/ Administrative Assistant III Cashier Office
3. Present the official receipt at BAC Office	3.1. Issue Bidding Documents through electronic	None	10 minutes	BAC Secretariat

	file (CD) to prospective bidders.			
	3.2. Conduct of Pre-Bidding Conference  *At least 7 calendar days after posting  Prepares minutes of Pre-Bidding Conference, Bid Bulletin if applicable	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers  BAC Secretariat
	3.3. Posting of Bid Bulletin to PhilGEPS and CLCHD BAC Bulletin Board if applicable	None	30 minutes	BAC Secretariat
	3.4. Conduct of Opening and Submission of Bidding Documents.  *At least 12 calendar days after pre-bidding conference	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers
4.Submits the Bidding Documents	4.1. Receives the Bidding Documents	None	5 minutes	BAC Secretariat
	4.2. Opening of Public Bidding Documents for review, evaluation and declaration of Lowest Calculated Bid (LCB)  *If Public Bidding is unsuccessful, return to first step. If two failed biddings, BAC will call for a meeting to schedule Alternative Mode of Procurement.	None	1 day	Bids and Awards Committee

	4.3. Prepares Abstract of Bids and minutes of Public Bidding	None	1 hour	BAC Secretariat
	4.4. Prepares summary of bid from lowest to highest for post-qualification purposes.	None	30 minutes	BAC Secretariat
	4.5. Conduct of Post-qualification and prepares Post qualification Evaluation Report.	None	1 day  *Minimum 7 calendar days but not exceeding 30 calendar days	Technical Working Group
	4.6. Prepares Notice of post-qualification and disqualification, BAC Resolution and Notice of Award	None	30 minutes	BAC Secretariat
	4.7. Reviews the Notice of post-qualification, BAC Resolution and Notice of Award	none	30 minutes	BAC Secretariat Head
	4.8. Approval of notice of post qualification, BAC Resolution and Notice of Award	None	30 minutes	BAC and HOPE
5. Receive the Post qualification	5.1. Issues notice of post qualification	None	5 minutes	BAC Secretariat
	5.2. Prepares and approves BAC resolution and Notice of Award	None	30 minutes	BAC Secretariat  BAC HOPE
6. Receive Notice of Award	6. Require the winning bidder to submit Performance Bond within 10 calendar days upon receipt of Notice of Award	None	5 minutes	BAC Secretariat
7. Submits the Performance Bond	7.1. Receives and validates the submitted Performance bond.	None	5 minutes	BAC Secretariat

	7.2. Prepares Contract Agreement/ Memorandum of Agreement for Infrastructure and Purchase Order for regular goods and equipment.	None	30 minutes for Contract Agreement/ Memorandum of Agreement and 2 hours for Purchase Order	BAC Secretariat  Administrative Assistant III Procurement Unit
8. Signs contract of agreement for infrastructure	8.1. Conducts Contract signing for infrastructure while approval of Purchase Order for regular goods and equipment	None	30 minutes for signing of Contract Agreement/ Memorandum of Agreement and  4 hours for Purchase Order	HOPE LCRB BAC Secretariat
	8.2. Prepares and approves Notice to Proceed for Infrastructure	None	15 minutes	BAC Secretariat BAC HOPE
9. Receives Notice to Proceed	9.2. Issues Notice to Proceed	None	5 minutes	BAC Secretariat
<b>TOTAL</b>		<b>None</b>	<b>34 days, 4 hours, 10 minutes</b>	

\*Procurement through Public Bidding is covered under RA 9184.

Approved Budget of the Contract	Fees (Php)
500,000 and below	500.00
More than 500,000 up to 1 Million	1,000.00
More than 1 Million up to 5 Million	5,000.00
More than 5 Million up to 10 Million	10,000.00
More than 10 Million up to 50 Million	25,000.00
More than 50 Million up to 500 Million	50,000.00
More than 500 Million	75,000.00



# MIMAROPA

## Center for Health Development

### EXTERNAL SERVICES

#### **163. Development and Provision of Information, Education, and Communication (IEC) Materials**

Development and provision of Information, Education, and Communication (IEC) materials to help create awareness or improve knowledge on the program/campaign/activity such as brochure, flyer, poster, tarpaulin, and other communication materials. These can also be form of broadcast material such as television advertisement, radio commercial or jingle

<b>Office or Division:</b>	LHSD – HEPU
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government

<b>Who may avail:</b>		Local Government Unit personnel, Government Office/s, media, Stakeholders, NGO, Walk-in clients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Form		CHD MIMAROPA - Health Education and Promotion Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit accomplished request form at HEPU	1. Receive the accomplished request form.	None	5 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU
2. Check / wait for the requested: a) IEC Development b) IEC Reproduction	2.1. Evaluate the request based on the feasibility (available budget, available manpower to cater the request, realistic of request deadline, no conflict with the schedule)	None	10 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II Health Promotion Service Office
	2.2 gather related references		4 hours	
	2.3 Message development and other supporting information		4 hours	
	2.4 Lay-outing prototype		2 days	
	2.4.1 If the request prototype is already available, forward the prototype material via e-mail		30 minutes	
3. Approves the prototype material/design	3.1. If the client approves the prototype, forward		5 minutes	

	prototype to client  3.1.1 Conduct Pre-testing of material  3.1.2 Based on the result, make recommendation to the client to improve the prototype material/design			
	3.2. Conduct Pre-testing of material  3.3. Based on the result, make recommendation to the client to improve the prototype material/design		1 day  4 hours	
4. Receive the prototype material or design for production	4.1 Provide IEC materials as requested.  4.2 Log at Service Request Logbook		5 minutes  5 minutes	
<b>TOTAL</b>		<b>None</b>	<b>3 days</b>	

## 164. Development of Communication Plan

Development of Communication Plan serves as a systematic and strategic plan to guide all communication activities for specific period that aims to change or improve the knowledge, attitude, and practices of intended audience towards behavior change through the use of appropriate channels/media

<b>Office or Division:</b>	LHSD – HEPU			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Provincial, City/Municipal, and Hospital Health Education and Promotion Officers			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Request for the Development of communication plan	1.1. Review request. If there is existing approved Communication Plan based on their request, it will be forwarded thur e-mail to the client	None	1 hour	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU
	1.2. If there is no existing Communication Plan, schedule meeting with the Program Manager/staff to discuss details for the request	None	15 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU
2. Provide the details/information needed by the Regional Health Education and Promotion Unit	2.1. Presentation of Concept Note on the development of Communication Plan Workshop based on the information given by the client	None	2 hours	Health Education and Promotion Officer III / Health Education and Promotion Officer II Health Promotion Service Office
	2.2. Develops Communication Plan	None	2 days	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU
	2.3. Presents the final Communication Plan to the Management for approval	None	2 hours	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU



3. Receives the Communication Plan thru e-mail	3. Releases / Issues the Communication Plan via e-mail material/design	None	30 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU
<b>TOTAL</b>		<b>None</b>	<b>7 days</b>	

## 165. Procedures on the Receipt and Response coursed through the Freedom of Information (FOI) portal

Procedures in the requests for information received from the FOI portal

<b>Office or Division:</b>	MSD – Records Section			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen; and G2G – Government to Government			
<b>Who may avail:</b>	Academe, Government employees, Private individuals			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
FOI Request Form (for walk-in clients)  Letter request with contact information Photocopy if ID		KMITS FOI Unit Bldg. 9 San Lazaro Compound, Sta. Cruz, Manila		
FOI portal (for online clients)		FOI portal : <a href="http://foi.gov.ph">http://foi.gov.ph</a>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Send request for information 1.1 Provide contact information, information requested and copy of valid ID	1.1 Receipt of request from information and checking of requirements	None	5 minutes	<i>Administrative Officer V / Administrative Assistant MSD-Records</i>
	1.2 Assessment whether DOH is the appropriate agency for the requested information	None	5 minutes	<i>Administrative Officer V / Administrative Assistant MSD-Records</i>
	1.3 Classification of request by the nature of FOI request, either (1) Policy, program or other technical requests, and (2) Legal, Financial and Administrative Requests	None	5 minutes	<i>Administrative Officer V / Administrative Assistant MSD-Records</i>
2. Wait for the response within 15 working days	2.1 Forward request to the concerned Decision Maker	None	5 minutes	<i>Administrative Officer V / Administrative Assistant MSD-Records</i>
	2.2 Processing of request  If information is available in data or record will be provided to client	None	10 minutes	<i>Administrative Officer V / Administrative Assistant MSD-Records</i>
	2.2.1 If information is not available, FOI Receiving Officer will endorse the request to concerned Division/Section/ Unit  2.2.2 Receipt of response from the concerned DOH Office	None	3 days	2.2.2 If information is not available, FOI Receiving Officer will endorse the request to concerned Division/Section/ Unit
3. Receipt of document or response from FOI Receiving Officer / Records Section	3. Provide an official response to the requesting party sent through e-mail and Liason Officer	None	15 days	<i>Administrative Assistant MSD-Records</i>
<b>TOTAL</b>		<b>None</b>	<b>18 days and 30 minutes</b>	

## 166. Procurement through Public Bidding

Perform procurement through Public Bidding to promote transparency, integrity, economic, openness, fairness, competition and accountability.

<b>Office or Division:</b>	Bids and Awards Committee			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Interested Suppliers, Consultants and Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Regular Goods and Equipment Approved Purchase Request (3 original copies), Work and Financial Plan (photocopy) & Allocation List (1 original).		Regular Goods and Equipment End-user		
Infrastructure Projects Approved Plans and Program of Works, Scope of Works, and Approved Budget for the Contract (Original Copy)		Infrastructure Projects End-user		
Original Philippine Contractors Accreditation Board License, Authorization Letter/Special Power of Attorney if not the Owner and Identification Card		Originating Agency/Establishment		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Purchase Bidding Documents at BAC Office.	1.1. Check and validate the provided requirements.	Please see schedule of fees	10 minutes	BAC Secretariat
	1.1. Issue Order of Payment.		5 minutes	BAC Secretariat
2. Payment at Cashier Office	2. Issuance of Official Receipt	Indicated schedule of fees	5 minutes	Administrative Officer V/ Administrative Assistant III Cashier Office
3. Present the official receipt at BAC Office	3.1. Issue Bidding Documents through electronic file (CD) to prospective bidders.	None	10 minutes	BAC Secretariat
	3.2. Conduct of Pre-Bidding Conference  *At least 7 calendar days after posting  Prepares minutes of Pre-Bidding Conference, Bid Bulletin if applicable	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers  BAC Secretariat
	3.3. Posting of Bid Bulletin to PhilGEPS and CLCHD BAC Bulletin Board if applicable	None	30 minutes	BAC Secretariat
	3.4. Conduct of Opening and Submission of Bidding Documents.  *At least 12 calendar days after pre-bidding conference	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers
4. Submits the Bidding Documents	4.1. Receives the Bidding Documents	None	5 minutes	BAC Secretariat
	4.2. Opening of Public Bidding Documents for review, evaluation	None	1 day	Bids and Awards Committee

	and declaration of Lowest Calculated Bid (LCB)			
	*If Public Bidding is unsuccessful, return to first step. If two failed biddings, BAC will call for a meeting to schedule Alternative Mode of Procurement.			
	4.3. Prepares Abstract of Bids and minutes of Public Bidding	None	1 hour	BAC Secretariat
	4.4. Prepares summary of bid from lowest to highest for post-qualification purposes.	None	30 minutes	BAC Secretariat
	4.5. Conduct of Post-qualification and prepares Post qualification Evaluation Report.	None	1 day *Minimum 7 calendar days but not exceeding 30 calendar days	Technical Working Group
	4.6. Prepares Notice of post-qualification and disqualification, BAC Resolution and Notice of Award	None	30 minutes	BAC Secretariat
	4.7. Reviews the Notice of post-qualification, BAC Resolution and Notice of Award	none	30 minutes	BAC Secretariat Head
	4.8. Approval of notice of post qualification, BAC Resolution and Notice of Award	None	30 minutes	BAC and HOPE
5. Receive the Post qualification	5.1. Issues notice of post qualification	None	5 minutes	BAC Secretariat
	5.2. Prepares and approves BAC	None	30 minutes	BAC Secretariat BAC

	resolution and Notice of Award			HOPE
6. Receive Notice of Award	6. Require the winning bidder to submit Performance Bond within 10 calendar days upon receipt of Notice of Award	None	5 minutes	BAC Secretariat
7. Submits the Performance Bond	7.1. Receives and validates the submitted Performance bond.	None	5 minutes	BAC Secretariat
	7.2. Prepares Contract Agreement/ Memorandum of Agreement for Infrastructure and Purchase Order for regular goods and equipment.	None	30 minutes for Contract Agreement/ Memorandum of Agreement and 2 hours for Purchase Order	BAC Secretariat Administrative Assistant III Procurement Unit
8. Signs contract of agreement for infrastructure	8.1. Conducts Contract signing for infrastructure while approval of Purchase Order for regular goods and equipment	None	30 minutes for signing of Contract Agreement/ Memorandum of Agreement and 4 hours for Purchase Order	HOPE LCRB BAC Secretariat
	8.2. Prepares and approves Notice to Proceed for Infrastructure	None	15 minutes	BAC Secretariat BAC HOPE
9. Receives Notice to Proceed	9.2. Issues Notice to Proceed	None	5 minutes	BAC Secretariat
<b>TOTAL</b>		<b>None</b>	<b>34 days, 4 hours, 10 minutes</b>	

\*Procurement through Public Bidding is covered under RA 9184.

Approved Budget of the Contract	Fees (Php)
500,000 and below	500.00
More than 500,000 up to 1 Million	1,000.00
More than 1 Million up to 5 Million	5,000.00
More than 5 Million up to 10 Million	10,000.00



More than 10 Million up to 50 Million	25,000.00
More than 50 Million up to 500 Million	50,000.00
More than 500 Million	75,000.00

## 167. Provision of LHSD-Related Data/Document to Clients

The Bureau of Local Health Systems Development provides Local Health Systems Development (LHSD) related data/document to individuals/organizations upon receipt of request

### LHSD-related Data/Documents:

LGU Health Scorecard  
Local Investment Plan for Health  
GIDA Registry  
BHW Registry

<b>Office or Division:</b>	LHSD - Field Health Operations			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of request		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter of request to FHOp	1.1. Receives letter of request	None	5 minutes	<i>Administrative staff</i>
	1.2 Forwards to the Office of the Director for evaluation and dissemination to concerned division			
	<i>If request is within the office mandate</i>			
	1.3 Prepares report and response letter/memorandum	None	7 working days	<i>Technical staff</i>
	1.4 Reviews report and response letter/memorandum and recommends approval	None		<i>Division Chief/OIC</i>
	1.5 Approves the report and signs the response letter/memorandum	None		<i>Director/OIC</i>
	<i>If request is beyond CHD mandate or to be collected from other outside sources</i>			
1.6 Endorses the request to the office	None	2 days	<i>Technical staff</i>	

	in charge of the data/document copy furnished the client			
	1.7 Initials endorsement	None		<i>Division Chief/OIC</i>
	1.8 Signs the endorsement	None		<i>Director/OIC</i>
<b><i>If requested data us is through walk in:</i></b> 2.Picks up data/document	<b><i>If requested data us is walk in:</i></b> 2.Issues requested data/document to client and provides Customer Satisfaction Survey (CSS) Form	None	5 minutes	<i>Administrative staff</i>
<b><i>If requested data/document is to be sent by email and/or regular mail:</i></b> 2.Receives requested data via email/ mail	<b><i>If requested data/document is to be sent by email:</i></b> 2.Email the requested data/document to the client	None	1 minute	<i>Technical staff/ Administrative staff</i>
	<b><i>If requested data/document is to be sent by email and/or regular mail:</i></b>  2.Submits requested data/document with the corresponding mail request form to Records Section for mailing	None	1 day	<i>Administrative staff</i>
TOTAL		None	<i>If request is within the office mandate</i> <b>7 days</b>  <i>If request is beyond the mandate</i> <b>3 days</b>	





# MIMAROPA

## Center for Health Development

### INTERNAL SERVICES

#### 168. Corrective Maintenance of Computers/Peripherals, Internet/network connection, IPPBX connection, Virus Issues

<b>Office or Division:</b>	Office of the Regional Director – RESU/ICTU	
<b>Classification:</b>	COMPLEX	
<b>Type of Transaction:</b>	G2G – Government to Government	
<b>Who may avail:</b>	DOH-CHD Employees	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Service Request Form (signed by head of office)		KMITS Office, Downloadable

CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Make a Phone Query or Submit Letter of Request or Fill-out Service Request Form (SRF) signed by Head of Office	If Letter of Request or Service Request Form: 1. Assigns to concerned staff	None	5 minutes	CMT III / Administrative Assistant ICTU
	<b>If Phone Call:</b>  <i>if problem is simple:</i> 1.1. Guides client on how to solve the problem  <i>If problem cannot be solved over the phone:</i>  1.1. ICT staff goes to office and diagnoses/troubleshoots/repairs the problem on-site	None	5 minutes	ICTU Staff / CMT III ICTU
	<i>If the problem cannot be solved because of defective parts:</i> 1.1 ICTU staff makes pre-inspection report and advises client for outside repair or procurement of defective parts.	None	4 hours	ICTU Staff / CMT III ICTU
	1.2. After repair or procurement of defective parts, prepare post-inspection report. Test or install replacement parts.	None	1 hour	ICTU Staff / CMT III ICTU
		None	15 minutes	ICTU Staff / CMT III ICTU
2. Bring equipment and fill-out Service Request Form (SRF) signed by head of Office	2.1. Receives equipment	None	15 minutes	ICTU Staff / CMT III ICTU
	2.2. Diagnoses/troubleshoots/repair the problem	None	Minor - 4 hours Major - 3 days	ICTU Staff / CMT III ICTU
	2.3. If problem cannot be solved because of defective parts, ITISD makes pre-inspection report and advises client for outside repair or procurement of defective parts.	None	1 hour	ICTU Staff / CMT III ICTU
	2.4. After repair or procurement of defective parts, prepare post-inspection report. Test or install replacement parts	None	1 hour	ICTU Staff / CMT III ICTU
	2.5. Prepare Gate pass of the ICT Equipment	None	5 minutes	ICTU Staff / CMT III ICTU
3. Receives and accomplishes Client Satisfaction Form	3. Provides CSS Form	None	5 minutes	ICTU Staff / CMT III ICTU

<b>TOTAL</b>	<b>Non e</b>	<b>MINOR: 11 Hours and 50 minutes</b>  <b>MAJOR: 3 Days 11 hours and 50 minutes</b>	
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## 169. Development and Provision of Information, Education, and Communication (IEC) Materials – Internal

Development and provision of Information, Education, and Communication (IEC) materials to help create awareness or improve knowledge on the program/campaign/activity such as brochure, flyer, poster, tarpaulin, and other communication materials. These can also be form of broadcast material such as television advertisement, radio commercial or jingle

<b>Office or Division:</b>	LHSD – HEPU			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Health Program Coordinators and Other CHD Personnel			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Form		CHD MIMAROPA - Health Education and Promotion Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit accomplished request form at HEPU	1. Receive the accomplished request form.	None	5 minutes	Health Education and Promotion Officer III / Health Education and

				Promotion Officer II HEPU
2. Check / wait for the requested: a) IEC Development b) IEC Reproduction	2.1. Evaluate the request based on the feasibility (available budget, available manpower to cater the request, realistic of request deadline, no conflict with the schedule)	None	10 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II Health Promotion Service Office
	2.2 gather related references		4 hours	
	2.3 Message development and other supporting information		4 hours	
	2.4 Lay-outing prototype		2 days	
3. Approves the prototype material/design	3.1. If the client approves the prototype, forward prototype to client		1 hour	
	3.2 Conduct Pre-testing of material		1 day	
	3.3 Based on the result, make recommendation to the client to improve the prototype material/design		4 hours	
4. Receive the prototype material or design for production	4.1 Provide IEC materials as requested.		5 minutes	
	4.2 Log at Service Request Logbook		5 minutes	
<b>TOTAL</b>		None	3 days	

## 170. Development of Communication Plan - Internal

Development of Communication Plan serves as a systematic and strategic plan to guide all communication activities for specific period that aims to change or improve the knowledge, attitude, and practices of intended audience towards behavior change through the use of appropriate channels/media

<b>Office or Division:</b>	LHSD – HEPU			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Head Program Coordinators and Other CHD Personnel			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for the Development of communication plan	1. Reviews request. If there is existing approved Communication Plan based on their request, it will be forwarded thru e-mail to the client	None	15 minutes	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU
2. Schedules and confirms a meeting with HEPU	2.1. Presentation of Concept Note on the development of	None	2 hours	Health Education and Promotion Officer III / Health

	Communication Plan Workshop			Education and Promotion Officer II Health Promotion Service Office
	2.2. Develops Communication Plan	None	2 days	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU
3. Attends the presentation of the Communication Plan	3. Presents the final Communication Plan to the Management for approval/revision	None	2 hours	Health Education and Promotion Officer III / Health Education and Promotion Officer II HEPU
4. Receives the requested Communication Plan	4. Issues/releases the final and approved Communication Plan		30 minutes	
<b>TOTAL</b>		<b>None</b>	<b>2 days 4 hours, and 45 minutes</b>	

## 171. Users and Computers Enrolment to Active Directory, Email account creation and WiFi connection

<b>Office or Division:</b>	Office of the Regional Director – RESU/ICTU			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	DOH-CHD Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Form (SRF) (signed by head of office)		KMITS website, Downloadable		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Submit Letter of Request or Fill-out SRF signed by Head of Office	1.1.Receives request and assigns to concerned staff	None	5 minutes	Administrative Assistant / CMT III ICTU
	1.2.ICTU staff installs: 1.2.1. Enrollment of all users in DOH Active Directory for network security 1.2.2. Enrollment of all users in DOH Corporate Email system and use official email address (@doh.gov.ph) 1.2.3.Wifi connection based on determined type of users (VIP, Guest, Employee)	None	10 minutes	Administrative Assistant / CMT III ICTU
	1.3. Configures server, adds	None	<b>30 minutes</b>	ISA (WiFi), ITO Active directory



	requested user and details			ITO/CO (email)
<b>TOTAL</b>		<b>None</b>	<b>45 minutes</b>	





## 172. Leave Application

Civil Service Commission Form No. 6 (revised 1984) is used to document an employee's leave of absence.

<b>Office or Division:</b>	MSD – Personnel Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2G - Government to Government
<b>Who may avail:</b>	DOH Officials and Employees
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
Duly Accomplished Leave Application Form	DOH Intranet
Attachment:	
<b>Sick Leave</b> <ul style="list-style-type: none"> <li>CSC Form No. 6</li> <li>Medical Certificate if half-day or more than 5 days</li> </ul>	Attending Physician
<b>Vacation Leave</b> <ul style="list-style-type: none"> <li>CSC Form No. 6</li> <li>Travel Authority (if vacation will be spent abroad)</li> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018 if vacation will be spent abroad)</li> </ul>	DOH Intranet DOH Intranet DOH Intranet
<b>Maternity Leave (R.A. 11210)</b> <ul style="list-style-type: none"> <li>CSC Form No. 6</li> <li>Medical Certificate with estimated date of delivery</li> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul>	Attending Physician DOH Intranet DOH Intranet
<b>Paternity Leave (R.A. 8187)</b> <ul style="list-style-type: none"> <li>CSC Form No. 6</li> <li>Certified true copy of marriage contract</li> <li>Birth Certificate of the newly born child</li> <li>Medical certificate with pathological reports in case of miscarriage of spouse</li> </ul>	Philippine Statistics Authority Attending Physician Attending Physician
<b>Study Leave (CSC MC No. 21 S. 2004)</b> <ul style="list-style-type: none"> <li>Contract between the head of office and Employee</li> <li>Department Personnel Order</li> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul>	Employee's Office Employee's Office DOH Intranet

<b>Rehabilitation Leave (Joint Circular No. 01 S. 2006-CSC &amp; DBM)</b>  -Job-related injuries incurred in the performance of duty (6 months) <ul style="list-style-type: none"> <li>• Police Report/Incident Report</li> <li>• Medical Certificate</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul>		Philippine National Police  Attending Physician  DOH Intranet		
<b>Parental Leave for Solo Parent (R.A. 8972)</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Certified True Copy of Solo Parent ID</li> <li>• Birth Certificate of child</li> </ul>		DOH Intranet  Municipal/City/Social Welfare Office  Attending Physician		
<b>Special Leave Benefits for Women (R.A. 9710)</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Medical Certificate reflecting the estimated period of recuperation</li> <li>• Clinical Summary reflecting the gynecological disorder</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul>		DOH Intranet Attending Physician  Attending Physician  DOH Intranet		
<b>Special Emergency Leave Affected by Natural Calamities/Disasters (CSC Resolution 1200289 dated February 8, 2012)</b> <ul style="list-style-type: none"> <li>• Certification from the Municipal/City/Baranggay Office that the current area of residence is declared under state of calamity</li> </ul>		Municipal/City/Baranggay Office		
<b>Ten-Day Leave Under R.A. 9262 (Anti-Violence Against Women and Their Children Act of 2004)</b> <ul style="list-style-type: none"> <li>• Baranggay Protection Order or Temporary/Permanent Protection Order obtained from the court</li> </ul>		Baranggay Office/Court		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submit 2 copies of Leave Application form (CSC Form No. 06 (revised 1984))	1.1 Check completeness including its attachments, if incomplete return to sending office for compliance	None	10 mins.	Administrative Assistant Personnel Section
	1.2 If complete, encode details in the Leave Application Database	None	4 hours	Administrative Assistant Personnel Section
	1.3 Fill-up the leave credits balance on the Leave Application Form and update employee's leave card	None	4 hours, 30 minutes	Administrative Assistant Personnel Section
	1.4 Encode details of processed Leave Application in the "Leave Filing" menu of the Time and Attendance System and update Leave Application Database	None	4 hours, 30 minutes	Administrative Assistant Personnel Section
	1.5 Verification of computation of Leave Credit balance. If inaccurate, return to process owner.	None	4 hours	Administrative Assistant Personnel Section
	1.6 Certify and update database	None	4 hours	Administrative Assistant Personnel Section
	1.7 Return to Releasing Section	None	5 minutes	
	1.8 Sorting (1 copy for 201 file, 1 copy for office file)	None	2 hours	



	1.9 Release to concerned Offices	None	45 minutes	
<b>TOTAL</b>		<b>None</b>	<b>3 days</b>	



## 173. Preparation of Payroll

To ensure timely and correct processing of compensation, remittances, and other payments.

<b>Office or Division:</b>	Management Support Division			
<b>Classification:</b>	COMPLEX			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Central Luzon Center for Health Development employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Duly accomplished and signed Daily Time Record (DTR) (2 original)		Employee/Personnel Section		
Employee Journal (2 original)		Employee		
Regional Personnel Order (RPO) or approved letter request (1 photocopy)		Records Section/Personnel Section		
CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished and signed (DTR) with journal and RPO to Personnel Section	1.1. Receive the duly accomplished and signed (DTR) with journal and RPO	None	10 minutes	Administrative Aide III Personnel Section
	1.2. Evaluate the documents and prepare the payroll	None	3 hours	Administrative Assistant Personnel Section
	1.3. Affix initial on the payroll.	None	30 minutes	Administrative Officer V Personnel Section
	1.4. Sign the payroll	None	1 hour	Chief Administrative Officer Personnel Section
	1.5. Forward the payroll	None	10 minutes	Administrative Aide III Personnel Section
	1.6. Receive the payroll	None	10 minutes	Administrative Assistant III Budget Division
	1.7. Encodes in	None	1 hour	Administrative Officer V

	the Appropriate Registry of Allotment and forward to concerned signatory			Budget Division
	1.8. Review, certify the availability of allotment, and forward to releasing	None	2 hours	Administrative Officer V/Division Chief Budget Division
	1.9. Records the documents to be released and forward to Accounting Division	None	10 minutes	Administrative Aide III Budget Division
	1.10. Receive the documents	None	5 minutes	AAII Accounting Division
	1.11. Assigns NCA Number, None Initials and forwards to concerned signatory of DV	None	1 day	SAA I Accounting Division
	1.12. Certifies Box C of DV and forward to releasing	None	1 day	Accountant II Accounting Division
	1.13. Records the documents to be released and forward to Cashier Section	None	10 minutes	AAII Accounting Division
	1.14. Receive the approved Payroll	None	5 minutes	AA IV Cashier Section

	1.15. Prepare check and ADA	None	1 hour	Cashier II Cashier Section
	1.16. Prepare advice of check issued and forward to signatories	None	4 hours	FA II Cashier Section
	1.17. Sign the checks, ADA and ACIC	None	1 day	Head Cashier, Chief Budget and Director
	1.18. Forward the signed checks, ADA, and ACIX to Land Bank of the Philippines	None	2 hours	AA VI Cashier Section
	1.19. Prepare abstract of Payment	None	2 hours	Administrative Assistant Personnel Section
	1.20. Sign the abstract of Payment	None	10 minutes	Administrative Officer V Personnel Section
	1.21. Forward to cashier section	None	10 minutes	Administrative Aide III Personnel Section
<b>TOTAL</b>		<b>None</b>	<b>4 days, 7 hours and 25 minutes</b>	



# NORTHERN MINDANAO

## Center for Health Development

### EXTERNAL SERVICES

#### **174. Bacteriological Water Analysis of Drinking Water (Multiple tube Fermentation Technique and Heterotrophic Plate Count)**

This process is a method of analysing water to estimate numbers of bacteria present, if needed, to find out what sort of bacteria they are.

Releasing of water sample bottle: Monday to Friday (8am to 5pm)

Acceptance of Specimens: Every Monday (8am to 2 pm only)

**Office or  
Division:**

Local Health Support Division





<b>Classification:</b>	COMPLEX			
<b>Type of Transaction:</b>	G2C - Government to Client G2G - Government to Government G2B – Government to Business			
<b>Who may avail:</b>	Food establishment, ice plant, water refilling station, water district and household (walk in), hospital and resort.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form Order of payment		Laboratory Drinking Water Analysis		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for water analysis	1. Issue Order of payment	None	5 minutes	Med. Tech/Lab. Aide/Chemist
2. Pays the amount reflected of payment of order	2. Accepts and issue official receipt based on the amount reflected in the Order of Payment	Treated sample: Php.600.00 (MPN & HPC)  Deep Well/Raw sample: Php.350.00 (MPN)	5 minutes	Collecting officer
3. Receive specific sample bottle	3. Instruct and release of specific water sample bottle and request form	None	5 minutes	Med. Tech/Lab. Aide/Chemist
4. Submit filled up request form and water sample	4. Review request form and receive water sample	None	5 minutes	Med. Tech/Lab. Aide/Chemist
	4.1 Presumptive test and HPC, incubate and read result	None	48 hours	Medical Technologist
	4.2. Confirmatory test and read result 4.3 EC broth incubation and read result 4.4 BGLB incubation and read result	None	48 hours	Medical Technologist
	4.5 Record result	None	2 mins/sample	Medical Technologist
	4.6 Review and validate laboratory result	None	2 mins/sample	Medical Technologist & Pathologist



5. Receive laboratory result	5. Release laboratory result	None	5 minutes	Med. Tech/Lab. Aide/Chemist
<b>TOTAL</b>		<b>Treated sample:</b> <b>Php.600.00/sample (MPN &amp; HPC)</b>  <b>Deep Well/Raw sample:</b> <b>Php.350.00/sample (MPN)</b>	<b>4 days and 29 minutes</b>	

ZAMBOANGA PENINSULA

Center for Health Development



## EXTERNAL SERVICES

### 175. Receiving of Incoming Communications/mails (External Communication)

This process aims to standardize the process flow in the receipt of Incoming Communications at the Records Section of the DOH ZPCHD, Regional office and to ensure that said Incoming Communications are encoded in the Document Tracking Information System (DTRAK) and delivered on time.

<b>Office or Division:</b>	MSD –Records Section			
<b>Classification</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2B-Government to Business G2G-Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>None</b>			<b>None</b>	
<b>Client Steps</b>	<b>Agency Actions</b>	<b>Fees to be Paid</b>	<b>Processing Time</b>	<b>Person Responsible</b>
1. Submit document/s	1. Receiving and Sorting of Documented Information & RTS Letters  1.1. Receive Incoming			Administrative Assistant (Receiving Staff)

	communication from the external clients;	None	5 minutes	
	1.2 Affix stamp "received" on the upper right portion of the document indicating the date and time received by the receiving Officer;			
	1.3 Affix an initial on the space provided for on the stamped "received" area;			
	1.4 The receiving staff shall sort the documents by priority /urgency;			
	1.5 For the return to sender or letters not intended to DOH return the letters to post office or courier services; write RTS and indicate the reason of return in the same envelop;			
	<p>Encoding in the DTRAK Information System</p> <p>2. Encode in the DTRAK system the name &amp; address of the sender, subject matter, date of document and attachment, if there is any;</p> <p>2.2 After encoding, print the generated document tracking form and attach it on top of the document/s; forward to the records officer or his/her alternate (in case of absence) for review and validation of the subject and other data, then affix</p>	None	12 minutes	Administrative Assistant (Receiving Staff)



	signature on the space provided for;			
	Review and Validation of DTRAK  3. Review and validate the subject and other data, then affix signature on the space provided for	None	3 minutes	Administrative Officer V
	Recording and Distribution  4. Record the DTRAK Control number in the Logbook, then forward to the Director's Office and other units for action	None	5 minutes	Administrative Assistant (Receiving Staff)
<b>Total</b>		<b>None</b>	<b>25 Minutes</b>	



## 176. Application as Scholar under Pre-Service Scholarship Program (PSSP)

Endorsement of Applications for scholarship grants to deserving midwifery/ medicine students admitted to DOH Partner Schools to increase availability of healthcare professionals who will provide quality basic health care services to the un-served, underserved, hard to reach, economically underdeveloped, distressed and conflict and geographically isolated and disadvantaged areas (GIDA) of the country.

Interested applicants shall undergo screening and selection process defined by the partner school for admission to the program/course. DOH Partner Schools screen and evaluate interested applicants. DOH partner schools shall submit their shortlist of applicants together with the application form and documentary requirements to ZP CHD 2 ½ months before the start of their school year.

<b>Office or Division:</b>	Management Support Division - HRDU		
<b>Classification:</b>	Highly Technical		
<b>Type of Transaction:</b>	G2C – Government to Citizen		
<b>Who may avail:</b>	Medicine/Midwifery students who passed the admission process of a DOH accredited partner school		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
PSSP Application Form (1 original)		DOH Website DOH ZP CHD – Human Resource Development Unit DOH Partner School	
For Midwifery Course Applicant: High School Report Card with General Weighted Average (GWA) (1 photocopy)  For Medicine Course Applicant: NMAT Score (1 photocopy) Transcript of Records for Pre-Medicine or Undergraduate Course (1 photocopy)		School graduated	
Certificate of Good Moral Character (1 photocopy)		School Graduated	
Birth Certificate (1 photocopy)		Philippine Statistics Authority or Civil Registrar's Office	



Medical Certificate as certified by Government Physician		Form: Civil Service Commission Website  Issuance: Rural Health Units/ Government Hospitals		
Hepa B Screening Result (1 original)		Licensed Laboratory facilities/ hospitals		
Barangay Certification/ Certification of a Bona Fide Resident of the Community (1 photocopy)		Brgy. Hall (Place of residence)		
Combined Family Income Tax Return (ITR) (1 photocopy)		Bureau of Internal Revenue (BIR)		
NCIP Certification if member of an Indigenous People Group (1 photocopy)		National Commission on Indigenous Peoples (NCIP)		
Certificate of Employment of parent/ legal guardian for dependents of government employees, barangay health workers, traditional birth attendants, police/soldiers fatally wounded/ killed on duty (if applicable) (1 photocopy)		Employer of parent/ guardian		
Identification Card/ Certificate of parent/ guardian for dependents of PWD/ Solo Parent (if applicable) (1 photocopy)		Department of Social Welfare and Development		
Medical Abstract for those students whose parents is suffering from chronic diseases (e.g. Undergoing Dialysis, Cancer patients) (if applicable) (1 photocopy)		Attending Physician/ Health facilities where the patient was hospitalized or being treated		
Certificate as proof of victim of calamities or insurgencies (if applicable) (1 photocopy)		Local Disaster Risk Reduction and Management Office or Department of Social Welfare and Development (DSWD)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. DOH partner school submits shortlist of applicants, their application forms and complete documentary requirements.	1.1. Receives submitted shortlist with complete attachment and issues acknowledgement receipt.  If there are applications endorsed by other Regions wherein the applicant is a resident of Region 3, HRDU staff	None	10 minutes	Administrative Assistant II Human Resource Development Office

	receives the application and issues acknowledgement receipt through email.			
	1.2. Evaluates applicants based on the criteria and requirements set by DOH.	None	30 minutes	Training Specialist II Human Resource Development Office
	1.3. Review and Signing of validation criteria form	None	10 minutes	Training Specialist III Human Resource Development Office
	1.4. Approval and signature of Validation Criteria Form	None	10 minutes	Director IV Regional Director's Office
	1.5. Prepares endorsement of applicants to DOH-HHRDB for further evaluation and approval. (Attachments include signed selection criteria form, application form and complete documentary requirements of each scholar)  For applicants endorsed by other region to provide copy to the concerned region of the endorsement letter and other attachments.	None	30 minutes	Training Specialist II Human Resource Development Office
	1.6. DOH through the scholarship committee evaluates and approves the list of accepted scholars	None	10 days (paused-clock)	DOH – Health Human Resource Development Bureau (HHRDB)



	based on their set timeline and issues memorandum addressed to CHDs for the accepted scholars.			
	1.7. Prepares letter of notification for approved scholars to partner schools.	None	30 minutes	Training Specialist II Human Resource Development Office
	1.8. DOH Partner School informs the applicants of the result of their scholarship application.  1.9. For accepted scholars from other region, the concerned region will inform the concerned partner school of the applicant's acceptance to the scholarship Program.	None	15 minutes (paused-clock)	Focal Person / PSSP Coordinator DOH Partner School
	1.10. Schedules signing of contract and commitment to render service obligation (CSRO).	None	30 minutes	Training Specialist III Human Resource Development Office
	1.11. DOH Partner schools inform the concerned scholars of the scheduled date for the signing of scholarship contracts and CRSOs.	None	15 minutes (paused-clock)	Focal Person / PSSP Coordinator DOH Partner School
	1.12. Prepares scholarship contract and commitment to render service obligation form.	None	30 minutes	Training Specialist II Human Resource Development Office



2. Attends scheduled contract signing with parent/guardian as witness	2.1. Signing of scholarship contracts and Commitment to Render Service Obligations (CRSO).	None	30 minutes	Scholar  Partner School Signatory/ Representative  Accountant III Accounting Office  Director IV Regional Director's Office
	2.2. Endorses duly signed scholarship contracts for signature of HHRDB Head.	None	30 minutes	Training Specialist II Human Resource Development Office
	2.3. Signs contracts of CL CHD PSSP Scholars.	None	10 days (paused-clock)	DOH-Health Human Resource Development Bureau (HHRDB) – Head
	2.4. Facilitates the notary of scholarship contracts as endorsed by HHRDB and CRSOs.	None	2 days (paused clock)	Scholars  Notary public
	2.5. Releases copy of notarized contract and CSROs to HHRDB, Scholars and partner schools	None	15 minutes	Administrative Aide VI Records Office
<b>TOTAL</b>		<b>None</b>	<b>22 days, 4 hours and 45 minutes</b>	



## 177. Recruitment and Selection Process

This process aims to improve the selection process to meet the need of the organization of hiring the competent people

<b>Office or Division:</b>	MSD –Human Resource Management Section			
<b>Classification</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2B-Government to Business G2G-Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Application letter			DOH Website	
Resume'			Requesting party	
Transcript of Records			School Graduated	
Diploma			School Graduated	
<b>Client Steps</b>	<b>Agency Actions</b>	<b>Fees to be Paid</b>	<b>Processing Time</b>	<b>Person Responsible</b>
Applicant	1.1 Posting of notice of vacancy ;	None	Ten (10) days	

1. Submits application requirements to the Office of the Regional Director thru the Records Section	1.2. Office of the Regional Director Forwards application documents to the Human Resource Management Section;			Office of the Regional Director
	1.3. Human Resource Management Section receives application with necessary documents		10 minutes	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
	1.4. Informs applicants whether they meet minimum requirements and the data of their initial interview and exam		5 days after completion of evaluation of all applications	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
	1.5. Informs applicants of the result of their exam and the date of their panel interview		1 week after initial interview and exam of all applicants	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
	1.6. Conduct of panel interview by Selection Board			PSB Committee
	1.7. Forwards recommendation from results of Selection Board evaluation to Regional Director		Within 3 days after panel interview	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
	1.8. Informs successful applicants to submit requirements for preparation of their appointment papers		Within 1 week after receipt of instructions from Regional Director for preparation of Contract/ Appointment	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
TOTAL		None	<b>32 days and 10 minutes</b>	

This qualifies for multi-stage process



## 178. Procurement of Goods

Perform procurement through Public Bidding to promote transparency, integrity, economic, openness, fairness, competition and accountability.

