

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



December 19, 2007

CCL INFORMATION RELEASE NO. 2007- 10**REASON FOR THIS TRANSMITTAL**

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

TO: ALL SENIOR CARE PROGRAM STAFF

SUBJECT: **MEDICATION TRAINING REQUIREMENTS FOR DIRECT CARE STAFF IN RESIDENTIAL CARE FACILITIES FOR THE ELDERLY WHO ASSIST RESIDENTS WITH THE SELF-ADMINISTRATION OF MEDICATION**

REFERENCE: HEALTH AND SAFETY (H&S) CODE SECTION 1569.69

The purpose of this CCL Information Release is to provide further clarification on the requirements of H&S Code Section 1569.69. The statutory requirements of H&S Code Section 1569.69 become effective January 1, 2008, and affect all Residential Care Facilities for the Elderly (RCFEs). To assist licensees in meeting the requirements of H&S Code 1569.69, the following attachments are included with this Information Release:

- Attachment I: Sample – Six-bed Licensee Plan of Operation Addendum
 Attachment II: Sample – CCL Review and Response Letter to Licensee
 Attachment III: Frequently Asked Questions, including a Table of Contents
 Attachment IV: Medication Training for Direct Care Staff – Requirements Matrix

Plan of Operation

Pursuant to Title 22, Section 87222(a) Plan of Operation, each facility shall maintain a current plan of operation and any significant changes in the plan of operation which would affect services to residents shall be submitted to the licensing agency for approval. In order to meet this requirement, each Senior Care Licensing Office must implement the following procedures:

- Contact licensees by telephone and advise each licensee of the following:
 - Licensees must submit an addendum to the facility plan of operation describing how they will meet the requirements of H&S Code Section 1569.69 to the local licensing agency for approval by February 1, 2008. On a case by case basis, LPAs may grant extensions of up to 30 days for licensees to submit the plan of operation addendum to the local licensing office. This does not relieve the licensee from meeting other requirements identified in H&S Code 1569.69;
 - The requirements outlined in H&S Code 1569.69 become effective January 1, 2008; and
 - Licensees who fail to submit the addendum may be cited upon the next facility visit.

The attached sample facility plan of operation addendum includes the minimum amount of information that is acceptable to meet the requirements of Title 22, Section 87222(a), Plan of Operation. LPAs may use this sample as a reference when reviewing updated plans of operation. This sample addendum may be shared with facilities. (See Attachment I: Sample – Six-bed Licensee Plan of Operation Addendum.)

The attached sample review letter may be used as a guide when reviewing the facility plan of operation addendums. LPAs may use this sample as their formal documentation sent to facilities. (See Attachment II: Sample – CCL Review and Response Letter to Licensee).

All contact with facilities is to be documented on the Contact Sheet (LIC 185).

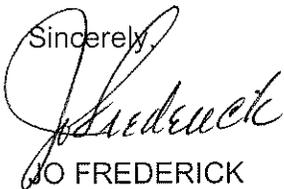
Training

H&S Code Section 1569.69 requires direct care staff who assist residents with the self-administration of medication in RCFEs, excluding licensed health care professionals, to meet specified medication training requirements. The medication training components include hands-on shadowing training, training in the nine topics specified in statute, and passing an examination that tests the employee's comprehension of, and competency in, those subjects. In addition, each employee who received training and passed the exam, and who continues to assist with the self-administration of medications, shall also complete four hours of in-service training on medication-related issues in each succeeding 12-month period. Each RCFE shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician.

The training must meet the hours specified for each component of the training, based on the licensed capacity of the facility. Statute also specifies when training must be repeated, identifies requirements for the trainer and documentation, and describes other training that may be provided off-site. Lastly, statute specifies that RCFEs licensed to provide care for 16 or more persons must maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year. (See Attachment III: Frequently Asked Questions and Attachment IV: Medication Training for Direct Care Staff – Requirements Matrix).

If you have any questions, please contact Bob Chirico, Senior Care Program Trainer, at (916) 657-1646 or Debbie Fox, Senior Care Policy Analyst, at (916) 322-3178.

Sincerely,



JO FREDERICK
Deputy Director
Community Care Licensing Division

Attachments

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

**ATTACHMENT I**

Date:

Address:

Dear Licensee:

Thank you for submitting your updated facility Plan of Operation Addendum to comply with the initial requirements of Health and Safety (H&S) Code Section 1569.69, Medication Training for Direct Care Staff.

- Your updated facility Plan of Operation Addendum has been approved.
- Your Plan of Operation Addendum is not approved for the reason(s) checked below:
- Insufficient or lack of evidence that the training material and exam was developed by, or in consultation with, a licensed nurse, pharmacist, or physician, [H&S Code Section 1569.69(d)];
 - Does not adequately address the hands-on shadowing component of the training, [H&S Code Section 1569.69(a)(1) – (3)];
 - Does not identify the nine required topic areas, [H&S Code Section 1569.69(a)(4)(A) – (I)];
 - Does not include information related to passing an examination that tests the employee's comprehension of, and competency in, the nine topic areas, [H&S Code Section 1569.69(a)(5)];
 - Does not include evidence that each employee who continues to assist with the self-administration of medicines, shall also complete four hours of in-service training on medication-related issues in each succeeding 12-month period, [H&S Code Section 1569.69(b)]; or
 - Does not meet the hourly requirements for training components, [H&S Code Section 1569.69(a)(1) – (2)].

Comments: _____

Please mail your corrected Plan of Operation Addendum to the local licensing office within ten days from the date of this letter. If you have any questions, please contact me at ()-----.

Thank you for your cooperation.

Sincerely,

Name

ATTACHMENT II

SAMPLE - ADDENDUM TO PLAN OF OPERATION

The following is an update to our facility's, (Name of Facility, License Number) Plan of Operation that addresses our plan for meeting the requirements of Health and Safety (H&S) Code Section 1569.69, Medication Training for Direct Care Staff.

Our training plan and materials will be developed by, or in consultation with, a licensed pharmacist, physician or nurse.

Our training will:

- 1) contain a hands-on shadowing component;
- 2) cover nine specified topic areas;
- 3) include passing an examination that tests the employee's comprehension of, and competency in, the nine topic areas; and
- 4) include an additional four hours of in-service training on medication-related issues in each succeeding 12-month period for each employee who will continue to assist with the self-administration of medication and who received the medication training and passed the exam [H&S Code Section 1569.69(b)].

All staff who assist in the self administration of medications will receive training in the nine following topic areas:

- The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.
- An explanation of the terminology specific to medication assistance.
- An explanation of the different types of medication orders including prescription, over-the-counter, controlled and other medications.
- An explanation of the basic rules and precautions of medication assistance.
- Information on medication forms and routes for medication taken by residents.
- A description of procedures for providing assistance with the self-administration of medications in and out of the facility and information on the medication documentation system used in the facility.
- An explanation of guidelines for the proper storage, security and documentation of centrally stored medications.
- A description of the processes used for medication ordering, refills and the receipt of medications from the pharmacy.
- An explanation of medication side effects, adverse reactions and errors.

For facilities licensed for a capacity of **16 or more**, a statement that staff training will include:

We have a licensed capacity for 100 residents and in accordance with H&S Code Section 1569.69, we will ensure that staff training includes the following:

- 16 hours of initial training (hands-on shadowing and 9 medication topics).
- 8 hours of hands-on shadowing training must be completed prior to assisting residents with the self-administration of medications.
- 8 hours of training or instruction (9 medication topics), described under the plan of operation, must be completed in its entirety within the first two weeks of employment.
- Each employee must pass an examination that tests the employee's comprehension of, and competency in, the medication topics within the first two weeks of employment or the direct care staff must no longer assist with the self-administration of medication.
- Each employee who received the medication training and passed the exam, and who continues to assist with the self-administration of medicines, must complete 4 hours of in-service training on medication-related issues in each succeeding 12-month period. [H&S Code Section 1569.69(b)].

