

EVALUATOR MANUAL TRANSMITTAL SHEET

<p><u>Distribution:</u></p> <p><input type="checkbox"/> All Day Care Evaluator Manual Holders</p> <p><input checked="" type="checkbox"/> All Residential Care Evaluator Manual Holders</p> <p><input type="checkbox"/> All Evaluator Manual Holders</p>	<p><u>Transmittal No.</u> 99APX-11</p> <hr/> <p><u>Date issued.</u> December, 1999</p>
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Subject:

APX - RCFE: 1999 Chaptered Legislation and Implementation

(Appendix Tab A - Residential Care Facilities for the Elderly)

Reason For Change:

This transmits summaries of legislation chaptered in 1999 affecting Residential Care Facilities for the Elderly. The summaries are divided into two sections as follows:

- I. Immediate Action Required - Interim instructions are provided.
- II. Information only - No action required by CCLD.

An index is attached to assist staff in locating specific bills. Statutes referenced in this document become operative on January 1, 2000, unless otherwise indicated.

Filing Instructions: REMOVE

INSERT - the attached pages into Appendix A. Do not remove similar document from previous years.

Approved:

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December 30, 1999
 Date

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**SUMMARY AND IMPLEMENTATION PLANS
1999 CHAPTERED LEGISLATION
COMMUNITY CARE FACILITIES
FOR THE ELDERLY**

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ACTION REQUIRED

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INFORMATION ONLY – NO ACTION REQUIRED

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<p>When conducting visits, LPAs should ensure that providers are aware of any new requirements.</p>
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ACTION REQUIRED

AB 1433 (GRANLUND), CHAPTER 411, STATUTES OF 1999

Affects: Residential Care Facilities for the Elderly (RCFE)

Subject: Name Tags for Health Care Practitioners

This statute requires licensed care facilities to develop policies to ensure that licensed health care practitioners (i.e. registered nurses, live-in nurses, physical therapists, speech pathologists, audiologists, etc.), disclose their credentials on a name tag while working in RCFE's. The Department of Health Services will periodically inspect facilities to assure compliance with the provisions of this bill.

Implementation:

This statute requires the Department to develop and implement policies to ensure that health care practitioners wear a name tag while working in an RCFE facility. The Department's policy will be to require RCFE providers to post a clearly visible notice in a prominent location. The notice should state:

Section 680 of the Business and Professions Code requires health care practitioners to disclose their name and license status on a name tag in at least 18-point type while working in this facility.

Pending regulations, facilities should be advised but not cited for failure to post notice, CCLD staff will not enforce the requirement to wear name tags.

AB 1659 (Committee on Health and Safety), CHAPTER 881, STATUTES OF 1999

Affects: Residential Care Facilities for the Elderly

Subject: Fingerprint Background Checks

Summary: This is a Department sponsored statute which clarifies various fingerprint background check requirements for Residential Care Facilities for the Elderly. It amends Health and Safety Code Section 1569.17. AB 1659 is an emergency bill and became effective October 10, 1999.

Implementation:

Effective October 10, 1999:

- A. Fingerprints are now required for any staff person, volunteer, or employee **who has any client contact**.
- B. The following individuals are not required to obtain a background check:
1. Residents of unlicensed independent senior housing facilities that are located in buildings on the same property as a Residential Care Facility for the Elderly.
 2. A spouse, significant other, relative, or a close friend of a resident, as long as the person is visiting the resident or providing direct care and supervision to that resident only.
 3. Volunteers who meet all of the following conditions:
 - The volunteer is at the facility only during normal waking hours.
 - The volunteer is directly supervised by the licensee or a facility employee with a criminal record clearance or a criminal record exemption.
 - The volunteer spends no more than 16 hours per week at the facility.
 - The volunteer does not provide residents with any assistance in dressing, grooming, bathing, or personal hygiene.
 - The volunteer is never left alone with residents in care.
 4. A third-party contractor retained by the facility if the contractor is never left alone with residents in care. This includes repairpersons.
 5. A third-party contractor or other business professional retained by a resident who is at the facility at the request or by permission of that resident. This includes people such as an insurance agent, tax preparers, or financial planners. However, these individuals shall not be left alone with other residents.
 6. Licensed or certified medical professionals that are not a community care licensee, or an employee of the facility.
 7. Employees of licensed home health agencies and members of licensed hospice interdisciplinary teams who have contact with a resident at the request of the resident or the resident's legal decision maker. However, these individuals are not exempt from the background check requirement if he/she is a community care licensee, or an employee of the facility.
 8. Clergy and other spiritual caregivers who are performing services in common areas of the residential care facility, or who are counseling an individual resident

at the request of, or with permission of, the resident. However, these individuals are not exempt from the background check requirement if he/she is a community care licensee, or an employee of the facility.

- C. Nothing in the Health and Safety Code prevents a licensee from requiring any background check exempt individual from obtaining a background check, provided the individual has contact with the resident.

Regulations are currently being developed. In the meantime, use the statutory provisions contained in the Health and Safety Code Section 1569.17 as the citing authority.

SB 286 (Wright), CHAPTER 359, STATUTES OF 1999

Affects: Residential Care Facilities for the Elderly

Subject: Fingerprint Background Checks

Summary: SB 286 clarified various fingerprint background check requirements for Residential Care Facilities for the Elderly. SB 286 was incorporated into AB 1659, an emergency statute, which went into effect October 10, 1999. See AB 1659 for detailed implementation instructions.