<b>Office or Division:</b>	Bids and Awards Committee			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Interested Suppliers, Consultants and Contractors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Regular Goods and Equipment Approved Purchase Request (3 original copies), Work and Financial Plan (photocopy) & Allocation List (1 original).		Regular Goods and Equipment End-user		
Infrastructure Projects Approved Plans and Program of Works, Scope of Works, and Approved Budget for the Contract (Original Copy)		Infrastructure Projects End-user		
Original Philippine Contractors Accreditation Board License, Authorization Letter/Special Power of Attorney if not the Owner and Identification Card		Originating Agency/Establishment		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Purchase Bidding Documents at BAC Office.	1.1. Check and validate the provided requirements.	Please see schedule of fees	10 minutes	BAC Secretariat
	1.1. Issue Order of Payment.		5 minutes	BAC Secretariat
2. Payment at Cashier Office	2. Issuance of Official Receipt	Indicated schedule of fees	5 minutes	Administrative Officer V/ Administrative Assistant III Cashier Office
3. Present the official receipt at BAC Office	3.1. Issue Bidding Documents through electronic file (CD) to prospective bidders.	None	10 minutes	BAC Secretariat
	3.2. Conduct of Pre-Bidding Conference  *At least 7 calendar days after posting  Prepares minutes of Pre-Bidding Conference, Bid Bulletin if applicable	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers  BAC Secretariat
	3.3. Posting of Bid Bulletin to PhilGEPS and CLCHD BAC Bulletin Board if applicable	None	30 minutes	BAC Secretariat
	3.4. Conduct of Opening and Submission of Bidding Documents.  *At least 12 calendar days after pre-bidding conference	None	1 day	BAC, BAC Secretariat, TWG, End-user, Observers
4. Submits the Bidding Documents	4.1. Receives the Bidding Documents	None	5 minutes	BAC Secretariat
	4.2. Opening of Public Bidding Documents for review, evaluation and declaration of	None	1 day	Bids and Awards Committee

	Lowest Calculated Bid (LCB)			
	*If Public Bidding is unsuccessful, return to first step. If two failed biddings, BAC will call for a meeting to schedule Alternative Mode of Procurement.			
	4.3. Prepares Abstract of Bids and minutes of Public Bidding	None	1 hour	BAC Secretariat
	4.4. Prepares summary of bid from lowest to highest for post-qualification purposes.	None	30 minutes	BAC Secretariat
	4.5. Conduct of Post-qualification and prepares Post qualification Evaluation Report.	None	1 day *Minimum 7 calendar days but not exceeding 30 calendar days	Technical Working Group
	4.6. Prepares Notice of post-qualification and disqualification, BAC Resolution and Notice of Award	None	30 minutes	BAC Secretariat
	4.7. Reviews the Notice of post-qualification, BAC Resolution and Notice of Award	none	30 minutes	BAC Secretariat Head
5. Receive the Post qualification	4.8. Approval of notice of post qualification, BAC Resolution and Notice of Award	None	30 minutes	BAC and HOPE
	5.1. Issues notice of post qualification	None	5 minutes	BAC Secretariat
	5.2. Prepares and approves BAC	None	30 minutes	BAC Secretariat



	resolution and Notice of Award			BAC HOPE
6. Receive Notice of Award	6. Require the winning bidder to submit Performance Bond within 10 calendar days upon receipt of Notice of Award	None	5 minutes	BAC Secretariat
7. Submits the Performance Bond	7.1. Receives and validates the submitted Performance bond.	None	5 minutes	BAC Secretariat
	7.2. Prepares Contract Agreement/ Memorandum of Agreement for Infrastructure and Purchase Order for regular goods and equipment.	None	30 minutes for Contract Agreement/ Memorandum of Agreement and 2 hours for Purchase Order	BAC Secretariat  Administrative Assistant III Procurement Unit
8. Signs contract of agreement for infrastructure	8.1. Conducts Contract signing for infrastructure while approval of Purchase Order for regular goods and equipment	None	30 minutes for signing of Contract Agreement/ Memorandum of Agreement and  4 hours for Purchase Order	HOPE LCRB BAC Secretariat
	8.2. Prepares and approves Notice to Proceed for Infrastructure	None	15 minutes	BAC Secretariat BAC HOPE
9. Receives Notice to Proceed	9.2. Issues Notice to Proceed	None	5 minutes	BAC Secretariat
<b>TOTAL</b>		<b>None</b>	<b>34 days, 4 hours, 10 minutes</b>	

\*Procurement through Public Bidding is covered under RA 9184.

**Note:**

Bid Bulletin/Supplement

*Bidder declared as Ineligible has 3cd to file MR. BAC has 7cd to respond*





*The bidder must submit all Post-Qualification Requirements w/in 5CD from receipt of notice as bidder w/ LCB in accordance with sec. 34.2*

Approved Budget of the Contract	Fees (Php)
500,000 and below	500.00
More than 500,000 up to 1 Million	1,000.00
More than 1 Million up to 5 Million	5,000.00
More than 5 Million up to 10 Million	10,000.00
More than 10 Million up to 50 Million	25,000.00
More than 50 Million up to 500 Million	50,000.00
More than 500 Million	75,000.00



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## ***Treatment and Rehabilitation Centers***

### ***EXTERNAL SERVICES***

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## EXTERNAL SERVICES

### 179. Acceptance and Evaluation of Application Documents

Applicants who submitted complete application documents shall be evaluated based on the CSC Minimum Qualification Standards

<b>Office or Division:</b>	Administrative Service, Personnel Administration Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C-Government to Citizen			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application letter addressed to the Director, Administrative Service/Head of Agency (TRCs)		Applicant		
4 copies Personal Data Sheet with attached Work Experience Sheet		CSC Website DOH Intranet for internal applicants		
Certified True Copy (CTC) of Training Certificates		Training Institutions		
Authenticated copy of Diploma and Transcript of Records for new applicants		School		
Certified True Copy (CTC) of Certificate of Eligibility and/or Authenticated Certificate of PRC license and board rating		Professional Regulation Commission, Civil Service Commission, TESDA, LTO		
Certified True Copy of duly signed and approved Individual Performance Commitment and Review (IPCR) Form from current employer for applicants applying for promotion/transfer		PAD, AS/HRMS(TRCs) for internal applicants and Human Resource Department for external applicants		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent together with the complete documentary requirements (email or walk-in)	1. Receive and check completeness of documents	None	30 minutes	Receiving Unit of PAD-AS
	If complete: Forward the application documents to the HRMOs	None		
	If not: Return to applicant	None		



2. Wait for the evaluation result	2.1. Evaluate applicants' qualifications vis-a-vis CSC minimum qualification standards of the vacant position and validate authenticity of the submitted documents	None	12 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
	2.2. Prepare Report of Documentary Review and Transmittal Letter to End-user	None	4 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
	2.3 Inform applicants' who meet the minimum requirements of the position through a letter, e-mail or phone calls and those applicants who did not qualify	None	3 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
	<b>TOTAL</b>	None	<b>19 days and 30 minutes</b>	



## 180. Admission to Residential Treatment and Rehabilitation Program

This aims to change and manage one's behavior which is the first and most difficult step in changing one's lifestyle. It creates a structure and system that foster positive behavior.

<b>Office or Division:</b>	Residential/Inpatient Treatment Division
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business
<b>Who may avail:</b>	<p>Clients who submit themselves for voluntary admission, compulsory admission, with Temporary Confinement Order, Persons Deprived of Liberty (PDLs) or Plea-bargaining clients except those displaying:</p> <ul style="list-style-type: none"> <li>a. Strong Psychiatric Symptoms of: suicidal tendencies, self-harm, psychosis</li> <li>b. Physical and verbal aggression, violence</li> <li>c. Medically unfit to undergo Drug Treatment and Rehabilitation</li> </ul>
CHECKLIST OF REQUIREMENTS	
<b>Primary documents (For all types of client):</b> Birth Certificate Updated Member's Data Record* Marriage Contract (if married) Barangay Clearance Any Valid Government-issued ID  <i>*For TRCs with Philhealth accreditation</i>	<b>WHERE TO SECURE</b>  <b>Issuing Government Agency:</b>  Philippines Statistics Authority Philhealth Philippines Statistics Authority Barangay Office  GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI
<b>For Plea-bargain:</b> Original or Certified True Copy of Court Order	Court where the case was filed
<b>For Voluntary Admission (with Court Order):</b> - Original or Certified True Copy of Court Order <b>For Voluntary Admission (with pending petition to the Court):</b> - Docketed Petition for Voluntary Confinement - Temporary Confinement Order (TCO) - Drug Dependency Examination (DDE) Result - Medical/Psychiatric Clearance (if without TCO) - Drug Dependency Examination [for on the day admission] - Medical/Psychiatric Clearance	Court where the Petition was filed   Legal Office or Authorized DDB Representative   Any DOH-accredited Physician
<b>Medical Laboratory Results</b> <i>(Taken at least 3 months prior to admission):</i>	



CBC	Any licensed laboratory offering the service			
Chest X-ray				
VDRL / RPR				
ECG				
Urinalysis				
Fecalalysis				
Hepatitis A Screening (For TRC CDO only)				
Hepatitis B Screening				
Pregnancy Test (for female clients)				
<b>For 35 years old and above:</b> Blood Chemistry FBS Cholesterol Creatinine	Any licensed laboratory offering the service			
Petitioner or Client's relative (up to 4th degree of consanguinity) or Significant Others  BJMP Escort, can represent for PDLs /Plea-bargaining clients with no family/relatives during admission:	Petitioner or Client's relative (up to 4th degree of consanguinity) or Significant Others  BJMP			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Follow health and safety procedures upon entrance (Handwashing, Thermal scanning, Wearing of mask etc.) <i>*Some TRCs require full bath of clients upon arrival</i>	1.1 Direct clients to follow health and safety procedure upon entrance	None	5 minutes	Security Guard on duty
1.2. Log-in to Logbook and submit for security inspection of belongings, body search and frisking  <b>For other TRCs, due to pandemic:</b> 1.3 Fill-out Health Declaration Form	1.2 Conduct inspection of belongings, body search and frisking  1.3 Collect the Health Declaration Form	None  None	10 minutes  10 minutes	Security Guard on duty  Security Guard on duty

<p><b>For Court Order with specific rehabilitation program:</b></p> <p>2.1.1. Petitioner/Client or BJMP escort submit complete required documents (including Court Orders, TCO, Docketed Petition, etc.)</p> <p><b>If documents are NOT Complete:</b> Petitioner/Client to comply with the lacking requirements</p> <p><b>(END OF PROCESS)</b></p> <p><b>For Court Order without specific rehabilitation program:</b> 2.1.2. Petitioner/Client to seek legal opinion</p>	<p>2.1.1. Receive and validate the documents for completeness and authenticity of the documents</p> <p>Advise the Petitioner/Client to complete the requirements</p> <p>2.1.2. Refer Petitioner/Client to Legal Section for interpretation</p>	<p>None</p> <p>None</p> <p>None</p>	<p>10 minutes</p> <p>10 minutes</p> <p>10 minutes</p>	<p><i>PACD/ Admitting Staff</i></p> <p><i>PACD/ Admitting Staff</i></p> <p><i>DDB Representative / Legal Assistant</i></p>
<p><b>For TRC Argao, CDO and Tagaytay, TRC Argao:</b> 3.1 Client and Petitioner to comply for initial profiling or provide personal information</p>	<p>3.1 Take a snapshot of Client and Petitioner for initial profiling</p> <p>3.2 Encode Client's personal information for profiling</p>	<p>None</p> <p>None</p>	<p>10 minutes</p> <p>10 minutes</p>	<p><i>HIMS Staff / PACD / Admitting Staff</i></p> <p><i>HIMS Staff / PACD / Admitting Staff</i></p>

4.1 Client Undergo Screening/Assessment Triaging (to include Mental Status Examination)	4.1 Administer Screening and Assessment to clients (including Mental Status Examination)	None	1 hour	Admitting Staff/ DOH-Accredited Physician
<b>If NOT eligible for admission:</b> 4.2.1. Petitioner/Client to know the reason for denial of admission  <b>(END OF PROCESS)</b>	4.2.1. Refer Client to appropriate facility and make a report to the Court the reason for denial of admission	None	1 hour	Admitting Staff/ DOH-Accredited Physician
<b>If eligible for admission but without DDE Report:</b> 4.2.2. Client to undergo Drug Dependency Examination	4.2.2 Conduct Drug Dependency Examination	Php 1000	1 hour	DOH Accredited Physician
<b>For TRCs that do not require Drug Test and/or HIV Test:</b> 5.1.1. Client/Petitioner proceed to Intake Interview	5.1.1. Conduct Intake Interview and/or gather vital information for IDADIN purpose/s		1 hour	Admitting Staff/ Nurse-on-duty/ IDADIN Staff
<b>For TRCs requiring Drug Test and/or HIV Test:</b> 5.1.2 Client/Petitioner proceed to Cashier for payment	5.1.2. Receive payment and issue Official Receipt	See payment charges per TRC	15 minutes	Cashier
6. Client proceed to Laboratory and sign Informed Consent Form prior to Drug and/or HIV testing	6. Facilitate signing of Informed Consent Form, then conduct Drug and/or HIV Testing	None	30 minutes	Authorized Specimen Collector



7.1 Client submit to initial Intake Interview	7.1 Conduct Intake Interview and/or gather vital information for IDADIN purpose/s	None	30 minutes	<i>Admitting Staff/ Nurse-on-duty/ IDADIN Staff</i>
7.2. Petitioner undergo Social Welfare Intake Interview and orientation	7.2. Conduct Social Welfare Intake Interview / Socio-Economic Classification and orient basic policies of Admission	None	30 minutes	<i>Social Welfare Staff</i>
7.3 Petitioner sign Admission Undertaking / Contract of Agreement	7.3. Collaborate signing of Admission Undertaking / Contract of Agreement	None	10 minutes	<i>Social Welfare Staff</i>
8. Petitioner secure Billing Statement	8.Fill out Order of Payment Form and Release Billing Statement	None	15 minutes	<i>Billing and Claims Staff</i>
9. Petitioner pay to the Cashier for corresponding fees	9. Issue Official Receipt for payment	See schedule of payment	15 minutes	<i>Cashier</i>
10. Client submit for admission	10. Receive endorsement of new admission**	None	10 minutes	<i>Dormitory Personnel/ Nurse-on-duty</i>
<b>TOTAL</b>		<b>[See schedule of payment]</b>	<b>Total: 3hours 50 minutes (with Drug/HIV Test)</b> <b>Total: 4 hours 30 minutes (without Drug/HIV Test)</b>	

\*Note that on Step 7 [and other steps], the client and petitioner were doing their step simultaneously.

\*\*Some TRCs imposed a 14-days quarantine before client is included in the community



### Fees Based on Treatment and Rehabilitation Center

Monthly Cost Sharing Fee	Facility
Class A - PhP 15,000.00 (Total Cost of Services x 100%) Class C1 - PhP 11,250.00 (Total Cost of Services x 75%) Class C2 - PhP 7,500.00 (Total Cost of Services x 50%) Class C3 - PhP 3,750.00 (Total Cost of Services x 25%) Class D (Indigent) - Full Social Services	TRC Bicutan
PhP 10,000	TRC Dagupan
PhP 8,000 (Classification: A - 100%, C1 - 75%, C2 - 50%, C3 - 25%) P300/month for Drinking Water	TRC Iloilo
PhP 6,000	DOH TRC CDO and NMWRC (TRC Bukidnon), TRC Caraga
PhP 4,500	TRC Malinao
Class A/B - PhP 8,406.00 (Total Cost of Services x 100%) Class C1 - PhP 6,305.00 (Total Cost of Services x 75%) Class C2 - PhP 4,203.00 (Total Cost of Services x 50%) Class C3 - PhP 2,100.00 (Total Cost of Services x 25%) Class D (Indigent) - Full Social Services	<u>For TRC Tagaytay</u>

TRC Dulag SERVICES	FEES
RESIDENTIAL/INPATIENT PROGRAM	<b>P5,000.00 per month</b>
	A— 4,800
	C1— 3,600
	C2— 2,400
	C3— 1,200
	D— (Indigent) Full Government Subsidy

Drug testing	Facility
PHP 200.00	DOH TRC CDO and NMWRC (TRC Bukidnon)



## 181. Application for Learning and Development Program

The Learning and Development Program offers experience to internship, immersion, and volunteer service.

- Internship is the involvement to a certain kind of job within a specific period of time stipulated in the Memorandum of Agreement
- Immersion offers complete involvement in a specific activity or program for TRC employees minimum of two (2) weeks
- Volunteer is rendering services for no financial or social gain, classified into two: civic and recovering Person Who Used Drugs (PWUDs)
- Benchmarking is an experience to identify internal opportunities for facility improvement

<b>Office or Division:</b>	Administrative Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Internship: Students (Baccalaureate, and Post Graduate), Immersion: TRC Employees, Volunteer: Recovering Person Who Used Drugs (PWUDs), Benchmarking: Rehabilitation Advocates and Practitioners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 copy of Request letter		Requesting Party		
1 copy of Government issued I.D.		GSIS, Pag-IBIG, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent	1.1. Receive and forward request to HIMS	None	10 minutes	PACD
	1.2 Receive and forward request to COH office	None	10 minutes	HIMS
	1.3 Receive and forward request to the concerned section	None	20 minutes	Secretary, COH
	1.4. Schedule of examination/assessment and interview (internship, immersion, volunteer)	None	30 minutes	Human Resource



	1.5. Notify applicants for the schedule of examination and interview	None	1 day	<i>Human Resource</i>
2. Take the qualifying examination/assessment	2. Administer Qualifying exam/assessment	None	3 hours	<i>Human Resource</i>
3. Wait for the result/feedback	3. Endorse applicants to the Office of the TRC Chief	None	1 day	<i>TRC Chief Office</i>
4. Receive result/feedback	4.1. Notify applicants for required documents needed for submission:  a. Endorsement Letter from School  b. Memorandum of Agreement  c. Medical Certificate	None	3 hours	<i>Concerned Section</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 days and 7 hours and 20 minutes</b>	



## 182. Availment of Client Social Re-Classification

A process to reclassify clients' financial capability and standing in determining their capacity to pay their rehabilitation fees. The Medical Social Worker (MSW) performs eligibility study on the client's social and financial capabilities.

Clients may be classified as follows:

Class A	Full paying clients
Class C	Partial paying clients who have the capacity to meet their basic needs but whose income is insufficient to fully meet their medical expenses. To determine how much a client pays for the actual share of hospital expenses, the Medical Social Worker will assess based on the modifiers
	Class C clients shall be further sub categorized to: C1 – shall pay 75% of the monthly treatment fee; C2- shall pay 50 % of the monthly treatment fee; C3 – shall pay 25% of the monthly treatment fee;. C4 - shall pay 10% of the monthly treatment fee;
Class D	are for indigent will be given full social service. These are clients who cannot meet their basic needs or who have income but are insufficient to fully meet their medical expenses.

<b>Office or Division:</b>	Medical Social Welfare Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government
<b>Who may avail:</b>	PWUDs' family members/ Petitioner/Guardians, All Government Agencies, NGO, LGU and other government instrumentalities
CHECKLIST OF REQUIREMENTS	
<b>1. Personal Identification</b> a) One Valid ID – 1 original copy of government Valid Identification (ID) or b) One Certification either from their respective LGU/ Barangay captain, DSWD ( <i>to be verified by respective MSWS Staff for legitimacy</i> ) **or NBI Certificate. This is applied only to poor or indigent petitioners/ family	<b>WHERE TO SECURE</b> GSIS, Pag-ibig, SSS, Philhealth, Postal, COMELEC Respective LGUs or Barangay Captain, DSWD, NBI

members who really do not have any government valid ID.				
2. one original copy Social Case Study Report		City/Municipal Social Welfare Development Office where the client resides		
2. Income validation may either of the following:  a) one original copy of Income Tax Return (for business owners); or Certificate of Tax Exemption (for tax exempt)  b) one original copy or certified true copy of Pay Slip or Certificate of Employment and Compensation for employed client/Member of the family		Bureau of Internal Revenue          Employer		
4. Social Classification Agreement Form		Social Welfare Officer		
5. 1 original copy of Certificate of Real Property		Municipal/City Assessor's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Sign in the Client Logbook at the Waiting Area and present valid identification card	1.1 Assist client registration in the Client Logbook	None	5 minutes	Security Guard
1.2. Submit to security protocol	1.2. Perform security protocol to client and their petitioner/ guardian/ relative prior to entering premises of the center	None	10 minutes	Security Guard
1.3. Secure queuing number	1.3. Issue queuing number	None	3 minute	Security Guard
2. Proceed to PACD and sign in visitors log book	2. Instruct the client where to transact and refer to Social Worker In-Charge	None	5 minutes	PACD Officer/Social Welfare Assistant
3. Submit the documentary requirements	3. Review the submitted requirements	None	10 minutes	Social Welfare Officer

4.1. Sign the Reclassification Agreement Form	4.1. Assist the clients in the signing of agreement	None	10 minutes	<i>Social Welfare Officer</i>
4.2.Undertake psychosocial assessment	4.2.Conduct psychosocial assessment	None	1 hour	<i>Social Welfare Officer</i>
5. Wait for the result	5.1. If financially incapable, prepare the Certification of Re Classification	None	10 minutes	<i>Social Welfare Officer</i>
	5.2. Submit recommendation letter or Certification of Reclassification for approval and submission to Billing Section	None	10 minutes	<i>Chief Health PrO/CAO/SAO</i>  <i>Social Welfare Officer/Section Head of MSWS and COH III</i>  <i>Head of MSWS/Billing Officer</i>
6. Receive result of reclassification	6.1 If approved, discuss the approved reclassification to the petitioner	None	10 minutes	<i>Social Welfare Officer</i>
	6.2 Submit the approved recommendation letter or Certification of Reclassification to the billing section	None	5 minutes	<i>Social Welfare Assistant</i>
	6.3. Record the new rates and charges	None	5 minutes	<i>Billing Assistant/Accounting Assistant</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 hours and 23 minutes</b>	



## 183. Availment of Clinical Laboratory Services

Providing diagnostic testing for clients' admission and personnel's for annual physical checkup. Available in Argao, Dagupan, and Isabela Treatment and Rehabilitation Center

<b>Office or Division:</b>	Laboratory Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Clients, TRC personnel, and Relatives			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Copy of Laboratory Request		Medical Section		
1 Charge Slip		Medtech/Labtech		
Official Receipt <b>Conditional Requirements:</b> 4PS ID, Certificate of Indigency		Cashier  Barangay Hall/ Municipal/Social Welfare and Development office  Municipal/Social Welfare and Development office where the client resides		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure laboratory request	1. Give laboratory request form duly signed by physician	None	10 minutes	<i>Nurse I</i>
2. Present lab request at the lab section and get queuing number	2. Receive laboratory request and issue queuing number.	None	5 minutes	<i>LabTech</i>
3. Wait for queuing number to be called	3. Issue Charge Slip	None	5 minutes	<i>Labtech</i>
4. Proceed to cashier for payment	4.1 Issue Official Receipt	See Table Of Fees	10 minutes	<i>Cashier</i>
	<b>If Indigent,</b> Stamp "Free" For Client With 4P's ID			



	and with certificate of indigency.			
	<b>For Paying Residential Clients</b> , fees will be charged to bill			
5. Present the official receipt	5.1. Collect and Validate official receipt or stamped charge slip	None	5 minutes	<i>Labtech</i>
	5.2. Refer to Medtech for specimen collection	None	5 minutes	
6. Prepare for specimen collection	6. Facilitate collection of specimens	None	30 Minutes	<i>Medtech</i>
7. Wait for lab result	7.1. Process the collected specimen	None	3 Hours	<i>Medtech</i>
	7.2. Explain Processing Time of Result to Client	None		
8. Sign the Logbook and Receive Result	8. Release and log the result	None	5 Minutes	<i>Medtech</i>
<b>For Residential Clients</b> , Return to The Dormitory And Wait for The Instruction				
	<b>TOTAL</b>	<b>See table of fees</b>	<b>4 hours and 10 minutes</b>	



### Schedule of Fees

<b>Fees</b>	<b>Services</b>
<b>HEMATOLOGY</b>	
<i>CBC-</i>	PHP 130.00
<i>CBC w/platelet count-</i>	PHP 180.00
<i>PLATELET count-</i>	PHP 80.00
<b>CM-PARA</b>	
<i>Urinalysis-</i>	PHP 100.00
<i>Fecalysis –</i>	PHP 60.00
<b>IMMUNOSEROLOGY</b>	
<i>Hbs antigen screening-</i>	PHP 240.00
<i>Syphilis Screening-</i>	PHP 240.00
<i>Blood typing-</i>	PHP 140.00
<b>CLINICAL CHEMISTRY</b>	
<i>FBS-</i>	PHP 150.00
<i>CHOLESTEROL-</i>	PHP 200.00
<i>TRIGLYCERIDES-</i>	PHP 300.00
<i>HDL-</i>	PHP 300.00
<i>CREATININE-</i>	PHP 180.00
<i>BUN-</i>	PHP 160.00
<i>BUA-</i>	PHP 160.00
<i>AST/SGOT-</i>	PHP 200.00
<i>ALT/SGPT-</i>	PHP 200.00
<i>SERUM Na-</i>	PHP 210.00
<i>SERUM K-</i>	PHP 210.00
<i>SERUM Chloride-</i>	PHP 250.00

## 184. Availment of Counseling and Psychotherapy (Non-Urgent Cases)

Counseling and psychotherapy are geared to help the clients to process their overt and covert issues that are relevant in their treatment program. Through these psychological interventions, clients will be able to gain better understanding of their issues and they will be equipped with skills that are necessary to help them behave in an adaptive way.

<b>Office or Division:</b>	Psychology Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Residential Clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Consent form		Psychologist in charge		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Psychotherapy Room	1. Conduct Introduction and Explanation of the Purpose, Scope and Limitation of Counseling / Psychotherapy	None	4 Minutes	<i>Psychologist – on- Case</i>
2. Sign in the consent form	2. Facilitate signing of consent form	None	1 Minute	<i>Psychologist – on- Case</i>
3. Undergo counseling / psychotherapy	3.1. Conduct Counseling / Psychotherapy	None	1 Hour and 30 Minutes	<i>Psychologist – on- Case</i>
	3.2 Closing of Counseling/Therapy Session	None	5 Minutes	<i>Psychologist – on- Case</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 Hour and 40 Minutes</b>	



## 185. Availment of Counseling and Psychotherapy (Urgent Cases)

Counseling and psychotherapy for urgent cases are designed to immediately address the needs for psychological concerns of clients who have active suicidal thoughts, homicidal tendencies, and psychotic manifestations. Client will be recommended for appropriate actions through referrals among other professionals who are responsible in managing the clients. This service is available in TRC Tagaytay.

<b>Office or Division:</b>		Psychology Section		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Residential clients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Slip		Medical Officer / Dorm Manager / Social Worker		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of Referral Slip	1. Receive and Validate Referral Slip	None	5 minutes	<i>Psychologist – on- Case</i>
2. Proceed to Psychotherapy Room	2. Conduct Introduction and Explanation of the Purpose, Scope and Limitation of Counseling / Psychotherapy	None	10 Minutes	<i>Psychologist – on- Case</i>
3. Sign in the consent form	3. Facilitate signing of consent form	None	5 Minutes	<i>Psychologist – on- Case</i>
4. Undergo counseling / psychotherapy	4.1. Conduct Counseling / Psychotherapy	None	1 Hour and 30 Minutes	<i>Psychologist – on- Case</i>
	4.2 Closing of Counseling/Therapy Session	None	10 Minutes	<i>Psychologist – on- Case</i>
<b>TOTAL</b>		<b>None</b>	<b>2 Hours</b>	



## 186. Availment of Drug Dependency Examination (DDE)

This is being conducted to determine the level of severity of the client's drug dependence and establish diagnosis and recommendation for treatment planning. DDE is necessary to identify the status of the patient, whether as in-patient, facility-based out-patient, community-based patient, or in another method of rehabilitation.

Schedule as follows:

TRC Dagupan: Monday-Tuesday: Assessment/DDE: Wednesday-Thursday: Admission

TRC Bataan: Tuesday- Friday

Office or Division:	Treatment and Rehabilitation Division		
Classification:	Complex		
Type of Transaction:	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government		
Who may avail:	Persons Who Use Drugs (PWUDs), All Government Agencies, NGO, LGU and other government instrumentalities, Business Entity		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<b>For Voluntary:</b> Request for Drug Dependency Examination – 1 original copy *for some areas DDE for clients coming from high risks areas are done online		Authorized Dangerous Drugs Board Representative/ Family/ Company Representative	
Valid Identification Card (Client and Petitioner)		GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company	
Laboratory Result		Any licensed laboratory offering the service	
Official Drug Test Result		Any accredited drug testing center	
<b>For Plea Bargain:</b> Court Order – 1 original copy and 1 photocopy		Court where the petition was filed	
Valid Identification Card (BJMP Personnel only)		GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company	
<b>Additional Notes:</b> <ul style="list-style-type: none"><li>• Clients for DDE shall be scheduled ahead of time through personal appointment or via phone call and/or SMS.</li><li>• Clients who fail to come on the day of appointment shall expect a new schedule.</li></ul>		Designated DDE Coordinator	

<ul style="list-style-type: none"> <li>Clients for DDE shall be accompanied by a close family member/s for collateral interview.</li> </ul>				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client Logbook at the Waiting Area and present valid identification card	1. Assist client registration in the Client Logbook	None	5 minutes	Security Guard
2. Secure queuing number	2. Issue queuing number	None	3 minutes	Security Guard
3. Submit for security protocol and required documents	3. Perform security protocol to client and their petitioner prior to entering premises of the DATRC and check documents	None	20 minutes	Security Guard
4. Submit for drug testing	4.1 Provide brief orientation on the procedure to be conducted;	None	5 minutes	Medical Technologist/ Nurse
	4.2 Conduct urine collection and drug testing;	None	30 minutes	Medical Technologist/ Nurse
	4.3 Conduct screening of client	None	30 minutes	Drug Rehabilitation Practitioner
5. Submit for DDE	5.1 Escort client to the office of the DOH-Accredited physician	None	10 minutes	Nurse/ Nursing Attendant
	5.2 Conduct Drug Dependency Examination and accomplish needed document for DDE	None	1 hour	DOH-Accredited Physician
6. Receive charge slip	6. Issue Charge Slip	None	5 minutes	Nurse on duty
7. Proceed to Billing Section	7. Prepare order of payment	None	15 minutes	Billing Section
8. Pay corresponding	8. Collect payment and issues Official Receipt	See schedule of fees	10 minutes	Cash Operations Section



amount to the Cashier Section				
9. Wait and receive instructions	9.1 Give instructions	None	10 minutes	<i>Nurse on duty</i>
	9.1.1 Prepare DDE Report/ Certificate and forward to Legal Section/HIMS for release  <i>DTRC Dagupan:</i> Submit DDE Report/ Certificate to concerned RTC branch (for plea bargain) and/or to the DDB authorized representative (for voluntary)	None	1 day	<i>Legal Section/ Health</i>  <i>Information Management Section</i>
	9.1.2 Submit DDE Report/ Certificate to concerned RTC branch (for plea bargain) and/or to the DDB authorized representative (for voluntary)  <i>DTRC Dagupan:</i> Prepare DDE Report/ Certificate and forward to Legal Section/HIMS for release	None	5 days	<i>HIMS/ DOH-Accredited Physician</i>
	<b>TOTAL</b>	<b>See schedule of fees</b>	<b>6 days, 4 hours and 18 minutes</b>	

#### Schedule of Fees

Facility	Fee
TRC CDO	Php 750.00
TRC Dulag, TRC Bicutan	Php 1,000.00
TRC Dagupan	Php 500.00



TRC Cebu City, Mandaue	Php 1,000.00
TRC Iloilo	Php 1,200.00
Drug Dependency Examination	Php 1,000.00 A- Php 1,000.00 C1— 750 C2— 500 C3— 250 D— (Indigent) Full Government Subsidy





## 187. Availment of Medical Consultation (Non-Severe Cases)

Provides comprehensive health care services ranging from routine physical examination and screening procedure for diagnosis, treatment and follow-up of illnesses and other medical problems. Service available from Monday to Sunday, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	Clinical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen G2G- Government to Government			
<b>Who may avail:</b>	Residential Clients, TRC Employees, Out-Patient Clients, Aftercare Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form		Nurse on Duty		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queueing number	1. Issue queueing number	None	5 minutes	<i>Nurse on duty</i> Clinical Division
2. Wait for the number to be called	2. Call client for Medical Consultation	None	30 minutes	<i>Nurse on duty</i> Clinical Division
3. Proceed to Medical Clinic	3.1. Take the history and physical examination of the patient	None	30 minutes	<i>Physician</i> Clinical Division
	3.2. Perform the consultation	None	1 hour	<i>Physician</i> Clinical Division
	3.3. Issue a prescription	None	30 minutes	<i>Physician</i> Clinical Division
	3.4. Update Client's Clinical Chart	None	15 minutes	<i>Physician</i> Clinical Division
	3.5. Endorse the medications and appropriate interventions of the Client to the Nurse on Duty and advise patient for follow-up	None	10 minutes	<i>Physician</i> Clinical Division



4.1.1. For Residential clients, proceed to dormitory	4.1.1. Escort client back to dormitory	None	10 minutes	<i>Dormitory Manager Clinical Division</i>
4.1.2. For Walk-in clients, receive charge slip	4.1.2. Issue charge slip	Refer to Fees	10 minutes	<i>Cashier</i>
4.1.3. For Residential Client, charge to billing statement	4.1.3. Bill charges	None	10 minutes	<i>Cashier</i>
5. For Walk-in client, proceed to cashier for payment	5. Receive payment and Issue Official Receipt	None	10 minutes	<i>Cashier</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 hours and 50 minutes</b>	



## 188. Availment of Neuro-Psychiatric Examination

To provide neuro psychiatric examination for requirements for government appointment and psychiatric assessment.

<b>Office or Division:</b>	Neuro-Psychiatry Section of TRC Dagupan			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Clients, Government Employees for Appointment Purpose Only Except for Military personnel and gun licensing.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Official Receipt		Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to front desk for inquiry of service	1. Accommodate client' s request	None	10 minutes	<i>PACD</i>
2. Wait for confirmation of schedule	2. Coordinate service to psychologist on duty and confirm schedule	None	10 minutes	<i>PACD</i>
3. Proceed to cashier for payment	3. Collect payment and issue official receipt	Php 500.00	10 minutes	<i>Cashier</i>
4. Proceed to administration and evaluation of psychological test	4. Administer examination	None	6 hours	<i>Psychologist</i>
5.1 Proceed to Neuropsychiatric interview	5.1. Conduct intake interview	None	30 minutes	<i>Psychiatrist</i>
5.2. Wait for further instructions for the release of result	5.2. Accomplish neuropsych report and gather psychological data	None	6 days	<i>Psychologist</i>
	5.3. Explain the processing time and when to secure the result	None	15 minutes	<i>Psychologist</i>
6. Secure neuropsych result	6. Release official result to client	None	10 minutes	<i>PACD</i>
	<b>TOTAL</b>	<b>None</b>	<b>6 days, 7 hours and 25 minutes</b>	



## 189. Availment of Nutrition and Dietetic Service (Nutrition Assessment)

Medical Nutrition Therapy is provided to support the Physician with the nutritional care to maintain and improve the nutritional status of the residential patients. Through Nutrition Assessment, nutritional status will be defined by obtaining medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data. Available in TRC Tagaytay.

<b>Office or Division:</b>		Nutrition and Dietetics Section		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Residential Clients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Form		Medical Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number and wait to be called	1. Call the client for Nutrition Assessment	None	10 minutes	Nutritionist-Dietitian
2. Undergo nutrition assessment	2.1 Check the referral form and review the chart of the patient.	None	15 minutes	Nutritionist-Dietitian
	2.2. Assess and gather the necessary information like anthropometric, biochemical, clinical and dietary data of the patient.	None	1 hour	Nutritionist-Dietitian
	2.3 Close the session		10 minutes	Nutritionist-Dietitian
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 35 minutes</b>	



## 190. Availment of Psychiatric Service

To provide psychiatric examination to patients. Available in TRC Bataan.

<b>Office or Division:</b>	Psychiatry Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Clients (In-house, out-patient, aftercare)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to medical section for inquiry of service	1. Accommodate client' s request	None	10 minutes	<i>Medical section(Nurse on duty/ Doctor on duty)</i>
2. Submit to medical section evaluation	2. Evaluate the client	None	20 minutes	<i>Medical Section (Nurse on duty/doctor on duty)</i>
3.1. Proceed to cashier for payment	3.1 Collect payment and issue official receipt	Php 500.00	10 minutes	<i>Cashier</i>
3.2. Wait for instruction and confirmation of schedule	3.2. Advise next steps	None	10 minutes	<i>Medical Section (Nurse on duty/doctor on duty)</i>
4. Proceed to psychiatric office for test	4. Conduct psychometric test	None	2 hours	<i>Psychometrician</i>
5.1 Proceed to psychiatric office for interview	5.1. Conduct initial interview	None	2 hours	<i>Psychometrician</i>
5.2 Wait for further instruction for the release of result	5.2 Accomplish report and explain results	None	25 minutes	<i>Psychiatrist</i>
6. Answer service evaluation form and treatment plan	6. Give treatment plan form and follow-up	None	10 minutes	<i>Psychiatrist</i>
<b>TOTAL</b>		<b>Php 500.00</b>	<b>5 hours and 25 minutes</b>	



## 191. Availment of Psychological Evaluation

A process that assesses and evaluates the patient's current overall functioning in terms of cognitive, psychological and social functioning. The aims to formulate the specific diagnosis, determine the etiology of the psychological conditions, and recommend the appropriate interventions. Applicable to TRC Tagaytay.

<b>Office or Division:</b>		Psychology Section		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Residential Clients		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Consent Form			TRC'S Psychologist in charge	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to testing room for psychological evaluation	1. Conduct Introduction and Explanation of the Purpose, Scope and Limitation of the Psychological Test to be administered	None	4 Minutes	<i>Psychologist – on- Case</i>
2. Sign in the consent form	2. Facilitate signing of consent form	None	1 Minute	<i>Psychologist – on- Case</i>
3. Undergo psychological test	3. Administer psychological test	None	5 Hours	<i>Psychologist – on- Case</i>
4. Undergo in-depth interview	4. Conduct in-depth interview	None	2 Hours	<i>Psychologist – on- Case</i>
5. Wait for further instruction and wait for the release of the result	5.1. Explain the processing time and when to secure result	None	15 Minutes	<i>Psychologist – on- Case</i>
	5.2 Score, interpret and evaluate Psychological Test protocols and accomplish Psychological Report	None	6 Days	<i>Psychologist – on- Case</i>
6. Secure Psychological report	6. Release Psychological report	None	10 minutes	<i>Psychologist – on- Case</i>
	<b>TOTAL</b>	<b>None</b>	<b>6 days, 7 hours and 30 minutes</b>	



## 192. Availment of Psychological Examination

To provide a comprehensive psychological assessment to clients necessary for treatment planning and intervention. Available in TRC Bukidnon.

Office or Division:	Psychological Services Section			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government G2B- Government to Business			
Who may avail:	Clients, Referral from other agencies			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Official Receipt			Cashier	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to front desk for inquiry of service.	1. Accommodate client's request	None	10 minutes	PACD
2. Wait for confirmation of test schedule  * Residential client: Test schedule is 1 week after Emotional Interview.	2. Coordinate service to assigned psychologist/test specialist on duty and confirmed schedule	None	10 minutes	PACD
3. Proceed to cashier for payment  *Return on your scheduled date for test administration	3. Collect payment and issue official receipt	Php 500.00	10 minutes	Cashier
4. For Residential Clients and Referrals from other agencies:	4. Administer the psychological tests.	None	2 days	Psychologist/Test Specialist
Proceed to Psychological Services Section for the	Psychologist explains the processing time to client and	None	5 minutes	Psychologist/Test Specialist



test administration	when to secure for the result			
For Residential Clients:  Proceed to Clinical Intake/Interview	Conduct intake interview	None	1 day	<i>Psychologist/Test Specialist</i>
5. Wait for the release of psychological result	5. Accomplish scoring and profiling of the results	None	7 days	<i>Psychologist/Test Specialist</i>
6. Secure the psychological test profile	6. Release Official Result to Client	None	10 minutes	<i>PACD</i>
	<b>TOTAL</b>	<b>Php 500.00</b>	<b>For Residential Clients and Referrals from other agencies: 10 days and 45 minutes</b>  <b>For Residential Clients: 8 days and 45 minutes</b>	





### 193. Availment of Tb Dots (Highly technical)

The TRC's TB DOTS Program for high technical cases. Available in TRC Dagupan.

<b>Office or Division:</b>	TB DOTS Section			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government			
<b>Who may avail:</b>	Clients who are under the Residential/ In-patient and walk-in clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Chest X-ray (with positive result for PTB)		Any DOH accredited Laboratory and Testing Center		
Physician Order From		TB DOTS Clinic		
Specimen Container		TB DOTS Clinic		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Submit self for verification, registration and assessment	1.1. Verify request	None	10 minutes	<i>Nurse on Duty</i>
1.2. Give information	1.2 Gather patient information	None	20 minutes	<i>TB-DOTS Physician</i>
	1.2.1. Log client to TB-DOTS Entry Log book	None	10 minutes	<i>TB-DOTS Physician</i>
1.3. Submit self for vital sign and body weight	1.3.1. Take Vital Sign and Body Weight	None	15 minutes	<i>Nurse on Duty</i>
	1.3.2. Assess Client's Evaluation for Suspected TB	None	40 minutes	<i>TB-DOTS Physician</i>
	1.3.3. Issue Physician's Order for Sputum Examination, Chest X-Ray (DSSM and Gene X-pert)	None	10 minutes	<i>TB-DOTS Physician</i>
1.4. Get advice and specimen containers and proceed with advised	1.4.1. Inform client to submit specimen on the following day	None	20 minutes	<i>TB-DOTS Nurse</i>

laboratories, whichever is needed	(early morning)			
	1.4.2. Provide specimen containers	None	10 minutes	<i>TB-DOTS Nurse</i>
*2. Proceed to X-Ray and Submit the collected specimen (sputum)	2.1. Refer to X-ray department	None	10 minutes	<i>TB DOTS Nurse</i>
	2.2 X-ray Examination	None	3 days	<i>Radiologic Technologist</i>
	2.3. Specimen Forward to Laboratory	None	10 minutes	<i>TB DOTS Nurse</i>
	2.4. Specimen examination	None	5 hours	<i>Medical Technologist</i>
	2.5. Send x-Ray plate and Sputum result to TBDC	None	7 days	<i>TB DOTS Nurse</i>
3. Receive result of DSSM, Chest X-Ray, TBDC and Gene X-Pert	3.1. Give the Result	None	20 minutes	<i>TB DOTS Nurse</i>
	3.2 Analysis and interpretation	None	1 hour	<i>TB-DOTS Physician</i>
4. Proceed to the TB DOTS Clinic for the result	<p>4.1 Discuss the result to the client</p> <p><b><i>If negative,</i></b> treatment will be based on the assessment and evaluation of TB DOTS Physician</p> <p><b><i>If positive,</i></b> Register to National Tuberculosis Program, which will last for 6 months</p>	None	20 minutes	<i>TB-DOTS Physician</i>
5. Proceed to Medical Section	5. Endorse Client to Medical Section	None	20 minutes	<i>TB- DOTS Nurse</i>
	<b>TOTAL</b>	<b>None</b>	<b>12 days, 1 hour and 35 minutes</b>	

\*next day

## 194. Availment of Tb Dots (Simple)

The TB DOTS Program works together with other units of the Medical Section to ensure efficient and effective management in treatment of Residential Drug Dependent patients and walk-in clients with signs and symptoms of PTB admitted in the center. Available in Mega DATRC and Bicutan.