For facilities licensed for a capacity of **15 or less**, a statement that staff training will include:

We have a licensed capacity for six residents and in accordance with H&S Code Section 1569.69, we will ensure that staff training include the following:

- 6 hours of initial training (hands-on shadowing and 9 medication topics).
- 2 hours of hands-on shadowing training must be completed prior to assisting residents with the self-administration of medications.
- 4 hours of training or instruction (9 medication topics), described under the plan of operation, must be completed in its entirety within the first two weeks of employment.
- Each employee must pass an examination that tests the employee's comprehension of, and competency in, the medication topics within the first two weeks of employment or the direct care staff must no longer assist with the self-administration of medication.
- Each employee who received the medication training and passed the exam, and who continues to assist with the self-administration of medicines, must complete 4 hours of in-service training on medication-related issues in each succeeding 12-month period. [H&S Code Section 1569.69(b)].

ATTACHMENT III

AB 2609 - Medication Training (H&S Code Section 1569.69)

FREQUENTLY ASKED QUESTIONS (FAQs) TABLE OF CONTENTS

Topic	Question # and Page Number(s)
Plan of Operation	
• CCLD's Criteria/Guidelines for Approving Plan of Operation	Q1 Page 1
• Detail Needed in Plan of Operation for Nine Medication Topics	Q2 Page 1
For Licensing Staff	
• Determining Date When Medication Training Must Be Completed	Q3 Page 2
• Types of Citations for Medication Training Deficiencies	Q4 Pages 2-3
Clarification on the Need for Training	
• Who Is Considered Staff for Purposes of Receiving Training	Q5 Page 3
• Can Medication Requirements in CCR Section 87565(c)(2)(D) Substitute for H&S Code Section 1569.69(a)(4)?	Q6 Page 3
• Can Medication Training Given to Staff Caring for Residents with Dementia Substitute for H&S Code Section 1569.69(a)(4)?	Q7 Page 4
CCLD's Administrator Certification Section's (ACS) Role: Initial and Continuing Education	
• Classes Advertised for Approval by CCLD's ACS	Q8 Page 5
• Can Initial and Continuing Education Course Approved by ACS Meet Requirements in AB 2609?	Q9 Page 5
• Vendor Training the Administrator to Be the Trainer	Q10 Pages 5-6
• Medication Training Requirements for Administrator	Q11 Page 6

Topic	Question # and Page Number(s)
Consultant Role (H&S Code Section 1569.69(d))	
• Who is Considered to Be a Consultant?	Q12 Page 6
• Must Facility Specific Medication Topics Be Developed by Consultant?	Q13 Page 6
• Why Consultant Must Develop Hands-On Shadowing Training?	Q14 Page 7
General Questions on Medication Training	
• Clarification on One of the Specified Training Topics	Q15 Page 7
• Can Employee Assist with Medications if Complete Training; Not Exam?	Q16 Page 7
In-Service Training (H&S Code Section 1569.69(b))	
• Determining Timeframe for Next In-Service Training	Q17 Page 8
• Does In-Service Training Have to Be Developed by a Consultant?	Q18 Page 8
Trainer (H&S Code Section 1569.69(e))	
• Do Persons Qualified as Trainers Have to Take Medication Training?	Q19 Page 8
• Do Qualified Trainers who Are Licensees/Administrators Have to Take Medication Training?	Q20 Pages 8-9
• Must Trainer's Education Be from Accredited Educational Institution?	Q21 Page 9
Other Training or Instruction (H&S Code Section 1569.69(f))	
Health and Safety Code Section 1569.69(f)	Page 9
<u>Lecturer</u>	
• Must Lecturer Meet Qualifications of Trainer?.....	Q22 Pages 9-10
• Can Lecturer Train on Regulatory Requirements?.....	Q23 Page 10
• If Lecturer Trains on Nine Topics and Gives Exam, Can that Person Be Considered the Trainer?.....	Q24 Page 10
<u>Off-Site Training</u>	
• Can Trainer Qualifications Be Waived if Training Is Off-Site?.....	Q25 Page 10
• Is a Consultant Necessary for Training Given Off-Site?.....	Q26 Page 11
• Do Trainer and Consultant Requirements Apply Off-Site?.....	Q27 Page 11

Topic	Question # and Page Number(s)
<ul style="list-style-type: none"> • Can Hands-On Shadowing Training Be Held Off-Site?..... 	Q28 Page 11
Facilities Licensed with a Capacity of Six Beds or Fewer - Staffing	
<ul style="list-style-type: none"> • General Information Concerning Staffing 	Page 12
<ul style="list-style-type: none"> • Employee Working for One Licensee with Multiple Facilities 	Q29 Pages 12-13
<ul style="list-style-type: none"> • Employee Working for Different Licensees with Identical Training 	Q30 Pages 13-15
<ul style="list-style-type: none"> • How Should Hands-On Shadowing Training Work in Small Facility? 	Q31 Pages 15-16
<ul style="list-style-type: none"> • Should Trained Substitute Staff Return to Facility within 180 Consecutive Calendar Days to Avoid Having to Be Re-Trained? 	Q32 Page 16
<ul style="list-style-type: none"> • Do Substitute Staff Need Four Hours of In-Service Training for Each Licensee for Whom the Individual Works? 	Q33 Pages 16-17
<ul style="list-style-type: none"> • Training Requirements for Substitute Staff with a Break in Service of More Than 180 Consecutive Calendar Days 	Q34 Page 17
<ul style="list-style-type: none"> • If Trained Employee Changes Jobs and Works for Another Facility Right After Training, Does that Person Have to Re-Take the Training?..... 	Q35a) Page 18
<ul style="list-style-type: none"> • Is Training Required if that Employee Later Returns to Original Facility Before 180 Consecutive Calendar Days Have Elapsed?..... 	Q35b) Page 18

ATTACHMENT III, Cont.

AB 2609 - Medication Training (H&S Code Section 1569.69)

FREQUENTLY ASKED QUESTIONS (FAQs)

- 1) **What guidelines and criteria will the Community Care Licensing Division (CCLD) use in approving a licensee's updated plan of operation, which must indicate that direct care staff will receive the medication training requirements specified in Health and Safety (H&S) Code Section 1569.69?**

The criteria for approving a licensee's updated plan of operation are the same as the criteria used for other required RCFE training. CCR Section 87222 requires an updated plan of operation, which may include an addendum to an existing plan of operation, to be submitted to the licensing agency for approval when any significant changes in the plan would affect the services to residents. This includes a plan for training staff. Each licensing office will review the updated plans of operation for the facilities that they oversee, as is currently done. Only direct care staff who assist residents with the self-administration of medication are required to receive the medication training that is specified in H&S Code Section 1569.69.

The plan of operation must contain a plan for training staff that meets the requirements of H&S Code Section 1569.69. The training material and the accompanying examination must be developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The training must: 1) contain a hands-on shadowing component (H&S Code Section 1569.69(a)(1) – (3)); 2) cover nine specified topic areas (H&S Code Section 1569.69(a)(4)(A) – (I)); and 3) include passing an examination that tests the employee's comprehension of, and competency in, the nine topic areas as specified in H&S Code Section 1569.69(a)(5). Lastly, there must be an additional four hours of in-service training on medication-related issues in each succeeding 12-month period for each employee who will continue to assist with the self-administration of medication and who received the medication training and passed the exam (H&S Code Section 1569.69(b)). The plan of operation must include the hours of training for each component.

- 2) **How much detail will licensing expect/want to be included in the plan of operation pertaining to the nine medication topics required in H&S Code Section 1569.69(a)(4)(A) – (I)?**

The nine required topics are to be included in the plan of operation. At a minimum, this can be as brief as listing the nine topics as they are specified in H&S Code Section 1569.69(a)(4)(A) – (I).

- 3) **An employee may be hired to do kitchen work, housekeeping, etc., but then change jobs to assist residents with the self-administration of medication. Is documentation regarding the change in duties sufficient to show that the hands-on shadowing training was completed prior to assisting with the self-administration of medications and that the instructional training/exam were completed/passed within two weeks of assuming the new position?**

Yes, the following documentation, including the documentation that indicates when direct care staff changed job duties, will enable the licensee to show when the hands-on shadowing training and the training on the nine medication topics, including the exam, were completed.

