

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



May 12, 2006

**CCL INFORMATION RELEASE NO. 2006-03**REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Initiated by CCL

TO: ALL SENIOR CARE PROGRAM STAFF

SUBJECT: **ASSISTED LIVING WAIVER PILOT PROGRAM (ALWPP):  
INFORMATION/INSTRUCTIONS FOR SENIOR CARE  
PROGRAM LICENSING FIELD STAFF**REFERENCE: ASSEMBLY BILL 499 (ARONER, CHAPTER 557,  
STATUTES OF 2000)

The purpose of this document is to provide information and instructions to senior care staff regarding the Assisted Living Waiver Pilot Project (ALWPP), which is being conducted in Sacramento, San Joaquin and Los Angeles counties. The following information release outlines criteria for facilities and residents participating in the ALWPP. However, the Community Care Licensing Division (CCLD) is not responsible for enforcing the terms of the ALWPP except as indicated in the body of this document.

**All senior care staff may wish to take note of Attachment I (Provision for Skilled Nursing Care Needs in RCFEs Participating in the ALWPP). The grid outlines care that trained direct care staff can provide to residents without violating scope of practice vs. care that must be provided to residents by appropriately skilled professionals.**

**GENERAL BACKGROUND INFORMATION****Brief Description of the ALWPP**

Assembly Bill (AB) 499 (Aroner, Statutes of 2000) required the California Department of Health Services (DHS) to test the efficacy of providing assisted living as a Medi-Cal waiver benefit and as an alternative to long-term placement in a nursing home (skilled nursing facility). (AB 499 is codified in Welfare and Institutions Code Section 14132.26.) DHS created the ALWPP for this purpose. CCLD has collaborated with DHS on this pilot from

the outset. In addition, DHS has utilized a national contractor in the assisted-living arena—NCB Development Corporation—to help design and implement the ALWPP.

Under the pilot, persons who are both Medi-Cal eligible and nursing-home eligible may receive services in a licensed residential care facility for the elderly (RCFE), or in publicly subsidized housing (with care rendered by a home health agency). The three pilot counties are Sacramento (urban northern), San Joaquin (rural central) and Los Angeles (selected portions, urban southern). The ALWPP has an overall capacity of 1,000 participants over its three-year life span. RCFEs approved to participate in the pilot began enrolling residents on a limited basis in April 2006.

### **ALWPP Resources**

The following resources contain more information about the ALWPP:

- **Web site.** ALWPP web site: [www.californiaassistedliving.org](http://www.californiaassistedliving.org)
- **Handbook.** RCFE Provider Handbook for the ALWPP. This was distributed to licensing staff at training sessions in January 2006. Additional copies can be obtained from the Senior Care Program Office.
- **Health-related attachment.** Attachment I: Provision for Skilled Nursing Care Needs in RCFEs Participating in the ALWPP. This attachment describes how the skilled nursing needs of residents enrolled in the pilot will be met. It includes a grid describing types of care that trained direct care staff may provide vs. care that must be provided by appropriately skilled professionals (Appendices I and II of the ALWPP RCFE Provider Handbook also contain a copy of this grid).

### **ALWPP Criteria for Participating RCFEs**

RCFEs that participate in the pilot must be in good standing with CCLD and must meet certain criteria, including, but not limited to, the following:

- 24-hour awake staff. Facilities licensed for six or fewer residents do not have to meet this requirement.
- Private-room occupancy (or shared by choice).
- Private or semi-private full bathroom (to be shared by no more than one other resident).
- Kitchenettes (defined as a small refrigerator; a cooking appliance, which may be a microwave; and storage space for utensils and supplies). Facilities licensed for six or fewer residents do not have to meet this requirement as long as the residents have continuous access to a common kitchen. In addition, DHS will not enforce this

requirement, as appropriate, when a resident is sufficiently cognitively impaired that having cooking appliances and/or utensils in his/her room would pose a danger to the resident or others.

- A voice-to-voice or pager-based emergency call system.
- As necessary, licensed nursing staff employed by the facility to meet the skilled nursing needs of residents. (Because of funding restrictions, home health agencies cannot be used to meet the skilled nursing needs of ALWPP residents in participating RCFEs.)
- A hospice waiver.

### **Care Coordinators and Individual Service Plans**

Each ALWPP resident will be assigned a care coordinator, who is employed by a care coordination agency approved by DHS. The care coordinator will be with the resident every step of the way, beginning with assessing the resident to determine if the resident is appropriate for the ALWPP. Once the resident is situated in an RCFE participating in the pilot, the care coordinator will be in touch with the resident regularly, and will re-evaluate the resident every six months (or upon significant changes in the resident's condition).