<b>Office or Division:</b>	TB DOTS Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government			
<b>Who may avail:</b>	Clients who are under the Residential/ In-patient and walk-in clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Chest X-ray (with positive result for PTB)		Any DOH accredited Laboratory and Testing Center		
Physician Order From		TB DOTS Clinic		
Specimen Container		TB DOTS Clinic		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the X-ray result	1.1 Receive the X-ray result	None	10 minutes	<i>Nurse on Duty</i>
	1.2 Endorse to the Physician for assessment and evaluation	None	20 minutes	<i>Physician</i>
	1.3 Issue Physician's Order for Sputum Examination (DSSM and Gene X-pert)	None	20 minutes	<i>Physician</i>
	1.4 Inform the client to submit specimen on the following day <i>*Should be early morning</i>	None	20 minutes	<i>Nurse</i>
	1.5 Provide specimen containers	None	10 minutes	<i>Nurse</i>
2. Submit the collected specimen (sputum)	2.1 Receive the specimen and forward it to the laboratory	None	10 minutes	<i>TB DOTS Nurse</i>

	2.2 Specimen examination	None	2 hours	Medical Technologist
	2.3 Analysis and interpretation	None	2 hours	TB DOTS Physician
3. Proceed to the TB DOTS Clinic for the result	<p>3.1 Discuss the result to the client.</p> <p><i>If negative,</i> treatment will be based on the assessment and evaluation of TB DOTS Physician</p> <p><i>If positive,</i> Register to National Tuberculosis Program, which will last for 8 months</p>	None	2 days	TB DOTS Physician
	<b>TOTAL</b>	<b>None</b>	<b>2 days, 5 hours and 30 minutes</b>	



## 195. Availment of Vocational Services

To provide vocational training for the preparation of employment of residential patients upon reintegration to the society. Available in TRC Tagaytay.

<b>Office or Division:</b>		Vocational & Livelihood Training Section		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Residential Clients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Application Form		Vocational & Livelihood Training Section		
Consent Form		Vocational & Livelihood Training Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure Application & Consent Form	1. Issue Application & Consent Form	None	3 minutes	<i>Occupational Therapy Technician-On-Duty</i>
2. Fill up Application Form	2. Receive Application Form	None	10 minutes	<i>Occupational Therapy Technician-On-Duty</i>
3. Fill up Consent Form	3. Facilitate Signing of Consent Form	None	10 minutes	<i>Occupational Therapy Technician-On-Duty</i>
4. Secure recommending approval of the counselors-in-charge	4. Issue recommending approval	None	15 minutes	<i>Dorm Manager / Social Worker- on-Case / Psychologist-on-Case/Medical Officer on Duty</i>
5. Wait for the approval of the enrollment	5. Issue final approval	None	1 hour	<i>Chief Health Program Officer</i>
6. Receive final approval for enrollment	6. Enroll and orient the client about the program	None	15 minutes	<i>Occupational Therapist-On-Duty</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 53 minutes</b>	



## 196. Availment of X-Ray Services

Providing radiologic services for residential, OPD, aftercare clients including personnel. Available in TRC Dagupan, Tagaytay, Argao, Isabela.

<b>Office or Division:</b>	Radiology Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Clients, TRC Personnel, Walk-in			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
X-Ray Request		Medical Section		
Charge Slip		Radiology		
Official Receipt		Cashier		
<b>Conditional Requirements:</b> 4PS ID, Certificate of Indigency		Barangay Hall/ Municipal/Social Welfare and Development office  Municipal/Social Welfare and Development office where the client resides		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure X-ray request	1. Secure X-ray request from physician	None	10 minutes	<i>Nurse on Duty</i>
2. Proceed to radiology and present request	2.1. Check and validate request  2.2. Issue a charge slip	None	10 minutes	<i>Rad Tech</i>
3. Proceed to billing/cashier section	3. Check and collect payment	Php 350.00	15 minutes	<i>Cashier</i>
<i>If indigent, stamp charge slip with "free" for client with 4Ps ID and certificate of indigency</i>		None		
4. Proceed to radiology for X-ray	4. Assist client for X-ray	None	15 minutes	<i>Rad Tech</i>
5.1. Wait for initial result  <i>For residential clients, return to dormitory</i>	5.1 Coordinate reading to the radiologist and issue initial x-ray result.	None	30 minutes	<i>Rad Tech</i>

	<i>for TRC Bataan, reading is being conducted by the BGHMC (through MOA)</i>			
	5.2. Review film and release official result.	None	3 days	<i>Rad Tech</i>
	5.3. Explain processing time to client	None	10 minutes	<i>Rad Tech</i>
6.1. Receive official result	6.1 Release result	None	10 minutes	<i>Rad Tech</i>
<i>For residential clients, receive the result impression.</i>	6.2 Explain the result	None	30 minutes	<i>Radiologist</i>
	<b>TOTAL</b>	<b>Php 350.00</b>	<b>6 days, 2 hours and 10 minutes</b>	



## 197. Cashier Services (Collection)

Fees charged by the Center, such as Hospital Fees, Certification Fees and Bid Documents, shall be paid at the Cashiering section of this office. Hospital Fees are paid by the folks of the admitted and enrolled clients in compliance to Section 74 of RA 9165 which states the cost-sharing in the Treatment and Rehabilitation of a Drug Dependent while Bid Documents are availed by bidders who wish to join the on-going procurement posted by the Center in the PHILGEPS website. This service is available from Monday to Friday, 8:00 AM to 5:00 PM.

<b>Office or Division:</b>	Cashier Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Petitioners/Relatives of Admitted Clients; Enrolled Clients; Bidders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Billing Statement		Billing Section		
Charge Slip		Billing Section		
Order of Payment		BAC, PhilGEPS Website of the Center		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present Charge Slip or Billing Statement or Order of Payment	1. Receive form presented and verify total amount to be paid by the client	None	5 minutes	Collection Officer Cashier Section
2. Pay for the corresponding fees	2. Receive payment from client	None *note classification	5 minutes	Collection Officer Cashier Section
3. Receive Official receipt	3. Issue an Official Receipt	None	5 minutes	Collection Officer Cashier Section
<b>TOTAL</b>		<b>None</b>	<b>15 minutes</b>	





## 198. Cashier Services (Disbursement)

Check payments are released by the disbursing officer to suppliers of goods or services procured by the center. Payments are processed when goods or services are fully delivered by the supplier and all documentary requirements are complied.

This service is available from Monday to Friday, 8:00 AM to 5:00 PM.

<b>Office or Division:</b>	Cashier Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Suppliers			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid ID		Client's Company/Agency, SSS, GSIS, PAG-IBIG, BIR, LTO, Post Office		
Special Power of Attorney		Provided by the Client's Company/ Agency		
Official Receipt		Provided by the Client's Company/ Agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the required documents	1. Review/ evaluate submitted documents	None	5 minutes	<i>Disbursing Officer</i> Cashier Section
2. Receive payment/s and sign at the appropriate boxes in the disbursement voucher/s	2. Release available payment/s and guide the recipient where to sign at the disbursement voucher/s	None	30 minutes	<i>Disbursing Officer</i> Cashier Section
3. Issue Official Receipt/s for payment/s claimed/received	3. Get Official Receipt from client for payment/s released	None	1 hour	<i>Disbursing Officer</i> Cashier Section
	<b>TOTAL</b>	<b>None</b>	<b>1 hour 35 minutes</b>	



## 199. Dental Services

Oral Health Care – essential preventive and curative services the individual needs for his/her oral health. These include oral examination, health promotion such as tooth brushing drills, education and counseling, and direct services such as oral prophylaxis, filling, extraction and other dental procedure. Service available from Monday to Friday, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	Clinical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen, Government to Government			
<b>Who may avail:</b>	Residential Clients, TRC Employees, Out-Patient Clients, Public (for TRC Argao only)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form		Dental Aide		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queueing number	1. Issue queueing number	None	5 minutes	<i>Dental Aide</i>
2. Wait for the number to be called	2. Call clients for the specific procedure/dental service	None	30 minutes	<i>Dental Aide</i>
3. Proceed to Dental room	3.1 Take vital signs and record dental profile	None	10 minutes	<i>Dentist</i>
	3.2 Perform the procedure	None	1 hour	<i>Dentist</i>
	3.3 Give post-operative instruction and prescription	None	20 minutes	<i>Dentist</i>
4. Receive charge slip, except for Residential Clients	4. Issue charge slip	None	5 minutes	<i>Dental Aide</i>
5.1 Proceed to cashier for payment	5.1 Receive the charge slip	See payments	10 minutes	<i>Cashier</i>
5.2 Receive official receipt	5.2 Issue Official Receipt	None	10 minutes	<i>Cashier</i>
6. Present Official Receipt	6. Log-in to record book	None	5 minutes	<i>Dental Aide</i>
	<b>TOTAL</b>	<b>See list</b>	<b>2 hours and 35 minutes</b>	



## List of Fees

<b>Fees</b>	<b>Service</b>
Php 250.00	Extraction
Php 300.00	Light cure filling
Php 300.00	Oral Prophylaxis
<b><i>For TRC Dulag</i></b>	
Php 50.00	Dental Consultation
Php 300.00	Tooth extraction
Php 350.00	Tooth filling-restorative
Php 400.00	Oral prophylactic
Php 500.00	Minor gum treatment
Php 1,500.00	Odontectomy
Php 150.00	Tooth extraction
Php 100.00	Dental Certificate
Php 350.00	Dental X-ray
Note: Fee of P300 for the first tooth extraction only and additional P100 for the succeeding adjacent/opposing tooth	



## 200. Detoxification Service

Detoxification is the management of a client's intoxication and withdrawal symptoms to hasten excretion of dangerous drugs metabolites from the body. It usually takes 3 days to 15 days depending on the predominant substance use and the severity of dependence which also determines the appropriate intervention to be used. Available in TRC Dagupan Only and TRC Bataan.

<b>Office or Division:</b>	Medical Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Public, All Government Agencies, NGO, LGU, and other government instrumentalities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
If PhilHealth member, Client's PhilHealth ID (1 photocopy) and/or Member Data Record (1 original copy)		PhilHealth		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client Logbook at the Waiting Area and present valid identification card	1. Assist client registration in the Client Logbook	None	3 minutes	Security Guard
2. Secure queuing number	2. Issue queuing number	None	3 minutes	Security Guard
3. Submit for security protocol	3. Perform security protocol to client and their petitioner prior to entering premises of the center	None	10 minutes	Security Guard
4. Undergo vital sign	4.1. Take vital signs of the client	None	10 minutes	Nurse/ Nursing Attendant
	4.2. Conduct initial intake interview including client's general data, medical history and recent substance use	None	30 minutes	Nurse
5. Submit for drug testing	5.1 Provide brief orientation for the	None	10 minutes	Nurse/ Medical Technologist

	procedure to be conducted			
	5.2 Conduct urine collection and drug testing	None	20 minutes	<i>Nurse/ Medical Technologist</i>
6. Proceed to the DOH-Accredited Physician and or Accredited Detox trained Physician)	6.1. Conduct further evaluation of client thru physical exam and history taking.	None	20 minutes	<i>DOH-Accredited Physician available in *with training in drug detoxification</i>
	6.2. Admit client depending on the severity of dependence and client's medical condition.	None	1 hour	<i>DOH-Accredited Physician with training in drug detoxification</i>
	6.3. Carry out doctor's admitting orders (like laboratory and diagnostic requests) Assist client to sign the Detox Consent form	None	10 minutes	<i>Nurse</i>
7. Undergo diagnostic and laboratory procedures	7. Conduct diagnostic and laboratory procedures, if readily available in the center	See table of Fees	8 hours	<i>Medical Technologist</i>
8. Undertake further assessments	8.1. Conduct withdrawal assessment	None	20 minutes	<i>Nurse</i>
**within 5 days upon admission	8.2 Conduct Psychological Assessment	None	30 minutes	<i>Psychologist</i>
9. Undertake discharge process	9.1. Discharge client from detox and Re-assessment for continuation of rehabilitation program. (OPD, Aftercare, and or Residential)	Php *10,000	5 minutes	<i>DOH Accredited Physician</i>



	9.2 Walk-in client will undertake Drug Dependency Exam to determine the appropriate rehabilitation program.	None	60 minutes	DOH Accredited Physician
	<b>TOTAL</b>	<b>See table of fees + 10,000.00</b>	<b>5 days and 13 hours</b>	

\*\* Detox Package Php10,000 charged to Philhealth

### Schedule of Fees

<b>Fees</b>	<b>Service</b>
Php 100.00	CBC
Php 80.00	HGT
Php 50.00	Urinalysis
Php 50.00	Fecalalysis
Php 80.00	FBS
Php 170.00	Chest X-Ray
<b>TRC Dulag</b>	
Php 10,000.00	Detoxification
Php 250.00	Drug test (For monitoring purposes only)



## 201. Discharge of Clients

This service can be availed on the following conditions depending on the center when clients will be discharged.

- Completion of the first phase of the treatment and rehabilitation program (Trial Discharge / Temporary Discharge)
- Patient is not fit to continue the treatment program due to medical reasons.
- Patient is ordered by the court to be discharged without prior recommendation from the Center
- Aftercare, CBRP, Outpatient, Drug-free workplace

The service is available from Monday-Friday, 8:00-5:00 PM with no noon break

<b>Office or Division:</b>	Inpatient / Outpatient and Aftercare Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen, Government to Business, Government to Government			
<b>Who may avail:</b>	Public, All Government Agencies, LGUs, NGOs			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Clearance from the Center		Staff-in-Charge (TRC)		
<b>Residential:</b>				
Original Copy of Court Order for Temporary Discharge		Court where the Petition was filed		
If petitioner is not around, Notarized Special Power of Attorney		Attorney		
<b>Aftercare for Residential:</b>				
Original Copy of Court Order for Final Discharge		Court where the Petition was filed		
<b>Outpatient, CBRP, Counselling:</b>				
Original Court Order		Court where the Petition was filed		
<b>Aftercare for Outpatient:</b>				
Original Court Order		Court where the Petition was filed		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present his/her purpose	1. Conduct inspection of belongings, body search and frisking	None	15 minutes	<i>Security Guard on Duty</i>
2. Present Release Order from Court	2. Receive and validate Court release order for the completeness of documents	None	10 minutes	<i>HIMS</i>
3.1. For Centers with payment,	3.1. Issue the billing statement	None	10 minutes	<i>Billing Officer</i>



proceed to Billing Section to secure billing statement				
3.2. <i>If paying,</i> secure order of payment	3.2 Issues order of payment for paying clients	None	10 minutes	<i>Billing Officer</i>
4.1. Proceed to Cashier to settle their fees	4.1. Receive payment and Issue Official Receipt	Refer to billing notice	10 minutes	<i>Cashier</i>
4.2. Patient proceed to Discharge Officer and Medical Officer	4.2. Discharge Officer summons patient from the dormitory		10 minutes	<i>Medical officer</i>
	4.2 Conduct Physical Examination	None	10 minutes	<i>Medical Officer</i>
5. Patient accomplish the Discharge Clearance Form from different sections	5. Validate patient's compliance and Signs the discharge clearance form	None	1 hour	Concerned Sections *for clearance
6. Read and sign the Certification of Release/Clearance	6. Facilitate signing of the Certification of Release/ Clearance/Living Body	None	15 minutes	<i>Discharge Officer</i>
7. Present the gate pass / dorm pass / clearance to the Security guard at the Main gate	7. Check and validate the gate pass and dorm pass before allowing the resident and family to leave the Center  Note: For some TRCs issue Transfer of Custody	None	10 minutes	<i>Security Guard</i>
	<b>TOTAL</b>	<b>Refer to billing notice</b>	<b>2 hours and 30 minutes</b>	



## 202. Drug Testing

The facility offers client screening for the use of Methamphetamine (meth) and Tetrahydrocannabinol (Marijuana) through urine sampling. The drug testing procedures are being performed by competent analysts in a DOH-Accredited facility. The result of which can be used for employment, securing licenses and other legal purposes like in the assessment and monitoring of clients undergoing treatment and rehabilitation programs. Available in TRC Argao, TRC Dagupan, TRC Ilagan.

<b>Office or Division:</b>	Technical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government G2B-Government to Business Entity			
<b>Who may avail:</b>	Outpatient, Walk-in, Aftercare Clients, Persons Deprived of Liberty clients, Drug-free Workplace Clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For PDL</b> Request Form Court Order		OPD Staff Court of Origin		
<b>For Walk-in Clients</b> Consent Form Identification Card		Requesting Party GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<b>For Drug-free Workplace Clients</b> Endorsement Letter from Human Resource Department Identification Card		Requesting Party  GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<b>Conditional Requirements:</b> Senior ID Certificate of Indigency issued by DSWD/ 4Ps ID PWD		OSCA DSWD  DSWD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Register at the visitor's logbook and present valid ID	1. Verify visitor's information, identification card presented and provide visitor's pass	None	10 minutes	<i>Security Guard</i>
2. Proceed to the PACD/front desk for profiling	2. Issue registry form and Instruct client where to transact	None	5 minutes	<i>PACD</i>

3.1. Proceed to Nursing station to get a drug testing request form ordered by doctor.	3.1. Give Request form	None	5 minutes	<i>Nurses/ medical staff</i>
3.2. Proceed to the Billing Section and get queuing number (Proceed to Outpatient and Aftercare Division/Medical Section)	3.2. Release queuing number  (Provide Drug Test Form and issue charge slip)	None	5 minutes	<i>Billing Staff</i>  <i>OAD Staff/Medical Staff</i>
3.3 Proceed to the Drug Testing Laboratory and get charge slip	3.3. Issue Charge slip	None	5 minutes	<i>Authorized Specimen Collector</i>
4.1. Fill up Request Form and Proceed to the Cashier Section and pay the required amount	4.1. Review the submitted accomplished form and instruct the patient to pay at the cashier  *Make sure to release order of payment	None	5 minutes	<i>OAD Staff/Medical Staff</i>  <i>Billing Staff</i>  <i>Cashier</i>
4.2. Proceed to Drug Testing Laboratory present official receipt and fill up CCF Form	4.2. Proceed to the Laboratory for Drug Testing and Accept official receipt and review the submitted accomplished CCF form and issue queuing number	Php 250.00	10 minutes	<i>Authorized Specimen Collector</i>
5. Give the urine sample  Note: Make sure to collect 60ml. urine specimen	5.1 Receive official receipt or charge slip for indigents then collect urine specimen	None	25 minutes	<i>Lab Tech/ Authorized Specimen Collector (ASC)</i>
	5.2 Process the urine sample	None	25 minutes	<i>Drug Analyst/ Lab Tech</i>



	5.3 Encode client information in IDTOMIS	None	20 minutes	<i>Drug Analyst/ Lab Tech</i>
6. Get result	6. Release result	None	20 minutes	<i>Lab Tech/ Authorized specimen collector</i>
<b>TOTAL</b>		<b>Php 250.00</b>	<b>2 hours</b>	

Note: For fees, please check privilege of clients ie, PWD, etc.



## 203. Enrollment for Outpatient Programs

Intensive Outpatient Program (IOP) is a 6-month non-residential drug treatment and rehabilitation level of care which provides services and interventions to address drug abuse problems. It utilizes holistic and evidence-based treatment modalities and approaches geared toward guiding and empowering clients, together with their families in becoming sober, productive, and law-abiding members of the community. This service may be availed by any individual screened and assessed to undergo Intensive Outpatient Program as ordered by the Court or referred by the Local Government Unit or other agency. The service is available from Monday - Friday from 8:00 - 5:00 PM with no noon break. Except for TRC Tagaytay, Malinao, and Bataan service is available from Monday - Saturday from 8:00 - 5:00 PM.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	Court-Mandated Clients, walk-in or voluntary and those referred by the LGUs and NGOs			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For Court-Mandated Clients:</b>				
Court Order for Admission to Intensive Outpatient Program (IOP)		Court where the Petition was filed		
Drug Dependency Examination		Any accredited DOH Physician		
<b>For LGU and NGO referred clients</b>				
Valid Screening and Assessment Form		Respective LGUs		
Referral letter		Respective LGUs and NGOs		
<b>For walk-in clients</b>				
Valid Screening and Assessment Form		Outpatient and Aftercare Division / Treatment and Rehabilitation Division		
Request Letter		Requesting Party		
<b>For drug-free workplace</b>				
Endorsement letter		HR of company		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit for security inspection of belongings, body search and frisking	1. Conduct inspection of belongings, body search and frisking	None	15 minutes	<i>Security Guard on duty</i>
2. Submit complete required documents	2. Receive and validate the documents for completeness and authenticity of the	None	20 minutes	<i>Admitting Staff</i>



	documents  If documents are NOT COMPLETE, advise the client and the petitioner to complete the requirements			
3. Log in the Admission Logbook	3. Review entry in the logbook	None	10 minutes	<i>Outpatient Staff</i>
4. Undergo orientation	4. Facilitates Orientation to the clients  If the client is below 18 years old, he/she should be accompanied by a guardian or DSWD representative	None	30 minutes	<i>Outpatient Staff</i>
5. Undergo Social Welfare Intake Interview / Socio-Economic Classification	5. Conduct Social Welfare Intake Interview / Socio-Economic Classification	Refer to Table of fees below	20 minutes	<i>Outpatient Staff</i>
6. Sign the Service Agreement and Consent Form	6. Facilitate contract signing to the client  Note: to include schedule of sessions  If the client is below 18 years old the guardian or DSWD representative signs the Service Agreement and Consent Form	None	20 minutes	<i>Outpatient Staff</i>
7. Log out Admission Logbook	7. Review entry in the logbook	None	5 minutes	<i>Outpatient Staff / PACD</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 hours and 10 minutes</b>	

### Schedule of Program Fees

Program Fees	Facility
PHP 9,200.00	
PHP 12,000 (for 6 months)	
PHP 5,100	



PHP 4800 (for 6 months)	
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### TRC DULAG

INTENSIVE OUTPATIENT PROGRAM FEE	<b>P4,800 entire program</b>
	A— 4,800
	C1— 3,600
	C2— 2,400
	C3— 1,200
	D— (Indigent) Full Government Subsidy



## 204. Enrollment to Aftercare Services

Aftercare and follow-up services provided to the clients after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defense against relapse. This is for a period of at least eighteen (18) months and should be undertaken by the appropriate Center personnel. Service available from Monday to Friday, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	Clinical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	Clients who completed Residential and Out-Patient Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Court Order for Aftercare Program		Regional Trial Court/Case Counselor		
Referral Letter from Case Counselor		Case Counselor		
Discharged/Clearance Slip		TRC		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present requirements	1. Receive and evaluate documents	None	20 minutes	<i>Public Assistance and Complaints Desk Officer</i>  <i>Aftercare Staff</i>
2. Attend orientation	2. Conduct Orientation for Aftercare Program	None	30 minutes	<i>Aftercare Staff</i>
3. Sign pledge of commitment	3. Present pledge of commitment for signing	None	20 minutes	<i>Aftercare Staff</i>
4. Pay Aftercare session	4. Receive payment and issue Official Receipt	See list of fees	10 minutes	<i>Cashier</i>
5. Receive schedule for aftercare session	5. Register to Aftercare Master list	None	10 minutes	<i>Aftercare Staff</i>
	<b>TOTAL</b>	<b>See list of fees</b>	<b>1 hour and 30 minutes</b>	

### Schedule of Fees

<b>Aftercare Fee</b>	<b>Duration- Facility</b>
PHP 5,400.00	18 months
PHP 36,000.00	18 months



PHP 7,200.00	18months
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**TRC DULAG**

AFTERCARE PROGRAM FEE	<b>P7,200.00 entire program</b>
	A— 7,200
	C1— 5,400
	C2— 3,600
	C3— 1,800
	D— (Indigent) Full Government Subsidy





## 205. Handling of Inquiries (Walk-In)

To provide information on the programs and services provided by the Center. This can also be done by directing a client to a different place or person of information, help, or action. Available every Monday-Friday 8:00am-5:00pm.

<b>Office or Division:</b>	Public Assistance and Complaints Desk/ Health Information Management Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government G2B-Government to Business Entity			
<b>Who may avail:</b>	General Public			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid ID		GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Log-in in the Security Guard's logbook	1. Facilitate the client in signing the logbook	None	3 minutes	<i>Security Guard</i>
2. Provide any valid ID and secure a visitor's ID	2. Receive the ID and issue visitor's ID	None	5 minutes	<i>Security Guard</i>
3. Submit for frisking and surrender all prohibited items.	3. Conduct body frisking and keep the prohibited items or personal belongings in the storage area	None	10 minutes	<i>Security Guard</i>
4. Go to Public Assistance/ Complaints Desk or Health Information Management Section	4. Get the inquiry. If needed, determine office responsible then instruct client.	None	20 minutes	<i>PACD Personnel / Admitting Officer</i>
5. Get CSS Form and accomplish once done  Note: After transaction do not forget to drop it in Comments/Suggestion Box and get the ID	5.1. Issue Client Satisfaction Survey Form  Note: Get the Visitor's ID	None	20 minutes	<i>PACD Personnel / Admitting Officer</i>
<b>TOTAL</b>		<b>None</b>	<b>59 minutes</b>	



## 206. Issuance of Billing Statement

The billing statement is issued to individuals needing information on the amount of balances/ dues (monthly expenses, laboratory, medicines, etc.) to be paid by the client. This service is available daily, *Monday to Friday, 8AM to 5PM.*

<b>Office or Division:</b>	Administrative Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Petitioner or Authorized Representative			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>During Admission:</b>				
1 Identification Card		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
<b>While Admitted or Enrolled in IOP, CBRP, ACP, and Detox:</b>				
1 Identification Card		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
1 Billing Statement Request Slip		Billing Section		
<b>Upon Discharge:</b>				
1 Identification Card		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
1 Clearance/Discharge Slip		Technical Division (Case Manager)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number at the Billing Section	1. Give queuing number	None	5 minutes	<i>Billing Officer</i> Billing Section
2. Present needed documents	2.1 Receive documents from client. Upon verifying the identification, give back the ID card	None	3 minutes	<i>Billing Officer of the Billing Section</i>
	2.1. Check completeness of requirements  <i>If incomplete requirements, request for the deficiency/ies.</i>  <i>If complete, proceed to next step.</i>	None	5 minutes	<i>Billing Officer of the Billing Section</i>



	2.3 Encode or update the data of the client in the Billing database.	None	10 minutes	<i>Billing Officer of the Billing Section</i>
	2.4 Process the request	None	10 minutes	<i>Billing Officer of the Billing Section</i>
3. Receive the Billing Statement	3. Provide three (3) copies of Billing Statement	None	10 minutes	<i>Billing Officer of the Billing Section</i>
	<b>TOTAL</b>	<b>None</b>	<b>43 minutes</b>	



## 207. Issuance of Certificate

The certificate serves as a proof of completion on the work done for the required duration of experience acquired in the internship, immersion, and volunteer services and in the involvement in a specific activity or program in the facility.

<b>Office or Division:</b>	Technical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government G2B-Government to Business Entity			
<b>Who may avail:</b>	Temporary discharged clients, Students (Baccalaureate, and Post Graduate), Rehabilitation Practitioners			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Form for Certificate of Confinement		Hospital Information and Management System		
Government issued Identification Card		GSIS, Pag-IBIG, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish Request for Certification for any of the following Internship, Immersion, Volunteer service, or Confinement Form	1.1 Receive and review the accomplished Request form	None	10 minutes	HIMS
	1.2. Require proof of identity of the concerned client and of the authorized representative	None	10 minutes	HIMS
2. Wait for feedback	2.1. For Internship, immersion, and volunteer services check the database  For temporary discharged clients check master list of admissions	None	20 minutes	HIMS
	2.1.1. If name is in the database, prepare and	None	20 minutes	HIMS

	give initial requested certificate			
	2.1.2. If not, inform client that the name is not in the database.	None		
3. Wait for Certificate	3. Forward certificate to the Chief of Hospital/ Chief Administrative Officer or authorized representative for signature.	None	1 day	Chief of TRC
4. Receive certificate	4.1 Record details of certificate	None	10 minutes	CHPO
	4.2 Release the certificate	None	20 minutes	HIMS
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 1 hour &amp; 30 minutes</b>	



## 208. Issuance of Social Assistance Referral

The Medical Social Worker (MSW), upon the request of the petitioner or staff/personnel for medical-social welfare assistance, shall issue referral to a government facility to accommodate the services specified in the referral. Available in TRC Caraga

<b>Office or Division:</b>	Medical Social Welfare Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Residential Clients, Outpatient and Aftercare Clients, Staff and Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid Identification Card		GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company		
Doctor's Order / Request Form (For necessary procedure or services)		Medical Section / Requesting Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Submit self for health and security protocol	1.1. Advise health and security protocol to Client and/or Petitioner	None	10 minutes	<i>Security Guard</i>
1.2 Sign in at the Logbook and present valid Identification Card	1.2 Assist client in Logbook registration	None	5 minutes	<i>Security Guard</i>
2. Secure queuing number	2. Issue queuing number	None	5 minutes	<i>PACD</i>
3.1. Present the documentary requirements (Doctor's Order / Service Request)	3.1. Review the submitted documents	None	30 minutes	<i>Social Welfare Officer</i>
3.2. Avail Social Assistance Referral service (For internal clients, facilitating personnel follow these steps)	3.2. Prepare the Social Assistance Referral	None	30 minutes	<i>Social Welfare Officer</i>
4. Sign in the Social Assistance Logbook	4. Assist client/s to sign in the Social Assistance Logbook	None	5 minutes	<i>Social Welfare Officer</i>
	<b>TOTAL</b>	<b>None</b>	<b>55 minutes</b>	



## 209. Processing of Claims

The processing of claims is provided to Phil health members who tested positive in the urine drug test who needs assistance regarding their Phil health benefits. This service is available Monday to Friday, 8AM to 5PM. Available in TRC Argao, MegaDATRC, Ilagan, and Bataan.

Office or Division:	Administrative Division of TRC Argao, Mega TRC, Isabela, and Bataan			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Resident, Petitioner or Authorized Representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Phil health Member:				
Identification Card (Photocopy)		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
Member Data Records (MDR)		PHILHEALTH		
CF2 (original signatures)		Billing Section		
CF1 (original signatures)		Billing Section (if unemployed) Employer (if employed)		
CF4 (original signatures)		Billing Section		
PBEF (original signatures)		Billing Section		
Annex MD1 to MD8 (original signatures)		Billing Section		
Billing Statement		Billing Section		
If Authorized Representative:				
All the above requirements plus the following:				
Identification Card (Photocopy)		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
If not declared in MDR, one (1) photocopy Proof of Relationship to the Member (Photocopy of Birth Certificate or Marriage Contract)		Philippine Statistics Authority		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the Billing Section to verify Philhealth eligibility. Submit the CF1 if employed.	1.1. Open the Philhealth Portal and input the member's details.	None	5 minutes	Billing Officer
	1.2 Upon verification of membership eligibility in the Philhealth Portal, print the Philhealth documents. If member is not	None	10 minutes	Billing Officer

	eligible, disapprove request or ask family member to update theirs			
	1.3. Forward the MD1 to 8 and CF4 to the Medical Section for them to fill out and sign.	None	3 minutes	<i>Billing Officer</i>
	1.4 Fill out the CF1 (if unemployed), CF2 and PMRF. Sign the PBEF and CF2.	None	15 minutes	<i>Billing Officer</i>
	1.5 Give the CF1 (if unemployed), CF2, PMRF and PBEF form to the client.	None	1 minute	<i>Billing Officer</i>
2. Receive the CF1 (if unemployed), CF2, PMRF and PBEF and check the details. Affix signature of PhilHealth member/ representative to the forms and give back the forms to the Billing Section.	2.1 Receive the forms	None	3 minutes	<i>Billing Officer</i>
3. Receive acknowledgment receipt as proof of claims	3. Issue acknowledgment receipt	None	3 minutes	<i>Billing Officer</i>
<b>TOTAL</b>		<b>None</b>	<b>40 Minutes</b>	





## 210. Request for Data

Any information/data of the Center is disclosed to a requesting agency or citizen in accordance to the provisions of TRC FOI and Data Privacy Act. Requests may be done through walk in, official electronic mail and/or formal written request. This service is available from Monday to Friday, 8:00 AM to 5:00 PM.

<b>Office or Division:</b>	Health Information Management Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Original formal written request indicating the specific data/information to be requested		Requesting client		
Official e-mail of an identified agency indicating the specific data/information to be requested		Requesting client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request for data through agency's official electronic mail address or formal written request	1.1. Receive submitted request and validate identity of client's representative	None	10 minutes	<i>PACD personnel/ HIMS Officer/Staff</i>
	1.2. Acknowledge receipt of written request for electronic requests	None	5 minutes	<i>HIMS officer/staff</i>
	1.3. Approve or decline requests for data or information requested	None	1 day	<i>COH</i>
2.1. Receive feedback if disclosure of the data/info requested is approved	2.1. Inform requesting party  If data/info requested is allowed, for disclosure or denied.  If disapproved, check if there are necessary requirements	None	1 day	<i>HIMS officer/staff</i>
2.2. If has additional requirements, comply with the additional	2.2. Receive and validate additional documentary	None	1 day	<i>HIMS officer/staff</i>



documentary requirement/s as necessary	requirements submitted			
3. Receive data or information requested	3.1. Prepare requested data/information	None	3 days	<i>Concerned personnel</i>
	3.2 Facilitate submission of requested data/information	None	20 minutes	<i>HIMS officer/staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>6 days and 35 minutes</b>	



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## ***Treatment and Rehabilitation Centers***

### ***INTERNAL SERVICES***

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# INTERNAL SERVICES

## 211. Leave Application

Civil Service Commission Form No. 6 (revised 1984) is used to document an employee's leave of absence.

<b>Office or Division:</b>	Administrative Service, Personnel Administration Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G- Government to Government	
<b>Who may avail:</b>	DOH Officials and Employees	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Duly Accomplished Leave Application Form		DOH Intranet
Attachment:		
<b>Sick Leave</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Medical Certificate if half-day or more than 5 days</li> </ul>		Attending Physician
<b>Vacation Leave</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Travel Authority (if vacation will be spent abroad)</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018 if vacation will be spent abroad)</li> </ul>		DOH Intranet DOH Intranet DOH Intranet
<b>Maternity Leave (R.A. 11210)</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Medical Certificate with estimated date of delivery</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul>		Attending Physician DOH Intranet
<b>Paternity Leave (R.A. 8187)</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Certified true copy of marriage contract</li> <li>• Birth Certificate of the newly born child</li> <li>• Medical certificate with pathological reports in case of miscarriage of spouse</li> </ul>		DOH Intranet Philippine Statistics Authority Attending Physician Attending Physician



Study Leave (CSC MC No. 21 S.	
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<p><b>2004)</b></p> <ul style="list-style-type: none"> <li>• Contract between the head of office and Employee</li> <li>• Department Personnel Order</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Rehabilitation Leave (Joint Circular No. 01 S. 2006-CSC &amp; DBM)</b></p> <p>-Job-related injuries incurred in the performance of duty (6 months)</p> <ul style="list-style-type: none"> <li>• Police Report/Incident Report</li> <li>• Medical Certificate</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Parental Leave for Solo Parent (R.A. 8972)</b></p> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Certified True Copy of Solo Parent ID</li> <li>• Birth Certificate of child</li> </ul> <p><b>Special Leave Benefits for Women (R.A. 9710)</b></p> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Medical Certificate reflecting the estimated period of recuperation</li> <li>• Clinical Summary reflecting the gynecological disorder</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Special Emergency Leave Affected by Natural Calamities/Disasters (CSC Resolution 1200289 dated February 8, 2012)</b></p> <ul style="list-style-type: none"> <li>• Certification from the Municipal/City/Barangay Office that the current area of residence is declared under state of calamity</li> </ul>	<p>Employee's Office</p> <p>Employee's</p> <p>Office DOH</p> <p>Intranet</p> <p>Philippine National Police Attending Physician</p> <p>DOH Intranet</p> <p>DOH Intranet</p> <p>Municipal/City/Social Welfare</p> <p>Office Attending Physician</p>  <p>DOH Intranet</p> <p>Attending Physician</p> <p>Attending</p> <p>Physician DOH</p> <p>Intranet</p>  <p>Municipal/City/Barangay Office</p>
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**Ten-Day Leave Under R.A. 9262  
(Anti-Violence Against Women  
and Their Children Act of 2004)**

- Barangay Protection Order or  
Temporary/Permanent  
Protection

Barangay Office/Court

Order obtained from the court				
CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Submit 2 copies of Leave Application form (CSC Form No. 06 (revised 1984) and complete requirements	<p>1.1. Check completeness including its attachments</p> <p><b>If incomplete,</b> return to sending office for compliance</p> <p><b>If complete,</b> encode details in the Leave Index</p>	None	20 minutes	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II
1.2. Wait for the decision	1.2. Fill-up the leave credits balance on the Leave Application Form and update employee's leave card	None	30 minutes	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II
	<p>1.3. Verify computation of leave credit balance.</p> <p><b>If inaccurate,</b> return to process owner</p> <p><b>If accurate,</b> return to the employee for approval of their Immediate Supervisor and/or Division</p>	None	30 minutes	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II





	1.4. Encode details of processed Leave Application and update Leave Application Database	None	30 minutes	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II</i>
	1.5. Sort (1 copy for 201 file, 1 copy for employee file)	None	45 minutes	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II</i>
2.Get leave	2. Release to Concerned employee	None	45 minutes	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II</i>
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 45 minutes</b>	



## 212. Preparation of Payroll

To ensure timely and correct processing of compensation, remittances, and other payments.

<b>Office or Division:</b>	Administrative Department, Human Resource Management Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	DOH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Daily Time Records		Employees		
Obligation Request and Status		Budget Section		
Disbursement Vouchers for Payroll		Accounting Section		
Monthly Report of Attendance		All Section		
Request letter/ form for payroll adjustments		HRMS		
Monthly Report of Deductions of Loans		HRMS		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Daily Time Record with Attachments and Monthly Report of Attendance	1.1 Receive and evaluate DTR if entries and attachments are complete and duly signed by the Head of Division/Section  <b>If incomplete:</b> Return to the Employee	None	15 minutes	Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I
	1.2 Check if log entries in the DTR is parallel with MRA	None	4 hours	Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I

	1.3. Forward to Payroll Officer for processing	None	5 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.4 Input changes on the previous payroll that should be reflected on the next payroll such as salary adjustments due to promotion, names to be deleted and/or added on the payroll, loan payment/compl etion, etc.	None	3 hours	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.5. Encode late and absences based on MRA	None	1 day	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.6 Encode on the Payroll Excel File the necessary adjustments on the current payroll	None	1 day	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>

	1.7 Validate the printed draft payroll whether entries are correct	None	4 hours	<i>Human Resource Management Officer I/ II</i>
	1.8 Print the draft payroll and forward to Accounting Section for checking and validation	None	1 hour	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.9 Forward the Payroll Report for certification /approval of the HRMO, Accountant, Chief of Hospital and Cashier	None	30 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.10 Sign Printed Payroll Report	None	1 hour	<i>HRMO, Accountant, Head of Agency, Cashier</i>
	1.11 Forward to Accounting Section for the Certification of Availability of Funds	None	10 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.12. Print the Obligation Request and Status and Disbursement Vouchers	None	20 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>

	1.13. Forwards the Payroll Report, CAF and ORS to Budget Section for Obligation	None	10 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.14. Forward payroll report to Accounti ng Section for further processi ng	None	10 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	<b>TOTAL</b>	<b>None</b>		<b>3 days, 6 hours and 40 mins</b>



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## ***Treatment and Rehabilitation Centers***

### ***<sup>7</sup>LIST OF NEW and UPDATED SERVICES DUE TO PANDEMIC***

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<sup>7</sup> In compliance to the Anti-Red Tape Authority's Memorandum Circular No. 2020-03A, series of 2020 dated June 11, 2020 on services introduced or updated in consideration of the **declaration of a State of Public Health Emergency**, the 17 Drug Abuse Treatment and Rehabilitation Centers started their online services to cater to their clients without compromising their health.



