
EVALUATOR MANUAL TRANSMITTAL SHEET

<p><u>Distribution:</u></p> <p>___ All Child Care Evaluator Manual Holders</p> <p>___ All Residential Care Evaluator Manual Holders</p> <p><u>X</u> All Evaluator Manual Holders</p>	<p><u>Transmittal No.</u> 10RM-05</p> <hr/> <p><u>Date Issued</u> February 2010</p>
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Subject:

Reference Material
Health and Behavior

Reason for Change:

Amend Health and Behavior section to correctly make reference to Regional Office, Regional Manager and Licensing Program Manager

Filing Instructions:

REMOVE – Pages 1-9, 11-15, 17 and 39

INSERT – Pages 1-9, 11-15, 17 and 39

Approved:

*Original Document Signed by
Seton Bunker for Thomas Stahl*

2/10/10

THOMAS STAHL Chief
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Date

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RESIDENTIAL CARE FACILITIES FOR THE ELDERLY**5-1000 HEALTH CONDITION RELOCATION ORDER
AND INTERDISCIPLINARY TEAM REVIEW****5-1000****GENERAL STATEMENT**

Health and Safety Code Sections (1569.54 (b) and (c) provide for the resident of a Residential Care Facility for the Elderly to request an independent review by the Department's Interdisciplinary Team when issued a Health Condition Relocation Order. A Health Condition Relocation Order is issued by the **Regional** Office when retention of the resident in the facility is considered inappropriate due to the existence of one or more health conditions that cannot be legally cared for in a residential care facility for the elderly. Health and Safety Code Section 1569.54(b) and residential care facility for the elderly Regulation Section 87638 define and explain the procedure. An order may be issued when the resident has other health conditions which, while not prohibited, appear to be severe enough to endanger the resident or appear to be beyond the ability of the licensee or facility staff to care for properly.

The Interdisciplinary Team review process is initiated by the resident or resident's responsible person and follows its own unique rules and requirements. Independent of the Interdisciplinary Team review process, however, the licensee may request an administrative review (i.e. appeal) of the relocation order and other related deficiencies. Even though the outcome of the Interdisciplinary Team review process may affect the outcome of the administrative review (appeal) process, or vice versa, the Interdisciplinary Team review process should operate independently of the Community Care Licensing Division's administrative review of a licensee's appeal.

5-1005 ISSUING HEALTH CONDITION RELOCATION ORDER**5-1005**

The LIC 9105 form, "Client Request: Health-Condition Relocation Review" is used to inform the resident of the relocation order.

- Depending on **Regional** Office procedure, discuss the relocation with the licensing **program manager** or **regional** manager prior to completing the LIC 9105.
- The reason(s) for relocation of the resident must be stated in the LIC 809, and in the LIC 9105 to be issued at the facility.
- The space provided at about the middle of the LIC 9105 next to the phrase "three working days" must be filled in with the date of the third working day following the date of the LIC 9105.
 - Section 87638(b)(1) of the residential care facilities for the elderly regulations defines "working days" to be any day except Saturday, Sunday, or an official State holiday.
 - Do not include the date of the LIC 9105 when computing the three working days time period.

5-1005 ISSUING HEALTH CONDITION RELOCATION ORDER**5-1005**

(Continued)

- The first copy of the LIC 9105 is given directly to the resident, and the second copy is given to the licensee or designee signing the accompanying LIC 809.
 - If neither the licensee nor a designee of the licensee is present (which would be a violation of residential facility for the elderly Regulations Section 87563[a]), the licensee's copy of the LIC 9105 should be attached to the LIC 809, and a copy of both forms should be left at the facility and mailed via certified mail to the licensee's address of record. The LIC 809 for the facility visit should indicate that the LIC 9105 form is being issued, and that a copy of the LIC 9105 was given to the affected resident at the facility.
- If the resident has a known responsible person, immediately send that person or agency via certified mail, a photocopy of the front and reverse side of the first page (resident's copy) of the LIC 9105.