The care coordinator will also help develop the resident's Individual Service Plan (ISP). Among other things, the ISP addresses identified resident needs, outcomes to be achieved, and services to be provided to the resident. The resident, the resident's responsible person, if any, and the RCFE provider, as appropriate, will all have input into the ISP. The name of a resident's care coordinator and a copy of the resident's ISP can be found in the resident's file.

Despite the ALWPP's use of care coordinators, RCFE providers are still responsible for the day-to-day care of ALWPP residents and for meeting all licensing requirements relating to care and supervision. It is anticipated and expected that care coordinators and RCFE providers will work together as necessary to ensure that residents participating in the pilot receive appropriate care.

### **ALWPP Health-Related Waivers**

Certain waivers have been granted to all RCFEs participating in the ALWPP, as a component of the pilot. These waivers enable participating RCFEs to care for ALWPP residents who may need a higher level of care. AB 499 permits such waivers for the purposes of the ALWPP. Attachment I (Provision for Skilled Nursing Care Needs in RCFEs Participating in the ALWPP) contains a description of the waivers.

## **Legislative Report**

At the conclusion of the ALWPP, AB 499 requires DHS to submit a report to the Legislature evaluating the effectiveness of the pilot. At that time, DHS can ask for an extension, a renewal or an expansion of the ALWPP. The report will include projected costs savings, if any, to state and local governments if a recommendation is made that the ALWPP be expanded statewide. CCLD will provide input to this report.

## **LISTS/NAMES OF PARTICIPATING RCFES AND RESIDENTS**

### **Lists of Participating RCFEs**

An updated list of RCFEs fully approved to participate in the ALWPP will be e-mailed to affected licensing offices on a flow basis. The list of RCFEs participating in the pilot will also be available on the ALWPP web site at [www.californiaassistedliving.org](http://www.californiaassistedliving.org). However, the e-mailed list may be more current.

### **Names of ALWPP Residents and Identifying Information**

The name(s) and other pertinent identifying information for ALWPP resident(s) in each participating RCFE will be available to affected licensing offices on a flow basis. Information for each resident may include, but is not necessarily limited to, the following: name; date of birth; tier of service; name of the agency providing care coordination services; Medi-Cal Beneficiary Identification Number (BIN); and the number of the Beneficiary Identification Card (BIC). (The BIN is located on the BIC.)

### **Protocols for Transmitting Personal Identifiers of ALWPP Residents**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the U.S. Department of Health and Human Services to establish new national health information privacy standards. Under HIPAA regulations now in effect, health-related information containing two or more personal identifiers must be transmitted in a "secure" manner to protect the privacy of the individuals involved. As a result, the following protocols should be observed when the names and any other identifying information of ALWPP residents must be transmitted to another party:

- Do not e-mail this information. Ordinary electronic transmission is not considered secure enough for HIPAA purposes because the information goes out on the server. In the future, it may be possible to use "encrypted" e-mail to transmit the information, but that technology is not yet available to CCLD staff for the purposes of the ALWPP.

- For quick transmission, fax the names and other identifying information of ALWPP residents. Under HIPAA, faxing of this information is considered acceptable. To make this means of transmission as secure as possible, consider calling the other party and letting him or her know when the information will be faxed. The other party should wait at the fax machine to retrieve the information as soon as it arrives.
- As an alternative to faxing, telephone the other party to provide names and other identifying information of ALWPP residents. This is also considered acceptable under HIPAA.
- If time permits, use CCLD interoffice mail (or regular mail) to transmit the names and other identifying information of ALWPP residents. Mark all envelopes "Confidential." If using CCLD interoffice mail, place the information in a separate, sealed envelope marked "Confidential," and then place it in an interoffice mail envelope also marked "Confidential."

If alternative methods of transmitting this information in a secure manner are subsequently developed, affected licensing offices will be informed separately.

### **ALWPP PROGRAM STATEMENT ADDENDUM**

The California Code of Regulations (CCR), Title 22, Section 87222(a)(1), requires each RCFE to have a program statement. With respect to the ALWPP, the following applies:

- An RCFE participating in the ALWPP must have a program statement addendum specifying that: 1) the RCFE is participating in the pilot; 2) the RCFE agrees to abide by the conditions of the pilot; and 3) the RCFE agrees to abide by all applicable licensing laws and regulations.
- The local licensing office should directly contact participating RCFEs on a flow basis to ensure that licensees prepare the program statement addendum and submit it to the local licensing office. (Only RCFEs fully approved to participate in the ALWPP—see "Lists of Participating RCFEs" above—should be contacted.)