## **NEW SERVICES**

<b>National Capital Region Drug Treatment and Rehabilitation Center</b>
<b>TRC BICUTAN</b>
<ol style="list-style-type: none"><li>1. Availment of Virtual Drug Dependency Examination (DDE)</li><li>2. Online Enrollment for Aftercare Program</li><li>3. Online Enrollment for Outpatient Program</li><li>4. Virtual Pre-Admission for Residential/Inpatient</li><li>5. Virtual Session for Aftercare Program</li><li>6. Virtual Session for Outpatient Program</li></ol>
<b>DATRC Las Pinas</b>
<ol style="list-style-type: none"><li>1. After Care Program Online Enrollment</li><li>2. Outpatient Program Online Enrollment</li></ol>
<b>Luzon Drug Treatment and Rehabilitation Center</b>
<b>TRC Bataan</b>
<ol style="list-style-type: none"><li>1. Enrollment for Aftercare Services For Outpatient</li><li>2. O PD Online Session</li><li>3. Triage for Admissions of Residential/ Inpatient</li><li>4. Triage for Intensive Outpatient Enrolment</li><li>5. Triage for Other Transactions</li></ol>
<b>DATRC DAGUPAN</b>
<ol style="list-style-type: none"><li>1. Online Appointment for Admission of Residential and Outpatient Clients</li><li>2. Triage for All Transacting Clients</li></ol>
<b>TRC Tagaytay</b>
<ol style="list-style-type: none"><li>1. Availment of Family Teleconferencing for Residential Patients</li><li>2. Family Tele counseling for the Intensive Outpatient and After-Care Program</li><li>3. Individual Tele counseling for the Intensive Outpatient and After-Care Program</li></ol>
<b>Visayas Drug Treatment and Rehabilitation Center</b>
<b>TRC Dulag</b>
<ol style="list-style-type: none"><li>1. Triage for Visiting Clients</li></ol>
<b>Mindanao Drug Treatment and Rehabilitation Center</b>
<b>TRC Agusan del Sur</b>
<ol style="list-style-type: none"><li>1. Availment of Rapid Antibody Test for COVID-19 and 14 days quarantine of clients for Residential/in-house admission at DOH-DATRC-ADS temporary quarantine facility</li><li>2. Telemedicine</li></ol>



## **UPDATED SERVICES**

<b>Luzon Drug Treatment and Rehabilitation Center</b>
<b>TRC Bataan</b>
1. Availment of Social Reclassification thru online
<b>TRC Tagaytay</b>
1. Aftercare Consultation
2. Intensive Outpatient Consultation
<b>Visayas Drug Treatment and Rehabilitation Center</b>
<b>TRC Dulag</b>
1. Admission to the Modified Residential/inpatient Program





# **National Capital Region Drug Treatment and Rehabilitation Center**

## ***NEW SERVICES***



## TRC BICUTAN

### 213. Availment of Virtual Drug Dependency Examination (DDE)

This is being conducted to determine the level of severity of the client's drug dependence and establish diagnosis and recommendation for appropriate treatment intervention. Virtual Interview provides accessibility to the clients to avail this service of the Center considering that there are some Barangays, Municipalities, Cities and Provinces in the country that are still placed under strict lockdown and transportation is still inaccessible. The service is available from Mondays to Fridays during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Persons Who Use Drugs (PWUDs), All Government Agencies, NGO, LGU and other government instrumentalities, Business Entity			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For Voluntary:</b> Request for conduct of Drug Dependency		Family/ Company Representative		
Valid Identification Card (Client and Guardian)		Any Government Issued ID: GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Postal, Voters, BIR, NBI, Company ID		
<b>For Plea Bargain:</b> Court Order – 1 original copy or certified true copy		Court where the petition was filed		
Valid Identification Card (BJMP Personnel)		Any Government Issued ID: GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Postal, Voters, BIR, NBI, Company ID		
Drug Test Result		Any DOH Accredited Drug Testing Center		
1 copy of Consent Form (E-copy)		TRC Bicutan		
Proof of payment (e-copy)		LBC or Landbank		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the required documents via email or Facebook account	1. Receive and review the completeness of the requirements	None	10 minutes	Triage Officer
2. Fill-out the online consent and intake forms	2. Forward the consent and intake forms	None	5 minutes	Admin Staff / PACD Officer



3. Send back the filled out e-copy forms to the Center	3. Check the submitted consent and intake forms	None	5 minutes	Admin Staff
4. Send all original documents to the Center through LBC or any courier	4. Inform client to send the original documents thru LBC or any courier	None	1 day	Admin Staff
5.1. Pay for DDE thru fund transfer or LBC	5.1. Validate and claim payment at the LBC or LBP	<b>Php. 1,000.00</b>	1 day	Cashier
5.2. Submit e-copy of proof of payment to the Center	5.2. Receive the e-copy of proof of payment	None	2 minutes	Case Manager
5.3. Receive the e-copy of Official Receipt	5.3. Issue Official Receipt and send the e-copy	None	2 minutes	Cashier
<b>Once payment and documents were received:</b>				
6. Undergo virtual Drug Dependency Examination	6. Conduct virtual Drug Dependency Examination	None	45 minutes	Physician On-duty
7. Receive the e-copy of DDE Certificate	7. Prepare & send the DDE Certificate duly signed by the Physician through email or Facebook.	None	10 minutes	Admin Staff
<b>Total</b>		<b>Php 1,000.00</b>	<b>2 days 1 hour and 19 minutes</b>	



## 214. Online Enrollment for Aftercare Program

Aftercare and Follow-up services provided to the clients through online session after completing the residential treatment program. This is for a period of at least eighteen (18) months and should be undertaken by the Outpatient and Aftercare Division Personnel. Service available every Mondays to Fridays from 8:00 am to 5:00 pm.

Outpatient and Aftercare Division (OAD)

Office or Division:	Outpatient and Aftercare Division (OAD)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
Who may avail:	Court-Mandated Clients, Voluntary and those referred by the Public and Private Agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 photocopy of Court Order for Aftercare Program		Regional Trial Court/ Discharge Officer		
1 original copy of Referral Letter from Case Counselor or Agency		Case Counselor/Originating Agency		
1 photocopy of Certificate of Temporary Discharge		Discharge Officer		
1 photocopy of Social Case Study Report				
1 photocopy of Psychological Evaluation				
1 original copy of Discharge Slip				
1 original copy of Sobriety Form		OAD Staff		
1 original copy of Consent Form		OAD Staff		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements upon discharge	1. Receive and check the completeness of the requirements	None	10 minutes	OAD Staff
2. Attend brief orientation of the aftercare program	2. Facilitate brief orientation of the aftercare program	None	10 minutes	OAD Staff
3. Fill-out the Consent Form	3. Provide and explain the consent form	None	10 minutes	OAD Staff
4. Receive the official Facebook account, email account and contact number	4. Provide the official Facebook account, email, and contact number for aftercare program	None	5 minutes	OAD Staff



5. Send message to the official accounts of the aftercare program	5. Provide the online enrolment form to the patient	None	5 minutes	OAD Staff
6. Receive schedule for online aftercare session	6. Register to aftercare master list	None	5 minutes	OAD Staff
7. Pay the required aftercare fees thru fund transfer or LBC	7. Provide the details of payment to the client	Php. 5, 400.00 for 18 months	1 day	OAD Staff
8. Receive e-copy of Official Receipt	8. Validates payment and issue official receipt	None	10 minutes	Cashier
	<b>Total</b>	<b>Php. 5, 400.00 for 18 months</b>	<b>1 day and 55 Minutes</b>	



## 215. Online Enrollment for Outpatient Program

Virtual Session provided to the clients for enrollment to the Outpatient Program using the Matrix Intensive Outpatient Program to continuously address drug abuse problems and to avoid relapse. This service is available from Mondays to Sundays during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Court-Mandated Clients, Voluntary and those referred by the Public and Private Agencies			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 original copy of Court Order for enrolment to outpatient program		Court where the petition was filed		
1 original copy of Referral Letter from Company		HR Company		
1 original copy of Drug Test Result		Any DOH Accredited Drug Testing Center		
Medical Requirements: Chest x-ray CBC Urinalysis Fecalalysis ECG		Any DOH Accredited Laboratory Center		
1 copy of Consent Form (E-copy)		TRC Bicutan		
1 copy of Online Enrollment form		TRC Bicutan		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send message to Facebook account or email account	1. Receive message from client and send online enrollment form	None	2 minutes	OAD Staff
2. Fill-up the online enrolment form and send back to the Center through email/messenger	2. Print the online enrolment form to be attached to patient's folder	None	3 minutes	OAD Staff
3. Submit the requirements through email/messenger	3. Provide list of requirements	None	5 minutes	OAD Staff
4. Undergo online intake interview	4. Facilitate online interview	None	15 minutes	OAD Staff
5. Undergo social Welfare Intake/	5. Conduct Social Welfare	Refer to the	10 minutes	Social Worker

Socio-economic classification	Intake online interview	table of fees		
5.1 Pay the required outpatient fees thru fund transfer or LBC	5.1. Provide the details of payment to the client	None	1 day	Social Worker
5.2. Send the e-copy of Official Receipt or to the Case Manager	5.2. Receive the e-copy of official receipt from clients	None	5 minutes	Case Manager
5.3. Receive e-copy of Official Receipt	5.3. Validate payment and issue official receipt	None	10 minutes	Cashier
6. Undergo nursing assessment interview	6. Conduct nursing assessment through online	None	10 minutes	Nurse
7. Undergo Medical assessment	7. Conduct online medical assessment	None	30 minutes	Physician
8. Attend orientation with the program	8. Conduct online general orientation of the program	None	20 minutes	Case Manager
	<b>Total</b>	<b>Refer to the table of fees</b>	<b>1 day 1 hour and 50 minutes</b>	

**Table of Fees:**

Class A	Php. 9,200.00
Class C1	Php. 6,750.00
Class C2	Php. 4,500.00
Class C3	Php. 2,250.00
Class D	Indigent



## 216. Virtual Pre-admission for Residential/inpatient

This aims to screen patients for admission in the Center in order to mitigate the spread of the COVID-19 as well as to protect the safety of the recovering drug dependents and Health Care Workers. This is available from Mondays to Fridays during office hours. Actual admission will be scheduled on the First and Third Wednesdays of the month during office hours.

the month during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Clients who submit themselves for voluntary admission or for clients with Temporary Confinement Order or Court Order for Admission.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Plea Bargains:</b> 1 copy of Original or Certified True Copy of Court Order		Court where the Petition was filed		
<b>For voluntary:</b> 1 copy of Temporary Confinement Order or Court Order or Docketed Petition for Confinement		Court where the Petition was filed  Legal Officer or Authorized DDB Representative		
1 original copy of RT-PCR Result within 24 hours from release		DOH Accredited Testing Center		
1 original copy of Medical Certificate that patient has no comorbidity		Government Physician/Private Practitioner		
CBC, Urinalysis, Stool Exam,		Any licensed laboratory offering the service		
ECG for 35 years old above				
Chest X-ray				
Pregnancy Test for female in reproductive year				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inquire for the list of requirements through email or Facebook account	1. Provide a checklist of requirements through email or Facebook account.	None	10 minutes	Triage Officer
2. Submit requirements through online	2. Receive and check the completeness of requirements	None	10 minutes	Triage Officer
3. Wait for the schedule of virtual interview	3. Give patients on the schedule of virtual interview	None	10 minutes	Triage Officer



4. Fill-out the Consent Form for the virtual interview	4. Inform and provide clients about the consent form for the virtual interview	None	5 minutes	Admitting Officer
5. Undergo virtual interview of Admitting Officer	5.1 Gather online intake of personal data of the patient	None	20 minutes	Admitting Officer
	5.2 Conduct orientation on the rules and regulations of the Center	None	20 minutes	Admitting Officer
6. Petitioner/ Guardian submits himself/herself for Social Worker's Interview	6. Conduct online interview with the petitioner/guardian for Socio-economic classification	Refer to schedule of fees	10 minutes	Social Worker
<b>At the day of the admission in the Center</b>				
7. Client submit themselves for physical and medical assessment	7. Conduct physical and medical assessment	None	30 minutes	Admitting Nurse/ Physician On-duty
8. Petitioner/guardian submit Social Worker's Classification to Billing Section	8.1. Give the Classification Slip to the petitioner/guardian	None	10 minutes	Admitting Social Worker
	8.2. Inform petitioner/guardian on their monthly cost-sharing	None	10 minutes	Admitting Social Worker
9. Petitioner proceed to Billing Section and Cashier	9. Accept the Classification Slip and issue order of payment	None	5 minutes	Billing Officer/ Cashier
10. Petitioner submit second copy of classification slip to Social Worker	10. Accept the receiving copy of classification slip	None	5 minutes	Social Worker
11. Client undergo 14-day isolation at the Quarantine Dorm	11. Endorse client to Quarantine Dorm Staff	None	10 minutes	Triage Officer



	<b>Total</b>	<b>Refer to schedule of fees</b>	<b>2 hours and 15 minutes</b>	
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#### **Schedule of fees**

Class A	Php. 15,000.00
Class C1	Php. 11,250.00
Class C2	Php. 7,500.00
Class C3	Php. 3,750.00
Class D	Indigent



## 217. Virtual Session for Aftercare Program

Virtual Session through Facebook messenger provided to the clients enrolled in the Aftercare Program to continuously address drug abuse problems and to avoid relapse for a period of not exceeding 18 months. This service is available from Mondays to Sundays during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Court Mandated clients, Walk-in or voluntary and those referred by LGU's, NGO's and other TRCs			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Drug Test Result (1 copy every month)		Any DOH Accredited Drug Testing Center/Clinic		
1 copy of Evaluation Form (E-copy) every end of the session		TRC Bicutan		
1 copy of Survey Form (E-copy) every end of the session		TRC Bicutan		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Receive message from the Case Manager	1. Contact patients for Aftercare Program through Facebook messenger	None	10 minutes	Case Manager
2. Receive the e-copy of session/topic guide	2. Send e-copy of session/topic guide	None	5 minutes	Case Manager
3. Attend virtual aftercare session	3. Facilitate virtual session	None	1 hour	Case Manager
4. Answer the evaluation and survey form	4. Forward the evaluation and survey form	None	5 minutes	Case Manager
5. Forward the filled out forms of Evaluation and Survey	5. Check the database for the submitted evaluation and survey forms	None	10 minutes	Database Moderator
6. Receive request form for Drug Test	6. Provide laboratory request for Drug Test upon the order of the Case Manager or Physician	None	5 minutes	Case Manager Physician



7. Submit patient for drug testing	7. Advise patient to look for a DOH Accredited Drug Testing Center	payment varies on the Drug Testing Center	1 day	Case Manager
8. Submit the e-copy of drug test result	8. Receive e-copy of drug test result	None	5 minutes	Case Manager
9. Client can pay aftercare fee thru LBC or fund transfer	9. Inform patient to pay his/her aftercare fees	None	5 minutes	Case Manager
10. Proceed to LBC or Landbank account for payment	10. Claim and validate payment	Php. 5,400.00	1 day	Cashier
11. Receive e-copy of Official Receipt	11. Issue Official Receipt and Send the e-copy thru facebook or email.	None	5 minutes	Cashier
<b>Total</b>		<b>Php. 5,400.00</b>	<b>2 days 1 hour and 50 minutes</b>	



## 218. Virtual Session for Outpatient Program

Virtual Session through Facebook messenger provided to the clients enrolled in the Outpatient Program using the Matrix Intensive Outpatient Program to continuously address drug abuse problems and to avoid relapse. This service is available from Mondays to Sundays during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Court Mandated clients, Walk-in or voluntary and those referred by LGU's GO's and NGO's			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Drug Test Result		Any DOH Accredited Drug Testing Center/Clinic		
Evaluation Form (E-copy) 1 copy every end of the session		TRC Bicutan		
Survey Form (E-copy) 1 copy every end of the session		TRC Bicutan		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Receive message from the Case Manager	1. Contact patients for Outpatient Program through facebook messenger	None	10 minutes	Case Manager
2. Receive the e-copy of session/topic guide	2. Send e-copy of session/topic guide	None	2 minutes	Case Manager
3. Attend virtual session of MIOP	3. Facilitate the MIOP Session	None	1 hour	Case Manager
4. Receive and answer the evaluation and survey form	4. Forward the evaluation and survey form	None	5 minutes	Case Manager
5. Forward the filled out forms of Evaluation and Survey	5. Check the database for the submitted evaluation and survey forms	None	10 minutes	Database Moderator
6. Receive laboratory request form for Drug Test	6. Provide laboratory request for Drug Test upon request of Case	None	5 minutes	Case Manager



	Manager and Physician			
7. Submit the e-copy of drug test result	7. Receive e-copy of drug test result	None	1 day	Case Manager
8. Client can pay aftercare fee thru LBC or fund transfer	8. Inform patient to pay his/her outpatient fees	None	5 minutes	Case Manager
9. Proceed to LBC or Landbank for payment	9. Claim and validate payment	Refer to schedule of fees	1 day	Cashier
10. Receive e-copy of Official Receipt	10. Issue Official Request and send e-copy thru facebook or email	None	5 minutes	Cashier
	Total	Refer to schedule of fees	2 days, 1 hour and 42 minutes	

### Schedule of fees

Class A	Php. 9,200.00
Class C1	Php. 6,750.00
Class C2	Php. 4,500.00
Class C3	Php. 2,250.00
Class D	Indigent



## TRC LAS PINAS

### 219. Aftercare Program Online Enrollment

Aftercare and follow-up services provided to the clients through online sessions after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defense against relapse. This is for a period of at least eighteen 18 months. Service is available from Mondays to Fridays 8:00 AM to 6:00 PM.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Clients who completed Residential Program from other TRC and Online Out-Patient Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Court Order for Aftercare Program		Regional Trial Court/Case Counselor/Discharge Officer		
Referral Letter from Case Counselor and Case documents(Case Summary and Discharge Plan) / Agency		Discharge Officer Other TRCs		
Discharged/Clearance Slip		Any TRCs		
Online Enrollment form		OAD		
Online Agreement and Consent Form		OAD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send message to Facebook account	1. Receive message from client and send online enrollment form and list of requirement.	None	2 minutes	OAD Staff
2. Fill-up the online enrolment form together with the scanned or electronic copy of documentary requirements and send back to the Center through messenger	2. Inspect the documents the enrolment form for eligibility to the program and the documents for validity and completeness.	None	5 minutes	OAD Staff
3. Undergo online intake interview	3. Conduct online intake interview	None	20 minutes	OAD Staff
4. Undergo online social Welfare Intake/ Socio-	4. Conduct Social Welfare Intake online interview	Refer to the table	10 minutes	OAD Social Worker



economic classification		of fees		
5.1 Pay the required outpatient fees thru bank transfer or deposit	5.1 Provide the details of payment to the client	None	1 day	OAD Staff
5.2 Send the e-copy of Official Receipt or to the Case Manager	5.2 Receive the e-copy of official receipt from clients	None	5 minutes	OAD Staff
5.3 Receive e-copy of Official Receipt	5.3 Validate payment and issue official receipt	None	10 minutes	Cashier
6. Undergo nursing assessment interview	6. Conduct nursing assessment through online	None	10 minutes	OAD Nurse
7. Undergo Medical assessment	7. Conduct online medical assessment	None	30 minutes	Medical Officer
8. Attend orientation with the program	8. Conduct online orientation of the program	None	20 minutes	Case Manager
9. Fill-up and Sign Online Agreement and Consent Form	<p>Conduct online facilitation of contract signing to the client and petitioner</p> <p>To include schedule of sessions</p> <p>If the client is below 18 years old the guardian or DSWD representative signs the Service Agreement and Consent Form</p>	None	5 minutes	Case Manager
	<b>Total</b>	Refer to the table of fees	<b>1 day 1 hour and 57 minutes</b>	

#### Schedule of Fees

Classification	After Care Program Fee
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Full Payment	P 5,400.00
C1	P 4,050.00
C2	P 3,700.00
C3	P 1,875.00



## 220. Outpatient Program Online Enrollment

In compliance to the “New Normal” enrollment process and sessions for the Intensive Out Patient Program utilizing Matrix Intensive Outpatient Program will be conducted and provided online, geared toward guiding and empowering clients, together with their families in becoming sober, productive, and law-abiding members of the community while This service is available every Mondays to Fridays 8:00AM to 6:00PM.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Court-Mandated Clients, Voluntary and those referred by the Public and Private Agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<b>For Court Mandated Clients:</b>				
Court Order for enrolment to outpatient program		Court where the petition was filed		
<b>For LGU and NGO referred Clients:</b>				
Valid Screening and Assessment Form		Respective LGUs		
Referral letter		Respective LGUs and NGOs		
For Minor Clients Social Case Study Report		Local DSWD		
<b>For Drug free Workplace</b>				
Referral Letter from Company		HR Company		
Drug Dependency Examination		Any DOH Accredited Drug Testing Center		
Online Enrollment form		OAD		
Online Agreement and Consent Form		OAD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message to Facebook account	1. Receive message from client and send	None	2 minutes	OAD Staff

	online enrollment form and list of requirement.			
2. Fill-up the online enrolment form together with the scanned or electronic copy of documentary requirements and send back to the Center through messenger	2. Inspect the documents the enrolment form for eligibility to the program and the documents for validity and completeness.	None	5 minutes	OAD Staff
3. Undergo online intake interview	3. Conduct online intake interview	None	20 minutes	OAD Staff
4. Undergo online social Welfare Intake/ Socio-economic classification	4. Conduct Social Welfare Intake online interview	Refer to the table of fees	10 minutes	OAD Social Worker
5.1 Pay the required outpatient fees thru bank transfer or deposit	5.1 Provide the details of payment to the client	None	1 day	OAD Staff
5.2 Send the e-copy of Official Receipt or to the Case Manager	5.2 Receive the e-copy of official receipt from clients	None	5 minutes	OAD Staff
5.3 Receive e-copy of Official Receipt	5.3 Validate payment and issue official receipt	None	10 minutes	Cashier
6. Undergo nursing assessment interview	6. Conduct nursing assessment through online	None	10 minutes	OAD Nurse
7. Undergo Medical assessment	7. Conduct online medical assessment	None	30 minutes	Medical Officer
8. Attend orientation with the program	8. Conduct online	None	20 minutes	Case Manager



	orientation of the program			
9. Fill-up and Sign Online Agreement and Consent Form	<p>Conduct online facilitation of contract signing to the client and petitioner</p> <p>To include schedule of sessions</p> <p>If the client is below 18 years old the guardian or DSWD representative signs the Service Agreement and Consent Form</p>	None	5 minutes	Case Manager
	<b>Total</b>	<b>Refer to the table of fees</b>	<b>1 day 1 hour and 57 minutes</b>	

**Table of Fees:**

Class A	Php. 9,200.00
Class C1	Php. 6,900.00
Class C2	Php. 4,600.00
Class C3	Php. 2,300.00
Class D	Indigent



# **Luzon Drug Treatment and Rehabilitation Center**

## **NEW SERVICES**



## TRC Bataan

### 221. Enrollment for Aftercare Services for Outpatient

Aftercare and follow-up services provided to the clients after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defense against relapse. This is period of at least nine (9) months.

Office or Division:	Outpatient and Aftercare Division / Treatment and Rehabilitation Division			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
Who may avail:	Court-Mandated Clients, walk-in or voluntary and those referred by the LGU's and NGO's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Court-Mandated Clients:				
Court Order for Admission to Aftercare Program		Court where the Petition was filed		
Drug Dependency Examination		Any accredited DOH Physician		
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU				
Chest X-ray and Drug Test Result				
Valid ID of Petitioner and Client				
For LGU and NGO referred clients				
Referral Letter		Respective LGUs and NGOs		
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU				
Chest X-ray and Drug Test Result				
Valid ID of Petitioner and Client				
For walk-in clients				
Request Letter		Requesting Party		
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU				
Chest X-ray and Drug Test Result				
Valid ID of Petitioner and Client				
For drug-free workplace				
Endorsement Letter		HR of company		
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU				
Chest X-ray and Drug Test Result				
Valid ID of Petitioner and Client				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Schedule thru Teleconference	1.1. Confirm and call for queuing, explain the documents needed prior to schedule time and date of enrollment.	None	10 minutes	Admitting Staff
2. Subject self to triage	2. Assessment by Triage officer on duty	None	1 hour	Triage Nurse on Duty & Doctors on Duty
3. Submit for security inspection of belongings, body search and frisking	3. Conduct inspection of belongings, body search and frisking	None	15 minutes	Security Guard on duty
4. Submit complete required documents	4. Receive and validate the documents for completeness and authenticity of the documents.  If documents are NOT COMPLETE, advise the client and the petitioner to complete the requirements	None	20 minutes	Admitting Staff
5. Log in the Admission Logbook	5. Review entry in the logbook	None	5 minutes	Admitting Staff
6. Schedule for Orientation	6. Provide Checklist for needed documents to be submitted and give schedule and time for orientation and enrollment.	None	10 minutes	Aftercare Staff
7. Attend orientation	7. Conduct Orientation for Aftercare Program	None	30 minutes	Aftercare Staff
8. Undergo Social Welfare Intake Interview / Socio-Economic Classification	8. Conduct Social Welfare Intake Interview/ Socio-Economic Classification	None	30 minutes	Aftercare Staff
Sign the Service Agreement and Consent Form	Facilitates contract signing to the client and give the schedule for Aftercare session. To include schedule of sessions.	None	20 minutes	Aftercare Staff



	If the client is below 18 years old the guardian or DSWD representative signs the Service Agreement and Consent Form			
9. Log out Admission Logbook	9. Review entry in the logbook	None	5 minutes	Aftercare Staff/PACD
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 30 minutes</b>	





## 222. OPD Online Sessions

Intensive Outpatient Program (IOP) is a 6-month non-residential drug treatment and rehabilitation level of care which provides services and interventions to address drug abuse problem. It utilizes holistic and evidence-based treatment modalities and approaches geared toward guiding and empowering clients, together with their families in becoming sober, productive and law-abiding members of the community. This service may be availed by any individual screened and assessed to undergo Intensive Outpatient Program as ordered by the Court or referred by the Local Government Unit or other agency.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business	
<b>Who may avail:</b>	Court-Mandated Clients, walk-in or voluntary and those referred by the LGU's and NGO's	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
<b>For Court-Mandated Clients:</b>		
Court Order for Admission to Intensive Outpatient Program		Court where the Petition was filed
Drug Dependency Examination		Any accredited DOH Physician
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		
Valid ID of Petitioner and Client		
<b>For LGU and NGO referred clients</b>		
Valid Screening and Assessment Form		Respective LGUs
Referral Letter		Respective LGUs and NGOs
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		
Valid ID of Petitioner and Client		
<b>For walk-in clients</b>		
Valid Screening and Assessment Form		Outpatient and Aftercare Division / Treatment and Rehabilitation Division
Request Letter		Requesting Party
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		
Valid ID of Petitioner and Client		
<b>For drug-free workplace</b>		
Endorsement Letter		HR of company



RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU				
Chest X-ray and Drug Test Result				
Valid ID of Petitioner and Client				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Schedule thru Teleconference	1. Confirm and call residents for schedule of online sessions.	None	10 minutes	OPD Staff
2. Confirm attendance thru online affirmation	2. Confirm and call for attendance of the online session's participants.	None	15 minutes	OPD Staff
3. Attend the session proper.	3. Facilitate the online session or activity.	None	1 hour	OPD Staff
4. Submit the worksheets for the day's session or activity.	4. Check and record the output of clients for the day's session or activity.	None	1 hour	OPD Staff
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 10 minutes</b>	



## 223. Triage for Admissions of Residential/ Inpatient

Triage screening is in place for both the protection of the individual, residents and staff of the facility from COVID-19 Virus. The service is available from Monday to Friday from 8:00 - 5:00 PM without noon break.

<b>Office or Division:</b>	Technical Division (Medical Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	Clients who submits themselves for voluntary admission or for clients with Temporary Confinement Order or Court Order for Admission. except those displaying: a. Strong Psychiatric Symptoms of: suicidal tendencies, self-harm, psychosis b. Physical and verbal aggression, violence c. Medically unfit to undergo Drug Treatment and Rehabilitation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Negative PCR Result or Rapid Test with positive IGG result or RHU Clearance		Any Accredited Laboratory that offers the service		
Court Order		Court where petition was filed		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the center to be included in the queuing list	1.1. Request the following information from the client: Name of Patient: Age of Patient: Address of Patient: Name of Petitioner: Address of Petitioner: Contact Number of Petitioner:	None	3 minutes	Admitting Staff

	<p>1.2 Inform the client of the initial requirements for admission:</p> <p>Ø Negative PCR test result, or Rapid Test with positive IGG result, or RHU Clearance</p> <p>Ø Court Clearance (no pending case)</p> <p>Ø Php1,500 fee for Drug Dependency Examination or Certificate of Indigency from the Barangay</p>	None	3 minutes	Admitting Staff
	<p>1.3 Call the client on his/her schedule for tele-triaging. If the client is fit for rehab, he/she will be scheduled for physical triaging. If not fit for rehab, client will be referred to concerned agency.</p>	None	10 minutes	Physician on Duty
2. Report to the center for physical triaging.	<p>2.1 Perform visual inspection of face mask and temperature scanning.</p> <p>Ø If temperature is <math>\geq 37.6</math>. Send client to isolation tent for check-up of doctor on duty. Follow instructions as advised by the physician on</p>	None	15 minutes	Triage Nurse on Duty; Physician on Duty

	duty. Ø If temperature is normal, proceed to Step 3.			
3. Subject self to handwashing and foot bath.	3.1 Disinfect client with 70% alcohol.	None	7 minutes	<i>Triage nurse on duty</i>
	3.2. Provide Health Declaration Form (HDF)	None	1 minute	<i>Triage nurse on duty</i>
4. Fill out and submit the HDF.	4.1 Screening of HDF	None	5 minutes	<i>Physician on duty</i>
	4.2 If with <u>Yes</u> answer, send client to isolation tent for the interview of Physician.	None		
	4.3 If all answers are <u>No</u> , for health teachings or remind the client about the covid-19 precautions. To notify the doctor on duty regarding the answer to the HDF. Instruct the client to proceed to laboratory for drug testing.	None		
5. Proceed to Laboratory	5.1 Provide consent form for drug testing.	None	1 minute	<i>Medical Technologist</i>
6. Fill out and submit the consent form. Subject self for drug testing.	6.1 Facilitate the collection of urine. Ø If the client's drug test result is <u>positive</u> , he	None	20 minutes	<i>Medical Technologist</i>



	will undergo detoxification while on quarantine.			
7. Subject self for 14-day quarantine.	Monitor the client while on quarantine. After 2 weeks without symptoms, the nurse on duty will endorse the client to the admitting staff for regular admission.	None	pause clock	<i>Nurse on duty</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 5 minutes</b>	



## 224. Triage for Intensive Outpatient Enrolment

Triage screening is in place for both the protection of the individual, residents and staff of the facility from COVID-19 Virus. The service is available from Monday to Friday from 8:00 - 5:00 PM without noon break.

<b>Office or Division:</b>	Technical Division (Medical Section/Out Patient Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	This service may be availed by any individual screened and assessed to undergo Intensive Outpatient Program as ordered by the Court or referred by the Local Government Unit or other agency.			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Mask			Client	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the center to be included in the queuing list	1.1. Request the following information from the client: Name of Patient: Age of Patient: Address of Patient: Name of Petitioner: Address of Petitioner: Contact Number of Petitioner:	None	10 minutes	<i>Admitting Staff</i>
	1.2 Inform the client of the initial requirements for enrolment:  Ø Negative PCR test result, or Rapid Test with positive IGG result, or RHU Clearance Ø Court Order	None	10 minutes	<i>Admitting Staff</i>
	1.3 Call the client on his/her schedule for tele-triaging. If the client is fit for enrolment, he/she will be scheduled for physical triaging. If not fit for rehab, client will be referred to concerned agency.	None	10 minutes	<i>Physician on Duty</i>

2. Report to the center for physical triaging.	2.1 Perform visual inspection of face mask and temperature scanning. Ø If temperature is $\geq 37.6$ . Send client to isolation tent for check-up of doctor on duty. Follow instructions as advised by the physician on duty. Ø If temperature is normal, proceed to Step 3.	None	15 minutes	<i>Triage Nurse on Duty; Physician on Duty</i>
3. Subject self to handwashing and foot bath.	3.1 Disinfect client with 70% alcohol.	None	10 minutes	<i>Triage nurse on duty</i>
	3.2. Provide Health Declaration Form (HDF)	None	5 minute	<i>Triage nurse on duty</i>
4. Fill out and submit the HDF	4. Screening of HDF	None	5 minutes	<i>Triage nurse on duty</i>
	If with <u>Yes</u> answer, send client to isolation tent for the interview of Doctor.	None		
	If all answers are <u>No</u> , for health teachings or remind the client about the covid-19 precautions. To notify the doctor on duty regarding the answer to the HDF. Instruct the client to proceed to laboratory for drug testing.	None		
5. Proceed to laboratory	5. Provide consent form for drug testing.	None	5 minutes	<i>Medical Technologist</i>
6. Fill out and submit the consent form. Subject self for drug testing.	6. Facilitate the collection of urine. Inform the OPD staff on the result of the drug testing and he will instruct the client to proceed to the Park for the enrolment.	None	20 minutes	<i>Medical Technologist</i>





7. Proceed to assigned area for enrollment	7. Facilitate the Intensive Outpatient enrolment.	None	10 minutes	OPD staff
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 40 minutes</b>	



## 225.Triage for Other Transactions

Triage screening is in place for both the protection of the individual, residents and staff of the facility from COVID-19 Virus. The service is available from Monday to Friday from 8:00 - 5:00 PM without noon break.

<b>Office or Division:</b>		Technical Division (Medical Section)		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C - Government to Citizen G2B - Government to Business G2G - Government to Government		
<b>Who may avail:</b>		General Public		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid ID		GSIS, Pag-ibig, SSS, Philhealth, Postal, COMELEC		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call the center at 0999-916-1531 to be included in the queuing list	1.1. Ask the Full Name and Address of the client/ petitioner/ etc.	None	10 minutes	<i>Admitting Staff</i>
	1.2 Ask what kind of transaction to be done at the center.	None	5 minute	<i>Admitting Staff</i>
	1.3 Call the client on his/her schedule for tele-triaging. If the client has no covid 19 symptoms, he/she will be scheduled for physical triaging. If with symptom/s, he/she will be rescheduled again for tele-triaging	None	10 minutes	<i>Triage Nurse on Duty</i>
2. Report to the center for physical triaging.	2.1 Perform visual inspection of face mask and temperature scanning. Ø If temperature is $\geq 37.6$ . Send client to isolation tent for check-up of doctor on duty. Follow instructions as advised by the physician on duty. Ø If temperature is	None	15 minutes	<i>Triage Nurse on Duty; Physician on Duty</i>



	normal, process to Step 3.			
3. Subject self to handwashing and foot bath.	3.1 Disinfect client with 70% alcohol.	None	10 minutes	<i>Triage nurse on duty</i>
	3.2. Provide Health Declaration Form (HDF)	None	5 minutes	<i>Triage nurse on duty</i>
4. Fill out and submit the HDF.	4. Screening of HDF	None	5 minutes	<i>Triage nurse on duty</i>
	If with <u>Yes</u> answer, send client to isolation tent for the interview of Doctor.	None	15 minutes	
	If all answers are <u>No</u> , for health teachings or remind the client about the covid-19 precautions. To notify the doctor on duty regarding the answer to the HDF. Instruct the client to proceed to the park for the queries or other transactions.	None		
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 15 minutes</b>	



## DATRC Dagupan

### 226. Online Appointment for Admission of Residential and OPD Clients

This aims to provide proper guidance to clients under the new normal. The service is available from Monday to Friday from 8:00-5:00 PM with no noon break.

<b>Office or Division:</b>	Legal Division/Public Assistance and Complaint Desk (PACD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	Clients for Admission to Residential and OPD Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Plea bargains:</b> Original or Certified True Copy of Court Order		Court where the Petition was filed		
<b>For voluntary:</b> Temporary Confinement Order or Court Order or Docketed Petition for Confinement		Court where the Petition was filed		
RT-PCR Test Result		Any Accredited Testing Facility		
Medical Certificate certifying that the client is not Covid-19 confirmed case, Suspected Patient Under Investigation (PUI) and Probable (PUI) case, and have not travelled to any high risk areas		Municipal/Local Health Officer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Make a call to the hotline of DATRC Dagupan	1. Give instruction to the client	None	10 minutes	PACD
2. Send documentary requirements via E-mail address or Facebook messenger	2.1. Validate the documents for completeness and authenticity.	None	1 day	Admitting Officer
	2.2 Inform appointment date of client via E-mail/Phone or Facebook messenger	None	1 day	Admitting Officer



3. Receive the notification and inform the center for confirmation of appointment	3. Accept Confirmation of appointment and record the client's appointment in the logbook	Non e	15 minutes	Admitting Officer
	<b>TOTAL</b>	<b>Non e</b>	<b>2 days and 25 minutes</b>	



## 227. Triage for Transacting Clients

This aims to provide proper guidance for all transacting clients entering the center. To classify clients according to Health Status as per Covid-19 precautionary measure.

<b>Office or Division:</b>	Administrative Division/Medical Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	All clients entering the Center for Transaction			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any valid Identification card		Office (Government/Private), School, Post Office, COMELEC		
<b>For Clients for Admission:</b> RT-PCR Test Result  Medical Certificate certifying that the client is not Covid-19 confirmed case, Suspected Patient Under Investigation (PUI) and Probable (PUI) case, and have not travelled to any high risk areas		Any Accredited Testing Facility  Municipal/Local Health Officer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to foot bath	1. Facilitate foot bath	None	2 minutes	<i>Security Guard</i>
2. Proceed to Thermal scanning	2. Perform Thermal Scanning	None	2 minutes	<i>Security Guard</i>
3. Proceed to Hand washing area	3. Facilitate Hand washing	None	5 minutes	<i>Security guard</i>
4. Execute Health declaration form	4. Receives accomplished Health declaration form	None	3 minutes	<i>Security Guard</i>
5. Proceed to body search	5. Representative gives instruction to the client	None	5 minutes	<i>Security Guard</i>
6. Proceed to triage area	6. Performs triaging	None	10 minutes	<i>Triage Officer</i>
7. Proceed to PACD for Proper Assignment of Office to Transact	7. Verify Clients' needs/document s and designate to concerned office	None	20 minutes	<i>PACD</i>



	TOTAL	None	47 minutes	
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## TRC Tagaytay

### 228. Availment of Family Teleconference for Residential Patients

Family teleconferencing is specifically designed as an alternative approach to family intervention for residential patients during the time of COVID-19 pandemic. It provides opportunity for further data gathering, family profiling and family crisis session without requiring physical presence of families inside the Center. It aids the family to readily provide familial support to their patients at the same minimizing the risk of infection. The service is available every Monday to Sunday at 1:00PM to 5:00PM.

<b>Office or Division:</b>	Psychology Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Residential Clients and their Families			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip		Medical Officer / Dorm Manager / Social Worker		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Referral Slip and wait for further instructions	1.1 Receive and Validate Referral Slip	None	5 minutes	<i>Dorm Manager</i>
	1.2 Coordinate with the Dorm Manager for the family's contact details and for the use laptop	None	5 minutes	<i>Psychologist – on - Case</i>
	1.3 Facilitate online communication with the petitioner	None	5 minutes	<i>Psychologist – on - Case</i>
2. Proceed to Psychotherapy Room	2. Conduct Introduction and Explanation of the Purpose, Scope and Limitation of Family Teleconference	None	4 Minutes	<i>Psychologist – on - Case</i>
3. Sign in the Consent Form	3. Facilitate Signing of the Consent Form	None	1 Minute	<i>Psychologist – on - Case</i>
4. Undergo online family teleconferencing	4.1 Conduct Family Teleconferencing	None	1 Hour and 30 Minutes	<i>Psychologist – on - Case</i>





	4.2 Closing of Counseling/ Therapy Session	None	5 Minutes	<i>Psychologist – on - Case</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 Hours and 55 Minutes</b>	



## 229. Family Telecounseling for the Intensive Out-patient and After-care program

Family TeleCounseling through telecommuting is an Intensive Out-Patient program intended as an alternative strategic approach for Persons Who Use Drugs (PWUDs) during the time of the Covid-19 pandemic. Telecommuting is sanctioned by the Department of Health (as part of the Infection Prevention and Control measures) to provide continuum of care for affected PWUDS - not requiring the client's physical presence at the center. Our counselors will provide family counseling (from outside of the center) - through phone or other communication platforms available for both the counselors and the clients. Family counseling for the client's family, relative or significant other is done once a week. The service is scheduled from Mondays - Sundays from 8:00 – 5P.M. No noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	IOP and After-Care Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
NONE			NONE	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client's family, relative or significant other communicates with the designated counselor through phone or other communication platforms	1. Provide family counseling	None	15 minutes	<i>Designated Counselor</i>
2. Take instructions of homework scheduled for next session through phone or other communication platforms	2. Assign Homework scheduled for next session	None	2 minutes	<i>Designated Counselor</i>
3. Accomplish the client's satisfaction survey through phone or other communication platforms	3. Conduct client's satisfaction survey	None	1 minute	<i>Designated Counselor</i>
<b>TOTAL</b>		<b>None</b>	<b>18 minutes</b>	



## 230. Individual Telecounseling for the Intensive Out-patient and After-care Program

TeleCounseling through telecommuting is an Intensive Out-Patient program intended as an alternative strategic approach for Persons Who Use Drugs (PWUDS) during the time of the Covid-19 pandemic. Telecommuting is sanctioned by the Department of Health (as part of the Infection Prevention and Control measures) to provide continuum of care for affected PWUDS - not requiring the client's physical presence at the center. Our counselors will provide individual counseling (from outside of the center) - through phone or other communication platforms available for both the counselors and the clients. Individual counseling is done twice weekly. The service is scheduled from Mondays - Sundays from 8:00 – 5:00P.M. No noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	IOP and After-Care Clents			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
NONE			NONE	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Communicate with the designated counselor through phone or other communication platforms	1. Provide individual counseling	None	15 minutes	<i>Counselor – in – Charge</i>
2. Get instructions of homework scheduled for next session through phone or other communication platforms	2. Assign homework scheduled for next session	None	2 minutes	<i>Counselor – in – Charge</i>
3. Accomplish the client's satisfaction survey through phone or other communication platforms	3. Conduct client's satisfaction survey	None	3 minute	<i>Counselor – in – Charge</i>
<b>TOTAL</b>		<b>None</b>	<b>20 minutes</b>	



# **Visayas Drug Treatment and Rehabilitation Center**

## **NEW SERVICES**



## TRC Dulag

### 231. TRIAGE for Visitation

This is being conducted to provide proper guidance to all transacting clients by ensuring that infection and prevention control measures are being observed by clients upon entrance in the facility.