If there is no known responsible person for this resident:

- Send a photocopy of the front and reverse side of the first page of the LIC 9105, via certified mail, to the resident's representative payee, if any, unless the representative payee is the facility licensee; and
- Immediately contact the Office of the State Long Term Care Ombudsman, either by telephoning that agency's toll-free number (1-800-231-4024) or by telephoning the local Long Term Care Ombudsman office, and provide the information contained in the LIC 9105.
 - During the call, indicate the name and telephone number of the appropriate contact person at the **Regional** Office.
 - Document the telephone call using the LIC 812, Detailed Supportive Information, and file this document in the confidential section of the **Regional** Office licensing file.

**5-1010 RESIDENT'S REQUEST FOR INTERDISCIPLINARY
TEAM REVIEW****5-1010**

If the resident or the resident's responsible person wishes to request an Interdisciplinary Team review:

- The request must be in writing and the bottom portion of the LIC 9105 is reserved for this purpose.
 - It is not required that the LIC 9105 form be used to request a review of the Health Condition Relocation Order. A letter or any written request from the resident or responsible person, no matter how informal, should be accepted.

It is not mandatory that the box next to the "I DO NOT WANT a review of my relocation order" on the LIC 9105 form be checked, although doing so would clarify that an Interdisciplinary Team review is not being requested.

- The resident or responsible person must forward the written request for an Interdisciplinary Team review directly to the facility licensee or representative (this may include facility staff), and must do so within three working days following the resident's receipt of the relocation order (LIC 9105).
 - If this time frame is not met, the **Regional** Office should decide if sufficient grounds exist to discontinue the Interdisciplinary Team review process. If the review process is discontinued for this reason, the **Regional** Office notifies the licensee, resident, and responsible person, if any, of this determination by letter.

5-1015 LICENSEE SUBMISSION OF LIC 9105**5-1015**

Within two working days of receipt of the resident's written request for an Interdisciplinary Team review, the licensee is required to mail or deliver the LIC 9105 to the **Regional** Office. Upon receipt, the resident's request should be routed to the Licensing Program **Manager** as a priority action item. Failure by the licensee to forward the review request to the **Regional** Office in a timely manner is a violation of Section 87638(c) of the residential care facilities for the elderly regulations.

If and when it is learned that the resident's request for an interdisciplinary team review has not been forwarded by the licensee, issue a serious deficiency requiring that the licensee mail or personally deliver the resident's request to the **Regional** Office within 24 hours.

**5-1020 REGIONAL OFFICE AND INTERDISCIPLINARY
TEAM COORDINATOR****5-1020**

If an Interdisciplinary Team review is requested by the resident and or representative:

- Within three working days following receipt of the client's request for an Interdisciplinary Team review (as forwarded by the licensee):
 - The **Regional** Office must send an acknowledgement by certified mail to the resident and the resident's responsible person, if any, indicating that the resident's request has been received and a photocopy of the back of the LIC 9105 outlining the documents that need to be forwarded.
 - Sample letter (Attachment A) is provided for this purpose.
- Residential care facilities for the elderly regulations Section 87701.5(e) requires that the licensee submit specific information to the **Regional** Office within ten working days of the date of the resident's review request. This information is necessary for the Interdisciplinary Team to perform an appropriate review of the health condition relocation order. The documents include a current medical assessment and a current appraisal/reappraisal of the physical, mental condition and care needs of the resident.
 - **Regional** Office staff should track this deadline to ensure that subsequent steps of the review process are not held up as the result of failure by the licensee to submit the required information.
 - If necessary, issue a deficiency with a plan of correction timeframe no longer than two working days to require that the licensee submit the information specified in Section 87701.5(g) of the residential care facility for the elderly regulations.
- As soon as all documents are received, contact the Interdisciplinary Team Coordinator, Policy Development Bureau by telephone to alert him/her that an Interdisciplinary Team request is being faxed (within 24 hours.) Leave your name and telephone number in case the fax is not received or incomplete. Do not mail required documentation. The following documents must be faxed: LIC 9105; LIC 809; LIC 812, if applicable; Physician's report; Appraisal/Reappraisal; written statement from the placement agency, if applicable; and Licensing Information System Facility Profile.