- The licensee shall document in the personnel record the date that staff began employment (CCR Section 87566(a)(3)).
- CCR Section 87566(a)(8) requires personnel records to include the type of position for which staff is employed. The licensee shall document the date showing when staff changed job duties. Direct care staff who assist residents with the self-administration of medication are required to meet the medication training requirements specified in H&S Code Section 1569.69.
- CCR Section 87566(c) requires licensees to maintain in the personnel records verification of required staff training and orientation.
- CCR Section 87566(c)(2) specifies required documentation for staff training that includes subject(s) covered in the training, date(s) of attendance, and the number of training hours per subject. These can be compared with the documented dates of hire and employment.
- The LIC 500 Personnel Report shall be current at all times.

- 4) **H&S Code Section 1569.69(a)(3) specifies that hands-on shadowing training must be completed prior to assisting with the self-administration of medications, and the other medication training must be completed within the first two weeks of employment. If these requirements are not met, will licensing program analysts (LPAs) issue a type "A" or a type "B" citation, or will they issue a type "A" citation for one and a type "B" citation for the other?**

The Department cannot give a prescriptive answer as every situation is different, and LPAs must work with their managers to determine whether to cite the medication training deficiencies as a type "A" or a type "B" and to make a determination about which CCR Section or Health and Safety Code is the most applicable to cite. This decision will be made on a case-by-case basis. For example, if a complaint was made that there was a medication error that posed a

danger to a resident, and the LPA learned that direct care staff had not received medication training, then the licensee may receive a type "A" citation and the LPA may cite CCR Section 87565(a). However, an LPA might cite a type "B" deficiency in violation of H&S Code Sections 1569.69(d)(3) and (d)(4) if the licensee tells the LPA that a nurse consultant developed the medication training material, but the LPA finds no documentation in the files to show the consultant's educational and professional qualifications specific to medication management and there is no documentation to show the training topics in which consultation was provided.

5) For purposes of the medication training, is the licensee/administrator considered staff?

Yes. As specified in CCR Section 87101(d)(7), under definitions, "direct care staff" means the licensee, and/or those individuals employed by the licensee, who provide direct care to residents, including, but not limited to, assistance with activities of daily living. If the licensee/administrator provides direct care to residents, including assisting with the self-administration of medication, then the licensee/administrator must be trained in order to assist residents with the self-administration of medications.

6) Are staff who will assist with the self-administration of medication required to take the four or eight hours (based on the licensed capacity of the facility) of medication training on the nine topics specified in H&S Code Section 1569.69(a)(4), if they have already taken the two hours training on policies and procedures regarding medication specified in CCR Section 87565(c)(2)(D)?

Yes. H&S Code Section 1569.69(a)(7) specifies that "the training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in H&S Code Section 1569.625." This section referred to CCR Section 87565(c), which pertains to the ten hours of training to be completed within the first four weeks of employment and four hours annually. At least two of these required ten hours must be on policies and procedures regarding medications. H&S Code Section 1569.69(a)(4) specifies the nine medication training topic areas that must be covered in the hours specified in H&S Code Sections 1569.69(a)(1) and (a)(2). The four hours of in-service training specified in H&S Code Section 1569.69(b) is also in addition to the four hours required annually to meet the requirements in H&S Code Section 1569.625.

7) Are staff who are assisting with the self-administration of medications required to receive medication training on the topics specified in H&S Code Section 1569.69(a)(4) if they have already received additional medication training to meet the requirements pertaining to staff that care for residents with dementia as specified in CCR Section 87725.1(a)(2)(A)1. and/or CCR Section 87724(c)(3)(C)?

Yes, however, the medication training may be combined. (See question #23.) If combined, an employee caring for residents with dementia must meet the medication training requirements specified in CCR Section 87724(c)(3)(C) and/or CCR Section 87725.1(a)(2)(A)1. in addition to the training described below for H&S Code Section 1569.69. All of the following criteria below must be met:

- The medication training that is given to staff that care for residents with dementia must:
 - 1) Include the nine topic areas specified in H&S Code Section 1569.69(a)(4)(A) – (I);
 - 2) Meet the required number of hours (eight or four, depending on the licensed capacity of the facility) as specified in H&S Code Section 1569.69 (a)(1) and (a)(2);
 - 3) Include passing an exam that tests the employee’s comprehension of, and competency in, the nine topics;
 - 4) Be given within the first two weeks of employment in a position that requires assisting residents with the self-administration of medication; and
 - 5) Be developed by, or in consultation with, a licensed nurse, pharmacist, or physician.

Staff who work in facilities that advertise or promote dementia special care are required to receive training on the effects of medications on the behavior of residents with dementia (CCR Section 87725.1(a)(2)(A)1.). Staff who care for residents with dementia are also required to receive training on recognizing the effects of medications commonly used to treat the symptoms of dementia (CCR Section 87724(c)(3)(C)).

Another Option

Instead of combining the medication training specified above, the hours of medication training for staff caring for residents with dementia could be included in/overlap the four hours of in-service medication training required in H&S Code Section 1569.69(b) as long as the training is developed by, or in consultation with, a licensed nurse, pharmacist, or physician. (See the response to question #6.)

8) Can training vendors advertise courses on medication training, specific to AB 2609, and state that these courses have been approved by the CCLD Administrator Certification Section (ACS)?

No. ACS approval of courses is limited only to approval for purposes of Administrator Certification requirements. The ACS may only approve vendors that provide initial and continuing education courses for the purpose of providing classroom hours of training for individuals seeking to obtain initial certification as administrators or to meet ongoing continuing education requirements as set forth in H&S Code Section 1569.616. ACS has no authority to approve any courses or components of the AB 2609 training requirements. ACS may approve courses within the subject area of medication training for initial or continuing education units, however, the approval criteria is not the same. It is the responsibility of each licensee to ensure that the training in H&S Code Section 1569.69 is provided to staff as specified.

9) Can an initial and continuing education course approved by ACS meet the requirements in AB 2609 that are specified in H&S Code Section 1569.69?

Some of the courses approved by ACS may meet a **portion** of the requirements of AB 2609. However, ACS has no authority to approve any courses or components of the AB 2609 training requirements. Therefore, these courses may not be advertised as being approved by ACS. ACS may approve courses within the subject area of medication training for initial or continuing education units, however, the approval criteria is not the same. It is the responsibility of each licensee to ensure that the training in H&S Code Section 1569.69 is provided to staff as specified. An approved course for initial and continuing education could simultaneously meet the other non-shadowing component of the training as required in H&S Code Section 1569.69(a)(1) and (2) if the training meets all of the criteria in H&S Code Section 1569.69. This could include training on the nine topics specified in H&S Code Section 1569.69 (a)(4)(A) – (I), along with the required examination that tests the employee's comprehension of, and competency in, the nine topics listed. The hands-on shadowing component of the training must be provided at the facility (not in a classroom) by a licensed nurse, pharmacist or physician; or by a trainer who meets the education and experience requirements in H&S Code Section 1569.69(e). (*See the response to question #8.*)

10) Can a vendor train an administrator so that he/she meets the education requirements in H&S Code Section 1569.69(e)(1) to be able to train staff on the medication training requirements in H&S Code Section 1569.69?

Yes, an administrator may take five hours of topics relevant to medication management from a vendor. However, in order to be the trainer, the administrator must also meet the experience requirements in H&S Code Section 1569.69(e)(2). An Initial Certification Training Program is approved by the Department prior to it

being offered to applicants for licensure or administrator certification. As specified in H&S Code Section 87730(h)(1)(G), the Initial Certification Training Program shall consist of a minimum of 40 classroom hours with a Core Of Knowledge curriculum consisting of five hours of instruction in the use, misuse and interaction of drugs commonly used by the elderly. The education requirements for the trainer specified in H&S Code Section 1569.69(e)(1) requires a minimum of five hours of initial, or certified continuing education or three semester units, or the equivalent, from an accredited educational institution on topics relevant to medication management. In addition, employees, including licensees and administrators who assist residents with the self-administration of medication, must receive the medication training as specified in H&S Code Section 1569.69.