### **MONITORING RCFES PARTICIPATING IN THE ALWPP**

For monitoring purposes, an RCFE's participation in the ALWPP is not considered a departure from current practices. Except where waivers have been granted to participating RCFEs as a component of the pilot (see Attachment I), all licensing laws and regulations continue to apply. The following is intended to provide guidance in conducting a site visit to an RCFE participating in the ALWPP:

## **Annual Visits**

All RCFEs participating in the ALWPP will receive an annual visit.

### **Review Resource Documents Prior to an Annual Visit**

In addition to this document, it may be helpful to review the following documents prior to a site visit to a participating RCFE:

- Attachment I: Provision for Skilled Nursing Care Needs in RCFEs Participating in the ALWPP
- ALWPP RCFE Provider Handbook

It may also be helpful to take one or both of these documents along when conducting the site visit.

### **Review Names of ALWPP Residents Prior to an Annual Visit**

Review the names of the ALWPP residents in the RCFE prior to the annual visit. This should help in planning for the visit, since facilities will vary in the number of ALWPP residents they have.

### **Conducting an Annual Visit to an RCFE Participating in the ALWPP**

The following applies to conducting an annual visit to an RCFE participating in the ALWPP:

- **Normal site visit.** Once at the facility, conduct a normal site visit, incorporating elements relating to the ALWPP into the visit, as described below.
- **Confidentiality of ALWPP residents.** Maintain the confidentiality of ALWPP residents during the site visit. For the most part, ALWPP residents should look like all other residents in the facility and should be treated the same way.
- **Care coordinators.** Do not contact care coordinators with questions regarding ALWPP residents. If there is a question regarding an ALWPP resident that it appears only a care coordinator can answer, contact the Senior Care Program Office. The Program Office will coordinate with DHS as appropriate.
- **Compatibility.** Although ALWPP residents may require a higher level of care than other residents, they must still be compatible with other residents. Some ALWPP residents may be younger than age 60, but have health-related conditions that make them compatible with RCFE residents. In those cases, Evaluator Manual Section 87582(b)(6)

still applies (that is, an exception is not required as long as the number of residents under the age of 60 does not exceed 25 percent of the total number of the facility's residents).

- **Resident record file reviews.** When inspecting resident record files, use the standard ratio set forth in Evaluator Manual Section 87571(a)(2): Review a sample of 10 percent, or a minimum of 10 (individual files), of the resident record files. If a facility's capacity is fewer than 10 residents, review 100 percent of the resident record files. With respect to ALWPP residents, do the following:
  - Review all of the ALWPP resident record files *up to half of the total number of resident record files* reviewed in the facility.
  - For each ALWPP resident for whom a file review is done, document all waivers or exceptions granted to the facility in order to care for the resident, even if the waiver(s) is one of those granted as a component of the ALWPP. Record this information in the Comment Field on the Client/Resident Records Review (Residential) (LIC 858).
- **Training requirements for direct care staff.** For licensing purposes, direct care staff caring for ALWPP residents who have conditions that require a waiver under the pilot must meet the training requirements in CCR, Title 22, Section 87701.2 (General Requirements for Restricted Health Conditions). If it is determined during a site visit to a participating RCFE that any such direct care staff members do not meet these training requirements, cite the facility.
- **Physical plant requirements.** Please see the ALWPP criteria above for a list of physical plant requirements for the pilot. Except to the extent noted below, DO NOT enforce the ALWPP physical plant requirements—those are not licensing requirements. However, please note the following:
  - If it is apparent that some of the ALWPP physical plant requirements are not being met, contact the Senior Care Program Office. The Program Office will relay the information to DHS.
  - If an ALWPP physical plant requirement poses a safety hazard, contact the Senior Care Program Office AND follow normal licensing procedures to correct or remove the hazard. The Program Office will relay the information to DHS. Such a situation may occur if, for example, an ALWPP resident's cognitive ability has declined to the point that it may no longer be safe for the resident to have a microwave in his or her room—and no one has yet addressed the situation.
- **Interviews with residents.** If you are interviewing residents, try to include a sampling of ALWPP residents in your interviews. Treat ALWPP residents like you would any other residents.