**5-1020 REGIONAL OFFICE AND INTERDISCIPLINARY
TEAM COORDINATOR (Continued)****5-1020**

- When received, the Interdisciplinary Team Coordinator logs in the resident's request for review and contacts the Interdisciplinary Team. The team will notify the Interdisciplinary Team Coordinator the week that the unannounced visit is scheduled. An acknowledgement form will be faxed to the Licensing Program Analyst/Licensing Program **Manager** of record stating the week the Interdisciplinary Team will be reviewing the resident.
- The Interdisciplinary Team has 30 days from issuance of the Health Condition Relocation Order to review and send the decision letter to the resident or responsible person, if any, with a copy to the **Regional** Office Manager, Licensing Program **Manager**, Licensing Program Analyst and licensee. Due to this timeframe, it is critical that the Interdisciplinary Team Coordinator receive the documentation from the licensee as soon as possible. Do not wait for letters from family members, power of attorney letters or doctors' letters in support of resident remaining in care. These can be forwarded later after the Interdisciplinary Team review is scheduled.
- If the **Regional** Office is notified that the resident has moved, relocated to a higher level of care or passed away, contact the Interdisciplinary Team Coordinator as soon as possible to cancel the Interdisciplinary Team review. If the resident has relocated to another residential care facility for the elderly, the licensee involved must be ordered to relocate the resident and develop a relocation plan appropriate to the circumstances, unless the **Regional** office determines that the resident's placement in the new facility is appropriate.
 - If the new residential care facility for the elderly placement is not appropriate and the resident is required to be relocated, the resident's right to request an Interdisciplinary Team review does not extend to this new setting. Specifically, there cannot be a second review of the same health condition(s) which caused relocation from the original facility.
- Determinations regarding relocation are made jointly by the Interdisciplinary Team based upon the medical and social observations. The Licensing Program Analyst or Licensing Program **Manager** is notified of the Interdisciplinary Teams decision prior to notification being mailed to the resident or responsible person. The written response conveying the decision to retain or relocate is forwarded by certified mail to the resident or responsible person and copies to the **Regional** Office. If the decision is made that the resident needs to be relocated, the **Regional** Office staff is available to work with the licensee and family to develop a relocation plan.
- A timeline for the Relocation Review Process is attached for your quick reference. See Attachment B.

ATTACHMENT A
SAMPLE LETTER

Date

Facility Name:

Facility ID #:

DEPARTMENT OF SOCIAL SERVICES
Community Care Licensing Division
(Regional Office Address)Resident/responsible person
Address

RE: RESIDENT REQUEST FOR HEALTH CONDITON RELOCATION ORDER REVIEW

Dear,

This letter is to acknowledge receipt of your request for a review of the Health Condition Relocation Order issued (order date) by the Department of Social Services pursuant to Section 1569.54(a)(1) of the California Health and Safety Code.

The facility licensee is required to submit to the Department by (date) the documentation specified on the back of the LIC 9105 form, RESIDENT REQUEST: HEALTH-CONDITION RELOCATION REVIEW, which you may have completed when you requested a review of the relocation order. Attached to this letter is a copy of the reverse side of the LIC 9105 form which describes the relocation review process and the information that the licensee must now forward to this office.

The Interdisciplinary Team will review the relocation order and any other relevant information available, and may also visit the facility. By (date), the Department will notify you, in writing, of the decision of the Interdisciplinary Team and the disposition of the relocation order. Please be advised that the decision of the Interdisciplinary Team is final, as provided in Health and Safety Code Section 1569.54(c).

If you have any questions about the review process please write to the Licensing Program Analyst at the above address or telephone him/her at () ().

Sincerely,

(Regional Manager or designee)
Regional Office

ATTACHMENT B

**Timeline for Residential Care for the Elderly Facilities
Health Condition Relocation Order Review**

RELOCATION REVIEW PROCESS**TIMELINE**

Health Condition Relocation Order Review (LIC 9105) to resident:	At time of issuance
Copy of LIC 9105 to known responsible person or agency – via certified mail:	Within 1 working day
The resident/responsible party must return the LIC 9105 to the licensee:	Within 3 working days from receipt of the relocation order
The licensee shall mail or deliver the LIC 9105 to the Regional Office:	Within 2 working days
The Regional Office will send an acknowledgement of receipt of the request for the review.	Within 3 working days
The licensee shall submit specified documentation to the Regional Office.	Within 10 working days from date of resident's review request
IDT final decision will be mailed to the resident/responsible party:	Not more than 30 days from date of review request

ADULT RESIDENTIAL FACILITY**5-1025 HEALTH CONDITION RELOCATION ORDER AND INTERDISCIPLINARY TEAM REVIEW****5-1025****GENERAL STATEMENT**