- 11) If an administrator is an employee of the facility (not the licensee) and has taken the initial administrator certification training and/or continuing education training on medications, must that person complete the medication training?**

Yes, if the administrator will be assisting residents with the self-administration of medications, then he/she, despite having taken the initial or continuing administrator education training, must still complete the facility's medication training as specified in H&S Code Section 1569.69 to meet the training requirements.

- 12) H&S Code Section 1569.69(d) specifies that each RCFE that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. Is a licensed vocational nurse (LVN) considered a licensed nurse?**

Yes.

- 13) Is it correct to assume that not all topics need to have consultation by a licensed nurse, pharmacist, or physician since some topics are facility specific such as the topic under H&S Code Section 1569.69(a)(4)(H) that pertains to the facility process for ordering medication from the pharmacy etc.?**

No, this is not a correct assumption. All of the medication training material and accompanying examination must be developed by, or in consultation with, a licensed nurse, pharmacist, or physician, as specified in H&S Code Section 1569.69(d), which includes facility-specific training. However, different consultants can be used (i.e., a nurse and a pharmacist) because they may specialize in various topics to be discussed in the medication training.

14) Why is a consultant required to develop, or be consulted with, for the hands-on shadowing component of the training that is required in statute?

Hands-on shadowing is a component of the required training.

- H&S Code Section 1569.69(a)(1) states that training shall consist of eight hours of hands-on shadowing training;
- H&S Code Section 1569.69(a)(2) states that training shall consist of two hours of hands-on shadowing training;
- H&S Code Section 1569.69(a)(3) states that an employee shall be required to complete the training requirements for hands-on shadowing training; and
- H&S Code Section 1569.69(d) states that each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. (All of the medication training described falls under H&S Code Section 1569.69.)

15) What has to be covered in training for the topic under H&S Code Section 1569.69(a)(4)(E) that says training shall cover information on medication forms and routes for medication taken by residents?

The consultant must develop or provide consultation on the training. Therefore, the consultant will determine what information needs to be provided under each specific training topic.

16) Will an individual who meets all the training requirements in H&S Code Section 1569.69(a), but who was not able to pass an examination, be allowed to assist with the self-administration of medication?

No. The exam is considered to be part of the training. H&S Code Section 1569.69(a)(5) specifies that to complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee's comprehension of, and competency in, the nine training topics that are specified in H&S Code Section 1569.69(a)(4), and these must be completed within the first two weeks of employment if that individual will be assisting residents with the self-administration of medication. After being employed for two weeks, and until the individual passes the exam, that individual cannot assist residents with the self-administration of medication.

- 17) **H&S Code Section 1569.69(b) specifies that each employee who received training and passed the exam required, and who continues to assist with the self-administration of medicines, shall also complete four hours of in-service training on medication-related issues in each succeeding 12-month period. Is the next in-service training from when staff completed the training, or from when they took the exam?**

The examination is considered to be part of the training, as specified in H&S Code Section 1569.69(a)(5). The next in-service training must be within 12 months of the recorded date in which the staff passed the examination, as long as staff will be assisting residents with the self-administration of medication.

- 18) **Do the four hours of in-service training on medication-related issues that have to be completed in each succeeding 12-month period, as specified in H&S Code Section 1569.69(b), have to be developed by, or in consultation with, a licensed nurse, pharmacist, or physician, as specified in H&S Code Section 1569.69(d)?**

Yes. H&S Code Section 1569.69(d) specifies that each RCFE that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician.

- 19) **If a person who is currently assisting residents with the self-administration of medications in an RCFE meets all of the education and experience requirements to be a trainer as specified in H&S Code Section 1569.69(e), would that person be required to take the medication training specified in H&S Code Section 1569.69 since they ARE the trainer?**

Yes, if he/she will be assisting residents with the self-administration of medications. In addition to meeting the education and experience requirements specified in H&S Code Section 1569.69(e) to qualify as a trainer, the trainer must also meet the medication training requirements specified in H&S Code Section 1569.69 if he/she will be assisting with the self-administration of medications. However, H&S Code Section 1569.69(c) specifies that the medication training requirements specified in H&S Codes Sections 1569.69(a) and (b) do not apply to persons who are licensed medical professionals.

- 20) **Does the trainer, who meets the requirements in H&S Code Section 1569.69(e) and who is also a licensee/administrator, have to meet all medication training requirements in H&S Code Sections 1569.69(a) and (b), including the four hours of in-service training in each succeeding 12 month period?**

Yes, if the licensee/administrator assists residents with the self-administration of medications in an RCFE. If an administrator meets the requirements of the trainer,

but does not assist residents with the self-administration of medications, that individual does not have to take the medication training specified in H&S Code Section 1569.69. Also, Section 1569.69(c) specifies that the medication training requirements specified in H&S Codes Sections 1569.69(a) and (b) do not apply to persons who are licensed medical professionals

- 21) The implementation plan for H&S Code Section 1569.69(e)(1), pertaining to the educational requirements for the trainer, specifies that:**
- (1) A minimum of five hours of initial, or certified continuing, education; or**
 - (2) Three semester units, or the equivalent, from an accredited educational institution on topics relevant to medication management.**

The way the implementation plan is written seems to mean that option #1 does not have to be from an accredited educational institution. If you look at H&S Code Section 1569.69, this requirement is not written in two parts and reads as if any of the education (initial or certified continuing education, three semester units, etc.) must be from an accredited educational institution. Which interpretation is correct?

The Implementation Plan correctly restates the statute (H&S Code Section 1569.69(e)(1)). The five hours of initial, or certified continuing education do not have to be from an accredited educational institution. This particular code section has a typographical error in which the placement of commas may have caused some confusion. *(For further clarification see Question #10.)*

QUESTIONS ON VARIOUS METHODS OF INSTRUCTION PER H&S CODE SECTION 1569.69(f)

Health and Safety Code Section 1569.69(f) states: "Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided off-site, and may use various methods of instruction, including, but not limited to, all of the following:

- (1) Lectures by presenters who are knowledgeable about medication management;
- (2) Video instruction tapes, interactive material, online training, and books; or
- (3) Other written or visual materials approved by organizations or individuals with expertise in medication management."

- 22) If a licensee sends the employees to a lecture by a presenter, "knowledgeable about medication management", would the licensee need to ensure that this presenter meets the trainer qualifications outlined in H&S Code Section 1569.69(e)?**

No. H&S Code Section 1569.69(e) pertains to the trainer. A lecturer, as specified in H&S Code Section 1569.69(f)(1), is not considered a trainer. The lecturer must use training material developed by, or in consultation with, a licensed nurse, pharmacist, or physician, as specified in H&S Code

Section 1569.69(d). The licensee, however, must ensure that the training meets the requirements in H&S Code Section 1569.69.

23) If a consultant/pharmacist coordinates, reviews, and approves the overall training program, can a lecturer provide a couple hours of classroom training on regulatory requirements?

Yes, as long as the training on regulations is relevant to the medication training topics and the training meets the required number of hours as specified in H&S Code Section 1569.69 (a)(1) and (a)(2). For example, the lecturer may discuss some of the medication requirements under CCR Section 87575, such as the requirement for the licensee to maintain a record of dosages of medication which are centrally stored. This could go along with the medication topic specified in H&S Code Section 1569.69(a)(4)(G) that requires an explanation of guidelines for the proper storage, security, and documentation of centrally stored medications. The actual hours of medication training that are required are based on the licensed capacity of the facility and are specified in H&S Code Sections 1569.69(a)(1) and (2).

24) If a lecturer provides all the training on the topics specified in H&S Code Section 1569.69(a)(4)(A) – (I) and gives the exam, would that person be considered the trainer?

No. H&S Code Section 1569.69(e) pertains to the trainer and states that each person who provides employee training under this section shall meet specified education and experience requirements. H&S Code Section 1569.69(f) allows for other methods of training or instruction that may be used off-site that includes, but is not limited to, lectures by presenters who are knowledgeable about medication management. The hands-on shadowing component of the training must be provided at the facility (not in a classroom) by a licensed nurse, pharmacist or physician; or by a trainer who meets the education and experience requirements in H&S Code Section 1569.69(e). All training material, including the information provided by the lecturer, and the accompanying examination, must be developed by, or in consultation with, a licensed nurse, pharmacist, or physician.