- **Interviews with the licensee and facility staff.** In interviews with the licensee and facility staff, ask how things are going with the ALWPP. In particular, ask about staffing issues. Do direct care staff have enough time for the other residents in the facility? Has the facility hired licensed nursing staff to provide care for ALWPP residents?
- **Inappropriate care.** CCLD is not responsible for determining or evaluating the tier of service or the nursing care needs of ALWPP residents. But if it appears that an ALWPP resident is not receiving appropriate care, follow normal licensing procedures and regulations. In addition, inform the Senior Care Program Office about the situation and the Program Office will contact DHS.
- **Substantial compliance.** If it is determined during the site visit that an RCFE participating in the pilot is not in substantial compliance with licensing laws and regulations, and is not in good standing with the licensing agency, notify the Senior Care Program Office immediately. The Program Office will consult with senior care policy staff and DHS to determine if the RCFE is still appropriate to care for ALWPP residents.
- **Notify Program Office.** Electronically notify the Senior Care Program Office of the completion of ANY site visit to an RCFE participating in the ALWPP. Program staff can then access the Field Automation System to review related licensing reports.

### COMPLAINTS

- Under an agreement between CCLD and DHS, CCLD must notify DHS of any substantiated complaints against an RCFE participating in the ALWPP, even if a complaint doesn't involve an ALWPP resident. The Senior Care Program Office will notify DHS of any such substantiated complaints.
- DHS has agreed to provide nursing/medical consultation on medically related complaints involving ALWPP residents. The local licensing office should contact DHS directly to obtain nursing/medical consultation. The DHS contact is: Mark Mimnaugh, Nursing Consultant III, at (916) 552-9379 or [mmimnaug@dhs.ca.gov](mailto:mmimnaug@dhs.ca.gov) . In addition, the local licensing office should notify the Senior Care Program Office that it has contacted DHS for nursing/medical consultation.

### CHANGE IN LICENSURE STATUS OF PARTICIPATING RCFEs

- Under an agreement between CCLD and DHS, CCLD must notify DHS of any changes in licensure status of RCFEs participating in the ALWPP. The local licensing office should notify the Senior Care Program Office of any such changes, including, but not limited to, change of ownership, change in capacity, administrative actions, compliance

conferences, placed on probationary status, and revocation. The Program Office will notify DHS of the change(s).

- In order to participate in the ALWPP, RCFEs must be in substantial compliance with licensing laws and regulations, and in good standing with the licensing agency. If a change in licensure status means that a facility no longer meets those criteria, the Senior Care Program Office will consult with senior care policy staff and DHS to determine if the facility is still appropriate to participate in the pilot.

### UNUSUAL INCIDENT/INJURY REPORTS AND DEATH REPORTS

- Under an agreement between CCLD and DHS, CCLD must send DHS copies of all Unusual Incident/Injury Reports (LIC 624) and Death Reports (LIC 624A) involving ALWPP residents.
- The local licensing office should note in the upper right-hand corner of any such LIC 624 or LIC 624A that the resident is an ALWPP participant—simply noting “ALWPP” in the upper right-hand corner of the form is sufficient.
- Upon receipt of an LIC 624 or LIC 624A involving an ALWPP participant, the local licensing office should transmit a copy to the Senior Care Program Office as soon as possible. The Program Office will transmit a copy to DHS. To maintain confidentiality under HIPAA, follow the protocols for faxing or sending information via CCLD interoffice mail (or regular mail) outlined under “Protocols for Transmitting Personal Identifiers of ALWPP Residents.”
- **If an unusual incident/injury is serious, or if a death involving an ALWPP resident is suspicious, the local licensing office should contact the Senior Care Program Office as soon as possible.** The Program Office will then contact DHS.

### CHANGES IN THE REGULATORY ENVIRONMENT

- Under an agreement between CCLD and DHS, CCLD must notify DHS of any intended change(s) in the regulatory environment with an impact on participating RCFEs or residents. The Senior Care Policy Unit, in conjunction with the Senior Care Program Office, will notify DHS of any such changes.

Thank you for observing the above protocols relating to the ALWPP. I look forward to our continued involvement with this promising pilot. If you have any questions or concerns regarding this document or the attachment, please contact Lynn Anderson of the Senior Care Policy Unit at (916) 323-3952 or [Lynn.Anderson@dss.ca.gov](mailto:Lynn.Anderson@dss.ca.gov).

Sincerely,



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JO FREDERICK  
Deputy Director  
Community Care Licensing Division

Attachment I (Provisions for Skilled Nursing Care Needs  
in RCFEs Participating in the ALWPP)

# CCL INFORMATION RELEASE NO. 2006-03

## ATTACHMENT I:

### ASSISTED LIVING WAIVER PILOT PROJECT (ALWPP): INFORMATION/INSTRUCTIONS FOR SENIOR CARE PROGRAM LICENSING FIELD STAFF

#### PROVISION FOR SKILLED NURSING CARE NEEDS IN RCFES PARTICIPATING IN THE ALWPP

This document specifies how the skilled nursing needs of residents enrolled in the ALWPP are to be met in participating residential care facilities for the elderly (RCFEs). It was prepared jointly by the California Department of Health Services (DHS) and the California Department of Social Services (CDSS). The following areas are covered: absolute prohibited health conditions under the ALWPP; definitions of relevant terms; training requirements for direct care staff; health-related conditions that require a waiver under the ALWPP; and health-related conditions that do not require a waiver under the ALWPP. Residents enrolled in the ALWPP must be both Medi-Cal eligible and nursing-home eligible. All citations in this document are to RCFE licensing laws or regulations.

