

# EVALUATOR MANUAL TRANSMITTAL SHEET

<b><u>Distribution:</u></b>  <input type="checkbox"/> All Child Care Evaluator Manual Holders <input checked="" type="checkbox"/> All Residential Care Evaluator Manual Holders <input type="checkbox"/> All Evaluator Manual Holders	<b><u>Transmittal No.</u></b> <b>10GLR-01</b>
	<b><u>Date Issued</u></b> February 2010

## **Subject:**

Regulation Interpretations and Procedures for General Licensing Requirements  
 Section 80001(a)(5) - Definition of Adult Residential Facility

## **Reason for Change:**

This change is necessary to provide polices and procedures relating to the new Adult Residential Facility Regulations, which went into effect August 30, 2009. These regulations allow an Adult Residential Facility to both retain and admit persons 60 years of age or older without obtaining an exception, subject to census limitations. The regulations also specify other provisions related to the care of persons 60 years of age or older in Adult Residential Facilities.

## **Filing Instructions:**

REMOVE – Pages 1 and 2

INSERT – Pages 1 and 2

## **Approved:**

*Original Document Signed by  
 Seton Bunker for Thomas Stahl*

*2/5/10*

**THOMAS STAHL** Chief  
 Policy Development Bureau  
 Community Care Licensing Division

Date

**Article 1 GENERAL DEFINITIONS****80000 GENERAL****80000****POLICY**

The Chapter 1 General Regulations do not apply to foster family homes, child care facilities, residential facilities for the elderly, or residential care facilities for the chronically ill. However, these regulations do apply to all other facility types. To ensure that regulations are properly enforced, corresponding sections in the facility specific regulations should be reviewed.

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**80001 DEFINITIONS****(a)(5) Adult Residential Facility****POLICY**

Please see Regulation Interpretations and Procedures for Adult Residential Facilities sections 85068.4 through 85068.4(h) for more information on the requirements that licensees of Adult Residential Facilities must follow in order to provide care to persons 60 years of age or older.

**(b)(1) Basic Rate****POLICY**

The admission agreement shall specify the services to be provided and the rate for such services.

For Supplementary Security Income/State Supplementary Payment recipients, licensees shall provide all basic services at the government prescribed rate. In addition to funds paid by Supplementary Security Income/State Supplementary Payment, residents of community care facilities may also have \$20 per month of income which is exempt for purposes of allowance computation. Thus, a resident may have personal and incidental monies plus \$20 exempt income. The exempt income may be used to pay an additional charge for basic services provided. The additional charge for basic services provided is indicated in an admission agreement. Pursuant to the Welfare and Institutions Code, Section 11006.9, it is grounds for revocation of a licensee to obtain as an additional cost for care, aid allocated to a recipient for his/her personal and incidental needs.

For private pay residents (residents who do not receive Supplementary Security Income/State Supplementary Payment), the rate should be negotiated at the time of admission, and documented in writing in an admission agreement. However, a facility may charge whatever rate it chooses for services provided to each individual private pay client. All services to be provided and the total cost for providing those services are specified in an admission agreement. Furthermore, the rate charged must be for provision of all services required by the client. In many cases, an individual will not require a number of the elements of care and supervision specified in Section 80001(c)(2). In these cases the rate for care established by the client may reflect only the cost of services to be provided.

**80001 DEFINITIONS (Continued)****80001**

(b)(1) Basic Rate (Continued)

**POLICY (Continued)**

If this rate does not cover all the basic services a community care facility is required to provide, or all the services offered by the specific facility, but not currently required by the client, then there should be a clear explanation in the admission agreement as to what changes or increases in the rate will occur if these services become required or desired by the client. A care provider is not prohibited from raising his/her rate for any services to private pay clients at any time, as long as the 30 day notice is given as required by Section 80068(c)(4) e, (f)(1) and (g). In no event shall a care provider charge a higher rate than agreed to in advance by a client.

**PROCEDURE**

Refer to Sections 80026(f), 80068, and 80001 (b)(1).

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(c)(3) Care and Supervision

**POLICY**

Facilities which provide care and supervision are required to be licensed. These care and supervision activities include all basic services which must be provided in order to obtain and maintain a license.

(e)(6) Exception

**PROCEDURE**

See Reference Material Sections 2-5000 and 80024.

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