25) When the training is off-site and not provided at the RCFE, are the qualifications in H&S Code Section 1569.69(e), which pertain to the qualifications of the trainer, waived?

No. The location of the training, off-site or on-site, is not the determining factor of whether a trainer's experience requirements and education, specified in H&S Code Section 1569.69(e), can be waived.

- 26) Doesn't medication training that is off-site and presented by someone knowledgeable about medication management or by video instruction tapes, etc., prohibit the licensee from having the training material developed by, or in consultation with, a licensed nurse, pharmacist or physician?**

No. A consulting licensed nurse, pharmacist or physician must review and approve all materials used in medication training to meet the requirements of H&S Code Section 1569.69, including the examination, lecturer's notes, video instruction tapes, interactive material, books and online training, as specified in H&S Code Section 1569.69(d). The consultant can actually develop the training material for the licensee to use or can be consulted with about other training material that will be used to meet the requirements of H&S Code Section 1569.69.

- 27) If the licensee uses "off-site training" as specified in Section 1569.69(f), do the consultant requirements (H&S Code Section 1569.69(d)) and the trainer requirements (H&S Code Section 1569.69(e)) still apply?**

Yes. Whether training is off-site or not, all of the training material and the accompanying examination must be developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The consultant must also review and approve all materials used in training such as video instruction tapes, interactive material, books and online training. If there is a trainer, even if the training is off-site, the trainer must meet the requirements in H&S Code Section 1569.69(e).

- 28) Can the hands-on shadowing portion of the training be held off-site?**

No. H&S Code Section 1569.69(a) specifies that the training shall consist of eight or two hours of hands-on shadowing training (based on licensed capacity of the facility) and a specified number of hours of other training. H&S Code Section 1569.69(f) specifies that other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided off-site, and may use various methods of instruction. Since hands-on shadowing training is not considered "other" training, it must be provided on-site.

All of the hands-on shadowing training must be developed by, or in consultation with, a licensed nurse, pharmacist or physician. Hands-on shadowing training, which is facility specific, must be provided at the facility (not in a classroom) by a licensed nurse, pharmacist, or physician; or by a trainer who meets the education and experience requirements in H&S Code Section 1569.69(e). (See question #30 for additional clarification.)

GENERAL INFORMATION CONCERNING STAFFING:

Hiring a Licensed Medical Professional

If the licensee/administrator hires a licensed medical professional to help assist with medications when the licensee/administrator is at medication training, that licensed medical professional is not required to take any of the medication training as specified in H&S Code Section 1569.69(c).

CCR Section 87580(a)(1), Personnel – Operations

In each facility when regular staff members are absent, there shall be coverage by personnel with qualifications adequate to perform the assigned tasks. CCR Section 87565(a), Personnel Requirements, specifies that facility personnel shall at all times be sufficient in numbers, and competent to provide the services necessary to meet the resident's needs.

CCR Section 87566(a) – (h), Personnel Records

It is the licensee's responsibility to ensure that the LIC 500 Personnel Report is current at all times. It is the licensee's responsibility to ensure that each staff working at the facility are associated with the facility and have a current and complete personnel file, including evidence of criminal record clearance. This applies to permanent or intermittent staff. It is the responsibility of the licensee to ensure that all personnel records are complete, current and maintained in accordance with regulatory requirements. If a staff is no longer associated with a facility, it is the licensee's responsibility to notify the licensing office.

Pertaining to H&S Code Section 1569.69(a)(8)

If an associated individual, who has received all of the initial medication training required in H&S Code Section 1569.69(a)(1) – (3), has not worked for the same licensee for over 180 consecutive calendar days from being employed in that position, then that individual must retake all of the medication training. (See response to Questions #29 and #30 for additional clarification.)

29) If an employee works for the same licensee, who has multiple facilities, and if that employee is associated with more than one facility, does the employee have to retake the training if the employee has not had a break in service over 180 consecutive calendar days?

- The answer pertaining to the hands-on shadowing portion of the training depends on whether the training is identical in the multiple facilities, which means that the facilities use the same processes and procedures (i.e., including, but not limited to, the same processes for locking up medications, storing, documentation, handling medications and the set-up of medications, handling orders with physicians and the pharmacist, etc...). If the facilities do not use the same processes/procedures, then the hands-on shadowing portion of the training must be taken separately for each facility that the employee works in because hands-on shadowing training is facility specific and it centers around the facility protocol for medication management.

- The “other” training (nine topic areas and exam), excluding the hands-on shadowing, does not have to be repeated if the training and exam are exactly the same, and if there was no break in service of over 180 consecutive calendar days.
- All of the training requirements must be met as specified in H&S Code Section 1569.69.
- Copies of the required documentation, including verification of completion of hands-on shadowing training and the other medication training (including proof that the employee passed an examination that tests the employee’s comprehension of, and competency in, the nine topic areas) must be on file in each facility where the employee works. This includes documentation requirements as specified in:
 - H&S Code Sections 1569.69(d)(1) – (4), pertaining to the consultant;
 - H&S Code Section 1569.69(e)(2)(3)(A) – (C), pertaining to the trainer; and
 - CCR Section 87566(c)(2), Personnel Records.
- If an associated individual, who has received all of the initial medication training required in H&S Code Section 1569.69(a)(1) – (3), has not worked for the same licensee for over 180 consecutive calendar days from being employed in that position, then that individual must retake all of the medication training.

All medication training must be repeated if either of the following occur, per H&S Code Section 1569.69(a)(8):

- An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days; or
- An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.

The LIC 500 must be up-to-date and match the list of staff associated with the facility. The time frames for meeting the training requirements must be met in the originating facility. CCR Section 87566(e) requires the licensee to maintain personnel records that demonstrate adequate staff coverage by documenting the hours actually worked.

30) If an employee has completed the initial medication training required in H&S Code Section 1569.69 for one licensee, and then plans to go to work for another licensee, and has not had a break in service over 180 consecutive calendar days from the initial licensee, does the employee have to retake the initial medication training if the training is exactly the same at both facilities and developed by, or in consultation with, the same consultant?

Hands-on Shadowing Training:

- H&S Code Section 1569.69(a)(8)(B) specifies that the training requirements must be repeated if an employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication. The intent of this statute was not to require staff to repeat identical training, as that would be burdensome for facilities. The hands-on shadowing training does not have to be repeated if that training given at different facilities by different licensees is identical, which means that the facilities use the same processes and procedures (i.e., including, but not limited to, the same processes for locking up medications, storing, documentation, handling medications and the set-up of medications, handling orders with physicians and the pharmacist, etc...) If facilities do not use the same processes/procedures, then the hands-on shadowing portion of the training will have to be taken separately for each facility that the employee works in because hands-on shadowing training is facility specific and it centers around the facility protocol for medication management. The criteria below must be met if an employee works for different licensees, but the licensees have the exact medication training, which has been developed by, or in consultation with, the same consultant.
 - Under the specified circumstances, the medication training does not have to be repeated if there was no break in service of over 180 consecutive calendar days.
 - All of the training requirements must be met as specified in H&S Code Section 1569.69.
 - Copies of the required documentation, including verification of completion of hands-on shadowing training and the other medication training (including proof that the employee passed an examination that tests the employee's comprehension of, and competency in the nine topic areas) must be on file in each facility where the employee works. This includes documentation requirements as specified in:
 - H&S Code Sections 1569.69(d)(1) – (4), pertaining to the consultant;
 - H&S Code Section 1569.69(e)(2)(3)(A) – (C), pertaining to the trainer; and
 - CCR Section 87566(c)(2), Personnel Records.

(Also, see the response in question #29.)

Training on Nine Medication Topics (Including Exam):

- H&S Code Section 1569.69(a)(8)(B) specifies that training must be repeated when an employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication. The intent of

this statute was not to require staff to repeat identical training, as that would be burdensome for facilities. For example, facilities in rural areas may share a video tape and an exam developed by the same consultant. The criteria below must be met if an employee works for different licensees, but the licensees have the exact medication training, which has been developed by, or in consultation with, the same consultant.