#### **Absolute Prohibited Health Conditions under the ALWPP**

Some individuals who are nursing-home eligible are not eligible for the ALWPP because their conditions and care needs are beyond the scope of the assisted living benefit. These absolute prohibited health conditions under the ALWPP include:

- Stage 3 or Stage 4 pressure sores (pressure ulcers)
- Nasogastric tubes
- Ventilator dependency
- BiPap dependency without the ability to self-administer at all times (BiPap is a non-invasive form of mechanical ventilation)
- Coma
- Continuous IV/TPN therapy (TPN—Total Parenteral Nutrition—is an intravenous form of complete nutritional sustenance.)
- Chemotherapy (Residents receiving chemotherapy are generally not stable enough to remain in an assisted living setting.)
- Wound Vac therapy (a system that uses controlled negative pressure, vacuum therapy, to help promote wound healing)
- Active communicable tuberculosis
- Restraints except as permitted by the licensing agency

#### **Definitions of Relevant Terms**

Following are definitions of relevant terms used in this document:

- Direct care staff: As defined in the California Code of Regulations (CCR), Title 22, Section 87101(d), "direct care staff" means "the licensee, and/or those individuals

employed by the licensee, who provide direct care to the residents, including, but not limited to, assistance with activities of daily living.”

- Appropriately Skilled Professional: As defined in CCR, Title 22, Section 87101(a), “appropriately skilled professional” means:

an individual that has training and is licensed to perform the necessary medical procedures prescribed by a physician. This includes but is not limited to the following: Registered Nurse (RN), Licensed Vocational Nurse (LVN), Physical Therapist (PT), Occupational Therapist (OT) and Respiratory Therapist (RT). These professionals may include, but are not limited to, those persons employed by a home health agency, the resident, or facilities and who are currently licensed in California.

- Individual Service Plan (ISP): Each resident enrolled in the ALWPP has an ISP. The ISP is a plan describing the services to be rendered to the resident, the manner in which the services are to be delivered, and the desired outcome for each service.

### **Training Requirements for Direct Care Staff under the ALWPP**

For licensing purposes, direct care staff caring for ALWPP residents who have conditions that require a waiver under the pilot must meet the training requirements in CCR, Title 22, Section 87701.2 (General Requirements for Restricted Health Conditions).

If it is determined during a site visit to an RCFE participating in the pilot that any such direct care staff do not meet the training requirements in Section 87701.2, the facility should be cited.

### **Background on Conditions That Require a Waiver Under the ALWPP**

The conditions outlined below **require** a waiver of existing licensing laws or regulations to admit and retain residents with any of those conditions in an RCFE participating in the pilot. Waivers for the conditions have already been granted to all participating RCFEs as a component of the ALWPP. Assembly Bill 499 (Aroner, Statutes of 2000), which is codified in Welfare and Institutions Code Section 14132.26, permits such waivers for the purposes of the ALWPP.

Potential waiver beneficiaries (residents) with any of the conditions described below may be admitted to a participating RCFE if they are enrolled in the ALWPP. Residents can meet their own care needs when appropriate, either with or without the assistance of trained direct care staff; or appropriately skilled professionals can meet residents' care needs. Licensed nursing staff—either Registered Nurses (RNs) or Licensed Vocational Nurses (LVNs) acting within their scope of practice—must be available as necessary to meet the skilled nursing needs of residents. Under the ALWPP, licensed nursing staff responsible for assisting ALWPP residents must be employees of the facility; they cannot be employees of a home health agency. The care needs of each ALWPP resident must be clearly identified on his or her ISP.

CDSS local licensing staff are not responsible for determining or evaluating the tier of service or the nursing care needs of ALWPP residents. However, local licensing staff should report any suspected deficiencies in an ALWPP resident's health care to the Senior Care Program Office. The Program Office will contact DHS.

The boxes below outline what kind of care trained direct care staff can provide to residents without violating scope of practice vs. care that must be provided to residents by appropriately skilled professionals. Both DHS and the California Board of Registered Nursing clarified what types of care must be performed by appropriately skilled professionals.

**CONDITIONS THAT REQUIRE A WAIVER UNDER THE ALWPP**

(Note: These waivers are a component of the ALWPP and are automatically granted to all RCFEs approved to participate in the pilot.)