General Licensing Requirements Section 80094.5 provide for the client's right of an Adult Residential Facility to request an independent review by the Department's Interdisciplinary Team when issued a Health Condition Relocation Order. A Health Condition Relocation Order is issued by the **Regional** Office when retention of the client in the facility is considered inappropriate due to the existence of one or more health conditions that cannot be legally cared for in an Adult Residential Facility. General Licensing Requirements Section 80094 define and explain the procedure. An order may be issued when the client has other health conditions which, while not prohibited, appear to be severe enough to endanger the client or appear to be beyond the ability of the licensee or facility staff to care for properly.

The Interdisciplinary Team review process is initiated by the client or authorized representative and follows its own unique rules and requirements. Independent of the Interdisciplinary Team review process, however, the licensee may request an administrative review (i.e., appeal) of the relocation order and other related deficiencies. Even though the outcome of the Interdisciplinary Team review process may affect the outcome of the administrative review (appeal) process, or vice versa, the Interdisciplinary Team review process should operate independently of Community Care Licensing Division's administrative review of a licensee's appeal.

5-1030 ISSUING FACILITY HEALTH CONDITION RELOCATION ORDER**5-1030**

The LIC 9105A form, "Client Request: Health-Condition Relocation Order" is used to inform the client of the relocation order.

- Depending on **Regional** Office procedure, discuss the relocation with the licensing **program manager** or **regional** manager prior to completing the LIC 9105A.
- The reason(s) for relocation of the client must be stated in the LIC 809, and in the LIC 9105A to be issued at the facility.
- The space provided at about the middle of the LIC 9105A next to the phrase "ten working days" must be filled in with the date of the tenth working day following the date of the LIC 9105A.
 - Section 80094.5 (b)(1) of the General Licensing Requirements defines "working days" to be any day except Saturday, Sunday, or an official state holiday.
 - Do not include the date of the LIC 9105A when computing the ten working days time period.

5-1035 CLIENT'S REQUEST FOR INTERDISCIPLINARY TEAM REVIEW 5-1035
(Continued)

- The client or authorized representative must forward the written request for an Interdisciplinary Team review directly to the facility licensee or representative (this may include facility staff), and must do so within ten working days following the client's receipt of the relocation order (LIC 9105A).
- If this time frame is not met, the **Regional** Office should decide if sufficient grounds exist to discontinue the Interdisciplinary Team review process. If the review process is discontinued for this reason, the **Regional** Office notifies the licensee, client, and responsible person, if any, of this determination by letter.

5-1040 LICENSEE SUBMISSION OF LIC 9105A 5-1040

Within two working days of receipt of the client's written request for an Interdisciplinary Team review, the licensee is required to mail or deliver the LIC 9105A to the **Regional** Office. Upon receipt, the client's request should be routed to the licensing program **manager** as a priority action item. Failure by the licensee to forward the review request to the **Regional** Office in a timely manner is a violation of Section 80054 of the General Licensing Requirements.

If and when it is learned that the client's request for an Interdisciplinary Team review has not been forwarded by the licensee, issue a serious deficiency requiring that the licensee mail or personally deliver the client's request to the **Regional** Office within 24 hours.

5-1045 REGIONAL OFFICE AND INTERDISCIPLINARY TEAM COORDINATOR 5-1045

If an Interdisciplinary team review is requested by the client and/or a representative:

- Within five working days following receipt of the client's request for an Interdisciplinary Team review (as forwarded by the licensee):
 - The **Regional** Office must send an acknowledgment by certified mail to the client and the client's authorized representative, if any, indicating that the client's request has been received and a photocopy of the back of LIC 9105A outlining the documents that need to be forwarded.
 - Sample letter (Attachment A) is provided for this purpose.