Schedule of Visit for DDE: Monday, Wednesday and Friday only

Schedule of Visit for Admission to Residential: Tuesday and Thursday only

Schedule of Visit for Enrollment to Intensive Outpatient: Daily

<b>Office or Division:</b>	MEDICAL SECTION			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Persons Who Use Drugs (PWUDs), All Government Agencies, NGO, LGU and other government instrumentalities			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Clients for DDE, Admission to Residential and, Enrollment to Intensive Out-patient		?		
Additional Requirements:  1. Medical Certificate stating that client is not exhibiting any signs and symptoms of Acute Respiratory Illness or related to covid-19.		Respective Medical officer of the BJMP, City Health Office, Rural Health Center or any private hospital or clinic		
2. One (1) original copy of the Chest radiograph result (14 days' validity only from the date of examination)		Diagnostic Clinic		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get appointment in person or via phone call or SMS.	1. Inform client of the scheduled date of visit.	None	10 minutes	Designated DDE Coordinator
2. Escort to observe handwashing and step in the foot bath prior to entering the facility.	2. Ensure client and escorts observe health protocols.	None	5 minutes	Peace Officers



3. Undergo pre-screening interview, temperature check and alcohol spray.	3. Ask basic travel history of client as indicated in the Health Declaration Form and let client affix signature.	None	10 minutes	Peace Officer
4. Submit for security protocol	4. Performs security protocol to client and their petitioner prior to entering premises of the DATRC	None	10 minutes	Peace Officer
5. Client and/or escort change face mask	5. Peace Officer provides and instructs clients to properly wear facemask and face shield.	None	10 minutes	Peace Officer
6. Proceed to PACD for Proper Assignment of Office to Transact	6. Verify Clients' needs/documents and designate to concerned office	None	20 minutes	PACD
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 5 minutes</b>	



# **Visayas Drug Treatment and Rehabilitation Center**

## **NEW SERVICES**



## 232. TRC AGUSAN DEL SUR

### Availment of Rapid Antibody Test for Covid-19 and 14-day quarantine of clients for inpatient admission

To ensure the health and safety of PWUDs and HCWs against infections including COVID-19 in the treatment and management of PWUDs. This aims to provide proper guidance to clients under the new normal. The service is available from Monday to Friday from 8:00-5:00 PM with no noon break.

<b>Office or Division:</b>	Public Assistance and Complaint Desk (PACD), Medical and Psychological Service Section, Medical Social welfare office			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	Clients for Admission to Residential			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Plea bargains:</b> Original or Certified True Copy of Court Order		Court where the Petition was filed		
<b>For voluntary:</b> Temporary Confinement Order or Court Order or Docketed Petition for Confinement		Court where the Petition was filed		
Government Issued I.D.		PRC, LTO driver's license, COMELEC voter's I.D., DFA passport, Post Office, SSS, GSIS, Pag-ibig		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inform DATRC – ADS via Phone call	1.1. Accommodate the call and give instruction	None	10 minutes	PACD
	1.2. Log in clients personal data, address and contact information	None	10 minutes	PACD
	1.3. Inform the CHPO of incoming client	None	10 minutes	PACD
2. Wait for confirmation and schedule	2.1 Give confirmation and schedule the date testing and quarantine	None	20 minutes	CHPO





	2.2. Give final instruction to client	None	10 minutes	Case manager/MS W officer
3. Submit for security and biosafety protocol	3.1. Do security protocol and temperature checking and alcohol disinfection	None	10 minutes	Security Guard on duty
	3.2. Company client to the testing and quarantine facility	None	10 minutes	Security Guard on duty
4. Submit to contact tracing interview	4. Conduct contact tracing interview	None	15 minutes	Quarantine Nurse on duty
5. Submit vital signs checking	5. Conduct vital signs checking	None	10 minutes	Quarantine Nurse on duty
6. Submit to preliminary health and psychological assessment	6.1 Conduct health and psychological assessment	None	20 minutes	Medical Officer on Duty
	6.2 order Rapid Antibody test for covid-19	None	5 minutes	Medical Officer on Duty
7. Undergo Rapid Antibody test for covid-19	7.1. Extract blood sample	None	5 minutes	Trained Medical Technician
	7.2. Perform Rapid Antibody Testing	None	20 minutes	Trained Medical Technician
8. Wait for the result	8.1. Interpret result  If negative RAT; may proceed with quarantine	None	10 minutes	Medical Officer on Duty
	If positive RAT; Defer admission process,  Refer to RHU San Francisco/ PDOHO-ADS/	None	30 minutes	Medical Officer on Duty

	Agusan del Sur PHO			
	Advise to undergo RT- PCR			
	8.2. Explain the result	None	10 minutes	<i>Medical Officer on Duty</i>
9. Undergo Quarantine at DOH- DATRC-ADS temporary quarantine facility	9.1. Usher to room and perform the following activities during 14-day quarantine: <ul style="list-style-type: none"> <li>• Provide 3 meals per day</li> <li>• Conduct regular vital signs monitoring</li> <li>• conduct regular health assessment thru telemedicine</li> <li>• conduct regular stress debriefing exercise thru telemedicine</li> <li>• instruct early morning exercise and do recreational activity</li> <li>• provide round the clock security; with</li> </ul>	None	14 days	<i>Quarantine Nurse on duty</i>  <i>Dietician/kitchen personnel</i>  <i>Quarantine Nurse on duty</i>  <i>Medical Officer on Duty</i>  <i>MSW officer / Psychologist Medical Officer on Duty / Hospital Psychiatrist</i>  <i>Quarantine Nurse on duty</i>  <i>Security Guard on duty</i>



	installed CCTV camera inside and around the quarantine facility			
10. Submit to final health assessment	10.1. Conduct health assessment.	None	20 minutes	<i>Medical Officer on Duty</i>
	10.2 Recommend for discharge from quarantine if essentially healthy  If not; recommend repeat Rapid Antibody Test for covid-19	None	10 minutes	<i>Medical Officer on Duty</i>
	<b>TOTAL</b>	<b>None</b>	<b>14 days 3 hours and 55 minutes</b>	

## 233. Telemedicine

To provide an alternative to the traditional face to face consultation, assessment, intervention and treatment for clients in need of medical and psychological services gearing toward the new normal. To ensure the health and safety of PWUDs and HCWs against infections including COVID-19 in the treatment and management of PWUDs and to address the work from home status of some staff and personnel. The service is available from Monday to Friday from 8:00-5:00 PM with no noon break.

Office or Division:	Administrative division / Medical and Psychological Services Section			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government G2B- Government to Business			
Who may avail:	OPD/ACP clients, Referral from other agencies and Inpatient Clients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Scanned copy of Request letter				
Personal phone number / office telephone number				
Scanned copy of 1 Valid ID			PRC, LTO driver's license, COMELEC voter's I.D., DFA passport, Post Office, School.	
Scanned copy of Formal Referral			Concerned Government agency or Private Institution	
			Nurse on duty for inpatient clients	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call thru hotline or send documentary requirements thru DATRC-ADS E-mail address	1.1. Accommodate call and give instruction	None	10 minutes	PACD
	1.2. Receive the requirements from the email  For inpatient: Receive referral form	None	5 minutes	PACD
	1.3. Log clients Personal data and contact information	None	10 minutes	PACD
2. Submit for triaging	2.1. Conduct triage for	None	10 minutes	PACD



	appropriated service			
	2.2. Refer to concerned division/section	None	5 minutes	<i>PACD</i>
3. Client wait for confirmation and schedule of appointment	3.1. Coordinate service to appropriate division/section and confirmed schedule	None	20 minutes	<i>PACD</i>
	3.2. Confirm appointment and set date/time and recommend accessible medium of communication (via phone call, FB messenger, viber messaging, zoom or webex)	None	20 minutes	<i>Staff Nurse on Duty or MSW on Duty</i>
	3.3 assign appropriate staff or personnel for specific needs	None	20 minutes	<i>Staff Nurse on Duty or MSW officer on Duty</i>
4. Submit to interview/assessment thru call or video conferencing	4.1. Conduct interview and assessment	None	30 minutes	<i>Medical Social Worker Officer</i>
	4.2. Establish an initial working impression/diagnosis	None	10 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty / Psychiatrist on Duty</i>
	4.3. Formulate treatment plan or action plan	None	20 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty / Psychiatrist on Duty</i>
	4.4. Do Referral when necessary	None	20 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty /</i>



				<i>Psychiatrist on Duty</i>
	4.5. Schedule follow-up appointment	None	10 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty / Psychiatrist on Duty</i>
	4.6. Explain the processing time to client and when is the result, prescriptions, referral and follow-up appointment	None	20 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty / Psychiatrist on Duty</i>
5. Receive result, prescriptions, referral and follow-up appointment thru e-mail or messenger	5. Send result, prescriptions, referral and follow-up appointment to clients e-mail or messenger	None	10 minutes	<i>Staff Nurse on Duty or MSW on Duty</i>
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 40 minutes</b>	



## **Visayas**

### **Drug Treatment and Rehabilitation Center**

#### **NEW SERVICES**



## 234. Online Appointment for the Face-to-Face Enrollment to Outpatient Programs

Intensive Outpatient Program (IOP) is a 6-month non-residential drug treatment and rehabilitation level of care which provides services and interventions to address drug abuse problems. It utilizes holistic and evidence-based treatment modalities and approaches geared toward guiding and empowering clients, together with their families in becoming sober, productive, and law-abiding members of the community. This service may be availed by any individual screened and assessed to undergo Intensive Outpatient Program as ordered by the Court or referred by the Local Government Unit or other agency. The service is available from Monday - Friday from 8:00 - 5:00 PM with no noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	Court-Mandated Clients, voluntary and those referred by the LGUs and NGOs			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For Court-Mandated Clients:</b>				
Court Order for Admission to Intensive Outpatient Program (IOP)		Court where the Petition was filed		
Drug Dependency Examination		Any accredited DOH Physician		
<b>For LGU and NGO referred clients</b>				
Valid Screening and Assessment Form		Respective LGUs		
Referral letter		Respective LGUs and NGOs		
<b>For walk-in clients</b>				
Valid Screening and Assessment Form		Outpatient and Aftercare Division / Treatment and Rehabilitation Division		
Request Letter		Requesting Party		
<b>For drug-free workplace</b>				
Endorsement letter		HR of company		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Search for "DOH - Treatment and Rehabilitation Center Pototan" on facebook or messenger  1.1 Open the chat service  <i>If using a mobile device:</i>	1. Ensure and maintain the availability of the "DOH - Treatment and Rehabilitation Center Pototan" facebook page and messenger	None	5 minutes	<i>HIMS Staff and Outpatient Staff</i>





1.2 Click "Get Started"				
2. Choose or click the "Plea Bargaining and other RA 9165 registration" option  2.2 Click "Register"	2. Provide the online "DOH-TRC ADMISSION FORM (OPAC)"	None	2 minute	<i>HIMS Staff and Outpatient Staff</i>
3. Accomplish the "DOH-TRC ADMISSION FORM (OPAC)" and click submit	3. Monitor online submissions within the day and endorse to Outpatient Staff  3.1 Receive and review admission forms submitted online	None	15 minutes	<i>HIMS Staff  Outpatient Staff</i>
4. Wait for the schedule of your face to face enrollment	4. Arrange a schedule for a face to face enrollment  4.1 Inform the client of his/her schedule through text or sms	None	15 minutes	<i>Outpatient Staff</i>
5. Prepare the required documents and submit upon scheduled face to face enrollment	4. Provide checklist of documentary requirements through text or sms	None	5 minutes	<i>Outpatient Staff</i>
	<b>TOTAL</b>	<b>See list of fees</b>	<b>1 day and 42 minutes</b>	

### Schedule of Fees

<b>Outpatient Program Fees</b>	<b>Duration – Facility</b>
PHP 12,000	6 months - TRC Iloilo



## 235. Online Appointment for the Face-to-face Enrollment to Aftercare Services

Aftercare and follow-up services provided to the clients after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defense against relapse. This is for a period of at least eighteen (18) months and should be undertaken by the appropriate Center personnel. Service available from Monday to Friday, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	Clinical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	Clients who completed Residential and Out-Patient Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Court Order for Aftercare Program		Regional Trial Court/Case Counselor		
Referral Letter from Case Counselor		Case Counselor		
Discharged/Clearance Slip		TRC		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Search for “DOH - Treatment and Rehabilitation Center Pototan” on facebook or messenger  1.1 Open the chat service  <i>If using a mobile device:</i> 1.2 Click “Get Started”	1. Ensure and maintain the availability of the “DOH - Treatment and Rehabilitation Center Pototan” facebook page and messenger	None	5 minutes	<i>HIMS Staff and Aftercare Staff</i>
2. Choose or click the “Aftercare Clients” option  2.2 Click “Register”	2. Provide the online “DOH-TRC ADMISSION FORM (AFTERCARE)”	None	2 minutes	<i>HIMS Staff and Aftercare Staff</i>
3. Accomplish the “DOH-TRC ADMISSION FORM (AFTERCARE)” and click submit	3. Monitor online submissions within the day and endorse to Aftercare staff	None	15 minutes	<i>HIMS Staff Aftercare Staff</i>



	3.1 Receive and review admission forms submitted online			
4. Wait for the schedule of your face to face enrollment	4. Arrange a schedule for a face to face enrollment  4.1 Inform the client of his/her schedule through text or sms	None	15 minutes	<i>Aftercare Staff</i>
5. Prepare the required documents and submit upon scheduled face to face enrollment	4. Provide the checklist of documentary requirements through text or sms	None	5 minutes	<i>Aftercare Staff</i>
	<b>TOTAL</b>	<b>See list of fees</b>	<b>1 day and 42 minutes</b>	

#### Schedule of Fees

Aftercare Fee	Duration- Facility
PHP 36,000.00	18 months – TRC Iloilo



**Luzon**

**Drug Treatment and Rehabilitation Center**

**UPDATED SERVICES**



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## ***Treatment and Rehabilitation Centers***

### ***EXTERNAL SERVICES***

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## EXTERNAL SERVICES

### 179. Acceptance and Evaluation of Application Documents

Applicants who submitted complete application documents shall be evaluated based on the CSC Minimum Qualification Standards

<b>Office or Division:</b>	Administrative Service, Personnel Administration Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C-Government to Citizen			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application letter addressed to the Director, Administrative Service/Head of Agency (TRCs)		Applicant		
4 copies Personal Data Sheet with attached Work Experience Sheet		CSC Website DOH Intranet for internal applicants		
Certified True Copy (CTC) of Training Certificates		Training Institutions		
Authenticated copy of Diploma and Transcript of Records for new applicants		School		
Certified True Copy (CTC) of Certificate of Eligibility and/or Authenticated Certificate of PRC license and board rating		Professional Regulation Commission, Civil Service Commission, TESDA, LTO		
Certified True Copy of duly signed and approved Individual Performance Commitment and Review (IPCR) Form from current employer for applicants applying for promotion/transfer		PAD, AS/HRMS(TRCs) for internal applicants and Human Resource Department for external applicants		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent together with the complete documentary requirements (email or walk-in)	1. Receive and check completeness of documents	None	30 minutes	Receiving Unit of PAD-AS
	If complete: Forward the application documents to the HRMOs	None		
	If not: Return to applicant	None		



2. Wait for the evaluation result	2.1. Evaluate applicants' qualifications vis-a-vis CSC minimum qualification standards of the vacant position and validate authenticity of the submitted documents	None	12 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
	2.2. Prepare Report of Documentary Review and Transmittal Letter to End-user	None	4 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
	2.3 Inform applicants' who meet the minimum requirements of the position through a letter, e-mail or phone calls and those applicants who did not qualify	None	3 days	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II/ Admin. Officer I PAD- AS
	<b>TOTAL</b>	None	<b>19 days and 30 minutes</b>	



## 180. Admission to Residential Treatment and Rehabilitation Program

This aims to change and manage one's behavior which is the first and most difficult step in changing one's lifestyle. It creates a structure and system that foster positive behavior.

<b>Office or Division:</b>	Residential/Inpatient Treatment Division
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business
<b>Who may avail:</b>	<p>Clients who submit themselves for voluntary admission, compulsory admission, with Temporary Confinement Order, Persons Deprived of Liberty (PDLs) or Plea-bargaining clients except those displaying:</p> <ul style="list-style-type: none"> <li>a. Strong Psychiatric Symptoms of: suicidal tendencies, self-harm, psychosis</li> <li>b. Physical and verbal aggression, violence</li> <li>c. Medically unfit to undergo Drug Treatment and Rehabilitation</li> </ul>
CHECKLIST OF REQUIREMENTS	
<b>Primary documents (For all types of client):</b> Birth Certificate Updated Member's Data Record* Marriage Contract (if married) Barangay Clearance Any Valid Government-issued ID  <i>*For TRCs with Philhealth accreditation</i>	<b>WHERE TO SECURE</b>  <b>Issuing Government Agency:</b>  Philippines Statistics Authority Philhealth Philippines Statistics Authority Barangay Office  GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI
<b>For Plea-bargain:</b> Original or Certified True Copy of Court Order	Court where the case was filed
<b>For Voluntary Admission (with Court Order):</b> - Original or Certified True Copy of Court Order <b>For Voluntary Admission (with pending petition to the Court):</b> - Docketed Petition for Voluntary Confinement - Temporary Confinement Order (TCO) - Drug Dependency Examination (DDE) Result - Medical/Psychiatric Clearance (if without TCO) - Drug Dependency Examination [for on the day admission] - Medical/Psychiatric Clearance	Court where the Petition was filed   Legal Office or Authorized DDB Representative   Any DOH-accredited Physician
<b>Medical Laboratory Results</b> <i>(Taken at least 3 months prior to admission):</i>	





CBC	Any licensed laboratory offering the service			
Chest X-ray				
VDRL / RPR				
ECG				
Urinalysis				
Fecalalysis				
Hepatitis A Screening (For TRC CDO only)				
Hepatitis B Screening				
Pregnancy Test (for female clients)				
<b>For 35 years old and above:</b> Blood Chemistry FBS Cholesterol Creatinine	Any licensed laboratory offering the service			
Petitioner or Client's relative (up to 4th degree of consanguinity) or Significant Others  BJMP Escort, can represent for PDLs /Plea-bargaining clients with no family/relatives during admission:	Petitioner or Client's relative (up to 4th degree of consanguinity) or Significant Others  BJMP			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Follow health and safety procedures upon entrance (Handwashing, Thermal scanning, Wearing of mask etc.) <i>*Some TRCs require full bath of clients upon arrival</i>	1.1 Direct clients to follow health and safety procedure upon entrance	None	5 minutes	Security Guard on duty
1.2. Log-in to Logbook and submit for security inspection of belongings, body search and frisking  <b>For other TRCs, due to pandemic:</b> 1.3 Fill-out Health Declaration Form	1.2 Conduct inspection of belongings, body search and frisking  1.3 Collect the Health Declaration Form	None  None	10 minutes  10 minutes	Security Guard on duty  Security Guard on duty

<p><b>For Court Order with specific rehabilitation program:</b></p> <p>2.1.1. Petitioner/Client or BJMP escort submit complete required documents (including Court Orders, TCO, Docketed Petition, etc.)</p> <p><b>If documents are NOT Complete:</b> Petitioner/Client to comply with the lacking requirements</p> <p><b>(END OF PROCESS)</b></p> <p><b>For Court Order without specific rehabilitation program:</b> 2.1.2. Petitioner/Client to seek legal opinion</p>	<p>2.1.1. Receive and validate the documents for completeness and authenticity of the documents</p> <p>Advise the Petitioner/Client to complete the requirements</p> <p>2.1.2. Refer Petitioner/Client to Legal Section for interpretation</p>	<p>None</p> <p>None</p> <p>None</p>	<p>10 minutes</p> <p>10 minutes</p> <p>10 minutes</p>	<p><i>PACD/ Admitting Staff</i></p> <p><i>PACD/ Admitting Staff</i></p> <p><i>DDB Representative / Legal Assistant</i></p>
<p><b>For TRC Argao, CDO and Tagaytay, TRC Argao:</b> 3.1 Client and Petitioner to comply for initial profiling or provide personal information</p>	<p>3.1 Take a snapshot of Client and Petitioner for initial profiling</p> <p>3.2 Encode Client's personal information for profiling</p>	<p>None</p> <p>None</p>	<p>10 minutes</p> <p>10 minutes</p>	<p><i>HIMS Staff / PACD / Admitting Staff</i></p> <p><i>HIMS Staff / PACD / Admitting Staff</i></p>

4.1 Client Undergo Screening/Assessment Triaging (to include Mental Status Examination)	4.1 Administer Screening and Assessment to clients (including Mental Status Examination)	None	1 hour	Admitting Staff/ DOH-Accredited Physician
<b>If NOT eligible for admission:</b> 4.2.1. Petitioner/Client to know the reason for denial of admission  <b>(END OF PROCESS)</b>	4.2.1. Refer Client to appropriate facility and make a report to the Court the reason for denial of admission	None	1 hour	Admitting Staff/ DOH-Accredited Physician
<b>If eligible for admission but without DDE Report:</b> 4.2.2. Client to undergo Drug Dependency Examination	4.2.2 Conduct Drug Dependency Examination	Php 1000	1 hour	DOH Accredited Physician
<b>For TRCs that do not require Drug Test and/or HIV Test:</b> 5.1.1. Client/Petitioner proceed to Intake Interview	5.1.1. Conduct Intake Interview and/or gather vital information for IDADIN purpose/s		1 hour	Admitting Staff/ Nurse-on-duty/ IDADIN Staff
<b>For TRCs requiring Drug Test and/or HIV Test:</b> 5.1.2 Client/Petitioner proceed to Cashier for payment	5.1.2. Receive payment and issue Official Receipt	See payment charges per TRC	15 minutes	Cashier
6. Client proceed to Laboratory and sign Informed Consent Form prior to Drug and/or HIV testing	6. Facilitate signing of Informed Consent Form, then conduct Drug and/or HIV Testing	None	30 minutes	Authorized Specimen Collector

7.1 Client submit to initial Intake Interview	7.1 Conduct Intake Interview and/or gather vital information for IDADIN purpose/s	None	30 minutes	<i>Admitting Staff/ Nurse-on-duty/ IDADIN Staff</i>
7.2. Petitioner undergo Social Welfare Intake Interview and orientation	7.2. Conduct Social Welfare Intake Interview / Socio-Economic Classification and orient basic policies of Admission	None	30 minutes	<i>Social Welfare Staff</i>
7.3 Petitioner sign Admission Undertaking / Contract of Agreement	7.3. Collaborate signing of Admission Undertaking / Contract of Agreement	None	10 minutes	<i>Social Welfare Staff</i>
8. Petitioner secure Billing Statement	8.Fill out Order of Payment Form and Release Billing Statement	None	15 minutes	<i>Billing and Claims Staff</i>
9. Petitioner pay to the Cashier for corresponding fees	9. Issue Official Receipt for payment	See schedule of payment	15 minutes	<i>Cashier</i>
10. Client submit for admission	10. Receive endorsement of new admission**	None	10 minutes	<i>Dormitory Personnel/ Nurse-on-duty</i>
<b>TOTAL</b>		<b>[See schedule of payment]</b>	<b>Total: 3hours 50 minutes (with Drug/HIV Test)</b>  <b>Total: 4 hours 30 minutes (without Drug/HIV Test)</b>	

\*Note that on Step 7 [and other steps], the client and petitioner were doing their step simultaneously.

\*\*Some TRCs imposed a 14-days quarantine before client is included in the community



### Fees Based on Treatment and Rehabilitation Center

Monthly Cost Sharing Fee	Facility
Class A - PhP 15,000.00 (Total Cost of Services x 100%)	TRC Bicutan
Class C1 - PhP 11,250.00 (Total Cost of Services x 75%)	
Class C2 - PhP 7,500.00 (Total Cost of Services x 50%)	
Class C3 - PhP 3,750.00 (Total Cost of Services x 25%)	
Class D (Indigent) - Full Social Services	
PhP 10,000	TRC Dagupan
PhP 8,000 (Classification: A - 100%, C1 - 75%, C2 - 50%, C3 - 25%) P300/month for Drinking Water	TRC Iloilo
PhP 6,000	DOH TRC CDO and NMWRC (TRC Bukidnon), TRC Caraga
PhP 4,500	TRC Malinao
Class A/B - PhP 8,406.00 (Total Cost of Services x 100%)	<u>For TRC Tagaytay</u>
Class C1 - PhP 6,305.00 (Total Cost of Services x 75%)	
Class C2 - PhP 4,203.00 (Total Cost of Services x 50%)	
Class C3 - PhP 2,100.00 (Total Cost of Services x 25%)	
Class D (Indigent) - Full Social Services	

TRC Dulag SERVICES	FEES
RESIDENTIAL/INPATIENT PROGREAM	<b>P5,000.00 per month</b>
	A— 4,800
	C1— 3,600
	C2— 2,400
	C3— 1,200
	D— (Indigent) Full Government Subsidy

Drug testing	Facility
PHP 200.00	DOH TRC CDO and NMWRC (TRC Bukidnon)



## 181. Application for Learning and Development Program

The Learning and Development Program offers experience to internship, immersion, and volunteer service.

- Internship is the involvement to a certain kind of job within a specific period of time stipulated in the Memorandum of Agreement
- Immersion offers complete involvement in a specific activity or program for TRC employees minimum of two (2) weeks
- Volunteer is rendering services for no financial or social gain, classified into two: civic and recovering Person Who Used Drugs (PWUDs)
- Benchmarking is an experience to identify internal opportunities for facility improvement

<b>Office or Division:</b>	Administrative Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Internship: Students (Baccalaureate, and Post Graduate), Immersion: TRC Employees, Volunteer: Recovering Person Who Used Drugs (PWUDs), Benchmarking: Rehabilitation Advocates and Practitioners			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 copy of Request letter		Requesting Party		
1 copy of Government issued I.D.		GSIS, Pag-IBIG, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
3. Submit letter of intent	1.1. Receive and forward request to HIMS	None	10 minutes	PACD
	1.2 Receive and forward request to COH office	None	10 minutes	HIMS
	1.3 Receive and forward request to the concerned section	None	20 minutes	Secretary, COH
	1.4. Schedule of examination/assessment and interview (internship, immersion, volunteer)	None	30 minutes	Human Resource



	1.5. Notify applicants for the schedule of examination and interview	None	1 day	<i>Human Resource</i>
2. Take the qualifying examination/assessment	2. Administer Qualifying exam/assessment	None	3 hours	<i>Human Resource</i>
3. Wait for the result/feedback	3. Endorse applicants to the Office of the TRC Chief	None	1 day	<i>TRC Chief Office</i>
4. Receive result/feedback	4.1. Notify applicants for required documents needed for submission:  a. Endorsement Letter from School  b. Memorandum of Agreement  c. Medical Certificate	None	3 hours	<i>Concerned Section</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 days and 7 hours and 20 minutes</b>	



## 182. Availment of Client Social Re-Classification

A process to reclassify clients' financial capability and standing in determining their capacity to pay their rehabilitation fees. The Medical Social Worker (MSW) performs eligibility study on the client's social and financial capabilities.

Clients may be classified as follows:

Class A	Full paying clients
Class C	Partial paying clients who have the capacity to meet their basic needs but whose income is insufficient to fully meet their medical expenses. To determine how much a client pays for the actual share of hospital expenses, the Medical Social Worker will assess based on the modifiers
	Class C clients shall be further sub categorized to: C1 – shall pay 75% of the monthly treatment fee; C2- shall pay 50 % of the monthly treatment fee; C3 – shall pay 25% of the monthly treatment fee;. C4 - shall pay 10% of the monthly treatment fee;
Class D	are for indigent will be given full social service. These are clients who cannot meet their basic needs or who have income but are insufficient to fully meet their medical expenses.

<b>Office or Division:</b>	Medical Social Welfare Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government
<b>Who may avail:</b>	PWUDs' family members/ Petitioner/Guardians, All Government Agencies, NGO, LGU and other government instrumentalities
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
<b>1. Personal Identification</b> a) One Valid ID – 1 original copy of government Valid Identification (ID) or b) One Certification either from their respective LGU/ Barangay captain, DSWD ( <i>to be verified by respective MSWS Staff for legitimacy</i> ) **or NBI Certificate. This is applied only to poor or indigent petitioners/ family	GSIS, Pag-ibig, SSS, Philhealth, Postal, COMELEC Respective LGUs or Barangay Captain, DSWD, NBI





members who really do not have any government valid ID.				
2. one original copy Social Case Study Report		City/Municipal Social Welfare Development Office where the client resides		
4. Income validation may either of the following:  a) one original copy of Income Tax Return (for business owners); or Certificate of Tax Exemption (for tax exempt)  b) one original copy or certified true copy of Pay Slip or Certificate of Employment and Compensation for employed client/Member of the family		Bureau of Internal Revenue  Employer		
4. Social Classification Agreement Form		Social Welfare Officer		
5. 1 original copy of Certificate of Real Property		Municipal/City Assessor's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Sign in the Client Logbook at the Waiting Area and present valid identification card	1.1 Assist client registration in the Client Logbook	None	5 minutes	Security Guard
1.2. Submit to security protocol	1.2. Perform security protocol to client and their petitioner/ guardian/ relative prior to entering premises of the center	None	10 minutes	Security Guard
1.3. Secure queuing number	1.3. Issue queuing number	None	3 minute	Security Guard
2. Proceed to PACD and sign in visitors log book	2. Instruct the client where to transact and refer to Social Worker In-Charge	None	5 minutes	PACD Officer/Social Welfare Assistant
3. Submit the documentary requirements	3. Review the submitted requirements	None	10 minutes	Social Welfare Officer

4.1. Sign the Reclassification Agreement Form	4.1. Assist the clients in the signing of agreement	None	10 minutes	<i>Social Welfare Officer</i>
4.2.Undertake psychosocial assessment	4.2.Conduct psychosocial assessment	None	1 hour	<i>Social Welfare Officer</i>
5. Wait for the result	5.1. If financially incapable, prepare the Certification of Re Classification	None	10 minutes	<i>Social Welfare Officer</i>
	5.2. Submit recommendation letter or Certification of Reclassification for approval and submission to Billing Section	None	10 minutes	<i>Chief Health PrO/CAO/SAO</i>  <i>Social Welfare Officer/Section Head of MSWS and COH III</i>  <i>Head of MSWS/Billing Officer</i>
6. Receive result of reclassification	6.1 If approved, discuss the approved reclassification to the petitioner	None	10 minutes	<i>Social Welfare Officer</i>
	6.2 Submit the approved recommendation letter or Certification of Reclassification to the billing section	None	5 minutes	<i>Social Welfare Assistant</i>
	6.3. Record the new rates and charges	None	5 minutes	<i>Billing Assistant/Accounting Assistant</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 hours and 23 minutes</b>	



## 183. Availment of Clinical Laboratory Services

Providing diagnostic testing for clients' admission and personnel's for annual physical checkup. Available in Argao, Dagupan, and Isabela Treatment and Rehabilitation Center

<b>Office or Division:</b>	Laboratory Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Clients, TRC personnel, and Relatives			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Copy of Laboratory Request		Medical Section		
1 Charge Slip		Medtech/Labtech		
Official Receipt <b>Conditional Requirements:</b> 4PS ID, Certificate of Indigency		Cashier  Barangay Hall/ Municipal/Social Welfare and Development office  Municipal/Social Welfare and Development office where the client resides		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure laboratory request	1. Give laboratory request form duly signed by physician	None	10 minutes	<i>Nurse I</i>
2. Present lab request at the lab section and get queuing number	2. Receive laboratory request and issue queuing number.	None	5 minutes	<i>LabTech</i>
3. Wait for queuing number to be called	3. Issue Charge Slip	None	5 minutes	<i>Labtech</i>
4. Proceed to cashier for payment	4.1 Issue Official Receipt	See Table Of Fees	10 minutes	<i>Cashier</i>
	<b>If Indigent,</b> Stamp "Free" For Client With 4P's ID			

	and with certificate of indigency.			
	<b>For Paying Residential Clients</b> , fees will be charged to bill			
5. Present the official receipt	5.1. Collect and Validate official receipt or stamped charge slip	None	5 minutes	<i>Labtech</i>
	5.2. Refer to Medtech for specimen collection	None	5 minutes	
6. Prepare for specimen collection	6. Facilitate collection of specimens	None	30 Minutes	<i>Medtech</i>
7. Wait for lab result	7.1.Process the collected specimen	None	3 Hours	<i>Medtech</i>
	7.2. Explain Processing Time of Result to Client	None		
8. Sign the Logbook and Receive Result	8. Release and log the result	None	5 Minutes	<i>Medtech</i>
<b>For Residential Clients</b> , Return to The Dormitory And Wait for The Instruction				
	<b>TOTAL</b>	<b>See table of fees</b>	<b>4 hours and 10 minutes</b>	



### Schedule of Fees

<b>Fees</b>	<b>Services</b>
<b>HEMATOLOGY</b>	
<i>CBC-</i>	PHP 130.00
<i>CBC w/platelet count-</i>	PHP 180.00
<i>PLATELET count-</i>	PHP 80.00
<b>CM-PARA</b>	
<i>Urinalysis-</i>	PHP 100.00
<i>Fecalysis –</i>	PHP 60.00
<b>IMMUNOSEROLOGY</b>	
<i>Hbs antigen screening-</i>	PHP 240.00
<i>Syphilis Screening-</i>	PHP 240.00
<i>Blood typing-</i>	PHP 140.00
<b>CLINICAL CHEMISTRY</b>	
<i>FBS-</i>	PHP 150.00
<i>CHOLESTEROL-</i>	PHP 200.00
<i>TRIGLYCERIDES-</i>	PHP 300.00
<i>HDL-</i>	PHP 300.00
<i>CREATININE-</i>	PHP 180.00
<i>BUN-</i>	PHP 160.00
<i>BUA-</i>	PHP 160.00
<i>AST/SGOT-</i>	PHP 200.00
<i>ALT/SGPT-</i>	PHP 200.00
<i>SERUM Na-</i>	PHP 210.00
<i>SERUM K-</i>	PHP 210.00
<i>SERUM Chloride-</i>	PHP 250.00

## 184. Availment of Counseling and Psychotherapy (Non-Urgent Cases)

Counseling and psychotherapy are geared to help the clients to process their overt and covert issues that are relevant in their treatment program. Through these psychological interventions, clients will be able to gain better understanding of their issues and they will be equipped with skills that are necessary to help them behave in an adaptive way.

<b>Office or Division:</b>	Psychology Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Residential Clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Consent form		Psychologist in charge		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Psychotherapy Room	1. Conduct Introduction and Explanation of the Purpose, Scope and Limitation of Counseling / Psychotherapy	None	4 Minutes	<i>Psychologist – on- Case</i>
2. Sign in the consent form	2. Facilitate signing of consent form	None	1 Minute	<i>Psychologist – on- Case</i>
3. Undergo counseling / psychotherapy	3.1. Conduct Counseling / Psychotherapy	None	1 Hour and 30 Minutes	<i>Psychologist – on- Case</i>
	3.2 Closing of Counseling/Therapy Session	None	5 Minutes	<i>Psychologist – on- Case</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 Hour and 40 Minutes</b>	



## 185. Availment of Counseling and Psychotherapy (Urgent Cases)

Counseling and psychotherapy for urgent cases are designed to immediately address the needs for psychological concerns of clients who have active suicidal thoughts, homicidal tendencies, and psychotic manifestations. Client will be recommended for appropriate actions through referrals among other professionals who are responsible in managing the clients. This service is available in TRC Tagaytay.

<b>Office or Division:</b>		Psychology Section		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Residential clients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Slip		Medical Officer / Dorm Manager / Social Worker		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of Referral Slip	1. Receive and Validate Referral Slip	None	5 minutes	<i>Psychologist – on- Case</i>
2. Proceed to Psychotherapy Room	2. Conduct Introduction and Explanation of the Purpose, Scope and Limitation of Counseling / Psychotherapy	None	10 Minutes	<i>Psychologist – on- Case</i>
3. Sign in the consent form	3. Facilitate signing of consent form	None	5 Minutes	<i>Psychologist – on- Case</i>
4. Undergo counseling / psychotherapy	4.1. Conduct Counseling / Psychotherapy	None	1 Hour and 30 Minutes	<i>Psychologist – on- Case</i>
	4.2 Closing of Counseling/Therapy Session	None	10 Minutes	<i>Psychologist – on- Case</i>
<b>TOTAL</b>		<b>None</b>	<b>2 Hours</b>	



## 186. Availment of Drug Dependency Examination (DDE)

This is being conducted to determine the level of severity of the client's drug dependence and establish diagnosis and recommendation for treatment planning. DDE is necessary to identify the status of the patient, whether as in-patient, facility-based out-patient, community-based patient, or in another method of rehabilitation.

Schedule as follows:

TRC Dagupan: Monday-Tuesday: Assessment/DDE: Wednesday-Thursday: Admission

TRC Bataan: Tuesday- Friday

Office or Division:	Treatment and Rehabilitation Division		
Classification:	Complex		
Type of Transaction:	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government		
Who may avail:	Persons Who Use Drugs (PWUDs), All Government Agencies, NGO, LGU and other government instrumentalities, Business Entity		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<b>For Voluntary:</b> Request for Drug Dependency Examination – 1 original copy *for some areas DDE for clients coming from high risks areas are done online		Authorized Dangerous Drugs Board Representative/ Family/ Company Representative	
Valid Identification Card (Client and Petitioner)		GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company	
Laboratory Result		Any licensed laboratory offering the service	
Official Drug Test Result		Any accredited drug testing center	
<b>For Plea Bargain:</b> Court Order – 1 original copy and 1 photocopy		Court where the petition was filed	
Valid Identification Card (BJMP Personnel only)		GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company	
<b>Additional Notes:</b> <ul style="list-style-type: none"><li>• Clients for DDE shall be scheduled ahead of time through personal appointment or via phone call and/or SMS.</li><li>• Clients who fail to come on the day of appointment shall expect a new schedule.</li></ul>		Designated DDE Coordinator	



<ul style="list-style-type: none"> <li>Clients for DDE shall be accompanied by a close family member/s for collateral interview.</li> </ul>				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client Logbook at the Waiting Area and present valid identification card	1. Assist client registration in the Client Logbook	None	5 minutes	Security Guard
2. Secure queuing number	2. Issue queuing number	None	3 minutes	Security Guard
3. Submit for security protocol and required documents	3. Perform security protocol to client and their petitioner prior to entering premises of the DATRC and check documents	None	20 minutes	Security Guard
4. Submit for drug testing	4.1 Provide brief orientation on the procedure to be conducted;	None	5 minutes	Medical Technologist/ Nurse
	4.2 Conduct urine collection and drug testing;	None	30 minutes	Medical Technologist/ Nurse
	4.3 Conduct screening of client	None	30 minutes	Drug Rehabilitation Practitioner
5. Submit for DDE	5.1 Escort client to the office of the DOH-Accredited physician	None	10 minutes	Nurse/ Nursing Attendant
	5.2 Conduct Drug Dependency Examination and accomplish needed document for DDE	None	1 hour	DOH-Accredited Physician
6. Receive charge slip	6. Issue Charge Slip	None	5 minutes	Nurse on duty
7. Proceed to Billing Section	7. Prepare order of payment	None	15 minutes	Billing Section
8. Pay corresponding	8. Collect payment and issues Official Receipt	See schedule of fees	10 minutes	Cash Operations Section



amount to the Cashier Section				
9. Wait and receive instructions	9.1 Give instructions	None	10 minutes	<i>Nurse on duty</i>
	9.1.1 Prepare DDE Report/ Certificate and forward to Legal Section/HIMS for release  <i>DTRC Dagupan:</i> Submit DDE Report/ Certificate to concerned RTC branch (for plea bargain) and/or to the DDB authorized representative (for voluntary)	None	1 day	<i>Legal Section/ Health</i>  <i>Information Management Section</i>
	9.1.2 Submit DDE Report/ Certificate to concerned RTC branch (for plea bargain) and/or to the DDB authorized representative (for voluntary)  <i>DTRC Dagupan:</i> Prepare DDE Report/ Certificate and forward to Legal Section/HIMS for release	None	5 days	<i>HIMS/ DOH-Accredited Physician</i>
	<b>TOTAL</b>	<b>See schedule of fees</b>	<b>6 days, 4 hours and 18 minutes</b>	

#### Schedule of Fees

Facility	Fee
TRC CDO	Php 750.00
TRC Dulag, TRC Bicutan	Php 1,000.00
TRC Dagupan	Php 500.00



TRC Cebu City, Mandaue	Php 1,000.00
TRC Iloilo	Php 1,200.00
Drug Dependency Examination	Php 1,000.00 A- Php 1,000.00 C1— 750 C2— 500 C3— 250 D— (Indigent) Full Government Subsidy



## 187. Availment of Medical Consultation (Non-Severe Cases)

Provides comprehensive health care services ranging from routine physical examination and screening procedure for diagnosis, treatment and follow-up of illnesses and other medical problems. Service available from Monday to Sunday, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	Clinical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen G2G- Government to Government			
<b>Who may avail:</b>	Residential Clients, TRC Employees, Out-Patient Clients, Aftercare Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form		Nurse on Duty		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queueing number	1. Issue queueing number	None	5 minutes	<i>Nurse on duty</i> Clinical Division
2. Wait for the number to be called	2. Call client for Medical Consultation	None	30 minutes	<i>Nurse on duty</i> Clinical Division
3. Proceed to Medical Clinic	3.1. Take the history and physical examination of the patient	None	30 minutes	<i>Physician</i> Clinical Division
	3.2. Perform the consultation	None	1 hour	<i>Physician</i> Clinical Division
	3.3. Issue a prescription	None	30 minutes	<i>Physician</i> Clinical Division
	3.4. Update Client's Clinical Chart	None	15 minutes	<i>Physician</i> Clinical Division
	3.5. Endorse the medications and appropriate interventions of the Client to the Nurse on Duty and advise patient for follow-up	None	10 minutes	<i>Physician</i> Clinical Division



4.1.1. For Residential clients, proceed to dormitory	4.1.1. Escort client back to dormitory	None	10 minutes	<i>Dormitory Manager Clinical Division</i>
4.1.2. For Walk-in clients, receive charge slip	4.1.2. Issue charge slip	Refer to Fees	10 minutes	<i>Cashier</i>
4.1.3. For Residential Client, charge to billing statement	4.1.3. Bill charges	None	10 minutes	<i>Cashier</i>
5. For Walk-in client, proceed to cashier for payment	5. Receive payment and Issue Official Receipt	None	10 minutes	<i>Cashier</i>
	<b>TOTAL</b>	<b>None</b>	<b>2 hours and 50 minutes</b>	

## 188. Availment of Neuro-Psychiatric Examination

To provide neuro psychiatric examination for requirements for government appointment and psychiatric assessment.