1. Admit and retain residents who require 24-hour skilled nursing or intermediate care. Waive **Title 22, CCR, §87582(c)(2)**, which states: "No resident shall be accepted or retained if the resident requires 24-hour skilled nursing or intermediate care."

Trained direct care staff will assist the resident as necessary with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). (IADLs consist of such activities as using the telephone, managing medication, moving about outside, preparing meals and snacks, and light housekeeping.)	Appropriately skilled professional staff (RNs or LVNs) will provide nursing care as necessary to residents to meet their skilled nursing needs.
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2. Admit and retain residents who are indefinitely bedridden, **subject to an approved bedridden fire clearance**. Waive **Health and Safety Code §1569.72**, which states: "(a) Except as otherwise provided in subdivision (d), no resident shall be admitted or retained in a residential care facility for the elderly if any of the following apply.... (2) The resident is bedridden, other than for a temporary illness or for recovery from surgery."

(Note: Under Health and Safety Code §1569.72(c), indefinitely bedridden residents may to admitted to and retained in RCFEs that obtain a bedridden fire clearance.)

Trained direct care staff will provide pressure relief at least every two hours for any resident who is unable to re-position independently, either in a chair or in bed. Residents may wear a safety restraint provided they are able to release the restraint independently.	Appropriately skilled professional staff will provide direct care staff with training on re-positioning the resident at least every two hours if the resident is not self-mobilized, and will ensure that equipment is utilized appropriately.
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3. Admit and retain residents who require gastrostomy care for a healed, stable gastrostomy, as determined and documented by the resident's physician. Waive **Title 22, CCR, §87701(a)(2)**, which prohibits accepting or retaining residents who require gastrostomy care.

<p>Trained direct care staff may assist the resident with routine hygiene and gastrostomy care as follows:</p> <ul style="list-style-type: none"><li>• Bathe the site - clean around the gastric tube.</li><li>• Open cans of tube feeding.</li><li>• Pour tube feeding into a bag.</li><li>• Position the pump.</li><li>• Turn the power on or off, but cannot start the pump (feeding).</li></ul>	<p>Appropriately skilled professional staff (which, in this case, is restricted to licensed nursing staff acting within their scope of practice) will perform any of the following gastrostomy care that the resident is not able to self-perform:</p> <ul style="list-style-type: none"><li>• Change the settings on the feeding pump.</li><li>• Connect or disconnect the feeding tube.</li><li>• Start the pump.</li><li>• Change the stoma dressing.</li><li>• Replace the tube as per the ISP.</li></ul>
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4. Admit and retain residents who are dependent in all ADLs. Waive **Title 22, CCR, §87701(a)(5)**, which prohibits accepting or retaining residents who are dependent in all ADLs as set forth in **§87584**.

<p>Trained direct care staff may assist residents with all ADLs as necessary.</p>	<p>Appropriately skilled professional staff will provide training as needed to enable direct care staff to perform ADL care.</p>
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5. Admit and retain residents with a healed, stable tracheostomy, as determined and documented by the resident's physician. Waive **Title 22, CCR, §87701(a)(6)**, which prohibits accepting or retaining residents with tracheostomies.

<p>Trained direct care staff may assist the resident as necessary to self-perform the following tracheostomy care:</p> <ul style="list-style-type: none"><li>• Set up a suction machine.</li><li>• Turn the power on or off.</li><li>• Hand the catheter to the resident.</li><li>• Clean the tracheostomy appliance.</li><li>• Hand the appliance to the resident.</li></ul>	<p>Appropriately skilled professional staff (which, in this case, is restricted to licensed nursing staff acting within their scope of practice) will intervene and perform any of the following tracheostomy care that the resident is not able to self-perform:</p> <ul style="list-style-type: none"><li>• Perform suctioning.</li><li>• Remove tracheostomy appliance.</li><li>• Re-insert tracheostomy appliance as per the ISP.</li><li>• Change dressing as necessary.</li></ul>
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**Background on Conditions that DO NOT Require a Waiver**

The conditions outlined below **do not** require a waiver of existing regulations to facilitate the care of residents in a RCFE with these conditions. Under existing regulations, the care outlined below must be performed by the residents themselves, either with or without the assistance of trained direct care staff; or by an appropriately skilled professional. Based on input received from both DHS and the Board of Registered Nursing, the boxes below outline what kind of care trained direct care staff can provide to residents without violating scope of practice vs. care that must be provided to residents by appropriately skilled professionals.

**CONDITIONS THAT DO NOT REQUIRE A WAIVER**

(Note: These conditions do not require a waiver regardless of whether or not the RCFE is participating in the ALWPP.)