- The "other" training (nine topic areas and exam) does not have to be repeated if the training and exam are exactly the same and if they are developed by, or in consultation with, the same consultant.
- Under the specified circumstances, the medication training does not have to be repeated if there was no break in service of over 180 consecutive calendar days.
- All of the training requirements must be met as specified in H&S Code Section 1569.69.
- Copies of the required documentation, including verification of completion of hands-on shadowing training and the other medication training (including proof that the employee passed an examination that tests the employee's comprehension of, and competency in the nine topic areas) must be on file in each facility where the employee works. This includes documentation requirements as specified in:
 - o H&S Code Sections 1569.69(d)(1) – (4), pertaining to the consultant;
 - o H&S Code Section 1569.69(e)(2)(3)(A) – (C), pertaining to the trainer; and
 - o CCR Section 87566(c)(2), Personnel Records.

(Also, see the response in question #29.)

QUESTIONS SPECIFIC TO FACILITIES WITH A LICENSED CAPACITY OF SIX BEDS OR FEWER *(Questions 31-35 below):*

General

- 31) Since the administrator/licensee are considered staff, how would that individual meet the hands-on shadowing requirement for the training if he/she has no other direct care staff and has to hire an individual to come to his/her facility to help assist residents with the self-administration of medications and attend to the residents?**

All of the hands-on shadowing training must be developed by, or in consultation with, a licensed nurse, pharmacist, or physician. It is up to the consultant, who is developing the training or being consulted with about the training, to determine

how the licensee/administrator will meet the hands-on shadowing training requirement. The hands-on shadowing component must be provided at the facility (not in a classroom) by a licensed nurse, pharmacist, or physician; or by a trainer who meets the education and experience requirements in H&S Code Section 1569.69(e). (See "General Information Concerning Staffing" after question #28.)

- 32) **In the case where an administrator/licensee, who normally assists with the self-administration of medication, leaves to attend medication training and hires someone for the day to oversee the facility, the individual that is hired may go to the facility for the day but may not come back to the facility again within six months (180 days). Therefore, should it be assumed that the licensee should have the person who is substituting come to the facility every six months, even if it is only for a few hours, in order to avoid having to have that person re-trained on medications?**

Yes. Before any employee can assist with the self-administration of medication, that person must meet the required number of hours of the hands-on shadowing portion of the training as is specified in H&S Code Sections 1569.69(a)(1) and (a)(2), based on the licensed capacity of the facility. In addition, the employee must receive training on the nine medication topics specified in H&S Code Section 1569.69(a)(4)(A) – (I), and pass an exam that tests the employee's comprehension of, and competency in these topics, within the first two weeks of employment as direct care staff who will be assisting residents with the self-administration of medication. Otherwise, the direct care staff can no longer assist with the self-administration of medication. This training must be repeated again if a person worked for another licensee and assisted residents with the self-administration of medication or returns to work for the same licensee after a break of service of more than 180 consecutive calendar days as specified in H&S Code Section 1569.69(a)(8). (See "General Information Concerning Staffing" after question #28 and questions #29 and #30.)

- 33) **When there is just the licensee/administrator in an RCFE and an individual is hired to fill in and assist with the self-administration of medication when the licensee/administrator is away from the facility, is a single four hours of in-service training on medication-related issues in each succeeding 12-month period sufficient or is it 4 hours of in-service training for each licensee for whom the individual works?**

Yes, employees must have four hours of in-service training for each licensee he/she is associated with or for the same licensee with multiple facilities, **unless the training is identical**. In this case, copies of the required documentation, including verification of completion of hands-on shadowing training and the other medication training (including proof that the employee passed an examination that tests the employee's comprehension of, and competency in the nine topic areas) must be on file in each facility where the employee works. This includes documentation requirements as specified in:

- H&S Code Sections 1569.69(d)(1) – (4), pertaining to the consultant;
- H&S Code Section 1569.69(e)(2)(3)(A) – (C), pertaining to the trainer; and
- CCR Section 87566(c)(2), Personnel Records.

The employee would have to have 4 hours of in-service training in each succeeding 12 month period from the date in which he/she passed the examination at the initial facility where he/she was employed to assist residents with the self-administration of medication. This documentation must be on file at all facilities where the individual is associated and works.

H&S Code Section 1569.69(a)(8)(B) specifies that the training requirements shall be repeated if an employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication. All parts of the initial training (hands-on shadowing, 9 topic areas, passing exam) would have to be repeated each time an employee goes to work for another licensee to assist with the self-administration of medication, even if he/she already received medication training in a facility where he/she had already worked. Then once the employee receives the training again and passes an exam, he/she must also complete four hours of in-service training on medication-related issues in each succeeding 12-month period if he/she is still assisting with the self-administration of medication. *(See “General Information Concerning Staffing” after question #28 and questions #29 and #30.)*

The four hours of in-service training are not intended to replace or supplant those required of all staff members who assist residents with the personal activities of daily living specified in CCR Section 87665(c).

34) Is it correct that individuals who are in the facility only to assist for one day, while the licensee/administrator receives training, will have to have the entire training again if there is a break of service of more than 180 consecutive calendar days in accordance with Health and Safety Code Section 1569.69(a)(8)(A)?

Yes, anyone who, even as a relief person, will assist with the self-administration of medications, must have the required medication training. Medications include nonprescription or prescription medications taken as needed. All the training, including hands-on shadowing (which is considered as a portion of the training), will have to be repeated if there is a break of service of more than 180 consecutive calendar days, as long as the individual will be assisting with the self-administration of medication. *(See “General Information Concerning Staffing” after question #28.)*

35a) In the following scenario, must an employee in an RCFE, who assists residents with the self-administration of medication, take the medication training over again if it has already been completed and if he/she passed the exam?

Scenario: *A direct care staff person in an RCFE received all of the required medication training from his/her original employer, quit on a Friday, and then went to work for a new licensee on the following Monday. This person has copies of documents verifying that he/she has completed all training.*

Yes, based on the scenario (above), the employee must repeat the training if he/she leaves to work for another licensee and will be assisting with the self-administration of medication. H&S Code Section 1569.69(a)(8) specifies when training requirements must be repeated. Since some of the training is facility specific, it is important for the employee to receive the same training as the other staff in the new employer's facility in order to best meet the health and safety needs of the residents. *(For clarification pertaining to employees associated with more than one facility, see the answers to questions #29 and #30.)*

35b) In the scenario in #35a) above, what happens if the employee, who is substituting for the licensee and is assisting with the self-administration of medication, returns to the original facility before 180 calendar days have elapsed, but has already received medication training at both facilities?

See question #30, including the documentation requirements. If the training (hands-on shadowing, nine topics and exam) are still identical to what it was when the employee left, and if it has been less than 180 consecutive calendar days from when the employee was hired to help assist residents with the self-administration of medication, then the training would not have to be repeated. However, the employee would have to have 4 hours of in-service training in each succeeding 12 month period from the date in which the staff initially passed the examination.

ATTACHMENT IV: Medication Training for Direct Care Staff – Requirements Matrix

AB 2609 (Evans), Chapter 615, Statutes of 2006, Health and Safety Code Section 1569.69

INTRODUCTION

The following matrix on medication training requirements is based on Assembly Bill (AB) 2609 (Evans), Chapter 615, Statutes of 2006. AB 2609 takes effect January 1, 2008. It adds Section 1569.69 to the Health and Safety (H&S) Code. The bill requires direct care staff in Residential Care Facilities for the Elderly (RCFES), who help assist residents with the self-administration of medication, to meet specified medication training requirements. Further, the bill requires facilities with a capacity of 16 or more to maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.

This document is divided into four sections. Section I discusses Highlights of the AB 2609 Medication Training Requirements. Section II. Implementation Planning and Review discusses the AB 2609 requirements that must be completed prior to January 1, 2008. Section III. Training and Examination Requirements for Facilities discusses the training/examination requirements which become effective January 1, 2008. Section IV. Documentation Requirements for Facilities and Review Requirements for LPAs discuss the specific documentation requirements of AB 2609. If a licensee fails to meet the requirements outlined in AB 2609, H&S Code Section 1569.69 will be used as the citing authority.