SB 1248 (JOHANNESSEN), Chapter 114, Statutes of 1999

Affects: Residential Care Facilities for the Elderly

Subject: Hospice Requirements

Summary: The Governor signed this bill on July 13, 1999. This legislation contained an urgency clause which means it took affect upon signing by the Governor. On July 13, 1999, Section 1569.73(a)(4) of the Health and Safety Code was deleted. This section required an individual to reside in a facility for a period of at least six-months prior to a physician's authorization for hospice services. There is no longer a six-month residency requirement for RCFE residents who have been diagnosed with a terminal illness and request hospice care. All other provisions of the hospice requirement remain unchanged.

Implementation:

Pending regulations, implement as follows:

The regulations governing hospice will be revised to reflect this change.

1. Licensing Program Analysts (LPAs) should no longer enforce RCFE Regulation Section 87716 (h)(2), the six-month residency requirement.
2. The wording of the statute still requires that the individual receiving hospice be a resident of the facility prior to the initiation of hospice services, but there is no longer a specified time period. LPAs should continue to review the records of any residents receiving hospice to ensure that the admission agreement, or other written documentation, verifies their placement in the facility prior to the receipt of hospice care services.
3. The need for the licensee to have a hospice waiver prior to any resident receiving hospice remains unchanged.

INFORMATION ONLY – NO ACTION REQUIRED

AB 452 (MAZZONI), CHAPTER 895, STATUTES OF 1999

Affects: Residential Care Facilities for the Elderly

Subject: Long-Term Care Programs

Summary: This legislation, known as the Mazzoni Long-Term Care Act of 2000, will establish, until January 1, 2007, a Long-term Care Council within the Health and Human Services Agency. This interdepartmental, interagency council will be made up of representatives from the State Departments of Health Services, Mental Health, Developmental Services, Social Services, Alcohol and Drug Programs, Aging, Rehabilitation, Community Services and Development, the Office of Statewide Planning and Development and the State Council on Developmental Disabilities. The Council will coordinate long-term care policy development and program operations and develop a strategic plan for long-term care policy.

AB 526 (ZETTEL), CHAPTER 383, STATUTES OF 1999

Affects: All Adult Community Care Facilities and Residential Care Facilities for the Elderly

Subject: Hearsay Exceptions; Elder and Dependent Adults

Summary: Adds Section 1380 to the Evidence Code relating to criminal proceedings and admissibility of hearsay evidence. Existing law generally excludes statements made by other than a witness while testifying at a hearing. The exceptions created by this law include statements made by specified elder and dependent adults who are victims of abuse.

AB 739, (PESCEtti), CHAPTER 236, STATUTES OF 1999

Affects: All Adult Community Care Facilities and Residential Care Facilities for the Elderly

Subject: Mandatory Reporting; Limits on Exemption From Reporting

Summary: Amends Section 15630 of the Welfare and Institutions Code to exempt specified mandated reporters from reporting abuse under specific circumstances.

A mandated reporter (MR) who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code is not required to report incidents of abuse if all of the following are true:

- The MR is an individual defined in Section 1010 of the Evidence Code.
- The MR is told by the resident that the resident has been the victim of abuse.
- The MR is not aware of any independent evidence that corroborates the statement.
- The resident has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- The MR reasonably believes the abuse did not occur.

AB 892 (ALQUIST), CHAPTER 528, STATUTES OF 1999

Affects: Residential Care Facilities for the Elderly

Subject: Health Care Service Plans: Hospice Care

Summary: Amends Section 1345 of, and adds Section 1368.2 to the Health and Safety Code relating to health care. Existing law requires each health care service plan to provide basic health care services. With this legislation, on or after January 1, 2002, every group health care service plan contract (except a specialized health care service plan contract) which is issued, amended, or renewed shall include a provision for hospice care. Section 1368.2 is not applicable to the subscribers, members, or enrollees of a health care service plan who elect to receive hospice care under the Medicare program.

SB 870 (VASCONCELLOS), CHAPTER 947, STATUTES OF 1999

Affects: Residential Care Facilities for Persons with Chronic Life-Threatening Illness (RCF-CIs), Residential Care Facilities for the Elderly (RCFEs), Social Rehabilitation Facilities, and Adult Residential Facilities

Subject: Long-Term Care Insurance

Summary: Amends the Insurance Code governing individual or group long-term care insurance. The statute discusses policy benefits, eligibility requirements, and marketing

regulations. It also acknowledges current trends toward accessing care in residential care facilities, rather than a nursing facility.

The statute defines "residential care facility" as a facility licensed as an RCFE or a residential care facility as defined in the Health and Safety Code. According to this definition, the statute would affect the facilities shown above. However, the law describes eligible providers as facilities that are licensed and are engaged primarily in providing ongoing care and related services sufficient to support needs resulting from impairment in activities of daily living or impairment in cognitive ability and which also provide care and services on a 24-hour basis. The long-term care insurance policy may provide coverage for insured individuals clinically diagnosed as having Alzheimer's Disease, organic disorders, or related degenerative and dementing illnesses.

SB 1082 (ORTIZ), CHAPTER 949, STATUTES OF 1999

Affects: Residential Care Facilities for the Elderly, Skilled Nursing Facilities and Independent Living

Subject: Continuing Care Retirement Communities

Summary: This statute provides residents of Continuing Care Retirement Communities (CCRC) with access to financial information regarding the operation of the CCRC and additional state oversight. SB 1082 does the following:

- Requires providers to disclose an audited financial statement to the Department and community residents.
- Requires providers to make available semiannually a financial statement of activities to the resident council or a committee of resident.
- Requires providers to consult with the resident council or committee of residents during the annual budgeting process.
- Requires CCRC providers to post a copy of the annual report.