1. Admit and retain residents who require supplemental gas or liquid oxygen, as specified in **Title 22, CCR, §87703**. (Note: The licensee must obtain prior approval from the licensing agency to accept or retain a resident who requires the use of liquid oxygen, as specified in Section 87703(c)(1)).

<p>Trained direct care staff may assist with the self-administration of oxygen as follows:</p> <ul style="list-style-type: none"> <li>• Re-position a nasal cannula or mask.</li> <li>• Move the oxygen tank, or oxygen concentrator, as necessary.</li> <li>• Read directions to the resident.</li> <li>• Turn the power to a concentrator on or off.</li> <li>• Verify that the flow rate is consistent with the ISP.</li> </ul>	<p>Appropriately skilled professional staff will perform the following tasks if the resident is not able to self-perform:</p> <ul style="list-style-type: none"> <li>• Set up or change the oxygen delivery system.</li> <li>• Adjust flow rates or method of delivery.</li> </ul>
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2. Admit and retain residents with an indwelling (Foley) catheter, as specified in **Title 22, CCR, §87707**.

<p>Trained direct care staff may assist residents with catheter care as follows:</p> <ul style="list-style-type: none"> <li>• Perform routine hygiene care, including bathing/cleaning the catheter.</li> <li>• Empty the urine bag.</li> <li>• Measure the output, if necessary.</li> </ul>	<p>Appropriately skilled professional staff (which, in this case, is restricted to licensed nursing staff acting within their scope of practice) will perform the following functions:</p> <ul style="list-style-type: none"> <li>• Catheter insertion and removal.</li> <li>• Catheter irrigation.</li> </ul>
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3. Admit and retain residents who require Intermittent Positive Pressure Breathing (IPPB) treatments, as specified in **Title 22, CCR, §87704**. The following applies to IPPB treatments, nebulizers and metered-dose inhalers (as appropriate):

<p>Trained direct care staff may assist residents with the self-administration of IPPB, nebulizer or metered-dose inhaler treatments as follows:</p> <ul style="list-style-type: none"><li>• Read instructions to the resident.</li><li>• Open packaging.</li><li>• Turn the power on or off.</li><li>• Place a packet of pre-mixed, pre-measured medication (a "pillow") into the chamber (but cannot mix medications, or mix medications with saline).</li><li>• Steady the resident's hand.</li><li>• Ensure that the resident does not exceed the number of metered-dose inhaler "puffs" as identified on the ISP.</li></ul>	<p>Appropriately skilled professional staff will assist with IPPB, nebulizer or metered-dosed inhaler treatments, when the resident is not able to self-perform, as follows:</p> <ul style="list-style-type: none"><li>• Mix medications, or mix medications with saline.</li><li>• Actually administer the IPPB, nebulizer or meter-dosed inhaler treatments to the resident.</li></ul>
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4. Admit and retain residents with either a colostomy or ileostomy, as specified in **Title 22, CCR, 87705**.

<p>Trained direct care staff may assist the resident as follows:</p> <ul style="list-style-type: none"><li>• Perform routine hygiene care, including bathing.</li><li>• Empty the ostomy bag.</li><li>• Measure the output, if necessary.</li><li>• Change the ostomy bag.</li><li>• Change the dressing or the adhesive pad to which the bag is affixed.</li></ul>	<p>Appropriately skilled professional staff (which, in this case, is restricted to licensed nursing staff acting within their scope of practice) will assist as necessary with:</p> <ul style="list-style-type: none"><li>• Nursing assessment of ostomy status.</li><li>• Any aspects of ostomy care as necessary.</li></ul>
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5. Admit and retain residents with contractures, as specified in **Title 22, CCR, §87709**.

<p>Trained direct care staff may assist residents with:</p> <ul style="list-style-type: none"><li>• Positioning and support.</li><li>• Range-of-motion exercises.</li><li>• Other prescribed exercises as per the ISP.</li></ul>	<p>Appropriately skilled professional staff will provide training for direct care staff to perform contracture care as described.</p>
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6. Admit and retain residents with diabetes, as specified in **Title 22, CCR, §87710**, which states in (a): “The licensee shall be permitted to accept or retain a resident who has diabetes if the resident is able to perform his/her own glucose testing with blood or urine specimens, and is able to administer his/her own medication including medication administered orally or through injection, or has it administered by an appropriately skilled professional.”