<b>Office or Division:</b>	Neuro-Psychiatry Section of TRC Dagupan			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Clients, Government Employees for Appointment Purpose Only Except for Military personnel and gun licensing.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Official Receipt		Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to front desk for inquiry of service	1. Accommodate client' s request	None	10 minutes	<i>PACD</i>
2. Wait for confirmation of schedule	2. Coordinate service to psychologist on duty and confirm schedule	None	10 minutes	<i>PACD</i>
3. Proceed to cashier for payment	3. Collect payment and issue official receipt	Php 500.00	10 minutes	<i>Cashier</i>
4. Proceed to administration and evaluation of psychological test	4. Administer examination	None	6 hours	<i>Psychologist</i>
5.1 Proceed to Neuropsychiatric interview	5.1. Conduct intake interview	None	30 minutes	<i>Psychiatrist</i>
5.2. Wait for further instructions for the release of result	5.2. Accomplish neuropsych report and gather psychological data	None	6 days	<i>Psychologist</i>
	5.3. Explain the processing time and when to secure the result	None	15 minutes	<i>Psychologist</i>
6. Secure neuropsych result	6. Release official result to client	None	10 minutes	<i>PACD</i>
	<b>TOTAL</b>	<b>None</b>	<b>6 days, 7 hours and 25 minutes</b>	



## 189. Availment of Nutrition and Dietetic Service (Nutrition Assessment)

Medical Nutrition Therapy is provided to support the Physician with the nutritional care to maintain and improve the nutritional status of the residential patients. Through Nutrition Assessment, nutritional status will be defined by obtaining medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data. Available in TRC Tagaytay.

<b>Office or Division:</b>		Nutrition and Dietetics Section		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Residential Clients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Form		Medical Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number and wait to be called	1. Call the client for Nutrition Assessment	None	10 minutes	Nutritionist-Dietitian
2. Undergo nutrition assessment	2.1 Check the referral form and review the chart of the patient.	None	15 minutes	Nutritionist-Dietitian
	2.2. Assess and gather the necessary information like anthropometric, biochemical, clinical and dietary data of the patient.	None	1 hour	Nutritionist-Dietitian
	2.3 Close the session		10 minutes	Nutritionist-Dietitian
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 35 minutes</b>	



## 190. Availment of Psychiatric Service

To provide psychiatric examination to patients. Available in TRC Bataan.

<b>Office or Division:</b>	Psychiatry Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Clients (In-house, out-patient, aftercare)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to medical section for inquiry of service	1. Accommodate client' s request	None	10 minutes	<i>Medical section(Nurse on duty/ Doctor on duty)</i>
2. Submit to medical section evaluation	2. Evaluate the client	None	20 minutes	<i>Medical Section (Nurse on duty/doctor on duty)</i>
3.1. Proceed to cashier for payment	3.1 Collect payment and issue official receipt	Php 500.00	10 minutes	<i>Cashier</i>
3.2. Wait for instruction and confirmation of schedule	3.2. Advise next steps	None	10 minutes	<i>Medical Section (Nurse on duty/doctor on duty)</i>
4. Proceed to psychiatric office for test	4. Conduct psychometric test	None	2 hours	<i>Psychometrician</i>
5.1 Proceed to psychiatric office for interview	5.1. Conduct initial interview	None	2 hours	<i>Psychometrician</i>
5.2 Wait for further instruction for the release of result	5.2 Accomplish report and explain results	None	25 minutes	<i>Psychiatrist</i>
6. Answer service evaluation form and treatment plan	6. Give treatment plan form and follow-up	None	10 minutes	<i>Psychiatrist</i>
<b>TOTAL</b>		<b>Php 500.00</b>	<b>5 hours and 25 minutes</b>	





## 191. Availment of Psychological Evaluation

A process that assesses and evaluates the patient's current overall functioning in terms of cognitive, psychological and social functioning. The aims to formulate the specific diagnosis, determine the etiology of the psychological conditions, and recommend the appropriate interventions. Applicable to TRC Tagaytay.

<b>Office or Division:</b>		Psychology Section		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Residential Clients		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Consent Form			TRC'S Psychologist in charge	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to testing room for psychological evaluation	1. Conduct Introduction and Explanation of the Purpose, Scope and Limitation of the Psychological Test to be administered	None	4 Minutes	<i>Psychologist – on- Case</i>
2. Sign in the consent form	2. Facilitate signing of consent form	None	1 Minute	<i>Psychologist – on- Case</i>
3. Undergo psychological test	3. Administer psychological test	None	5 Hours	<i>Psychologist – on- Case</i>
4. Undergo in-depth interview	4. Conduct in-depth interview	None	2 Hours	<i>Psychologist – on- Case</i>
5. Wait for further instruction and wait for the release of the result	5.1. Explain the processing time and when to secure result	None	15 Minutes	<i>Psychologist – on- Case</i>
	5.2 Score, interpret and evaluate Psychological Test protocols and accomplish Psychological Report	None	6 Days	<i>Psychologist – on- Case</i>
6. Secure Psychological report	6. Release Psychological report	None	10 minutes	<i>Psychologist – on- Case</i>
	<b>TOTAL</b>	<b>None</b>	<b>6 days, 7 hours and 30 minutes</b>	



## 192. Availment of Psychological Examination

To provide a comprehensive psychological assessment to clients necessary for treatment planning and intervention. Available in TRC Bukidnon.

Office or Division:	Psychological Services Section			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government G2B- Government to Business			
Who may avail:	Clients, Referral from other agencies			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Official Receipt			Cashier	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to front desk for inquiry of service.	1. Accommodate client's request	None	10 minutes	PACD
2. Wait for confirmation of test schedule  * Residential client: Test schedule is 1 week after Emotional Interview.	2. Coordinate service to assigned psychologist/test specialist on duty and confirmed schedule	None	10 minutes	PACD
3. Proceed to cashier for payment  *Return on your scheduled date for test administration	3. Collect payment and issue official receipt	Php 500.00	10 minutes	Cashier
4. For Residential Clients and Referrals from other agencies:	4. Administer the psychological tests.	None	2 days	Psychologist/Test Specialist
Proceed to Psychological Services Section for the	Psychologist explains the processing time to client and	None	5 minutes	Psychologist/Test Specialist



test administration	when to secure for the result			
For Residential Clients:  Proceed to Clinical Intake/Interview	Conduct intake interview	None	1 day	<i>Psychologist/Test Specialist</i>
5. Wait for the release of psychological result	5. Accomplish scoring and profiling of the results	None	7 days	<i>Psychologist/Test Specialist</i>
6. Secure the psychological test profile	6. Release Official Result to Client	None	10 minutes	<i>PACD</i>
	<b>TOTAL</b>	<b>Php 500.00</b>	<b>For Residential Clients and Referrals from other agencies: 10 days and 45 minutes</b>  <b>For Residential Clients: 8 days and 45 minutes</b>	



### 193. Availment of Tb Dots (Highly technical)

The TRC's TB DOTS Program for high technical cases. Available in TRC Dagupan.

<b>Office or Division:</b>	TB DOTS Section			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government			
<b>Who may avail:</b>	Clients who are under the Residential/ In-patient and walk-in clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Chest X-ray (with positive result for PTB)		Any DOH accredited Laboratory and Testing Center		
Physician Order From		TB DOTS Clinic		
Specimen Container		TB DOTS Clinic		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.1. Submit self for verification, registration and assessment	1.1. Verify request	None	10 minutes	<i>Nurse on Duty</i>
1.2. Give information	1.2 Gather patient information	None	20 minutes	<i>TB-DOTS Physician</i>
	1.2.1. Log client to TB-DOTS Entry Log book	None	10 minutes	<i>TB-DOTS Physician</i>
1.3. Submit self for vital sign and body weight	1.3.1. Take Vital Sign and Body Weight	None	15 minutes	<i>Nurse on Duty</i>
	1.3.2. Assess Client's Evaluation for Suspected TB	None	40 minutes	<i>TB-DOTS Physician</i>
	1.3.3. Issue Physician's Order for Sputum Examination, Chest X-Ray (DSSM and Gene X-pert)	None	10 minutes	<i>TB-DOTS Physician</i>
1.4. Get advice and specimen containers and proceed with advised	1.4.1. Inform client to submit specimen on the following day	None	20 minutes	<i>TB-DOTS Nurse</i>

laboratories, whichever is needed	(early morning)			
	1.4.2. Provide specimen containers	None	10 minutes	<i>TB-DOTS Nurse</i>
*2. Proceed to X-Ray and Submit the collected specimen (sputum)	2.1. Refer to X-ray department	None	10 minutes	<i>TB DOTS Nurse</i>
	2.2 X-ray Examination	None	3 days	<i>Radiologic Technologist</i>
	2.3. Specimen Forward to Laboratory	None	10 minutes	<i>TB DOTS Nurse</i>
	2.4. Specimen examination	None	5 hours	<i>Medical Technologist</i>
	2.5. Send x-Ray plate and Sputum result to TBDC	None	7 days	<i>TB DOTS Nurse</i>
3. Receive result of DSSM, Chest X-Ray, TBDC and Gene X-Pert	3.1. Give the Result	None	20 minutes	<i>TB DOTS Nurse</i>
	3.2 Analysis and interpretation	None	1 hour	<i>TB-DOTS Physician</i>
4. Proceed to the TB DOTS Clinic for the result	<p>4.1 Discuss the result to the client</p> <p><b><i>If negative,</i></b> treatment will be based on the assessment and evaluation of TB DOTS Physician</p> <p><b><i>If positive,</i></b> Register to National Tuberculosis Program, which will last for 6 months</p>	None	20 minutes	<i>TB-DOTS Physician</i>
5. Proceed to Medical Section	5. Endorse Client to Medical Section	None	20 minutes	<i>TB- DOTS Nurse</i>
	<b>TOTAL</b>	<b>None</b>	<b>12 days, 1 hour and 35 minutes</b>	

\*next day

## 194. Availment of Tb Dots (Simple)

The TB DOTS Program works together with other units of the Medical Section to ensure efficient and effective management in treatment of Residential Drug Dependent patients and walk-in clients with signs and symptoms of PTB admitted in the center. Available in Mega DATRC and Bicutan.

<b>Office or Division:</b>	TB DOTS Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government			
<b>Who may avail:</b>	Clients who are under the Residential/ In-patient and walk-in clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Chest X-ray (with positive result for PTB)		Any DOH accredited Laboratory and Testing Center		
Physician Order From		TB DOTS Clinic		
Specimen Container		TB DOTS Clinic		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the X-ray result	1.1 Receive the X-ray result	None	10 minutes	<i>Nurse on Duty</i>
	1.2 Endorse to the Physician for assessment and evaluation	None	20 minutes	<i>Physician</i>
	1.3 Issue Physician's Order for Sputum Examination (DSSM and Gene X-pert)	None	20 minutes	<i>Physician</i>
	1.4 Inform the client to submit specimen on the following day <i>*Should be early morning</i>	None	20 minutes	<i>Nurse</i>
	1.5 Provide specimen containers	None	10 minutes	<i>Nurse</i>
2. Submit the collected specimen (sputum)	2.1 Receive the specimen and forward it to the laboratory	None	10 minutes	<i>TB DOTS Nurse</i>

	2.2 Specimen examination	None	2 hours	Medical Technologist
	2.3 Analysis and interpretation	None	2 hours	TB DOTS Physician
3. Proceed to the TB DOTS Clinic for the result	<p>3.1 Discuss the result to the client.</p> <p><i>If negative,</i> treatment will be based on the assessment and evaluation of TB DOTS Physician</p> <p><i>If positive,</i> Register to National Tuberculosis Program, which will last for 8 months</p>	None	2 days	TB DOTS Physician
	<b>TOTAL</b>	<b>None</b>	<b>2 days, 5 hours and 30 minutes</b>	



## 195. Availment of Vocational Services

To provide vocational training for the preparation of employment of residential patients upon reintegration to the society. Available in TRC Tagaytay.

<b>Office or Division:</b>		Vocational & Livelihood Training Section		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Residential Clients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Application Form		Vocational & Livelihood Training Section		
Consent Form		Vocational & Livelihood Training Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure Application & Consent Form	1. Issue Application & Consent Form	None	3 minutes	<i>Occupational Therapy Technician-On-Duty</i>
2. Fill up Application Form	2. Receive Application Form	None	10 minutes	<i>Occupational Therapy Technician-On-Duty</i>
3. Fill up Consent Form	3. Facilitate Signing of Consent Form	None	10 minutes	<i>Occupational Therapy Technician-On-Duty</i>
4. Secure recommending approval of the counselors-in-charge	4. Issue recommending approval	None	15 minutes	<i>Dorm Manager / Social Worker- on-Case / Psychologist-on-Case/Medical Officer on Duty</i>
5. Wait for the approval of the enrollment	5. Issue final approval	None	1 hour	<i>Chief Health Program Officer</i>
6. Receive final approval for enrollment	6. Enroll and orient the client about the program	None	15 minutes	<i>Occupational Therapist-On-Duty</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 53 minutes</b>	





## 196. Availment of X-Ray Services

Providing radiologic services for residential, OPD, aftercare clients including personnel. Available in TRC Dagupan, Tagaytay, Argao, Isabela.

<b>Office or Division:</b>	Radiology Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Clients, TRC Personnel, Walk-in			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
X-Ray Request		Medical Section		
Charge Slip		Radiology		
Official Receipt		Cashier		
<b>Conditional Requirements:</b> 4PS ID, Certificate of Indigency		Barangay Hall/ Municipal/Social Welfare and Development office  Municipal/Social Welfare and Development office where the client resides		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure X-ray request	1. Secure X-ray request from physician	None	10 minutes	<i>Nurse on Duty</i>
2. Proceed to radiology and present request	2.1. Check and validate request  2.2. Issue a charge slip	None	10 minutes	<i>Rad Tech</i>
3. Proceed to billing/cashier section	3. Check and collect payment	Php 350.00	15 minutes	<i>Cashier</i>
<i>If indigent, stamp charge slip with "free" for client with 4Ps ID and certificate of indigency</i>		None		
4. Proceed to radiology for X-ray	4. Assist client for X-ray	None	15 minutes	<i>Rad Tech</i>
5.1. Wait for initial result  <i>For residential clients, return to dormitory</i>	5.1 Coordinate reading to the radiologist and issue initial x-ray result.	None	30 minutes	<i>Rad Tech</i>



	for TRC Bataan, reading is being conducted by the BGHMC (through MOA)			
	5.2. Review film and release official result.	None	3 days	Rad Tech
	5.3. Explain processing time to client	None	10 minutes	Rad Tech
6.1. Receive official result	6.1 Release result	None	10 minutes	Rad Tech
For residential clients, receive the result impression.	6.2 Explain the result	None	30 minutes	Radiologist
	<b>TOTAL</b>	<b>Php 350.00</b>	<b>6 days, 2 hours and 10 minutes</b>	



## 197. Cashier Services (Collection)

Fees charged by the Center, such as Hospital Fees, Certification Fees and Bid Documents, shall be paid at the Cashiering section of this office. Hospital Fees are paid by the folks of the admitted and enrolled clients in compliance to Section 74 of RA 9165 which states the cost-sharing in the Treatment and Rehabilitation of a Drug Dependent while Bid Documents are availed by bidders who wish to join the on-going procurement posted by the Center in the PHILGEPS website. This service is available from Monday to Friday, 8:00 AM to 5:00 PM.

<b>Office or Division:</b>	Cashier Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Petitioners/Relatives of Admitted Clients; Enrolled Clients; Bidders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Billing Statement		Billing Section		
Charge Slip		Billing Section		
Order of Payment		BAC, PhilGEPS Website of the Center		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present Charge Slip or Billing Statement or Order of Payment	1. Receive form presented and verify total amount to be paid by the client	None	5 minutes	Collection Officer Cashier Section
2. Pay for the corresponding fees	2. Receive payment from client	None *note classification	5 minutes	Collection Officer Cashier Section
3. Receive Official receipt	3. Issue an Official Receipt	None	5 minutes	Collection Officer Cashier Section
<b>TOTAL</b>		<b>None</b>	<b>15 minutes</b>	



## 198. Cashier Services (Disbursement)

Check payments are released by the disbursing officer to suppliers of goods or services procured by the center. Payments are processed when goods or services are fully delivered by the supplier and all documentary requirements are complied.

This service is available from Monday to Friday, 8:00 AM to 5:00 PM.

<b>Office or Division:</b>	Cashier Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Suppliers			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid ID		Client's Company/Agency, SSS, GSIS, PAG-IBIG, BIR, LTO, Post Office		
Special Power of Attorney		Provided by the Client's Company/ Agency		
Official Receipt		Provided by the Client's Company/ Agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the required documents	1. Review/ evaluate submitted documents	None	5 minutes	<i>Disbursing Officer</i> Cashier Section
2. Receive payment/s and sign at the appropriate boxes in the disbursement voucher/s	2. Release available payment/s and guide the recipient where to sign at the disbursement voucher/s	None	30 minutes	<i>Disbursing Officer</i> Cashier Section
3. Issue Official Receipt/s for payment/s claimed/received	3. Get Official Receipt from client for payment/s released	None	1 hour	<i>Disbursing Officer</i> Cashier Section
	<b>TOTAL</b>	<b>None</b>	<b>1 hour 35 minutes</b>	



## 199. Dental Services

Oral Health Care – essential preventive and curative services the individual needs for his/her oral health. These include oral examination, health promotion such as tooth brushing drills, education and counseling, and direct services such as oral prophylaxis, filling, extraction and other dental procedure. Service available from Monday to Friday, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	Clinical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen, Government to Government			
<b>Who may avail:</b>	Residential Clients, TRC Employees, Out-Patient Clients, Public (for TRC Argao only)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form		Dental Aide		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queueing number	1. Issue queueing number	None	5 minutes	<i>Dental Aide</i>
2. Wait for the number to be called	2. Call clients for the specific procedure/dental service	None	30 minutes	<i>Dental Aide</i>
3. Proceed to Dental room	3.1 Take vital signs and record dental profile	None	10 minutes	<i>Dentist</i>
	3.2 Perform the procedure	None	1 hour	<i>Dentist</i>
	3.3 Give post-operative instruction and prescription	None	20 minutes	<i>Dentist</i>
4. Receive charge slip, except for Residential Clients	4. Issue charge slip	None	5 minutes	<i>Dental Aide</i>
5.1 Proceed to cashier for payment	5.1 Receive the charge slip	See payments	10 minutes	<i>Cashier</i>
5.2 Receive official receipt	5.2 Issue Official Receipt	None	10 minutes	<i>Cashier</i>
6. Present Official Receipt	6. Log-in to record book	None	5 minutes	<i>Dental Aide</i>
	<b>TOTAL</b>	<b>See list</b>	<b>2 hours and 35 minutes</b>	



## List of Fees

<b>Fees</b>	<b>Service</b>
Php 250.00	Extraction
Php 300.00	Light cure filling
Php 300.00	Oral Prophylaxis
<b><i>For TRC Dulag</i></b>	
Php 50.00	Dental Consultation
Php 300.00	Tooth extraction
Php 350.00	Tooth filling-restorative
Php 400.00	Oral prophylactic
Php 500.00	Minor gum treatment
Php 1,500.00	Odontectomy
Php 150.00	Tooth extraction
Php 100.00	Dental Certificate
Php 350.00	Dental X-ray
Note: Fee of P300 for the first tooth extraction only and additional P100 for the succeeding adjacent/opposing tooth	



## 200. Detoxification Service

Detoxification is the management of a client's intoxication and withdrawal symptoms to hasten excretion of dangerous drugs metabolites from the body. It usually takes 3 days to 15 days depending on the predominant substance use and the severity of dependence which also determines the appropriate intervention to be used. Available in TRC Dagupan Only and TRC Bataan.

<b>Office or Division:</b>	Medical Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Public, All Government Agencies, NGO, LGU, and other government instrumentalities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
If PhilHealth member, Client's PhilHealth ID (1 photocopy) and/or Member Data Record (1 original copy)		PhilHealth		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client Logbook at the Waiting Area and present valid identification card	1. Assist client registration in the Client Logbook	None	3 minutes	Security Guard
2. Secure queuing number	2. Issue queuing number	None	3 minutes	Security Guard
3. Submit for security protocol	3. Perform security protocol to client and their petitioner prior to entering premises of the center	None	10 minutes	Security Guard
4. Undergo vital sign	4.1. Take vital signs of the client	None	10 minutes	Nurse/ Nursing Attendant
	4.2. Conduct initial intake interview including client's general data, medical history and recent substance use	None	30 minutes	Nurse
5. Submit for drug testing	5.1 Provide brief orientation for the	None	10 minutes	Nurse/ Medical Technologist

	procedure to be conducted			
	5.2 Conduct urine collection and drug testing	None	20 minutes	<i>Nurse/ Medical Technologist</i>
6. Proceed to the DOH-Accredited Physician and or Accredited Detox trained Physician)	6.1. Conduct further evaluation of client thru physical exam and history taking.	None	20 minutes	<i>DOH-Accredited Physician available in *with training in drug detoxification</i>
	6.2. Admit client depending on the severity of dependence and client's medical condition.	None	1 hour	<i>DOH-Accredited Physician with training in drug detoxification</i>
	6.3. Carry out doctor's admitting orders (like laboratory and diagnostic requests) Assist client to sign the Detox Consent form	None	10 minutes	<i>Nurse</i>
7. Undergo diagnostic and laboratory procedures	7. Conduct diagnostic and laboratory procedures, if readily available in the center	See table of Fees	8 hours	<i>Medical Technologist</i>
8. Undertake further assessments	8.1. Conduct withdrawal assessment	None	20 minutes	<i>Nurse</i>
**within 5 days upon admission	8.2 Conduct Psychological Assessment	None	30 minutes	<i>Psychologist</i>
9. Undertake discharge process	9.1. Discharge client from detox and Re-assessment for continuation of rehabilitation program. (OPD, Aftercare, and or Residential)	Php *10,000	5 minutes	<i>DOH Accredited Physician</i>





	9.2 Walk-in client will undertake Drug Dependency Exam to determine the appropriate rehabilitation program.	None	60 minutes	DOH Accredited Physician
	<b>TOTAL</b>	<b>See table of fees + 10,000.00</b>	<b>5 days and 13 hours</b>	

\*\* Detox Package Php10,000 charged to Philhealth

### Schedule of Fees

<b>Fees</b>	<b>Service</b>
Php 100.00	CBC
Php 80.00	HGT
Php 50.00	Urinalysis
Php 50.00	Fecalalysis
Php 80.00	FBS
Php 170.00	Chest X-Ray
<b>TRC Dulag</b>	
Php 10,000.00	Detoxification
Php 250.00	Drug test (For monitoring purposes only)



## 201. Discharge of Clients

This service can be availed on the following conditions depending on the center when clients will be discharged.

- e. Completion of the first phase of the treatment and rehabilitation program (Trial Discharge / Temporary Discharge)
- f. Patient is not fit to continue the treatment program due to medical reasons.
- g. Patient is ordered by the court to be discharged without prior recommendation from the Center
- h. Aftercare, CBRP, Outpatient, Drug-free workplace

The service is available from Monday-Friday, 8:00-5:00 PM with no noon break

<b>Office or Division:</b>	Inpatient / Outpatient and Aftercare Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen, Government to Business, Government to Government			
<b>Who may avail:</b>	Public, All Government Agencies, LGUs, NGOs			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Clearance from the Center		Staff-in-Charge (TRC)		
<b>Residential:</b>				
Original Copy of Court Order for Temporary Discharge		Court where the Petition was filed		
If petitioner is not around, Notarized Special Power of Attorney		Attorney		
<b>Aftercare for Residential:</b>				
Original Copy of Court Order for Final Discharge		Court where the Petition was filed		
<b>Outpatient, CBRP, Counselling:</b>				
Original Court Order		Court where the Petition was filed		
<b>Aftercare for Outpatient:</b>				
Original Court Order		Court where the Petition was filed		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present his/her purpose	1. Conduct inspection of belongings, body search and frisking	None	15 minutes	<i>Security Guard on Duty</i>
2. Present Release Order from Court	2. Receive and validate Court release order for the completeness of documents	None	10 minutes	<i>HIMS</i>
3.1. For Centers with payment,	3.1. Issue the billing statement	None	10 minutes	<i>Billing Officer</i>



proceed to Billing Section to secure billing statement				
3.2. <i>If paying,</i> secure order of payment	3.2 Issues order of payment for paying clients	None	10 minutes	<i>Billing Officer</i>
4.1. Proceed to Cashier to settle their fees	4.1. Receive payment and Issue Official Receipt	Refer to billing notice	10 minutes	<i>Cashier</i>
4.2. Patient proceed to Discharge Officer and Medical Officer	4.2. Discharge Officer summons patient from the dormitory		10 minutes	<i>Medical officer</i>
	4.2 Conduct Physical Examination	None	10 minutes	<i>Medical Officer</i>
5. Patient accomplish the Discharge Clearance Form from different sections	5. Validate patient's compliance and Signs the discharge clearance form	None	1 hour	Concerned Sections *for clearance
6. Read and sign the Certification of Release/Clearance	6. Facilitate signing of the Certification of Release/ Clearance/Living Body	None	15 minutes	<i>Discharge Officer</i>
7. Present the gate pass / dorm pass / clearance to the Security guard at the Main gate	7. Check and validate the gate pass and dorm pass before allowing the resident and family to leave the Center  Note: For some TRCs issue Transfer of Custody	None	10 minutes	<i>Security Guard</i>
	<b>TOTAL</b>	<b>Refer to billing notice</b>	<b>2 hours and 30 minutes</b>	

## 202. Drug Testing

The facility offers client screening for the use of Methamphetamine (meth) and Tetrahydrocannabinol (Marijuana) through urine sampling. The drug testing procedures are being performed by competent analysts in a DOH-Accredited facility. The result of which can be used for employment, securing licenses and other legal purposes like in the assessment and monitoring of clients undergoing treatment and rehabilitation programs. Available in TRC Argao, TRC Dagupan, TRC Ilagan.

<b>Office or Division:</b>	Technical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government G2B-Government to Business Entity			
<b>Who may avail:</b>	Outpatient, Walk-in, Aftercare Clients, Persons Deprived of Liberty clients, Drug-free Workplace Clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For PDL</b> Request Form Court Order		OPD Staff Court of Origin		
<b>For Walk-in Clients</b> Consent Form Identification Card		Requesting Party GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<b>For Drug-free Workplace Clients</b> Endorsement Letter from Human Resource Department Identification Card		Requesting Party  GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<b>Conditional Requirements:</b> Senior ID Certificate of Indigency issued by DSWD/ 4Ps ID PWD		OSCA DSWD  DSWD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Register at the visitor's logbook and present valid ID	1. Verify visitor's information, identification card presented and provide visitor's pass	None	10 minutes	<i>Security Guard</i>
2. Proceed to the PACD/front desk for profiling	2. Issue registry form and Instruct client where to transact	None	5 minutes	<i>PACD</i>

3.1. Proceed to Nursing station to get a drug testing request form ordered by doctor.	3.1. Give Request form	None	5 minutes	<i>Nurses/ medical staff</i>
3.2. Proceed to the Billing Section and get queuing number (Proceed to Outpatient and Aftercare Division/Medical Section)	3.2. Release queuing number  (Provide Drug Test Form and issue charge slip)	None	5 minutes	<i>Billing Staff</i>  <i>OAD Staff/Medical Staff</i>
3.3 Proceed to the Drug Testing Laboratory and get charge slip	3.3. Issue Charge slip	None	5 minutes	<i>Authorized Specimen Collector</i>
4.1. Fill up Request Form and Proceed to the Cashier Section and pay the required amount	4.1. Review the submitted accomplished form and instruct the patient to pay at the cashier  *Make sure to release order of payment	None	5 minutes	<i>OAD Staff/Medical Staff</i>  <i>Billing Staff</i>  <i>Cashier</i>
4.2. Proceed to Drug Testing Laboratory present official receipt and fill up CCF Form	4.2. Proceed to the Laboratory for Drug Testing and Accept official receipt and review the submitted accomplished CCF form and issue queuing number	Php 250.00	10 minutes	<i>Authorized Specimen Collector</i>
5. Give the urine sample  Note: Make sure to collect 60ml. urine specimen	5.1 Receive official receipt or charge slip for indigents then collect urine specimen	None	25 minutes	<i>Lab Tech/ Authorized Specimen Collector (ASC)</i>
	5.2 Process the urine sample	None	25 minutes	<i>Drug Analyst/ Lab Tech</i>



	5.3 Encode client information in IDTOMIS	None	20 minutes	<i>Drug Analyst/ Lab Tech</i>
6. Get result	6. Release result	None	20 minutes	<i>Lab Tech/ Authorized specimen collector</i>
<b>TOTAL</b>		<b>Php 250.00</b>	<b>2 hours</b>	

Note: For fees, please check privilege of clients ie, PWD, etc.



## 203. Enrollment for Outpatient Programs

Intensive Outpatient Program (IOP) is a 6-month non-residential drug treatment and rehabilitation level of care which provides services and interventions to address drug abuse problems. It utilizes holistic and evidence-based treatment modalities and approaches geared toward guiding and empowering clients, together with their families in becoming sober, productive, and law-abiding members of the community. This service may be availed by any individual screened and assessed to undergo Intensive Outpatient Program as ordered by the Court or referred by the Local Government Unit or other agency. The service is available from Monday - Friday from 8:00 - 5:00 PM with no noon break. Except for TRC Tagaytay, Malinao, and Bataan service is available from Monday - Saturday from 8:00 - 5:00 PM.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	Court-Mandated Clients, walk-in or voluntary and those referred by the LGUs and NGOs			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For Court-Mandated Clients:</b>				
Court Order for Admission to Intensive Outpatient Program (IOP)		Court where the Petition was filed		
Drug Dependency Examination		Any accredited DOH Physician		
<b>For LGU and NGO referred clients</b>				
Valid Screening and Assessment Form		Respective LGUs		
Referral letter		Respective LGUs and NGOs		
<b>For walk-in clients</b>				
Valid Screening and Assessment Form		Outpatient and Aftercare Division / Treatment and Rehabilitation Division		
Request Letter		Requesting Party		
<b>For drug-free workplace</b>				
Endorsement letter		HR of company		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit for security inspection of belongings, body search and frisking	1. Conduct inspection of belongings, body search and frisking	None	15 minutes	<i>Security Guard on duty</i>
2. Submit complete required documents	2. Receive and validate the documents for completeness and authenticity of the	None	20 minutes	<i>Admitting Staff</i>

	documents  If documents are NOT COMPLETE, advise the client and the petitioner to complete the requirements			
3. Log in the Admission Logbook	3. Review entry in the logbook	None	10 minutes	Outpatient Staff
4. Undergo orientation	4. Facilitates Orientation to the clients  If the client is below 18 years old, he/she should be accompanied by a guardian or DSWD representative	None	30 minutes	Outpatient Staff
5. Undergo Social Welfare Intake Interview / Socio-Economic Classification	5. Conduct Social Welfare Intake Interview / Socio-Economic Classification	Refer to Table of fees below	20 minutes	Outpatient Staff
6. Sign the Service Agreement and Consent Form	6. Facilitate contract signing to the client  Note: to include schedule of sessions  If the client is below 18 years old the guardian or DSWD representative signs the Service Agreement and Consent Form	None	20 minutes	Outpatient Staff
7. Log out Admission Logbook	7. Review entry in the logbook	None	5 minutes	Outpatient Staff / PACD
	<b>TOTAL</b>	<b>None</b>	<b>2 hours and 10 minutes</b>	

### Schedule of Program Fees

Program Fees	Facility
PHP 9,200.00	
PHP 12,000 (for 6 months)	
PHP 5,100	





PHP 4800 (for 6 months)	
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#### TRC DULAG

INTENSIVE OUTPATIENT PROGRAM FEE	<b>P4,800 entire program</b>
	A— 4,800
	C1— 3,600
	C2— 2,400
	C3— 1,200
	D— (Indigent) Full Government Subsidy



## 204. Enrollment to Aftercare Services

Aftercare and follow-up services provided to the clients after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defense against relapse. This is for a period of at least eighteen (18) months and should be undertaken by the appropriate Center personnel. Service available from Monday to Friday, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	Clinical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	Clients who completed Residential and Out-Patient Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Court Order for Aftercare Program		Regional Trial Court/Case Counselor		
Referral Letter from Case Counselor		Case Counselor		
Discharged/Clearance Slip		TRC		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present requirements	1. Receive and evaluate documents	None	20 minutes	<i>Public Assistance and Complaints Desk Officer</i>  <i>Aftercare Staff</i>
2. Attend orientation	2. Conduct Orientation for Aftercare Program	None	30 minutes	<i>Aftercare Staff</i>
3. Sign pledge of commitment	3. Present pledge of commitment for signing	None	20 minutes	<i>Aftercare Staff</i>
4. Pay Aftercare session	4. Receive payment and issue Official Receipt	See list of fees	10 minutes	<i>Cashier</i>
5. Receive schedule for aftercare session	5. Register to Aftercare Master list	None	10 minutes	<i>Aftercare Staff</i>
	<b>TOTAL</b>	<b>See list of fees</b>	<b>1 hour and 30 minutes</b>	

### Schedule of Fees

<b>Aftercare Fee</b>	<b>Duration- Facility</b>
PHP 5,400.00	18 months
PHP 36,000.00	18 months



PHP 7,200.00	18months
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**TRC DULAG**

AFTERCARE PROGRAM FEE	<b>P7,200.00 entire program</b>
	A— 7,200
	C1— 5,400
	C2— 3,600
	C3— 1,800
	D— (Indigent) Full Government Subsidy



## 205. Handling of Inquiries (Walk-In)

To provide information on the programs and services provided by the Center. This can also be done by directing a client to a different place or person of information, help, or action. Available every Monday-Friday 8:00am-5:00pm.

<b>Office or Division:</b>	Public Assistance and Complaints Desk/ Health Information Management Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government G2B-Government to Business Entity			
<b>Who may avail:</b>	General Public			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid ID		GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Log-in in the Security Guard's logbook	1. Facilitate the client in signing the logbook	None	3 minutes	<i>Security Guard</i>
2. Provide any valid ID and secure a visitor's ID	2. Receive the ID and issue visitor's ID	None	5 minutes	<i>Security Guard</i>
3. Submit for frisking and surrender all prohibited items.	3. Conduct body frisking and keep the prohibited items or personal belongings in the storage area	None	10 minutes	<i>Security Guard</i>
4. Go to Public Assistance/ Complaints Desk or Health Information Management Section	4. Get the inquiry. If needed, determine office responsible then instruct client.	None	20 minutes	<i>PACD Personnel / Admitting Officer</i>
5. Get CSS Form and accomplish once done  Note: After transaction do not forget to drop it in Comments/Suggestion Box and get the ID	5.1. Issue Client Satisfaction Survey Form  Note: Get the Visitor's ID	None	20 minutes	<i>PACD Personnel / Admitting Officer</i>
<b>TOTAL</b>		<b>None</b>	<b>59 minutes</b>	



## 206. Issuance of Billing Statement

The billing statement is issued to individuals needing information on the amount of balances/ dues (monthly expenses, laboratory, medicines, etc.) to be paid by the client. This service is available daily, *Monday to Friday, 8AM to 5PM.*

<b>Office or Division:</b>	Administrative Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Petitioner or Authorized Representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<b>During Admission:</b>				
1 Identification Card		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
<b>While Admitted or Enrolled in IOP, CBRP, ACP, and Detox:</b>				
1 Identification Card		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
1 Billing Statement Request Slip		Billing Section		
<b>Upon Discharge:</b>				
1 Identification Card		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
1 Clearance/Discharge Slip		Technical Division (Case Manager)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the Billing Section	1. Give queuing number	None	5 minutes	<i>Billing Officer</i> Billing Section
2. Present needed documents	2.1 Receive documents from client. Upon verifying the identification, give back the ID card	None	3 minutes	<i>Billing Officer of the Billing Section</i>
	2.1. Check completeness of requirements  <i>If incomplete requirements, request for the deficiency/ies.</i>  <i>If complete, proceed to next step.</i>	None	5 minutes	<i>Billing Officer of the Billing Section</i>



	2.3 Encode or update the data of the client in the Billing database.	None	10 minutes	<i>Billing Officer of the Billing Section</i>
	2.4 Process the request	None	10 minutes	<i>Billing Officer of the Billing Section</i>
3. Receive the Billing Statement	3. Provide three (3) copies of Billing Statement	None	10 minutes	<i>Billing Officer of the Billing Section</i>
	<b>TOTAL</b>	<b>None</b>	<b>43 minutes</b>	



## 207. Issuance of Certificate

The certificate serves as a proof of completion on the work done for the required duration of experience acquired in the internship, immersion, and volunteer services and in the involvement in a specific activity or program in the facility.

<b>Office or Division:</b>	Technical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen G2G-Government to Government G2B-Government to Business Entity			
<b>Who may avail:</b>	Temporary discharged clients, Students (Baccalaureate, and Post Graduate), Rehabilitation Practitioners			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Form for Certificate of Confinement		Hospital Information and Management System		
Government issued Identification Card		GSIS, Pag-IBIG, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish Request for Certification for any of the following Internship, Immersion, Volunteer service, or Confinement Form	1.1 Receive and review the accomplished Request form	None	10 minutes	HIMS
	1.2. Require proof of identity of the concerned client and of the authorized representative	None	10 minutes	HIMS
2. Wait for feedback	2.1. For Internship, immersion, and volunteer services check the database  For temporary discharged clients check master list of admissions	None	20 minutes	HIMS
	2.1.1. If name is in the database, prepare and	None	20 minutes	HIMS

	give initial requested certificate			
	2.1.2. If not, inform client that the name is not in the database.	None		
3. Wait for Certificate	3. Forward certificate to the Chief of Hospital/ Chief Administrative Officer or authorized representative for signature.	None	1 day	Chief of TRC
4. Receive certificate	4.1 Record details of certificate	None	10 minutes	CHPO
	4.2 Release the certificate	None	20 minutes	HIMS
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 1 hour &amp; 30 minutes</b>	





## 208. Issuance of Social Assistance Referral

The Medical Social Worker (MSW), upon the request of the petitioner or staff/personnel for medical-social welfare assistance, shall issue referral to a government facility to accommodate the services specified in the referral. Available in TRC Caraga

<b>Office or Division:</b>	Medical Social Welfare Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Residential Clients, Outpatient and Aftercare Clients, Staff and Personnel			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid Identification Card		GSIS, Pag-ibig, SSS, LTO, DFA, PhilHealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company		
Doctor's Order / Request Form (For necessary procedure or services)		Medical Section / Requesting Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.1. Submit self for health and security protocol	1.1. Advise health and security protocol to Client and/or Petitioner	None	10 minutes	<i>Security Guard</i>
1.2 Sign in at the Logbook and present valid Identification Card	1.2 Assist client in Logbook registration	None	5 minutes	<i>Security Guard</i>
2. Secure queuing number	2. Issue queuing number	None	5 minutes	<i>PACD</i>
3.1. Present the documentary requirements (Doctor's Order / Service Request)	3.1. Review the submitted documents	None	30 minutes	<i>Social Welfare Officer</i>
3.2. Avail Social Assistance Referral service (For internal clients, facilitating personnel follow these steps)	3.2. Prepare the Social Assistance Referral	None	30 minutes	<i>Social Welfare Officer</i>
4. Sign in the Social Assistance Logbook	4. Assist client/s to sign in the Social Assistance Logbook	None	5 minutes	<i>Social Welfare Officer</i>
	<b>TOTAL</b>	<b>None</b>	<b>55 minutes</b>	



## 209. Processing of Claims

The processing of claims is provided to Phil health members who tested positive in the urine drug test who needs assistance regarding their Phil health benefits. This service is available Monday to Friday, 8AM to 5PM. Available in TRC Argao, MegaDATRC, Ilagan, and Bataan.