Additional Resources

- *CCLD Chartered Legislation - Implementation Plan (available at www.cclld.ca.gov)*
- *CCL Information Release No. 2007-10, Medication Training for Direct Care Staff (available at http://ccl.dss.cahwnet.gov/CommunityC_2284.htm)*
- *Health and Safety Code Section 1569.69 (available on Lotus Notes or www.leginfo.ca.gov/calaw.html – H&S Code)*

SECTION I. HIGHLIGHTS OF AB 2609 MEDICATION TRAINING REQUIREMENTS

Who Must Take Medication Training Required in H&S Code Section 1569.69?

- *Any direct care staff, including licensees/administrators, who help assist residents with the self-administration of medication.*
- *Excludes licensed medical professionals.*

Requirement for All Medication Training

- ***All training must be developed by, or in consultation with, a licensed nurse (RN or LVN), pharmacist, or physician.***

Training Components

- **Must be included in Plan of Operation and all training components must be developed by, or in consultation with, a licensed nurse, pharmacist, or physician.**
 - 1) Hands-on shadowing training (hours based on licensed capacity of facility), to be completed prior to assisting residents with the self-administration of medication.
 - 2) Training on nine specified topics (hours based on licensed capacity of facility), to be completed within the first two weeks of employment.
 - 3) Pass an examination to go along with nine topic areas that tests the employee's comprehension of, and competency in, the nine required topics. After direct care staff, who assist residents with the self-administration of medication, have been employed for two weeks in that capacity, they may no longer assist residents with the self-administration of medications until they pass an exam on the nine medication topics, thereby completing the training.
 - 4) Annual four hours of in-service training on medication-related issues in each succeeding 12-month period for each employee who received training and passed the required exam and who will continue to assist with the self-administration of medications.

Hands-on Shadowing Training

- Need two hours of hands-on shadowing training in facilities licensed to provide care for 15 or fewer residents, prior to assisting residents with the self-administration of medications.
- Need eight hours of hands-on shadowing training in facilities licensed to provide care for 16 or more residents, prior to assisting residents with the self-administration of medications.
- Training must be facility specific and provided on-site at the facility, not in a classroom.
- Training must be given by a licensed nurse, pharmacist, or physician; or by a trainer who meets the education and experience requirements in H&S Code Section 1569.69(e).
- All training must be developed by, or in consultation with, a licensed nurse (RN or LVN), pharmacist, or physician.
- In addition to the hands-on shadowing, staff will need to complete training covering the nine required topics and pass an examination based on the nine training topics.

- Need four hours of training or instruction covering the nine required topics in facilities licensed to provide care for 15 or fewer persons, which shall be completed within the first two weeks of employment.
- Need eight hours of training or instruction covering the nine required topics in facilities licensed to provide care for 16 or more persons, which shall be completed within the first two weeks of employment.
- To complete the training, each employee shall pass an examination that tests the employee's comprehension of, and competency in, the nine topics specified in H&S Code Section 1569.69(a)(4).
- After the first two weeks of employment, direct care staff must **not** assist residents with the self-administration of medication if they have not passed the exam, specified in H&S Code Section 1569.69(a)(5). The examination is considered to be part of the training. Once the exam is passed, and the other medication training requirements are met, direct care staff may assist with the self-administration of medication.

- Training or instruction covering the nine required topics may be provided off-site and may use various methods of instruction, including, but not limited to, all of the following:

- Lectures by presenters who are knowledgeable about medication management.
- Video instruction tapes, interactive material, online training, and books.
- Other written or visual materials approved by organizations or individuals with expertise in medication management.

- A trainer who meets the requirements in H&S Code Section 1569.69(e) is not required if other means of instruction are utilized. (The requirements for hands-on shadowing training are different, however.)

- The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with the personal activities of daily living as set forth in H&S Code Section 1569.625.

- All training must be developed by, or in consultation with, a licensed nurse (RN or LVN), pharmacist, or physician.

Annual Four Hours of In-Service Training

- Each employee who received the medication training and passed the exam required, and who continues to assist residents with the self-administration of medication, must also complete four hours of in-service training on medication-related issues in each succeeding 12-month period.
- The next in-service training must be within 12 months of the recorded date in which the staff passed the examination, as long as staff will be assisting residents with the self-administration of medication.
- The training can be provided off-site and various methods of instruction may be used.

ACTIVITIES TO BEGIN PRIOR TO JANUARY 1, 2008

Section II. Implementation Planning and Review

Licensee Activities – Planning	LPA Activities – Review
<p><input type="checkbox"/> Encourage pharmacists and licensed medical professionals to use "plain English" (no abbreviations, symbols, or Latin medical terms in instructions) when preparing labels on medications supplied to residents. On a regular basis, licensees shall encourage this practice.</p>	<p><input type="checkbox"/> During a medication review, look to see if medication labels are in "plain English" and are easy to read. If not, suggest that the licensee speak with his/her pharmacist about this to prevent possible health and safety issues.</p>
<p><input type="checkbox"/> All new RCFE licensees must include how they intend to meet the medication training requirements as identified in H&S Code Section 1569.69, in their plan of operation.</p> <p><input type="checkbox"/> All licensees that are not newly licensed must submit to their licensing program analyst (LPA) an update to their existing plan of operation that explains how they intend to meet the medication training requirements identified in H&S Code Section 1569.69. <i>Reference: CCR Title 22, 87222(a)(6).</i></p>	<p><input type="checkbox"/> During scheduled facility visits or complaint visits, notify the Administrator/Licensee about the new requirements as identified in this document.</p>
<p><input type="checkbox"/> Employ the services of a licensed nurse (RN or LVN), pharmacist, or physician to provide consultation with, or to develop the training material required in H&S Code Section 1569.69 for the training components discussed on page two of this document. The examination component must test the employee's comprehension of, and competency in, the following required training topics (H&S Code Section 1569.69(a)(5)):</p> <ul style="list-style-type: none"> <input type="checkbox"/> The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals. <input type="checkbox"/> An explanation of the terminology specific to medication assistance. <input type="checkbox"/> An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications. <input type="checkbox"/> An explanation of the basic rules and precautions of medication assistance. <input type="checkbox"/> Information on medication forms and routes for medication taken by residents. <input type="checkbox"/> A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility. <input type="checkbox"/> An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications. <input type="checkbox"/> A description of the processes used for medication ordering, refills and the receipt of medications from the pharmacy. <input type="checkbox"/> An explanation of medication side effects, adverse reactions, and errors. 	<p><input type="checkbox"/> Review and approve the updated Plan of Operation to ensure that it reflects the changes to the medication training program required by H&S Code Section 1569.69.</p> <p><input type="checkbox"/> Use sample language, provided in training package, to notify licensee of review status of the Plan of Operation.</p> <p><input type="checkbox"/> Place all documentation related to the Plan of Operation review process, including the approved updated Plan of Operation in the facility file.</p>

ACTIVITIES TO BEGIN ON JANUARY 1, 2008

Section III. Training and Examination Requirements for Facilities

(Applies to Direct Care Staff who will, or who already, assist with the Self-Administration of Medications)