<p>Trained direct care staff may assist the resident to perform his/her own blood-glucose testing by providing the following assistance:</p> <ul style="list-style-type: none"><li>• Read instructions to the resident.</li><li>• Steady the resident’s hand (but cannot press down on the device to prick the skin).</li><li>• Read the number on a blood-glucose testing device for the resident (but cannot interpret the number).</li><li>• Open a packaged syringe and hand it to the resident.</li><li>• Call the resident’s physician if the measured blood sugar is above or below the threshold specified on the ISP.</li></ul>	<p>Appropriately skilled professional staff (which, in this case, is restricted to licensed nursing staff acting within their scope of practice) will perform the following tasks if the resident is not able to self-perform:</p> <ul style="list-style-type: none"><li>• Interpret the blood-glucose reading.</li><li>• Determine the amount of medication to be given.</li><li>• Inject medication into the resident.</li><li>• Make nursing assessments or determinations as necessary.</li></ul>
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7. Admit and retain residents who require enemas and/or suppositories, as specified in **Title 22, CCR, §87706**.

<p>Trained direct care staff may assist the resident by providing the following assistance:</p> <ul style="list-style-type: none"><li>• Unwrap a medication.</li><li>• Hand it to the resident.</li><li>• Read instructions to the resident.</li><li>• Help position the resident to self-administer the medication.</li><li>• Steady the resident’s hand, but cannot insert medication.</li></ul>	<p>Appropriately skilled professional staff (which, in this case, is restricted to licensed nursing staff acting within their scope of practice) may administer enemas or suppositories or provide the following assistance to the resident:</p> <ul style="list-style-type: none"><li>• Place a medication into a body cavity or penetrate an orifice.</li></ul>
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(continued)

8. Admit and retain residents with incontinence of bowel and/or bladder, as specified in **Title 22, CCR, §87708.**

<p>Trained direct care staff may assist residents with incontinence care as consistent with full assistance with the management of ADLs. The resident will have a comprehensive, structured bowel and bladder-training program in the ISP.</p>	<p>Appropriately skilled professional staff will develop the bowel and/or bladder program and provide training for direct care staff to implement the program.</p>
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9. Admit and retain residents who require intramuscular, subcutaneous or intradermal injections, as specified in **Title 22, CCR, §87711**, which states in (a): "The licensee shall be permitted to accept or retain a resident who requires intramuscular, subcutaneous, or intradermal injections if the injections are administered by the resident or by an appropriately skilled professional."

<p>Trained direct care staff may assist residents with the self-administration of injectable medications as follows:</p> <ul style="list-style-type: none"> <li>• Open pre-packaged medications.</li> <li>• Read instructions to the resident.</li> <li>• Steady the resident's hand, but cannot administer the injection.</li> </ul>	<p>Appropriately skilled professional staff (which, in this case, is restricted to licensed nursing staff acting within their scope of practice) will administer the injection, or assist the resident as necessary.</p>
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10. Admit and retain residents with Stage 1 or Stage 2 pressure sores (dermal ulcers), as specified in **Title 22, CCR, §87713**. Residents must have the condition diagnosed by an appropriately skilled professional.

<p>Trained direct care staff may assist residents with the following care:</p> <p><u>For Stage 1 ulcers:</u></p> <ul style="list-style-type: none"> <li>• Assist with, or apply, nonprescription or "barrier" creams.</li> <li>• Assist with the application of medicated, prescription creams.</li> <li>• Assist with, or apply, simple dressing changes, such as a pre-packaged medicated bandage.</li> </ul> <p><u>For Stage 2 ulcers:</u></p> <ul style="list-style-type: none"> <li>• Assist the resident with the application of medication or medicated bandages.</li> <li>• Assist the resident with simple dressing changes.</li> </ul>	<p>Licensed nursing staff are required to provide the following skilled nursing care:</p> <ul style="list-style-type: none"> <li>• Apply medicated prescription creams.</li> <li>• "Pack" a wound.</li> <li>• Assess the status of a Stage 2 ulcer at least weekly.</li> <li>• Apply medication, or medicated bandages, to a Stage 2 ulcer when the resident is not able to self-administer with assistance.</li> <li>• Change dressings for a Stage 2 ulcer when the resident is not able to self-perform with assistance.</li> </ul>
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11. Admit and retain residents who require wound care, as specified in **Title 22, CCR, §87713.**

Trained direct care staff, under the direction of an appropriately skilled professional, may assist residents with wound care as per the ISP.	Appropriately skilled professional staff (which, in this case, is limited to licensed nursing staff acting within their scope of practice) will perform all dressing changes and wound care management that the resident is unable to complete by him/herself with the assistance of direct care staff as specified.
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Under the ALWPP, all care provided by an appropriately skilled professional, including skilled nursing care provided by licensed nursing staff, will be documented in the resident's file. These records will be available for inspection by CDHS and CDSS upon verbal or written request.