**5-1045 REGIONAL OFFICE AND INTERDISCIPLINARY TEAM
COORDINATOR (Continued)****5-1045**

- General Licensing Requirements Section 80094.5 (e) requires that the licensee submit specific information to the **Regional** Office within 20 working days of the date of the client's review request. This information is necessary for the Interdisciplinary Team to perform an appropriate review of the Health Condition Relocation Order. The documents include a current medical assessment, current functional capabilities assessment and a written statement from the placement agency, if applicable.
 - **Regional** Office staff should track this deadline to ensure that subsequent steps of the review process are not held up as the result of failure by the licensee to submit the required information.
 - If necessary, issue a deficiency with a plan of correction timeframe no longer than two working days to require that the licensee submit the information specified in Section 80094.5 (g) of the General Licensing Requirements.
- As soon as all documents are received, contact the Interdisciplinary Team Coordinator, Policy Development Bureau by telephone to alert him/her that an Interdisciplinary Team request is being faxed (within 24 hours). Leave your name and telephone number in case fax is not received or incomplete. Do not mail required documentation. The following documents must be faxed: LIC 9105A; LIC 809; LIC 812, if applicable; Physician's Report; Functional Capabilities Assessment; written statement from placement agency, if applicable; and Licensing Information System Facility Profile.
- When received, the Interdisciplinary Team Coordinator logs in the client's request for review and contacts the Interdisciplinary Team. The team will notify the Interdisciplinary Coordinator the week that the unannounced visit is scheduled. An acknowledgement form will be faxed to the Licensing Program Analyst/Licensing Program **Manager** of record stating the week that the Interdisciplinary Team will be reviewing the client.
- The Interdisciplinary Team has 30 calendar days from receipt of **Regional** Office documentation of the Health Condition Relocation Order to review and send the decision letter to the client or authorized representative with a copy to the **Regional Manager**, Licensing Program **Manager**, Licensing Program Analyst and licensee. Due to this timeframe, it is critical that the Interdisciplinary Team Coordinator receive **Regional** Office documentation from licensee as soon as it arrives. Do not wait for letters from family members, power of attorney letters or doctors' letters in support of client in care. These can be forwarded later after Interdisciplinary Team is scheduled.

**5-1045 REGIONAL OFFICE AND INTERDISCIPLINARY TEAM
COORDINATOR (Continued)****5-1045**

- If the **Regional** Office is notified that the client has moved, relocated to a higher level of care or passed away, contact the Interdisciplinary Team Coordinator as soon as possible to cancel the Interdisciplinary Team review. If the client has relocated to another Adult Residential Facility, the licensee involved must be ordered to relocate the client and develop a relocation plan appropriate to the circumstances, unless the **Regional Office** determines that the client's placement in the new facility is appropriate.
 - If the new Adult Residential Facility placement is not appropriate and the client is required to relocate, the client's right to request an Interdisciplinary Team review does not extend to this new setting. Specifically, there cannot be a second review of the same health condition(s) that caused relocation from the original facility.
- Determinations regarding relocation are made jointly by the Interdisciplinary Team based upon the medical and social observations. The Licensing Program Analyst or Licensing Program **Manager** are notified of the Interdisciplinary Team's decision prior to notification being mailed to the client or authorized representative. A written response conveying the decision to retain or relocate is then prepared and forwarded by certified mail to the client or authorized representative and copies to the **Regional** Office. If the decision is made that the client needs to be relocated, the **Regional** Office staff is available to work with the licensee and family to develop a relocation plan.
- A timeline for the Relocation Review Process is attached for your quick reference. See Attachment B.

ATTACHMENT A
SAMPLE LETTER

Date

DEPARTMENT OF SOCIAL SERVICES
Community Care Licensing Division
(Regional Office Address)Facility Name:
Facility ID #:Client/Authorized Representative
Address

RE: CLIENT REQUEST FOR HEALTH CONDITION RELOCATION ORDER REVIEW

Dear,

This letter is to acknowledge receipt of your request for a review of the Health Condition Relocation Order issued (order date) by the Department of Social Services pursuant to Section 80094.5 of the General Licensing Regulations.

The facility licensee is required to submit to the Department by (date) the documentation specified on the back of the LIC 9105A form, CLIENT REQUEST: HEALTH CONDITION RELOCATION ORDER REVIEW, which you may have completed when you requested a review of the relocation order. Attached to this letter is a copy of the reverse side of the LIC 9105A form that describes the relocation review process and the information that the licensee must now forward to this office.

The Interdisciplinary Team will review the relocation order and any other relevant information available, and may also visit the facility. By (date), the Department will notify you, in writing, of the decision of the Interdisciplinary Team and the disposition of the relocation order. Please be advised that the decision of the Interdisciplinary Team is final.