<b>Office or Division:</b>	Administrative Division of TRC Argao, Mega TRC, Isabela, and Bataan			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Resident, Petitioner or Authorized Representative			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Phil health Member:</b>				
Identification Card (Photocopy)		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
Member Data Records (MDR)		PHILHEALTH		
CF2 (original signatures)		Billing Section		
CF1 (original signatures)		Billing Section (if unemployed) Employer (if employed)		
CF4 (original signatures)		Billing Section		
PBEF (original signatures)		Billing Section		
Annex MD1 to MD8 (original signatures)		Billing Section		
Billing Statement		Billing Section		
<b>If Authorized Representative:</b>				
All the above requirements plus the following:				
Identification Card (Photocopy)		GSIS, SSS, DFA, LGUs, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH		
If not declared in MDR, one (1) photocopy Proof of Relationship to the Member (Photocopy of Birth Certificate or Marriage Contract)		Philippine Statistics Authority		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Go to the Billing Section to verify Philhealth eligibility. Submit the CF1 if employed.	1.1. Open the Philhealth Portal and input the member's details.	None	5 minutes	<i>Billing Officer</i>
	1.2 Upon verification of membership eligibility in the <i>Philhealth Portal</i> , print the Philhealth documents. If member is not	None	10 minutes	<i>Billing Officer</i>

	eligible, disapprove request or ask family member to update theirs			
	1.3. Forward the MD1 to 8 and CF4 to the Medical Section for them to fill out and sign.	None	3 minutes	<i>Billing Officer</i>
	1.4 Fill out the CF1 (if unemployed), CF2 and PMRF. Sign the PBEF and CF2.	None	15 minutes	<i>Billing Officer</i>
	1.5 Give the CF1 (if unemployed), CF2, PMRF and PBEF form to the client.	None	1 minute	<i>Billing Officer</i>
2. Receive the CF1 (if unemployed), CF2, PMRF and PBEF and check the details. Affix signature of PhilHealth member/ representative to the forms and give back the forms to the Billing Section.	2.1 Receive the forms	None	3 minutes	<i>Billing Officer</i>
3. Receive acknowledgment receipt as proof of claims	3. Issue acknowledgment receipt	None	3 minutes	<i>Billing Officer</i>
<b>TOTAL</b>		<b>None</b>	<b>40 Minutes</b>	



## 210. Request for Data

Any information/data of the Center is disclosed to a requesting agency or citizen in accordance to the provisions of TRC FOI and Data Privacy Act. Requests may be done through walk in, official electronic mail and/or formal written request. This service is available from Monday to Friday, 8:00 AM to 5:00 PM.

<b>Office or Division:</b>	Health Information Management Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Original formal written request indicating the specific data/information to be requested		Requesting client		
Official e-mail of an identified agency indicating the specific data/information to be requested		Requesting client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request for data through agency's official electronic mail address or formal written request	1.1. Receive submitted request and validate identity of client's representative	None	10 minutes	<i>PACD personnel/ HIMS Officer/Staff</i>
	1.2. Acknowledge receipt of written request for electronic requests	None	5 minutes	<i>HIMS officer/staff</i>
	1.3. Approve or decline requests for data or information requested	None	1 day	<i>COH</i>
2.1. Receive feedback if disclosure of the data/info requested is approved	2.1. Inform requesting party  If data/info requested is allowed, for disclosure or denied.  If disapproved, check if there are necessary requirements	None	1 day	<i>HIMS officer/staff</i>
2.2. If has additional requirements, comply with the additional	2.2. Receive and validate additional documentary	None	1 day	<i>HIMS officer/staff</i>



documentary requirement/s as necessary	requirements submitted			
3. Receive data or information requested	3.1. Prepare requested data/information	None	3 days	<i>Concerned personnel</i>
	3.2 Facilitate submission of requested data/information	None	20 minutes	<i>HIMS officer/staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>6 days and 35 minutes</b>	



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## ***Treatment and Rehabilitation Centers***

### ***INTERNAL SERVICES***

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# INTERNAL SERVICES

## 211. Leave Application

Civil Service Commission Form No. 6 (revised 1984) is used to document an employee's leave of absence.

<b>Office or Division:</b>	Administrative Service, Personnel Administration Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G- Government to Government	
<b>Who may avail:</b>	DOH Officials and Employees	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Duly Accomplished Leave Application Form		DOH Intranet
Attachment:		
<b>Sick Leave</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Medical Certificate if half-day or more than 5 days</li> </ul>		Attending Physician
<b>Vacation Leave</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Travel Authority (if vacation will be spent abroad)</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018 if vacation will be spent abroad)</li> </ul>		DOH Intranet DOH Intranet DOH Intranet
<b>Maternity Leave (R.A. 11210)</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Medical Certificate with estimated date of delivery</li> <li>• DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul>		Attending Physician DOH Intranet
<b>Paternity Leave (R.A. 8187)</b> <ul style="list-style-type: none"> <li>• CSC Form No. 6</li> <li>• Certified true copy of marriage contract</li> <li>• Birth Certificate of the newly born child</li> <li>• Medical certificate with pathological reports in case of miscarriage of spouse</li> </ul>		DOH Intranet Philippine Statistics Authority Attending Physician Attending Physician



Study Leave (CSC MC No. 21 S.	
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<p><b>2004)</b></p> <ul style="list-style-type: none"> <li>Contract between the head of office and Employee</li> <li>Department Personnel Order</li> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Rehabilitation Leave (Joint Circular No. 01 S. 2006-CSC &amp; DBM)</b></p> <p>-Job-related injuries incurred in the performance of duty (6 months)</p> <ul style="list-style-type: none"> <li>Police Report/Incident Report</li> <li>Medical Certificate</li> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Parental Leave for Solo Parent (R.A. 8972)</b></p> <ul style="list-style-type: none"> <li>CSC Form No. 6</li> <li>Certified True Copy of Solo Parent ID</li> <li>Birth Certificate of child</li> </ul> <p><b>Special Leave Benefits for Women (R.A. 9710)</b></p> <ul style="list-style-type: none"> <li>CSC Form No. 6</li> <li>Medical Certificate reflecting the estimated period of recuperation</li> <li>Clinical Summary reflecting the gynecological disorder</li> <li>DOH Clearance Form (CSC Form No. 7 Revised 2018)</li> </ul> <p><b>Special Emergency Leave Affected by Natural Calamities/Disasters (CSC Resolution 1200289 dated February 8, 2012)</b></p> <ul style="list-style-type: none"> <li>Certification from the Municipal/City/Barangay Office that the current area of residence is declared under state of calamity</li> </ul>	<p>Employee's Office</p> <p>Employee's Office DOH Intranet</p> <p>Philippine National Police Attending Physician DOH Intranet</p> <p>DOH Intranet Municipal/City/Social Welfare Office Attending Physician</p> <p>DOH Intranet Attending Physician DOH Intranet</p> <p>Municipal/City/Barangay Office</p>
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**Ten-Day Leave Under R.A. 9262  
(Anti-Violence Against Women  
and Their Children Act of 2004)**

- Barangay Protection Order or  
Temporary/Permanent  
Protection

Barangay Office/Court

Order obtained from the court				
CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Submit 2 copies of Leave Application form (CSC Form No. 06 (revised 1984) and complete requirements	<p>1.1. Check completeness including its attachments</p> <p><b>If incomplete,</b> return to sending office for compliance</p> <p><b>If complete,</b> encode details in the Leave Index</p>	None	20 minutes	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II
1.2. Wait for the decision	1.2. Fill-up the leave credits balance on the Leave Application Form and update employee's leave card	None	30 minutes	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II
	<p>1.3. Verify computation of leave credit balance.</p> <p><b>If inaccurate,</b> return to process owner</p> <p><b>If accurate,</b> return to the employee for approval of their Immediate Supervisor and/or Division</p>	None	30 minutes	Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II



	1.4. Encode details of processed Leave Application and update Leave Application Database	None	30 minutes	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II</i>
	1.5. Sort (1 copy for 201 file, 1 copy for employee file)	None	45 minutes	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II</i>
2.Get leave	2. Release to Concerned employee	None	45 minutes	<i>Human Resource Management Officer I/ Admin. Assistant III/ Admin. Assistant II</i>
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 45 minutes</b>	



## 212. Preparation of Payroll

To ensure timely and correct processing of compensation, remittances, and other payments.

<b>Office or Division:</b>	Administrative Department, Human Resource Management Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	DOH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Daily Time Records		Employees		
Obligation Request and Status		Budget Section		
Disbursement Vouchers for Payroll		Accounting Section		
Monthly Report of Attendance		All Section		
Request letter/ form for payroll adjustments		HRMS		
Monthly Report of Deductions of Loans		HRMS		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Daily Time Record with Attachments and Monthly Report of Attendance	1.1 Receive and evaluate DTR if entries and attachments are complete and duly signed by the Head of Division/Section  <b>If incomplete:</b> Return to the Employee	None	15 minutes	Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I
	1.2 Check if log entries in the DTR is parallel with MRA	None	4 hours	Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I

	1.3. Forward to Payroll Officer for processing	None	5 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.4 Input changes on the previous payroll that should be reflected on the next payroll such as salary adjustments due to promotion, names to be deleted and/or added on the payroll, loan payment/completion, etc.	None	3 hours	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.5. Encode late and absences based on MRA	None	1 day	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.6 Encode on the Payroll Excel File the necessary adjustments on the current payroll	None	1 day	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>

	1.7 Validate the printed draft payroll whether entries are correct	None	4 hours	<i>Human Resource Management Officer I/ II</i>
	1.8 Print the draft payroll and forward to Accounting Section for checking and validation	None	1 hour	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.9 Forward the Payroll Report for certification /approval of the HRMO, Accountant, Chief of Hospital and Cashier	None	30 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.10 Sign Printed Payroll Report	None	1 hour	<i>HRMO, Accountant, Head of Agency, Cashier</i>
	1.11 Forward to Accounting Section for the Certification of Availability of Funds	None	10 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.12. Print the Obligation Request and Status and Disbursement Vouchers	None	20 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>

	1.13. Forwards the Payroll Report, CAF and ORS to Budget Section for Obligation	None	10 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	1.14. Forward payroll report to Accounti ng Section for further processi ng	None	10 minutes	<i>Human Resource Management Assistant I/ Admin. Assistant II/ Admin Assistant I</i>
	<b>TOTAL</b>	<b>None</b>		<b>3 days, 6 hours and 40 mins</b>





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## ***Treatment and Rehabilitation Centers***

### ***<sup>8</sup>LIST OF NEW and UPDATED SERVICES DUE TO PANDEMIC***

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<sup>8</sup> In compliance to the Anti-Red Tape Authority's Memorandum Circular No. 2020-03A, series of 2020 dated June 11, 2020 on services introduced or updated in consideration of the **declaration of a State of Public Health Emergency**, the 17 Drug Abuse Treatment and Rehabilitation Centers started their online services to cater to their clients without compromising their health.



## NEW SERVICES

<b>National Capital Region Drug Treatment and Rehabilitation Center</b>
<b>TRC BICUTAN</b>
<ul style="list-style-type: none"> <li>7. Availment of Virtual Drug Dependency Examination (DDE)</li> <li>8. Online Enrollment for Aftercare Program</li> <li>9. Online Enrollment for Outpatient Program</li> <li>10. Virtual Pre-Admission for Residential/Inpatient</li> <li>11. Virtual Session for Aftercare Program</li> <li>12. Virtual Session for Outpatient Program</li> </ul>
<b>DATRC Las Pinas</b>
<ul style="list-style-type: none"> <li>3. After Care Program Online Enrollment</li> <li>4. Outpatient Program Online Enrollment</li> </ul>
<b>Luzon Drug Treatment and Rehabilitation Center</b>
<b>TRC Bataan</b>
<ul style="list-style-type: none"> <li>6. Enrollment for Aftercare Services For Outpatient</li> <li>7. O PD Online Session</li> <li>8. Triage for Admissions of Residential/ Inpatient</li> <li>9. Triage for Intensive Outpatient Enrolment</li> <li>10. Triage for Other Transactions</li> </ul>
<b>DATRC DAGUPAN</b>
<ul style="list-style-type: none"> <li>3. Online Appointment for Admission of Residential and Outpatient Clients</li> <li>4. Triage for All Transacting Clients</li> </ul>
<b>TRC Tagaytay</b>
<ul style="list-style-type: none"> <li>4. Availment of Family Teleconferencing for Residential Patients</li> <li>5. Family Tele counseling for the Intensive Outpatient and After-Care Program</li> <li>6. Individual Tele counseling for the Intensive Outpatient and After-Care Program</li> </ul>
<b>Visayas Drug Treatment and Rehabilitation Center</b>
<b>TRC Dulag</b>
<ul style="list-style-type: none"> <li>2. Triage for Visiting Clients</li> </ul>



<b>Mindanao Drug Treatment and Rehabilitation Center</b>
<b>TRC Agusan del Sur</b>
<ol style="list-style-type: none"><li>3. Availment of Rapid Antibody Test for COVID-19 and 14 days quarantine of clients for Residential/in-house admission at DOH-DATRC-ADS temporary quarantine facility</li><li>4. Telemedicine</li></ol>



## **UPDATED SERVICES**

<b>Luzon Drug Treatment and Rehabilitation Center</b>
<b>TRC Bataan</b>
2. Availment of Social Reclassification thru online
<b>TRC Tagaytay</b>
3. Aftercare Consultation
4. Intensive Outpatient Consultation
<b>Visayas Drug Treatment and Rehabilitation Center</b>
<b>TRC Dulag</b>
2. Admission to the Modified Residential/inpatient Program



## **National Capital Region Drug Treatment and Rehabilitation Center**

### ***NEW SERVICES***



## 213. TRC BICUTAN

### Availment of Virtual Drug Dependency Examination (DDE)

This is being conducted to determine the level of severity of the client's drug dependence and establish diagnosis and recommendation for appropriate treatment intervention. Virtual Interview provides accessibility to the clients to avail this service of the Center considering that there are some Barangays, Municipalities, Cities and Provinces in the country that are still placed under strict lockdown and transportation is still inaccessible. The service is available from Mondays to Fridays during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Persons Who Use Drugs (PWUDs), All Government Agencies, NGO, LGU and other government instrumentalities, Business Entity			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For Voluntary:</b> Request for conduct of Drug Dependency		Family/ Company Representative		
Valid Identification Card (Client and Guardian)		Any Government Issued ID: GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Postal, Voters, BIR, NBI, Company ID		
<b>For Plea Bargain:</b> Court Order – 1 original copy or certified true copy		Court where the petition was filed		
Valid Identification Card (BJMP Personnel)		Any Government Issued ID: GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Postal, Voters, BIR, NBI, Company ID		
Drug Test Result		Any DOH Accredited Drug Testing Center		
1 copy of Consent Form (E-copy)		TRC Bicutan		
Proof of payment (e-copy)		LBC or Landbank		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the required documents via email or Facebook account	1. Receive and review the completeness of the requirements	None	10 minutes	Triage Officer

2. Fill-out the online consent and intake forms	2. Forward the consent and intake forms	None	5 minutes	Admin Staff / PACD Officer
3. Send back the filled out e-copy forms to the Center	3. Check the submitted consent and intake forms	None	5 minutes	Admin Staff
4. Send all original documents to the Center through LBC or any courier	4. Inform client to send the original documents thru LBC or any courier	None	1 day	Admin Staff
5.1. Pay for DDE thru fund transfer or LBC	5.1. Validate and claim payment at the LBC or LBP	<b>Php. 1,000.00</b>	1 day	Cashier
5.2. Submit e-copy of proof of payment to the Center	5.2. Receive the e-copy of proof of payment	None	2 minutes	Case Manager
5.3. Receive the e-copy of Official Receipt	5.3. Issue Official Receipt and send the e-copy	None	2 minutes	Cashier
<b>Once payment and documents were received:</b>				
6. Undergo virtual Drug Dependency Examination	6. Conduct virtual Drug Dependency Examination	None	45 minutes	Physician On-duty
7. Receive the e-copy of DDE Certificate	7. Prepare & send the DDE Certificate duly signed by the Physician through email or Facebook.	None	10 minutes	Admin Staff
<b>Total</b>		<b>Php 1,000.00</b>	<b>2 days 1 hour and 19 minutes</b>	

## 214. Online Enrollment for Aftercare Program

Aftercare and Follow-up services provided to the clients through online session after completing the residential treatment program. This is for a period of at least eighteen (18) months and should be undertaken by the Outpatient and Aftercare Division Personnel. Service available every Mondays to Fridays from 8:00 am to 5:00 pm.

Office or Division:	Outpatient and Aftercare Division (OAD)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
Who may avail:	Court-Mandated Clients, Voluntary and those referred by the Public and Private Agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 photocopy of Court Order for Aftercare Program		Regional Trial Court/ Discharge Officer		
1 original copy of Referral Letter from Case Counselor or Agency		Case Counselor/Originating Agency		
1 photocopy of Certificate of Temporary Discharge		Discharge Officer		
1 photocopy of Social Case Study Report				
1 photocopy of Psychological Evaluation				
1 original copy of Discharge Slip				
1 original copy of Sobriety Form		OAD Staff		
1 original copy of Consent Form		OAD Staff		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements upon discharge	1. Receive and check the completeness of the requirements	None	10 minutes	OAD Staff
2. Attend brief orientation of the aftercare program	2. Facilitate brief orientation of the aftercare program	None	10 minutes	OAD Staff



3. Fill-out the Consent Form	3. Provide and explain the consent form	None	10 minutes	OAD Staff
4. Receive the official Facebook account, email account and contact number	4. Provide the official Facebook account, email, and contact number for aftercare program	None	5 minutes	OAD Staff
5. Send message to the official accounts of the aftercare program	5. Provide the online enrolment form to the patient	None	5 minutes	OAD Staff
6. Receive schedule for online aftercare session	6. Register to aftercare master list	None	5 minutes	OAD Staff
7. Pay the required aftercare fees thru fund transfer or LBC	7. Provide the details of payment to the client	Php. 5, 400.00 for 18 months	1 day	OAD Staff
8. Receive e-copy of Official Receipt	8. Validates payment and issue official receipt	None	10 minutes	Cashier
	<b>Total</b>	<b>Php. 5, 400.00 for 18 months</b>	<b>1 day and 55 Minutes</b>	

## 215. Online Enrollment for Outpatient Program

Virtual Session provided to the clients for enrollment to the Outpatient Program using the Matrix Intensive Outpatient Program to continuously address drug abuse problems and to avoid relapse. This service is available from Mondays to Sundays during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Court-Mandated Clients, Voluntary and those referred by the Public and Private Agencies			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 original copy of Court Order for enrolment to outpatient program		Court where the petition was filed		
1 original copy of Referral Letter from Company		HR Company		
1 original copy of Drug Test Result		Any DOH Accredited Drug Testing Center		
Medical Requirements: Chest x-ray CBC Urinalysis Fecalalysis ECG		Any DOH Accredited Laboratory Center		
1 copy of Consent Form (E-copy)		TRC Bicutan		
1 copy of Online Enrollment form		TRC Bicutan		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send message to Facebook account or email account	1. Receive message from client and send online enrollment form	None	2 minutes	OAD Staff
2. Fill-up the online enrolment form and send back to the Center through email/messenger	2. Print the online enrolment form to be attached to patient's folder	None	3 minutes	OAD Staff
3. Submit the requirements	3. Provide list of requirements	None	5 minutes	OAD Staff

through email/messenger				
4. Undergo online intake interview	4. Facilitate online interview	None	15 minutes	OAD Staff
5. Undergo social Welfare Intake/ Socio-economic classification	5. Conduct Social Welfare Intake online interview	Refer to the table of fees	10 minutes	Social Worker
5.1 Pay the required outpatient fees thru fund transfer or LBC	5.1. Provide the details of payment to the client	None	1 day	Social Worker
5.2. Send the e-copy of Official Receipt or to the Case Manager	5.2. Receive the e-copy of official receipt from clients	None	5 minutes	Case Manager
5.3. Receive e-copy of Official Receipt	5.3. Validate payment and issue official receipt	None	10 minutes	Cashier
6. Undergo nursing assessment interview	6. Conduct nursing assessment through online	None	10 minutes	Nurse
7. Undergo Medical assessment	7. Conduct online medical assessment	None	30 minutes	Physician
8. Attend orientation with the program	8. Conduct online general orientation of the program	None	20 minutes	Case Manager
	<b>Total</b>	<b>Refer to the table of fees</b>	<b>1 day 1 hour and 50 minutes</b>	

#### Table of Fees:

Class A	Php. 9,200.00
Class C1	Php. 6,750.00
Class C2	Php. 4,500.00
Class C3	Php. 2,250.00



Class D	Indigent
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## 216. Virtual Pre-admission for Residential/inpatient

This aims to screen patients for admission in the Center in order to mitigate the spread of the COVID-19 as well as to protect the safety of the recovering drug dependents and Health Care Workers. This is available from Mondays to Fridays during office hours. Actual admission will be scheduled on the First and Third Wednesdays of the month during office hours.

During Office hours:

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Clients who submit themselves for voluntary admission or for clients with Temporary Confinement Order or Court Order for Admission.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Plea Bargains:</b> 1 copy of Original or Certified True Copy of Court Order		Court where the Petition was filed		
<b>For voluntary:</b> 1 copy of Temporary Confinement Order or Court Order or Docketed Petition for Confinement		Court where the Petition was filed  Legal Officer or Authorized DDB Representative		
1 original copy of RT-PCR Result within 24 hours from release		DOH Accredited Testing Center		
1 original copy of Medical Certificate that patient has no comorbidity		Government Physician/Private Practitioner		
CBC, Urinalysis, Stool Exam,		Any licensed laboratory offering the service		
ECG for 35 years old above				
Chest X-ray				
Pregnancy Test for female in reproductive year				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Inquire for the list of requirements through email or Facebook account	1. Provide a checklist of requirements through email or Facebook account.	None	10 minutes	Triage Officer
2. Submit requirements through online	2. Receive and check the completeness of requirements	None	10 minutes	Triage Officer
3. Wait for the schedule of virtual interview	3. Give patients on the schedule of virtual interview	None	10 minutes	Triage Officer
4. Fill-out the Consent Form for the virtual interview	4. Inform and provide clients about the consent form for the virtual interview	None	5 minutes	Admitting Officer
5. Undergo virtual interview of Admitting Officer	5.1 Gather online intake of personal data of the patient	None	20 minutes	Admitting Officer
	5.2 Conduct orientation on the rules and regulations of the Center	None	20 minutes	Admitting Officer
6. Petitioner/ Guardian submits himself/herself for Social Worker's Interview	6. Conduct online interview with the petitioner/guardian for Socio-economic classification	Refer to schedule of fees	10 minutes	Social Worker
<b>At the day of the admission in the Center</b>				
7. Client submit themselves for physical and medical assessment	7. Conduct physical and medical assessment	None	30 minutes	Admitting Nurse/ Physician On-duty
8. Petitioner/guardian submit Social Worker's Classification to Billing Section	8.1. Give the Classification Slip to the petitioner/guardian	None	10 minutes	Admitting Social Worker

	8.2. Inform petitioner/guardian on their monthly cost-sharing	None	10 minutes	Admitting Social Worker
9. Petitioner proceed to Billing Section and Cashier	9. Accept the Classification Slip and issue order of payment	None	5 minutes	Billing Officer/Cashier
10. Petitioner submit second copy of classification slip to Social Worker	10. Accept the receiving copy of classification slip	None	5 minutes	Social Worker
11. Client undergo 14-day isolation at the Quarantine Dorm	11. Endorse client to Quarantine Dorm Staff	None	10 minutes	Triage Officer
	<b>Total</b>	<b>Refer to schedule of fees</b>	<b>2 hours and 15 minutes</b>	

#### Schedule of fees

Class A	Php. 15,000.00
Class C1	Php. 11,250.00
Class C2	Php. 7,500.00
Class C3	Php. 3,750.00
Class D	Indigent

## 217. Virtual Session for Aftercare Program

Virtual Session through Facebook messenger provided to the clients enrolled in the Aftercare Program to continuously address drug abuse problems and to avoid relapse for a period of not exceeding 18 months. This service is available from Mondays to Sundays during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Court Mandated clients, Walk-in or voluntary and those referred by LGU's, NGO's and other TRCs			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Drug Test Result (1 copy every month)		Any DOH Accredited Drug Testing Center/Clinic		
1 copy of Evaluation Form (E-copy) every end of the session		TRC Bicutan		
1 copy of Survey Form (E-copy) every end of the session		TRC Bicutan		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Receive message from the Case Manager	1. Contact patients for Aftercare Program through Facebook messenger	None	10 minutes	Case Manager
2. Receive the e-copy of session/topic guide	2. Send e-copy of session/topic guide	None	5 minutes	Case Manager
3. Attend virtual aftercare session	3. Facilitate virtual session	None	1 hour	Case Manager
4. Answer the evaluation and survey form	4. Forward the evaluation and survey form	None	5 minutes	Case Manager
5. Forward the filled out forms of Evaluation and Survey	5. Check the database for the submitted evaluation and survey forms	None	10 minutes	Database Moderator
6. Receive request form for Drug Test	6. Provide laboratory request for Drug Test upon the	None	5 minutes	Case Manager Physician

	order of the Case Manager or Physician			
7. Submit patient for drug testing	7. Advice patient to look for a DOH Accredited Drug Testing Center	payment varies on the Drug Testing Center	1 day	Case Manager
8. Submit the e-copy of drug test result	8. Receive e-copy of drug test result	None	5 minutes	Case Manager
9. Client can pay aftercare fee thru LBC or fund transfer	9. Inform patient to pay his/her aftercare fees	None	5 minutes	Case Manager
10. Proceed to LBC or Landbank account for payment	10. Claim and validate payment	Php. 5,400.00	1 day	Cashier
11. Receive e-copy of Official Receipt	11. Issue Official Receipt and Send the e-copy thru facebook or email.	None	5 minutes	Cashier
	<b>Total</b>	<b>Php. 5,400.00</b>	<b>2 days 1 hour and 50 minutes</b>	





## 218. Virtual Session for Outpatient Program

Virtual Session through Facebook messenger provided to the clients enrolled in the Outpatient Program using the Matrix Intensive Outpatient Program to continuously address drug abuse problems and to avoid relapse. This service is available from Mondays to Sundays during office hours.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division (OAD)</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Court Mandated clients, Walk-in or voluntary and those referred by LGU's GO's and NGO's			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Drug Test Result		Any DOH Accredited Drug Testing Center/Clinic		
Evaluation Form (E-copy) 1 copy every end of the session		TRC Bicutan		
Survey Form (E-copy) 1 copy every end of the session		TRC Bicutan		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Receive message from the Case Manager	1. Contact patients for Outpatient Program through facebook messenger	None	10 minutes	Case Manager
2. Receive the e-copy of session/topic guide	2. Send e-copy of session/topic guide	None	2 minutes	Case Manager
3. Attend virtual session of MIOP	3. Facilitate the MIOP Session	None	1 hour	Case Manager
4. Receive and answer the evaluation and survey form	4. Forward the evaluation and survey form	None	5 minutes	Case Manager
5. Forward the filled out forms of Evaluation and Survey	5. Check the database for the submitted evaluation and survey forms	None	10 minutes	Database Moderator

6. Receive laboratory request form for Drug Test	6. Provide laboratory request for Drug Test upon request of Case Manager and Physician	None	5 minutes	Case Manager
7. Submit the e-copy of drug test result	7. Receive e-copy of drug test result	None	1 day	Case Manager
8. Client can pay aftercare fee thru LBC or fund transfer	8. Inform patient to pay his/her outpatient fees	None	5 minutes	Case Manager
9. Proceed to LBC or Landbank for payment	9. Claim and validate payment	Refer to schedule of fees	1 day	Cashier
10. Receive e-copy of Official Receipt	10. Issue Official Request and send e-copy thru facebook or email	None	5 minutes	Cashier
	Total	Refer to schedule of fees	2 days, 1 hour and 42 minutes	

### Schedule of fees

Class A	Php. 9,200.00
Class C1	Php. 6,750.00
Class C2	Php. 4,500.00
Class C3	Php. 2,250.00
Class D	Indigent

## TRC LAS PINAS

### 219. Aftercare Program Online Enrollment

Aftercare and follow-up services provided to the clients through online sessions after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defense against relapse. This is for a period of at least eighteen 18 months. Service is available from Mondays to Fridays 8:00 AM to 6:00 PM.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Clients who completed Residential Program from other TRC and Online Out-Patient Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Court Order for Aftercare Program		Regional Trial Court/Case Counselor/Discharge Officer		
Referral Letter from Case Counselor and Case documents(Case Summary and Discharge Plan) / Agency		Discharge Officer Other TRCs		
Discharged/Clearance Slip		Any TRCs		
Online Enrollment form		OAD		
Online Agreement and Consent Form		OAD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send message to Facebook account	1. Receive message from client and send online enrollment form and list of requirement.	None	2 minutes	OAD Staff
2. Fill-up the online enrolment form together with the scanned or electronic copy of documentary requirements and send back to the Center through messenger	2. Inspect the documents the enrolment form for eligibility to the program and the documents for validity and completeness.	None	5 minutes	OAD Staff

3. Undergo online intake interview	3. Conduct online intake interview	None	20 minutes	OAD Staff
4. Undergo online social Welfare Intake/ Socio-economic classification	4. Conduct Social Welfare Intake online interview	Refer to the table of fees	10 minutes	OAD Social Worker
5.1 Pay the required outpatient fees thru bank transfer or deposit	5.1 Provide the details of payment to the client	None	1 day	OAD Staff
5.2 Send the e-copy of Official Receipt or to the Case Manager	5.2 Receive the e-copy of official receipt from clients	None	5 minutes	OAD Staff
5.3 Receive e-copy of Official Receipt	5.3 Validate payment and issue official receipt	None	10 minutes	Cashier
6. Undergo nursing assessment interview	6. Conduct nursing assessment through online	None	10 minutes	OAD Nurse
7. Undergo Medical assessment	7. Conduct online medical assessment	None	30 minutes	Medical Officer
8. Attend orientation with the program	8. Conduct online orientation of the program	None	20 minutes	Case Manager
9. Fill-up and Sign Online Agreement and Consent Form	<p>Conduct online facilitation of contract signing to the client and petitioner</p> <p>To include schedule of sessions</p> <p>If the client is below 18 years old the guardian or DSWD representative signs the Service</p>	None	5 minutes	Case Manager



	Agreement and Consent Form			
	<b>Total</b>	Refer to the table of fees	<b>1 day 1 hour and 57 minutes</b>	

#### Schedule of Fees

Classification	After Care Program Fee
Full Payment	P 5,400.00
C1	P 4,050.00
C2	P 3,700.00
C3	P 1,875.00



## 220. Outpatient Program Online Enrollment

In compliance to the “New Normal” enrollment process and sessions for the Intensive Out Patient Program utilizing Matrix Intensive Outpatient Program will be conducted and provided online, geared toward guiding and empowering clients, together with their families in becoming sober, productive, and law-abiding members of the community while This service is available every Mondays to Fridays 8:00AM to 6:00PM.

<b>Office or Division:</b>	<b>Outpatient and Aftercare Division</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business			
<b>Who may avail:</b>	Court-Mandated Clients, Voluntary and those referred by the Public and Private Agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<b>For Court Mandated Clients:</b>				
Court Order for enrolment to outpatient program		Court where the petition was filed		
<b>For LGU and NGO referred Clients:</b>				
Valid Screening and Assessment Form		Respective LGUs		
Referral letter		Respective LGUs and NGOs		
For Minor Clients Social Case Study Report		Local DSWD		
<b>For Drug free Workplace</b>				
Referral Letter from Company		HR Company		
Drug Dependency Examination		Any DOH Accredited Drug Testing Center		
Online Enrollment form		OAD		
Online Agreement and Consent Form		OAD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Send message to Facebook account	1. Receive message from client and send online enrollment form and list of requirement.	None	2 minutes	OAD Staff
2. Fill-up the online enrolment form together with the scanned or electronic copy of documentary requirements and send back to the Center through messenger	2. Inspect the documents the enrolment form for eligibility to the program and the documents for validity and completeness.	None	5 minutes	OAD Staff
3. Undergo online intake interview	3. Conduct online intake interview	None	20 minutes	OAD Staff
4. Undergo online social Welfare Intake/ Socio-economic classification	4. Conduct Social Welfare Intake online interview	Refer to the table of fees	10 minutes	OAD Social Worker
5.1 Pay the required outpatient fees thru bank transfer or deposit	5.1 Provide the details of payment to the client	None	1 day	OAD Staff
5.2 Send the e-copy of Official Receipt or to the Case Manager	5.2 Receive the e-copy of official receipt from clients	None	5 minutes	OAD Staff
5.3 Receive e-copy of Official Receipt	5.3 Validate payment and issue official receipt	None	10 minutes	Cashier
6. Undergo nursing assessment interview	6. Conduct nursing	None	10 minutes	OAD Nurse

	assessment through online			
7. Undergo Medical assessment	7. Conduct online medical assessment	None	30 minutes	Medical Officer
8. Attend orientation with the program	8. Conduct online orientation of the program	None	20 minutes	Case Manager
9. Fill-up and Sign Online Agreement and Consent Form	<p>Conduct online facilitation of contract signing to the client and petitioner</p> <p>To include schedule of sessions</p> <p>If the client is below 18 years old the guardian or DSWD representative signs the Service Agreement and Consent Form</p>	None	5 minutes	Case Manager
	<b>Total</b>	<b>Refer to the table of fees</b>	<b>1 day 1 hour and 57 minutes</b>	

**Table of Fees:**

Class A	Php. 9,200.00
Class C1	Php. 6,900.00
Class C2	Php. 4,600.00





Class C3	Php. 2,300.00
Class D	Indigent



## **Luzon Drug Treatment and Rehabilitation Center**

### **NEW SERVICES**



## TRC Bataan

### 221. Enrollment for Aftercare Services for Outpatient

Aftercare and follow-up services provided to the clients after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defense against relapse. This is period of at least nine (9) months.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business	
<b>Who may avail:</b>	Court-Mandated Clients, walk-in or voluntary and those referred by the LGU's and NGO's	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>For Court-Mandated Clients:</b>		
Court Order for Admission to Aftercare Program		Court where the Petition was filed
Drug Dependency Examination		Any accredited DOH Physician
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		
Valid ID of Petitioner and Client		
<b>For LGU and NGO referred clients</b>		
Referral Letter		Respective LGUs and NGOs
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		
Valid ID of Petitioner and Client		
<b>For walk-in clients</b>		
Request Letter		Requesting Party
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		
Valid ID of Petitioner and Client		
<b>For drug-free workplace</b>		
Endorsement Letter		HR of company
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		

Chest X-ray and Drug Test Result				
Valid ID of Petitioner and Client				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Schedule thru Teleconference	1.1. Confirm and call for queuing, explain the documents needed prior to schedule time and date of enrollment.	None	10 minutes	Admitting Staff
2. Subject self to triage	2. Assessment by Triage officer on duty	None	1 hour	Triage Nurse on Duty & Doctors on Duty
3. Submit for security inspection of belongings, body search and frisking	3. Conduct inspection of belongings, body search and frisking	None	15 minutes	Security Guard on duty
4. Submit complete required documents	4. Receive and validate the documents for completeness and authenticity of the documents.  If documents are NOT COMPLETE, advise the client and the petitioner to complete the requirements	None	20 minutes	Admitting Staff
5. Log in the Admission Logbook	5. Review entry in the logbook	None	5 minutes	Admitting Staff
6. Schedule for Orientation	6. Provide Checklist for needed documents to be submitted and give schedule and time for orientation and enrollment.	None	10 minutes	Aftercare Staff
7. Attend orientation	7. Conduct Orientation for Aftercare Program	None	30 minutes	Aftercare Staff
8. Undergo Social Welfare Intake Interview /	8. Conduct Social Welfare Intake Interview/ Socio-	None	30 minutes	Aftercare Staff

Socio-Economic Classification	Economic Classification			
Sign the Service Agreement and Consent Form	Facilitates contract signing to the client and give the schedule for Aftercare session. To include schedule of sessions.  If the client is below 18 years old the guardian or DSWD representative signs the Service Agreement and Consent Form	None	20 minutes	Aftercare Staff
9. Log out Admission Logbook	9. Review entry in the logbook	None	5 minutes	Aftercare Staff/PACD
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 30 minutes</b>	



## 222. OPD Online Sessions

Intensive Outpatient Program (IOP) is a 6-month non-residential drug treatment and rehabilitation level of care which provides services and interventions to address drug abuse problem. It utilizes holistic and evidence-based treatment modalities and approaches geared toward guiding and empowering clients, together with their families in becoming sober, productive and law-abiding members of the community. This service may be availed by any individual screened and assessed to undergo Intensive Outpatient Program as ordered by the Court or referred by the Local Government Unit or other agency.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2G- Government to Government, G2B- Government to Business	
<b>Who may avail:</b>	Court-Mandated Clients, walk-in or voluntary and those referred by the LGU's and NGO's	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
<b>For Court-Mandated Clients:</b>		
Court Order for Admission to Intensive Outpatient Program		Court where the Petition was filed
Drug Dependency Examination		Any accredited DOH Physician
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		
Valid ID of Petitioner and Client		
<b>For LGU and NGO referred clients</b>		
Valid Screening and Assessment Form		Respective LGUs
Referral Letter		Respective LGUs and NGOs
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		
Valid ID of Petitioner and Client		
<b>For walk-in clients</b>		
Valid Screening and Assessment Form		Outpatient and Aftercare Division / Treatment and Rehabilitation Division
Request Letter		Requesting Party
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU		
Chest X-ray and Drug Test Result		



Valid ID of Petitioner and Client				
<b>For drug-free workplace</b>				
Endorsement Letter		HR of company		
RT PCR Test Result, Rapid Test Result with (+IgG) or Medical Certificate from RHU				
Chest X-ray and Drug Test Result				
Valid ID of Petitioner and Client				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Schedule thru Teleconference	1. Confirm and call residents for schedule of online sessions.	None	10 minutes	OPD Staff
2. Confirm attendance thru online affirmation	2. Confirm and call for attendance of the online session's participants.	None	15 minutes	OPD Staff
3. Attend the session proper.	3. Facilitate the online session or activity.	None	1 hour	OPD Staff
4. Submit the worksheets for the day's session or activity.	4. Check and record the output of clients for the day's session or activity.	None	1 hour	OPD Staff
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 10 minutes</b>	



## 223. Triage for Admissions of Residential/ Inpatient

Triage screening is in place for both the protection of the individual, residents and staff of the facility from COVID-19 Virus. The service is available from Monday to Friday from 8:00 - 5:00 PM without noon break.

<b>Office or Division:</b>	Technical Division (Medical Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	Clients who submits themselves for voluntary admission or for clients with Temporary Confinement Order or Court Order for Admission. except those displaying: a. Strong Psychiatric Symptoms of: suicidal tendencies, self-harm, psychosis b. Physical and verbal aggression, violence c. Medically unfit to undergo Drug Treatment and Rehabilitation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Negative PCR Result or Rapid Test with positive IGG result or RHU Clearance		Any Accredited Laboratory that offers the service		
Court Order		Court where petition was filed		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the center to be included in the queuing list	1.1. Request the following information from the client: Name of Patient: Age of Patient: Address of Patient: Name of Petitioner: Address of Petitioner: Contact Number of Petitioner:	None	3 minutes	<i>Admitting Staff</i>



	<p>1.2 Inform the client of the initial requirements for admission:</p> <p>Ø Negative PCR test result, or Rapid Test with positive IGG result, or RHU Clearance  Ø Court Clearance (no pending case)  Ø Php1,500 fee for Drug Dependency Examination or Certificate of Indigency from the Barangay</p>	None	3 minutes	Admitting Staff
	<p>1.3 Call the client on his/her schedule for tele-triaging. If the client is fit for rehab, he/she will be scheduled for physical triaging. If not fit for rehab, client will be referred to concerned agency.</p>	None	10 minutes	Physician on Duty
2. Report to the center for physical triaging.	<p>2.1 Perform visual inspection of face mask and temperature scanning.  Ø If temperature is <math>\geq 37.6</math>. Send client to isolation tent for check-up</p>	None	15 minutes	Triage Nurse on Duty; Physician on Duty

	of doctor on duty. Follow instructions as advised by the physician on duty. Ø If temperature is normal, proceed to Step 3.			
3. Subject self to handwashing and foot bath.	3.1 Disinfect client with 70% alcohol.	None	7 minutes	<i>Triage nurse on duty</i>
	3.2. Provide Health Declaration Form (HDF)	None	1 minute	<i>Triage nurse on duty</i>
4. Fill out and submit the HDF.	4.1 Screening of HDF	None	5 minutes	<i>Physician on duty</i>
	4.2 If with <u>Yes</u> answer, send client to isolation tent for the interview of Physician.	None		
	4.3 If all answers are <u>No</u> , for health teachings or remind the client about the covid-19 precautions. To notify the doctor on duty regarding the answer to the HDF. Instruct the client to proceed to laboratory for drug testing.	None		
5. Proceed to Laboratory	5.1 Provide consent form for drug testing.	None	1 minute	<i>Medical Technologist</i>

6. Fill out and submit the consent form. Subject self for drug testing.	6.1 Facilitate the collection of urine. Ø If the client's drug test result is <u>positive</u> , he will undergo detoxification while on quarantine.	None	20 minutes	<i>Medical Technologist</i>
7. Subject self for 14-day quarantine.	Monitor the client while on quarantine. After 2 weeks without symptoms, the nurse on duty will endorse the client to the admitting staff for regular admission.	None	pause clock	<i>Nurse on duty</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 5 minutes</b>	



## 224. Triage for Intensive Outpatient Enrolment

Triage screening is in place for both the protection of the individual, residents and staff of the facility from COVID-19 Virus. The service is available from Monday to Friday from 8:00 - 5:00 PM without noon break.