Training for Direct Care Staff in RCFEs Licensed with a Capacity of 16 or More Residents	Training for Direct Care Staff Licensed with a Capacity of 15 or Less Residents	Examination for Direct Care Staff	When Training Requirements Must be Repeated	Acceptable Means of Training by RCFE Licensee
<p><input type="checkbox"/> Must complete 16 hours of initial training.</p> <p><input type="checkbox"/> Eight hours of hands-on shadowing training must be completed in addition to the eight hours of training related to the nine topic areas.</p> <p><input type="checkbox"/> Eight hours of training or instruction (9 medication topics), described under the plan of operation, must be completed in its entirety within the first two weeks of employment and an exam must be passed in this time period. Otherwise, staff may no longer assist residents with the self-administration of medication until they pass the exam.</p> <p><input type="checkbox"/> These training requirements are not intended to replace or supplant the two hours required in the policies and procedures regarding medications for all RCFE staff who assist residents with personal activities of</p>	<p><input type="checkbox"/> Must complete six hours of initial training.</p> <p><input type="checkbox"/> Two hours of hands-on shadowing training must be completed, in addition to the four hours of training related to the nine topic areas.</p> <p><input type="checkbox"/> Four hours of training or instruction (9 medication topics), described under the plan of operation, must be completed in its entirety within the first two weeks of employment and an exam must be passed in this time period. Otherwise, staff may no longer assist residents with the self-administration of medication until they pass the exam.</p> <p><input type="checkbox"/> These training requirements are not intended to replace or supplant the two hours required in the policies and procedures regarding medications for all RCFE staff who assist residents with personal activities of daily living specified in CCR Section 87565(c)(2)(D).</p>	<p><input type="checkbox"/> Direct care staff must pass an examination that tests the employee's comprehension of, and competency in, the nine training topics identified in the plan of operation. (See page 4 of the Matrix.)</p> <p><input type="checkbox"/> After two weeks of employment, direct care staff must not assist residents with the self-administration of medication until they complete training on the nine medication topics, pass the examination on the nine topics, and complete the hands-on shadowing component of the training.</p>	<p><input type="checkbox"/> Training must be repeated by direct care staff if either of the following occur:</p> <p><input type="checkbox"/> An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days; or</p> <p><input type="checkbox"/> An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.</p> <p><i>Note: For further clarification, see Information Release 2007-10, containing questions and answers pertaining to staffing and staff associated with facilities. In particular, see questions #29 and #30.</i></p>	<p><input type="checkbox"/> For all training components, including an exam on the nine medication topics, the licensee must use training material that is developed by, or in consultation with, a licensed nurse (RN or LVN), pharmacist, or physician.</p> <p><input type="checkbox"/> Hands-on shadowing training is facility specific (provided in the facility, not in a classroom) and is provided by a licensed nurse, pharmacist, or physician; or by a trainer who meets the education and experience requirements in H&S Code Section 1569.69(e). Training is not limited to a single consultant because more than one consultant may have expertise on a certain topic.</p> <p><input type="checkbox"/> Except for hands-on shadowing, the required training on the nine medication topics may be</p>

Training for Direct Care Staff in RCFEs Licensed with a Capacity of 16 or More Residents	Training for Direct Care Staff Licensed with a Capacity of 15 or Less Residents	When Training Requirements Must be Repeated	Examination for Direct Care Staff	Acceptable Means of Training by RCFE Licensee
<p>daily living specified in CCR Section 87565(c)(2)(D).</p> <p><input type="checkbox"/> In each succeeding 12 month period, an additional four hours of in-service training on medication-related issues is required.</p> <p><input type="checkbox"/> The next in-service training must be within 12 months of the recorded date in which the staff passed the original examination.</p> <p><input type="checkbox"/> The in-service training must be developed by, or in consultation with, a licensed nurse, pharmacist, or physician.</p>	<p><input type="checkbox"/> In each succeeding 12 month period, an additional four hours of in-service training on medication-related issues is required.</p> <p><input type="checkbox"/> The next in-service training must be within 12 months of the recorded date in which the staff passed the original examination.</p> <p><input type="checkbox"/> The in-service training must be developed by, or in consultation with, a licensed nurse, pharmacist, or physician.</p>			<p>provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:</p> <p><input type="checkbox"/> Lectures (trainer not required) by presenters who are knowledgeable about medication management;</p> <p><input type="checkbox"/> Video instruction tapes, interactive material, online training, and books; and/or</p> <p><input type="checkbox"/> Other written or visual materials approved by organizations or individuals with expertise in medication management.</p>

Section IV. Documentation Requirements for Facilities and Review Requirements for LPAs

Direct Care Staff Documentation	Trainer Documentation and Trainer Experience/Licensure Requirements <i>(Note: Consultant or trainer must train on hands-on shadowing component. Trainer not required to give 9 topics and exam.)</i>	Consultant Documentation	Additional Consultant Documentation on Medication Management Program for RCFEs Licensed For a Capacity of <u>16 or More Residents</u>
<p>Licensees and LPAs must ensure that personnel records of direct care staff that assist residents with the self-administration of medication contain documentation verifying that the staff have completed the required medication training specified in H&S Code Section 1569.69.</p> <p><input type="checkbox"/> As specified in CCR Section 87565(c)(5), the licensee must maintain documentation, pertaining to staff training, in the personnel records, as specified in CCR Section 87566(c)(2).</p> <p><input type="checkbox"/> Licensees must meet the other regulatory requirements in CCR Sections 87566(f), (g), and (h).</p> <p><input type="checkbox"/> For verification that the shadowing component has been met, documentation must consist of a statement or notation, made by the person providing the training, of the content covered in the training.</p> <p><input type="checkbox"/> Licensees shall be cited if direct care staff have not completed the required hands-on shadowing training prior to</p>	<p>Licensees and LPAs must ensure that the following documentation on each person who provides employee training, which is specified in H&S Code Section 1569.69(e), is maintained:</p> <p><input type="checkbox"/> The person's name, address, and telephone number;</p> <p><input type="checkbox"/> Information on the topics or subject matter covered in the training; and</p> <p><input type="checkbox"/> The time, dates, and hours of training provided.</p> <p><input type="checkbox"/> The LPA must review RCFE files to look for notations that indicate which criteria for practical experience or licensure requirements the trainer meets, as indicated below.</p> <p><input type="checkbox"/> The LPA must look for proof of completion of the educational requirements, which may include a copy of a transcript or official grade slip showing a passing mark or a certificate of completion from the source where the education was received.</p>	<p>Licensees and LPAs must ensure that the following documentation is maintained for the consultant(s) (licensed nurse, pharmacist, or physician) who developed, or were consulted about, the medication training material and the accompanying examination:</p> <p><input type="checkbox"/> The name, address, and telephone number of the consultant;</p> <p><input type="checkbox"/> The date when consultation was provided;</p> <p><input type="checkbox"/> The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management; and</p> <p><input type="checkbox"/> The training topics for which consultation was provided.</p>	<p><input type="checkbox"/> Licensees and LPAs ensure that RCFEs licensed for a capacity of 16 or more residents have maintained documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.</p> <p><input type="checkbox"/> LPAs are required to verify that the review has taken place, but are not required to make judgments regarding the content of the review.</p>

Direct Care Staff Documentation	Trainer Documentation and Trainer Experience/Licensure Requirements	Consultant Documentation	Additional Consultant Documentation Program on Medication Licensed For a Capacity of 16 or More Residents
<p>assisting residents with self-administration of medication.</p> <p><input type="checkbox"/> Licensees shall be cited if direct care staff have not received training on the nine topics specified in H&S Code Section 1569.69(a)(4) and passed an examination on those topics, if it is after the first two weeks of employment and if they are assisting residents with the self-administration of medication. As required in H&S Code Section 1569.69(a)(5) the medication training must include an examination that tests the employee's comprehension of, and competency in, the nine topics specified on page four, column one.</p> <p><input type="checkbox"/> Licensees shall be cited if direct care staff who passed the initial training and are assisting residents with the self-administration of medications have not completed four hours of in-service training on medication-related issues in each succeeding 12 month period (12 months from the recorded date in which staff passed the exam.)</p>	<p><u>Experience/Licensure Requirements:</u></p> <p>The trainer must meet any of the following practical experience or licensure requirements:</p> <p><input type="checkbox"/> Two years full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training required by H&S Code Section 1569.69; or</p> <p><input type="checkbox"/> Two years full-time experience, or the equivalent, within the last four years, as an administrator for an RCPE, during which time the individual has acted in substantial compliance with applicable regulations; or</p> <p><input type="checkbox"/> Two years full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for an RCPE, during which time the individual has acted in substantial compliance with applicable regulations; or</p> <p><input type="checkbox"/> Possession of a license as a medical professional.</p> <p><u>Education Requirements:</u></p> <p><input type="checkbox"/> A minimum of five hours of initial, or certified continuing education; or</p> <p><input type="checkbox"/> Three semester units, or the equivalent, from an accredited educational institution on topics relevant to medication mgmt.</p>		