If you have any questions about the review process, please write to (Licensing Program Analyst) at the above address or telephone her/him at () ().

Sincerely,

(Regional Office Manager or designee)
Regional Office

ATTACHMENT B

Timeline for Adult Residential Facilities Health Condition Relocation Order Review

RELOCATION REVIEW PROCESS	TIMELINE
Health Condition Relocation Order Review (LIC 9105A) to client:	At time of issuance
Copy of LIC 9105A to authorized representative, if any and responsible person via certified mail or delivery:	Within 1 working day
The client/authorized representative must return the LIC 9105A for appeal to the licensee:	Within 10 working days from receipt of the relocation order
The licensee shall mail or deliver LIC 9105A to the Regional Office:	Within 2 working days
The Regional Office will send an acknowledgement of receipt of the request for the review.	Within 5 working days
The licensee shall submit specified documentation to the Regional Office:	Within 20 working days from licensee's receipt of the client's review request
The IDT final decision will be mailed to the client/authorized representative:	Not more than 30 days after the receipt of required information.

5-2010 GENERAL STATEMENT (Continued)**5-2010**

- Violation of any of these statutory requirements constitutes a serious deficiency and civil penalties are to be assessed on homes (excluding foster family homes and certified family homes) failing to comply with a plan of correction.
- There are now two capacity limits for foster family homes and small family homes: the regular licensed capacity determined by the number of bedrooms and available beds and the special health care needs capacity. Except as explained below, the special health care needs capacity shall be no more than two placements and shall be enforced only during the time care is provided to children with special health care needs. Under no circumstances should the regular licensed capacity of the home be exceeded.

(Welfare and Institutions Code 17732)

- Owing to the complexity and degree of specialization of special health care needs legislation, it is recommended that the special health care needs caseload be administered by one Licensing Program Analyst in each **Regional** Office.

5-2200 SPECIAL HEALTH CARE NEEDS**5-2200**

A child has special health care needs if the child is either technology-dependent or medically fragile and, as a result, requires substantial in-home health care that can be provided by non-medical personnel such as a licensee trained to provide that care. In the following discussion, medical terminology is explained in Section 5-2610.

5-2210 I. TECHNOLOGY-DEPENDENT**5-2210**

Conditions requiring specialized in-home health care may include one or more of the following technology dependencies:

Enteral feeding tube [including gastrostomy tube and button, percutaneous endoscopic gastrostomy, and nasogastric tube], total parenteral feeding [parenteral hyperalimentation], a cardiorespiratory [apnea] monitor, intravenous therapy, a ventilator, oxygen support, urinary catheterization, renal dialysis [in-home], ministrations imposed by tracheostomy, colostomy, ileostomy or other medical or surgical procedures [such as an ileal conduit] or special medication regimens, including injection and intravenous medication.

(Welfare and Institutions Code 17710(g))

5-2340 IV. PERSONNEL RECORDS (Continued)

5-2340

None of the four or more children present requires the services of a trained health care provider to administer specialized in-home health care as documented in the individualized health care plan for each child with special health care needs.

For example, consider a home caring for five children of which two have special health care needs. Suppose the two children have special health care needs because they require feeding tubes at meal times. If the health care team for one child determines that no assistant caregiver would be required for this child between 9 PM and 6 AM and the team for the other child determines that no assistant caregiver would be required for this other child between 10 PM and 7 AM, assistance would not be needed on site between 10 PM and 6 AM.

Procedures:

- Ensure that there is a list of caregiver assistants, including hours on duty. The list should indicate that an assistant caregiver is physically present in the home as required above.
- For those hours for which the individualized health care plan team for each child with special health care needs has documented that the child will not require assistance, ensure that documentation from each team is on file.

(Welfare and Institutions Code 17732(b)(2))
- Copies of all rosters, schedules and any team waivers for assistant caregivers shall be maintained in the facility file.
- Inappropriate documentation shall be cited on the LIC 809.

(Welfare and Institutions Code 17732(b)(2)(A); 80066(a)(e))
- Licensees without required assistance shall be cited on the LIC 809.

(Welfare and Institutions Code 17732(b)(2))
- If additional caregiver assistance appears warranted, the Licensing Program Analyst shall document the reasons on an LIC 809 and consult with his/her **licensing program manager**.

(Welfare and Institutions Code 17732(b)(2))