<b>Office or Division:</b>	Technical Division (Medical Section/Out Patient Section)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	This service may be availed by any individual screened and assessed to undergo Intensive Outpatient Program as ordered by the Court or referred by the Local Government Unit or other agency.			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Mask			Client	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the center to be included in the queuing list	1.1. Request the following information from the client: Name of Patient: Age of Patient: Address of Patient: Name of Petitioner: Address of Petitioner: Contact Number of Petitioner:	None	10 minutes	<i>Admitting Staff</i>
	1.2 Inform the client of the initial requirements for enrolment:  Ø Negative PCR test result, or Rapid Test with positive IGG result, or RHU Clearance Ø Court Order	None	10 minutes	<i>Admitting Staff</i>
	1.3 Call the client on his/her schedule for tele-triaging. If the client is fit for enrolment, he/she will be scheduled for	None	10 minutes	<i>Physician on Duty</i>

	physical triaging. If not fit for rehab, client will be referred to concerned agency.			
2. Report to the center for physical triaging.	2.1 Perform visual inspection of face mask and temperature scanning. Ø If temperature is $\geq 37.6$ . Send client to isolation tent for check-up of doctor on duty. Follow instructions as advised by the physician on duty. Ø If temperature is normal, proceed to Step 3.	None	15 minutes	<i>Triage Nurse on Duty; Physician on Duty</i>
3. Subject self to handwashing and foot bath.	3.1 Disinfect client with 70% alcohol.	None	10 minutes	<i>Triage nurse on duty</i>
	3.2. Provide Health Declaration Form (HDF)	None	5 minute	<i>Triage nurse on duty</i>
4. Fill out and submit the HDF	4. Screening of HDF	None	5 minutes	<i>Triage nurse on duty</i>
	If with <u>Yes</u> answer, send client to isolation tent for the interview of Doctor.	None		
	If all answers are <u>No</u> , for health teachings or remind the client about the covid-19 precautions. To notify the doctor on duty regarding the answer to the HDF. Instruct the client to proceed to laboratory for drug testing.	None		
5. Proceed to laboratory	5. Provide consent form for drug testing.	None	5 minutes	<i>Medical Technologist</i>

6. Fill out and submit the consent form. Subject self for drug testing.	6. Facilitate the collection of urine. Inform the OPD staff on the result of the drug testing and he will instruct the client to proceed to the Park for the enrolment.	None	20 minutes	<i>Medical Technologist</i>
7. Proceed to assigned area for enrollment	7. Facilitate the Intensive Outpatient enrolment.	None	10 minutes	<i>OPD staff</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 40 minutes</b>	

## 225.Triage for Other Transactions

Triage screening is in place for both the protection of the individual, residents and staff of the facility from COVID-19 Virus. The service is available from Monday to Friday from 8:00 - 5:00 PM without noon break.

<b>Office or Division:</b>		Technical Division (Medical Section)		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C - Government to Citizen G2B - Government to Business G2G - Government to Government		
<b>Who may avail:</b>		General Public		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid ID		GSIS, Pag-ibig, SSS, Philhealth, Postal, COMELEC		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call the center at 0999-916-1531 to be included in the queuing list	1.1. Ask the Full Name and Address of the client/ petitioner/ etc.	None	10 minutes	<i>Admitting Staff</i>
	1.2 Ask what kind of transaction to be done at the center.	None	5 minute	<i>Admitting Staff</i>
	1.3 Call the client on his/her schedule for tele-triaging. If the client has no covid 19 symptoms, he/she will be scheduled for physical triaging. If with symptom/s,	None	10 minutes	<i>Triage Nurse on Duty</i>

	he/she will be rescheduled again for tele-triaging			
2. Report to the center for physical triaging.	2.1 Perform visual inspection of face mask and temperature scanning. Ø If temperature is $\geq 37.6$ . Send client to isolation tent for check-up of doctor on duty. Follow instructions as advised by the physician on duty. Ø If temperature is normal, process to Step 3.	None	15 minutes	<i>Triage Nurse on Duty; Physician on Duty</i>
3. Subject self to handwashing and foot bath.	3.1 Disinfect client with 70% alcohol.	None	10 minutes	<i>Triage nurse on duty</i>
	3.2. Provide Health Declaration Form (HDF)	None	5 minutes	<i>Triage nurse on duty</i>
4. Fill out and submit the HDF.	4. Screening of HDF	None	5 minutes	<i>Triage nurse on duty</i>
	If with <u>Yes</u> answer, send client to isolation tent for the interview of Doctor.	None	15 minutes	
	If all answers are <u>No</u> , for health teachings or remind the client about the covid-19 precautions. To notify the doctor on duty regarding the answer to the HDF. Instruct the client to proceed to the park for the queries or other transactions.	None		
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 15 minutes</b>	





## DATRC Dagupan

### 226. Online Appointment for Admission of Residential and OPD Clients

This aims to provide proper guidance to clients under the new normal. The service is available from Monday to Friday from 8:00-5:00 PM with no noon break.

<b>Office or Division:</b>	Legal Division/Public Assistance and Complaint Desk (PACD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	Clients for Admission to Residential and OPD Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Plea bargains:</b> Original or Certified True Copy of Court Order		Court where the Petition was filed		
<b>For voluntary:</b> Temporary Confinement Order or Court Order or Docketed Petition for Confinement		Court where the Petition was filed		
RT-PCR Test Result		Any Accredited Testing Facility		
Medical Certificate certifying that the client is not Covid-19 confirmed case, Suspected Patient Under Investigation (PUI) and Probable (PUI) case, and have not travelled to any high risk areas		Municipal/Local Health Officer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Make a call to the hotline of DTRC Dagupan	1. Give instruction to the client	None	10 minutes	PACD
2. Send documentary requirements via E-mail address or Facebook messenger	2.1. Validate the documents for completeness and authenticity.	None	1 day	Admitting Officer

	2.2 Inform appointment date of client via E-mail/Phone or Facebook messenger	None	1 day	Admitting Officer
3. Receive the notification and inform the center for confirmation of appointment	3. Accept Confirmation of appointment and record the client's appointment in the logbook	None	15 minutes	Admitting Officer
	<b>TOTAL</b>	<b>None</b>	<b>2 days and 25 minutes</b>	

## 227. Triage for Transacting Clients

This aims to provide proper guidance for all transacting clients entering the center. To classify clients according to Health Status as per Covid-19 precautionary measure.

<b>Office or Division:</b>	Administrative Division/Medical Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	All clients entering the Center for Transaction			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any valid Identification card		Office (Government/Private), School, Post Office, COMELEC		
<b>For Clients for Admission:</b> RT-PCR Test Result  Medical Certificate certifying that the client is not Covid-19 confirmed case, Suspected Patient Under Investigation (PUI) and Probable (PUI) case, and have not travelled to any high risk areas		Any Accredited Testing Facility  Municipal/Local Health Officer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to foot bath	1. Facilitate foot bath	None	2 minutes	<i>Security Guard</i>
2. Proceed to Thermal scanning	2. Perform Thermal Scanning	None	2 minutes	<i>Security Guard</i>
3. Proceed to Hand washing area	3. Facilitate Hand washing	None	5 minutes	<i>Security guard</i>
4. Execute Health declaration form	4. Receives accomplished Health declaration form	None	3 minutes	<i>Security Guard</i>
5. Proceed to body search	5. Representative gives instruction to the client	None	5 minutes	<i>Security Guard</i>
6. Proceed to triage area	6. Performs triaging	None	10 minutes	<i>Triage Officer</i>



7. Proceed to PACD for Proper Assignment of Office to Transact	7. Verify Clients' needs/document s and designate to concerned office	None	20 minutes	PACD
	<b>TOTAL</b>	<b>None</b>	<b>47 minutes</b>	

## TRC Tagaytay

### 228. Availment of Family Teleconference for Residential Patients

Family teleconferencing is specifically designed as an alternative approach to family intervention for residential patients during the time of COVID-19 pandemic. It provides opportunity for further data gathering, family profiling and family crisis session without requiring physical presence of families inside the Center. It aids the family to readily provide familial support to their patients at the same minimizing the risk of infection. The service is available every Monday to Sunday at 1:00PM to 5:00PM.

<b>Office or Division:</b>	Psychology Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Residential Clients and their Families			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Slip		Medical Officer / Dorm Manager / Social Worker		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Referral Slip and wait for further instructions	1.1 Receive and Validate Referral Slip	None	5 minutes	<i>Dorm Manager</i>
	1.2 Coordinate with the Dorm Manager for the family's contact details and for the use laptop	None	5 minutes	<i>Psychologist – on - Case</i>
	1.3 Facilitate online communication with the petitioner	None	5 minutes	<i>Psychologist – on - Case</i>
2. Proceed to Psychotherapy Room	2. Conduct Introduction and Explanation of the Purpose, Scope and Limitation of Family Teleconference	None	4 Minutes	<i>Psychologist – on - Case</i>



3. Sign in the Consent Form	3. Facilitate Signing of the Consent Form	None	1 Minute	<i>Psychologist – on - Case</i>
4. Undergo online family teleconferencing	4.1 Conduct Family Teleconferencing	None	1 Hour and 30 Minutes	<i>Psychologist – on - Case</i>
	4.2 Closing of Counseling/ Therapy Session	None	5 Minutes	<i>Psychologist – on - Case</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 Hours and 55 Minutes</b>	



## 229. Family Telecounseling for the Intensive Out-patient and After-care program

Family TeleCounseling through telecommuting is an Intensive Out-Patient program intended as an alternative strategic approach for Persons Who Use Drugs (PWUDs) during the time of the Covid-19 pandemic. Telecommuting is sanctioned by the Department of Health (as part of the Infection Prevention and Control measures) to provide continuum of care for affected PWUDS - not requiring the client's physical presence at the center. Our counselors will provide family counseling (from outside of the center) - through phone or other communication platforms available for both the counselors and the clients. Family counseling for the client's family, relative or significant other is done once a week. The service is scheduled from Mondays - Sundays from 8:00 – 5P.M. No noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	IOP and After-Care Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
NONE			NONE	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Client's family, relative or significant other communicates with the designated counselor through phone or other communication platforms	1. Provide family counseling	None	15 minutes	<i>Designated Counselor</i>
2. Take instructions of homework scheduled for next session through phone or other communication platforms	2. Assign Homework scheduled for next session	None	2 minutes	<i>Designated Counselor</i>
3. Accomplish the client's satisfaction survey through phone or other communication platforms	3. Conduct client's satisfaction survey	None	1 minute	<i>Designated Counselor</i>
<b>TOTAL</b>		<b>None</b>	<b>18 minutes</b>	

## 230. Individual Telecounseling for the Intensive Out-patient and After-care Program

TeleCounseling through telecommuting is an Intensive Out-Patient program intended as an alternative strategic approach for Persons Who Use Drugs (PWUDS) during the time of the Covid-19 pandemic. Telecommuting is sanctioned by the Department of Health (as part of the Infection Prevention and Control measures) to provide continuum of care for affected PWUDS - not requiring the client's physical presence at the center. Our counselors will provide individual counseling (from outside of the center) - through phone or other communication platforms available for both the counselors and the clients. Individual counseling is done twice weekly. The service is scheduled from Mondays - Sundays from 8:00 – 5:00P.M. No noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	IOP and After-Care Clents			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
NONE			NONE	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Communicate with the designated counselor through phone or other communication platforms	1. Provide individual counseling	None	15 minutes	<i>Counselor – in – Charge</i>
2. Get instructions of homework scheduled for next session through phone or other communication platforms	2. Assign homework scheduled for next session	None	2 minutes	<i>Counselor – in – Charge</i>





3. Accomplish the client's satisfaction survey through phone or other communication platforms	3. Conduct client's satisfaction survey	None	3 minute	<i>Counselor – in – Charge</i>
	<b>TOTAL</b>	<b>None</b>	<b>20 minutes</b>	



## **Visayas Drug Treatment and Rehabilitation Center**

### **NEW SERVICES**

## TRC Dulag

### 231. TRIAGE for Visitation

This is being conducted to provide proper guidance to all transacting clients by ensuring that infection and prevention control measures are being observed by clients upon entrance in the facility.

Schedule of Visit for DDE: Monday, Wednesday and Friday only

Schedule of Visit for Admission to Residential: Tuesday and Thursday only

Schedule of Visit for Enrollment to Intensive Outpatient: Daily

<b>Office or Division:</b>	MEDICAL SECTION			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	Persons Who Use Drugs (PWUDs), All Government Agencies, NGO, LGU and other government instrumentalities			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Clients for DDE, Admission to Residential and, Enrollment to Intensive Out-patient		?		
Additional Requirements:  1. Medical Certificate stating that client is not exhibiting any signs and symptoms of Acute Respiratory Illness or related to covid-19.		Respective Medical officer of the BJMP, City Health Office, Rural Health Center or any private hospital or clinic		
2. One (1) original copy of the Chest radiograph result (14 days' validity only from the date of examination)		Diagnostic Clinic		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get appointment in person or via phone call or SMS.	1. Inform client of the scheduled date of visit.	None	10 minutes	Designated DDE Coordinator

2. Escort to observe handwashing and step in the foot bath prior to entering the facility.	2. Ensure client and escorts observe health protocols.	None	5 minutes	Peace Officers
3. Undergo pre-screening interview, temperature check and alcohol spray.	3. Ask basic travel history of client as indicated in the Health Declaration Form and let client affix signature.	None	10 minutes	Peace Officer
4. Submit for security protocol	4. Performs security protocol to client and their petitioner prior to entering premises of the DATRC	None	10 minutes	Peace Officer
5. Client and/or escort change face mask	5. Peace Officer provides and instructs clients to properly wear facemask and face shield.	None	10 minutes	Peace Officer
6. Proceed to PACD for Proper Assignment of Office to Transact	6. Verify Clients' needs/documents and designate to concerned office	None	20 minutes	PACD
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 5 minutes</b>	



## **Visayas Drug Treatment and Rehabilitation Center**

### **NEW SERVICES**

## 232. TRC AGUSAN DEL SUR

### Availment of Rapid Antibody Test for Covid-19 and 14-day quarantine of clients for inpatient admission

To ensure the health and safety of PWUDs and HCWs against infections including COVID-19 in the treatment and management of PWUDs. This aims to provide proper guidance to clients under the new normal. The service is available from Monday to Friday from 8:00-5:00 PM with no noon break.

<b>Office or Division:</b>	Public Assistance and Complaint Desk (PACD), Medical and Psychological Service Section, Medical Social welfare office			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	Clients for Admission to Residential			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Plea bargains:</b> Original or Certified True Copy of Court Order		Court where the Petition was filed		
<b>For voluntary:</b> Temporary Confinement Order or Court Order or Docketed Petition for Confinement		Court where the Petition was filed		
Government Issued I.D.		PRC, LTO driver's license, COMELEC voter's I.D., DFA passport, Post Office, SSS, GSIS, Pag-ibig		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inform DATRC – ADS via Phone call	1.1. Accommodate the call and give instruction	None	10 minutes	PACD
	1.2. Log in clients personal data, address and contact information	None	10 minutes	PACD
	1.3. Inform the CHPO of incoming client	None	10 minutes	PACD

2. Wait for confirmation and schedule	2.1 Give confirmation and schedule the date testing and quarantine	None	20 minutes	CHPO
	2.2. Give final instruction to client	None	10 minutes	Case manager/MSW officer
3. Submit for security and biosafety protocol	3.1. Do security protocol and temperature checking and alcohol disinfection	None	10 minutes	Security Guard on duty
	3.2. Company client to the testing and quarantine facility	None	10 minutes	Security Guard on duty
4. Submit to contact tracing interview	4. Conduct contact tracing interview	None	15 minutes	Quarantine Nurse on duty
5. Submit vital signs checking	5. Conduct vital signs checking	None	10 minutes	Quarantine Nurse on duty
6. Submit to preliminary health and psychological assessment	6.1 Conduct health and psychological assessment	None	20 minutes	Medical Officer on Duty
	6.2 order Rapid Antibody test for covid-19	None	5 minutes	Medical Officer on Duty
7. Undergo Rapid Antibody test for covid-19	7.1. Extract blood sample	None	5 minutes	Trained Medical Technician
	7.2. Perform Rapid Antibody Testing	None	20 minutes	Trained Medical Technician

8. Wait for the result	8.1. Interpret result  If negative RAT; may proceed with quarantine	None	10 minutes	Medical Officer on Duty
	If positive RAT; Defer admission process,  Refer to RHU San Francisco/ PDOHO-ADS/ Agusan del Sur PHO  Advise to undergo RT-PCR	None	30 minutes	Medical Officer on Duty
	8.2. Explain the result	None	10 minutes	Medical Officer on Duty
9. Undergo Quarantine at DOH-DATRC-ADS temporary quarantine facility	9.1. Usher to room and perform the following activities during 14-day quarantine: <ul style="list-style-type: none"> <li>• Provide 3 meals per day</li> <li>• Conduct regular vital signs monitoring</li> <li>• conduct regular health assessment thru telemedicine</li> <li>• conduct regular</li> </ul>	None	14 days	Quarantine Nurse on duty  Dietician/kitchen personnel  Quarantine Nurse on duty  Medical Officer on Duty



	<p>stress debriefing exercise thru telemedicine</p> <ul style="list-style-type: none"> <li>• instruct early morning exercise and do recreational activity</li> <li>• provide round the clock security; with installed CCTV camera inside and around the quarantine facility</li> </ul>			<p><i>MSW officer / Psychologist Medical Officer on Duty / Hospital Psychiatrist</i></p> <p><i>Quarantine Nurse on duty</i></p> <p><i>Security Guard on duty</i></p>
10. Submit to final health assessment	10.1. Conduct health assessment.	None	20 minutes	<i>Medical Officer on Duty</i>
	<p>10.2 Recommend for discharge from quarantine if essentially healthy</p> <p>If not; recommend repeat Rapid Antibody Test for covid-19</p>	None	10 minutes	<i>Medical Officer on Duty</i>
	<b>TOTAL</b>	<b>None</b>	<b>14 days 3 hours and 55 minutes</b>	

## 233. Telemedicine

To provide an alternative to the traditional face to face consultation, assessment, intervention and treatment for clients in need of medical and psychological services gearing toward the new normal. To ensure the health and safety of PWUDs and HCWs against infections including COVID-19 in the treatment and management of PWUDs and to address the work from home status of some staff and personnel. The service is available from Monday to Friday from 8:00-5:00 PM with no noon break.

Office or Division:	Administrative division / Medical and Psychological Services Section			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government G2B- Government to Business			
Who may avail:	OPD/ACP clients, Referral from other agencies and Inpatient Clients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Scanned copy of Request letter				
Personal phone number / office telephone number				
Scanned copy of 1 Valid ID			PRC, LTO driver's license, COMELEC voter's I.D., DFA passport, Post Office, School.	
Scanned copy of Formal Referral			Concerned Government agency or Private Institution	
			Nurse on duty for inpatient clients	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call thru hotline or send documentary requirements thru DATRC-ADS E-mail address	1.1. Accommodate call and give instruction	None	10 minutes	PACD
	1.2. Receive the requirements from the email  For inpatient: Receive referral form	None	5 minutes	PACD

	1.3. Log clients Personal data and contact information	None	10 minutes	<i>PACD</i>
2. Submit for triaging	2.1. Conduct triage for appropriated service	None	10 minutes	<i>PACD</i>
	2.2. Refer to concerned division/section	None	5 minutes	<i>PACD</i>
3. Client wait for confirmation and schedule of appointment	3.1. Coordinate service to appropriate division/section and confirmed schedule	None	20 minutes	<i>PACD</i>
	3.2. Confirm appointment and set date/time and recommend accessible medium of communication (via phone call, FB messenger, viber messaging, zoom or webex)	None	20 minutes	<i>Staff Nurse on Duty or MSW on Duty</i>
	3.3 assign appropriate staff or personnel for specific needs	None	20 minutes	<i>Staff Nurse on Duty or MSW officer on Duty</i>
4. Submit to interview/assessment thru call or video conferencing	4.1. Conduct interview and assessment	None	30 minutes	<i>Medical Social Worker Officer</i>
	4.2. Establish an initial working impression/diagnosis	None	10 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty / Psychiatrist on Duty</i>
	4.3. Formulate treatment plan or action plan	None	20 minutes	<i>Medical Social Worker Officer / Psychologist/</i>

				<i>Medical Officer III on Duty / Psychiatrist on Duty</i>
	4.4. Do Referral when necessary	None	20 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty / Psychiatrist on Duty</i>
	4.5. Schedule follow-up appointment	None	10 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty / Psychiatrist on Duty</i>
	4.6. Explain the processing time to client and when is the result, prescriptions, referral and follow-up appointment	None	20 minutes	<i>Medical Social Worker Officer / Psychologist/ Medical Officer III on Duty / Psychiatrist on Duty</i>
5. Receive result, prescriptions, referral and follow-up appointment thru e-mail or messenger	5. Send result, prescriptions, referral and follow-up appointment to clients e-mail or messenger	None	10 minutes	<i>Staff Nurse on Duty or MSW on Duty</i>
	<b>TOTAL</b>	<b>None</b>	<b>3 hours and 40 minutes</b>	



## **Visayas Drug Treatment and Rehabilitation Center**

### **NEW SERVICES**

## 234. Online Appointment for the Face-to-Face Enrollment to Outpatient Programs

Intensive Outpatient Program (IOP) is a 6-month non-residential drug treatment and rehabilitation level of care which provides services and interventions to address drug abuse problems. It utilizes holistic and evidence-based treatment modalities and approaches geared toward guiding and empowering clients, together with their families in becoming sober, productive, and law-abiding members of the community. This service may be availed by any individual screened and assessed to undergo Intensive Outpatient Program as ordered by the Court or referred by the Local Government Unit or other agency. The service is available from Monday - Friday from 8:00 - 5:00 PM with no noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	Court-Mandated Clients, voluntary and those referred by the LGUs and NGOs			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For Court-Mandated Clients:</b>				
Court Order for Admission to Intensive Outpatient Program (IOP)		Court where the Petition was filed		
Drug Dependency Examination		Any accredited DOH Physician		
<b>For LGU and NGO referred clients</b>				
Valid Screening and Assessment Form		Respective LGUs		
Referral letter		Respective LGUs and NGOs		
<b>For walk-in clients</b>				
Valid Screening and Assessment Form		Outpatient and Aftercare Division / Treatment and Rehabilitation Division		
Request Letter		Requesting Party		
<b>For drug-free workplace</b>				
Endorsement letter		HR of company		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Search for "DOH - Treatment and Rehabilitation Center Pototan" on facebook or messenger	1. Ensure and maintain the availability of the "DOH - Treatment and Rehabilitation Center Pototan"	None	5 minutes	<i>HIMS Staff and Outpatient Staff</i>

1.1 Open the chat service  <i>If using a mobile device:</i> 1.2 Click “Get Started”	facebook page and messenger			
2. Choose or click the “Plea Bargaining and other RA 9165 registration” option  2.2 Click “Register”	2. Provide the online “DOH-TRC ADMISSION FORM (OPAC)”	None	2 minute	<i>HIMS Staff and Outpatient Staff</i>
3. Accomplish the “DOH-TRC ADMISSION FORM (OPAC)” and click submit	3. Monitor online submissions within the day and endorse to Outpatient Staff  3.1 Receive and review admission forms submitted online	None	15 minutes	<i>HIMS Staff  Outpatient Staff</i>
4. Wait for the schedule of your face to face enrollment	4. Arrange a schedule for a face to face enrollment  4.1 Inform the client of his/her schedule through text or sms	None	15 minutes	<i>Outpatient Staff</i>
5. Prepare the required documents and submit upon scheduled face to face enrollment	4. Provide checklist of documentary requirements through text or sms	None	5 minutes	<i>Outpatient Staff</i>
	<b>TOTAL</b>	<b>See list of fees</b>	<b>1 day and 42 minutes</b>	

### Schedule of Fees

Outpatient Program Fees	Duration – Facility
PHP 12,000	6 months - TRC Iloilo

## 235. Online Appointment for the Face-to-face Enrollment to Aftercare Services

Aftercare and follow-up services provided to the clients after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defense against relapse. This is for a period of at least eighteen (18) months and should be undertaken by the appropriate Center personnel. Service available from Monday to Friday, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	Clinical Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business, G2G- Government to Government			
<b>Who may avail:</b>	Clients who completed Residential and Out-Patient Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Court Order for Aftercare Program		Regional Trial Court/Case Counselor		
Referral Letter from Case Counselor		Case Counselor		
Discharged/Clearance Slip		TRC		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Search for “DOH - Treatment and Rehabilitation Center Pototan” on facebook or messenger  1.1 Open the chat service  <i>If using a mobile device:</i> 1.2 Click “Get Started”	1. Ensure and maintain the availability of the “DOH - Treatment and Rehabilitation Center Pototan” facebook page and messenger	None	5 minutes	<i>HIMS Staff and Aftercare Staff</i>
2. Choose or click the “Aftercare Clients” option  2.2 Click “Register”	2. Provide the online “DOH-TRC ADMISSION FORM (AFTERCARE)”	None	2 minutes	<i>HIMS Staff and Aftercare Staff</i>



3. Accomplish the "DOH-TRC ADMISSION FORM (AFTERCARE)" and click submit	3. Monitor online submissions within the day and endorse to Aftercare staff 3.1 Receive and review admission forms submitted online	None	15 minutes	<i>HIMS Staff</i>  <i>Aftercare Staff</i>
4. Wait for the schedule of your face to face enrollment	4. Arrange a schedule for a face to face enrollment  4.1 Inform the client of his/her schedule through text or sms	None	15 minutes	<i>Aftercare Staff</i>
5. Prepare the required documents and submit upon scheduled face to face enrollment	4. Provide the checklist of documentary requirements through text or sms	None	5 minutes	<i>Aftercare Staff</i>
	<b>TOTAL</b>	<b>See list of fees</b>	<b>1 day and 42 minutes</b>	

### Schedule of Fees

Aftercare Fee	Duration- Facility
PHP 36,000.00	18 months – TRC Iloilo



## **Luzon Drug Treatment and Rehabilitation Center**

### **UPDATED SERVICES**



## TRC BATAAN

### 236. Availment of Social Reclassification thru online

The Medical Social Worker (MSW) performs eligibility study on the client's social and financial capabilities and establishes their classification on their capacity to pay their fee.

Clients may be classified as follows:

Class A - Full Pay Patients;

Class C- Partial Pay Patient are patients who have the capacity to meet their basic needs but whose income is insufficient to fully meet their medical expenses. To determine how much a patient pays as his/her actual share for hospital share for hospital expenses, the Medical Social Worker will assess based on the modifiers.

Class C patients shall be further sub categorized as follows:

C1 - shall pay 75% of the monthly treatment fee

C2 - shall pay 50% of the monthly treatment fee

C3 - shall pay 25% of the monthly treatment fee

C4 - shall pay 10% of the monthly treatment fee

Class D or Indigent Patient will be given full social service. These are clients who cannot meet their basic needs or who have income but are insufficient to fully meet their medical expenses.

<b>Office or Division:</b>	Medical Social Service Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2G - Government to Government			
<b>Who may avail:</b>	PWUD's family member/petitioner, all government Agencies, LGU, NGO and other government			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid Identification Card; Certificate of Indigency original copy;		GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company		
Social Case Study Report		Barangay Hall/ Municipal/Social Welfare and Development office Municipal/Social Welfare and Development office where the client resides		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

		<b>BE PAID</b>		
1. Send letter of request for social classification through text message to the official number of program department and to the case manager or email request to program department	1. Acknowledge receipt of request by replying to the message and log name of client. Inform the client to submit the requirements through mail, email or messenger.	None	10 minutes	<i>Case Manager, Social Welfare Officer</i>
2. Undertake psychosocial assessment through phone/ Video call	2. Conduct online psychosocial assessment through calls	None	30 minutes	<i>Social Welfare Officer</i>
3. Submit requirements for reclassification	3.1. Download and review documents	None	15 minutes	Social Welfare Officer
	If qualified or eligible for reclassification, prepare recommendation for reclassification	None	10 minutes	Social Welfare Officer
	3.2. Submit recommendation of re-class for approval	None	10 minutes	COH, CHPO, CAO/SAO, SWO
4. Receive result of reclassification	4.1. Discuss to client the result of the reclassification through phone/video call	None	15 minutes	<i>Social Welfare Officer</i>
	4.2. Submit report of reclassification	None	5 minutes	SWO/SWA
	4.3. Record the new rates	None	5 minutes	Billing and claims
	<b>TOTAL</b>	<b>None</b>	<b>1 hr and 40 minutes</b>	

## TRC TAGAYTAY

### 237. Aftercare Consultation

Schedule of consultation for Aftercare clients is from 9AM – 12AM every 2nd and 4th Saturday with no noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Center - Tagaytay			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2G - Government to Government G2B- Government to Business			
<b>Who may avail:</b>	After-Care Clients and their Families			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
NONE			NONE	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Undergo temperature scan and shoes disinfection	1. Allow entry if temperature is less than 37.5 degrees Celsius	None	1 minute	Security guard- on-duty
2. Undergo screening for COVID-19 symptoms and History taking of close contact to persons with confirmed COVID case	2. Allow entry if: A.) There are NO Covid- 19 symptoms such as; 1) Fever 2) cough, 3) shortness or difficulty of breathing and 4) Sore throat  B) NEGATIVE history of close contact to persons with confirmed Covid-19 case for the past 14 days.	None	5 minutes	Nurse-on-Duty / Nursing Attendant-on-Duty

	NOTE: Client will NOT be allowed to enter if positive for ANY of the 4 above-mentioned symptoms AND OR with history of close contact with a confirmed COVID-19 case in the past 14 days			
3. Submit for security inspection of belongings, body search and frisking	3. Conduct inspection of belongings, body search and frisking	None	5 minutes	<i>Security Guard on duty</i>
4. Urine Drug Testing	4. Conduct Urine Drug Test	None	15 minutes	<i>Medical Technologist</i>
5. Attend Activity Sessions	5. Facilitate Group therapy/family session/lectures	None	1 hour	<i>Case Manager</i>
6. *Individual Counseling (for patients who tested positive for drug use and sudden raised issue)	6. Facilitate Counseling	None	30 minutes	<i>Case Manager</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hours and 56 minutes</b>	



## 238. Intensive Outpatient Consultation

Schedule of consultation for IOP clients is from 9AM – 12PM from Monday to Friday with no noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2G - Government to Government G2B- Government to Business			
<b>Who may avail:</b>	IOP Clients and their Families			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
NONE			NONE	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo Temperature scan and shoes disinfection	1. Allow entry if temperature is less than 37.5 degrees Celsius	None	1 minute	Security guard-on-duty
2. Undergo screening for COVID-19 symptoms and History taking of close contact to persons with confirmed COVID case	2. Allow entry if:  A) There are NO Covid- 19 symptoms such as; 1) Fever 2) cough, 3) shortness or difficulty of breathing and 4) Sore throat  B) NEGATIVE history of close contact to persons with confirmed Covid-19 case for the past 14 days.  NOTE: Client will NOT be allowed to enter if positive for	None	5 minutes	Nurse-on-Duty / Nursing Attendant-on-Duty

	ANY of the 4 above-mentioned symptoms AND OR with history of close contact with a confirmed COVID-19 case in the past 14 days			
3. Submit for security inspection of belongings, body search and frisking	3. Conduct inspection of belongings, body search and frisking	None	5 minutes	Security guard-on-duty
4. Undergo Urine Drug Testing	4. Conduct random Urine Drug Test  <i>(for New enrollees, mandatory drug testing for four (4) consecutive Monday and Friday for a total of 8 drug tests)</i>	None	15 minutes	<i>Medical Technologist</i>
5. Attend Activity Sessions	5. Facilitate Group therapy/family session/lectures	None	1 hour	<i>Case Manager</i>
6. Attend to individual <i>(for patients who tested positive for drug use and/or with behavioral, psychological and family issue)</i>	6. Facilitate counseling	None	30 minutes	<i>Case Manager</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 56 minutes</b>	





## **Visayas Drug Treatment and Rehabilitation Center**

### **UPDATED SERVICES**

## TRC DULAG

### 239. Admission to Modified Residential/Inpatient Program

This aims to change and manage one's behavior which is the first and most difficult step in changing one's lifestyle. It creates a structure and system that foster positive behavior.

Schedule of Admission: Tuesday and Thursday only, 1:00PM onwards

Maximum Admission of Clients: 5 clients per schedule

<b>Office or Division:</b>	Residential/Inpatient Division		
<b>Classification:</b>	Simple		
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business G2G – Government to Government		
<b>Who may avail:</b>	Clients who submits themselves for voluntary admission or for clients with Temporary Confinement Order or Court Order for Admission except those displaying; a. Strong Psychiatric symptoms of suicidal tendencies, self-harm, psychosis b. Physical and verbal aggression, violence c. Medically unfit to undergo Drug Treatment and Rehabilitation		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
<b><u>For Voluntary:</u></b> 1. Temporary Confinement Order / Court Order / Docketed Petition for Confinement		Court where the petition was filed	
<b><u>For Plea Bargain:</u></b> 1. Original or Certified True Copy of Court Order		Court where the petition was filed	
2. Drug Dependency Examination			
3. Medical/Psychiatric Clearance		Any licensed laboratory offering the service	
4. Medical Certificate stating that client is not exhibiting any signs and symptoms of Acute Respiratory Illness or related to covid-19.		Respective Medical officer of the BJMP, City Health Office, Rural Health Center or any private hospital or clinic	
5. One (1) original copy of the Chest radiograph result (14 days validity only from the date of examination) --- Schisto		Diagnostic Clinic	
<b>Additional Notes:</b> • Clients for Residential Admission shall be scheduled ahead of time through		Ms. Caryl B. Estrera Administrative Assistant Office of the Supervising Administrative Officer	

personal appointment or via phone call and/or SMS. • Clients shall be accompanied by only one (1) close family member for collateral interview				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get appointment in person or via phone call or SMS.	1. Notify client on the scheduled admission for Residential program	None	10 minutes	Designated DOH TRC Coordinator
2. Follow the health protocol upon entrance.	2. Ensure client and escort observe health protocols.	None	5 minutes	Peace Officers
3. Submit for security protocol	3. Perform security protocol to client and their petitioner prior to entering premises of the DATRC	None	20 minutes	Peace Officer
4. Proceed to the PACD and submits complete required documents	4. Receive and validates the documents for completeness and authenticity.  If documents are NOT COMPLETE, advises the clients and the petitioner to complete the requirements	None	10 minutes	PACD Officer/ Staff-on-Duty
5. Undergo screening and assessment/triaging	5. Administer Screening and Assessment to clients  If NOT Eligible for admission refers client to appropriate facility	None	10 minutes	Staff-on-Duty

6. Petitioner undergoes Social Welfare Intake Interview	6.1. Conduct Social Welfare Intake Interview/Socio-Economic Classification	None	30 minutes	Social Welfare Staff
	6.2. Issue Patient classification Slip	None	5 minutes	Social Worker
7. Petitioner proceeds to Billing Section	7. Prepare order of payment if willing to pay outright. If not, discuss payment terms of their choice and let them sign Commitment to Pay	None	15 minutes	Billing Section
8. Pay corresponding amount to the Cashier Section	8. Collect payment and issue Official Receipt	*Php 5,000	10 minutes	Cash Operations Section
9. Client submit for drug testing and rapid test for covid-19	5.1. Provide brief orientation on the procedure to be conducted;	None	5 minutes	Medical Technologist/ Nurse
	5.2. Conduct urine collection and drug testing;	None	30 minutes	Medical Technologist/ Nurse
	5.3 Conduct Rapid Test for covid-19	None	30 minutes	Medical Technologist/ Nurse
11. Client submit for physical/ medical assessment	11. Conduct physical/medical assessment and get vital signs  If NOT medically fit to undergo treatment and rehabilitation, refers to appropriate facility	None	30 minutes	Medical Doctor and Nurse
12. Client and petitioner meet with staff-on duty for	12. Orients petitioner of basic policies and rules	None	25 minutes	Staff-on-duty



orientation to the residential program				
13. Client submits for admission	13. Receives endorsement of new admission	None	5 minutes	Staff-on-duty/Peace Officer/Dormitory Personnel
14. Client undergoes 7 days detoxification and 14 days mandatory quarantine at the holding area	14. Monitors client's health status daily	None	21 days	Staff-on-duty/Nurse
15. Petitioner goes back to the PACD officer	15. Requests client fill up the Customer Satisfaction Survey	None	5 minutes	PACD Officer
	<b>TOTAL</b>	<b>Php 5,000.00</b>	<b>4 hours</b>	

*\*Residential Fee still depends on the patient classification (A- 5,000, C1- 3,500, C2- 2,500, C3- 1,250, D- Indigent /Full Government Subsidy)*

## 236. Availment of Social Reclassification thru online

The Medical Social Worker (MSW) performs eligibility study on the client's social and financial capabilities and establishes their classification on their capacity to pay their fee.

Clients may be classified as follows:

Class A - Full Pay Patients;

Class C- Partial Pay Patient are patients who have the capacity to meet their basic needs but whose income is insufficient to fully meet their medical expenses. To determine how much a patient pays as his/her actual share for hospital share for hospital expenses, the Medical Social Worker will assess based on the modifiers.

Class C patients shall be further sub categorized as follows:

C1 - shall pay 75% of the monthly treatment fee

C2 - shall pay 50% of the monthly treatment fee

C3 - shall pay 25% of the monthly treatment fee

C4 - shall pay 10% of the monthly treatment fee

Class D or Indigent Patient will be given full social service. These are clients who cannot meet their basic needs or who have income but are insufficient to fully meet their medical expenses.

<b>Office or Division:</b>	Medical Social Service Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2G - Government to Government			
<b>Who may avail:</b>	PWUD's family member/petitioner, all government Agencies, LGU, NGO and other government			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid Identification Card; Certificate of Indigency original copy;		GSIS, Pag-ibig, SSS, LTO, DFA, Philhealth, Post Office, Barangay Hall, DSWD, LGUs, Comelec, BIR, NBI, Company		
Social Case Study Report		Barangay Hall/ Municipal/Social Welfare and Development office Municipal/Social Welfare and Development office where the client resides		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Send letter of request for social classification through text message to the official number of program department and to the case manager or email request to program department	1. Acknowledge receipt of request by replying to the message and log name of client. Inform the client to submit the requirements through mail, email or messenger.	None	10 minutes	<i>Case Manager, Social Welfare Officer</i>
2. Undertake psychosocial assessment through phone/ Video call	2. Conduct online psychosocial assessment through calls	None	30 minutes	<i>Social Welfare Officer</i>
3. Submit requirements for reclassification	3.1. Download and review documents	None	15 minutes	Social Welfare Officer
	If qualified or eligible for reclassification, prepare recommendation for reclassification	None	10 minutes	Social Welfare Officer
	3.2. Submit recommendation of re-class for approval	None	10 minutes	COH, CHPO, CAO/SAO, SWO
4. Receive result of reclassification	4.1. Discuss to client the result of the reclassification through phone/video call	None	15 minutes	<i>Social Welfare Officer</i>
	4.2. Submit report of reclassification	None	5 minutes	SWO/SWA
	4.3. Record the new rates	None	5 minutes	Billing and claims
	<b>TOTAL</b>	<b>None</b>	<b>1 hr and 40 minutes</b>	



## TRC TAGAYTAY

### 237. Aftercare Consultation

Schedule of consultation for Aftercare clients is from 9AM – 12AM every 2nd and 4th Saturday with no noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division / Treatment and Rehabilitation Center - Tagaytay			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2G - Government to Government G2B- Government to Business			
<b>Who may avail:</b>	After-Care Clients and their Families			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
NONE			NONE	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Undergo temperature scan and shoes disinfection	1. Allow entry if temperature is less than 37.5 degrees Celsius	None	1 minute	Security guard- on-duty
2. Undergo screening for COVID-19 symptoms and History taking of close contact to persons with confirmed COVID case	2. Allow entry if: A.) There are NO Covid- 19 symptoms such as; 1) Fever 2) cough, 3) shortness or difficulty of breathing and 4) Sore throat  B) NEGATIVE history of close contact to persons with confirmed Covid-19 case for the past 14 days.	None	5 minutes	Nurse-on-Duty / Nursing Attendant-on-Duty



	NOTE: Client will NOT be allowed to enter if positive for ANY of the 4 above-mentioned symptoms AND OR with history of close contact with a confirmed COVID-19 case in the past 14 days			
3. Submit for security inspection of belongings, body search and frisking	3. Conduct inspection of belongings, body search and frisking	None	5 minutes	<i>Security Guard on duty</i>
4. Urine Drug Testing	4. Conduct Urine Drug Test	None	15 minutes	<i>Medical Technologist</i>
5. Attend Activity Sessions	5. Facilitate Group therapy/family session/lectures	None	1 hour	<i>Case Manager</i>
6. *Individual Counseling (for patients who tested positive for drug use and sudden raised issue)	6. Facilitate Counseling	None	30 minutes	<i>Case Manager</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hours and 56 minutes</b>	



## 238. Intensive Outpatient Consultation

Schedule of consultation for IOP clients is from 9AM – 12PM from Monday to Friday with no noon break.

<b>Office or Division:</b>	Outpatient and Aftercare Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen G2G - Government to Government G2B- Government to Business			
<b>Who may avail:</b>	IOP Clients and their Families			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
NONE			NONE	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Undergo Temperature scan and shoes disinfection	1. Allow entry if temperature is less than 37.5 degrees Celsius	None	1 minute	Security guard-on-duty
2. Undergo screening for COVID-19 symptoms and History taking of close contact to persons with confirmed COVID case	2. Allow entry if:  A) There are NO Covid- 19 symptoms such as; 1) Fever 2) cough, 3) shortness or difficulty of breathing and 4) Sore throat  B) NEGATIVE history of close contact to persons with confirmed Covid-19 case for the past 14 days.  NOTE: Client will NOT be allowed to	None	5 minutes	Nurse-on-Duty / Nursing Attendant-on-Duty

	enter if positive for ANY of the 4 above-mentioned symptoms AND OR with history of close contact with a confirmed COVID-19 case in the past 14 days			
3. Submit for security inspection of belongings, body search and frisking	3. Conduct inspection of belongings, body search and frisking	None	5 minutes	Security guard-on-duty
4. Undergo Urine Drug Testing	4. Conduct random Urine Drug Test  <i>(for New enrollees, mandatory drug testing for four (4) consecutive Monday and Friday for a total of 8 drug tests)</i>	None	15 minutes	<i>Medical Technologist</i>
5. Attend Activity Sessions	5. Facilitate Group therapy/family session/lectures	None	1 hour	<i>Case Manager</i>
6. Attend to individual <i>(for patients who tested positive for drug use and/or with behavioral, psychological and family issue)</i>	6. Facilitate counseling	None	30 minutes	<i>Case Manager</i>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 56 minutes</b>	