

Community Care Licensing Division Overview

Background:

The Community Care Licensing (CCL) Division in the Department of Social Services (DSS) oversees the licensure or certification of approximately 66,000 licensed community care facilities that include child care, children's residential, adult and senior care facilities, and home care services. CCL is responsible for protecting the health and safety of individuals served by those facilities. Approximately 516 licensing analysts investigate any complaints lodged, and for conduct inspections of the facilities. The table below indicates facilities licensed by CCL.

Facility Type	Description
Child Care Licensing	
Family Child Care Home	Less than 24 hour non-medical care in licensee's home.
Child Care Center	Less than 24 hour non-medical care in a group setting.
Children's Residential Facilities	
Adoption Agency	Assists families in the adoption process.
Community Treatment Facility	24-hour mental health treatment services for children certified as seriously emotionally disturbed with the ability to provide secure containment.
Crisis Nursery	Short-term, 24 hour non-medical care for eligible children under 6 years of age.
Enhanced Behavioral Supports Home	24-hour nonmedical care, in a residential facility or group home, for individuals with developmental disabilities requiring enhanced behavioral supports, staffing, and supervision in a homelike setting.
Foster Family Agency	Organizations that recruit, certify, train and provide professional support to foster parents; and identify and secure out of home placement for children.
Group Homes	24-hour non-medical care provided to children in a structured environment.
Out of State Group Home	24 hour non medical care provided to children in out-of-state group homes identified by counties to best meet a child's specific and unique needs.
Runaway and Homeless Youth Shelter	A group home to provide voluntary, short-term, shelter and personal services to runaway or homeless youth.
Short Term Residential Treatment Program	Provide short-term, specialized, and intensive treatment and will be used only for children whose needs cannot be safely met initially in a family setting.
Foster Family Home	24-hour care for six or fewer foster children.
Small Family Homes	24-hr. care in the licensee's home for 6 or fewer children, who have disabilities.
Temporary Shelter	County owned and operated facilities providing 24 hour, short term residential care and supervision to dependent children remove from their homes due to abuse or neglect.

Facility Type	Description
Transitional Care Facilities for Children	County owned and operated (or non-profit organization under contract with the County) facilities providing 24-hour, short term residential non-medical care for children in a residential setting.
Transitional Housing Placement	Provides care for 16+ yrs. old in independent living.
Adult & Elderly Facilities	
Adult Day Programs	Community based facility/program for person 18+ years old.
Adult Residential Facilities (ARF)	24-hour non-medical care for adults, 18-59 years old.
Adult Residential Facility for Persons with Special Healthcare Needs	24-hour services in homelike setting, for up to 5 adults, who have developmental disabilities, being transitioned from a developmental center.
Community Crisis Home	24-hour nonmedical care to individuals with developmental disabilities in need of crisis intervention services.
Continuing Care Retirement Communities (CCRC)	Long-term continuing care contract; provides housing, residential services, and nursing care.
Enhanced Behavioral Supports Home	24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting.
Residential Care Facilities for the Chronically Ill	Facilities with maximum capacity of 25.
Residential Care Facilities for the Elderly (RCFE)	Care, supervision, and assistance with activities of daily living to eligible persons, usually 60+ yrs. old. Facilities range from 6 beds or less, to over 100 beds.
Social Rehabilitation Facilities	24-hour non-medical care in group setting to adults recovering from mental illness.
Special Agencies	
Certified Family Homes (CFH)	Homes certified by foster family agencies.

Facility licensing practices and requirements:

All facilities must meet minimum licensing standards, as specified in California's Health and Safety Code and Title 22 regulations. Approximately 1.4 million Californians rely on CCL enforcement activities to ensure that the care they receive is consistent with standards set in law.

DSS conducts pre- and post-licensing inspections for new facilities and unannounced visits to licensed facilities under a statutorily required timeframe.

Currently, the department must visit all facilities at least once every five years with an additional random sample of 30% of facilities each year.

The chart below summarizes the total and type of inspection conducted in licensed facilities and how many inspections utilized the Key Indicator Tool (KIT) verses comprehensive inspections triggered after initiation of a KIT visit.

CCL Inspections in All Facilities By Type of Inspection and Protocol Fiscal Year 2014-15			
<u>Type of Inspection</u>	<u>Total of Inspections</u>	<u>Percentage of inspections utilized the Key Indicator Tool (KIT)</u>	<u>Percentage of inspections that utilized the KIT triggered a comprehensive inspection</u>
Annual Required Inspection	5,230	4,601 (88.0%)	332 (7.2%)
Random Inspection	22,140	21,322 (96.3%)	983 (4.6%)
Required Five-Yr. Visit	1,029	919 (89.3%)	134 (14.6%)

Complaints:

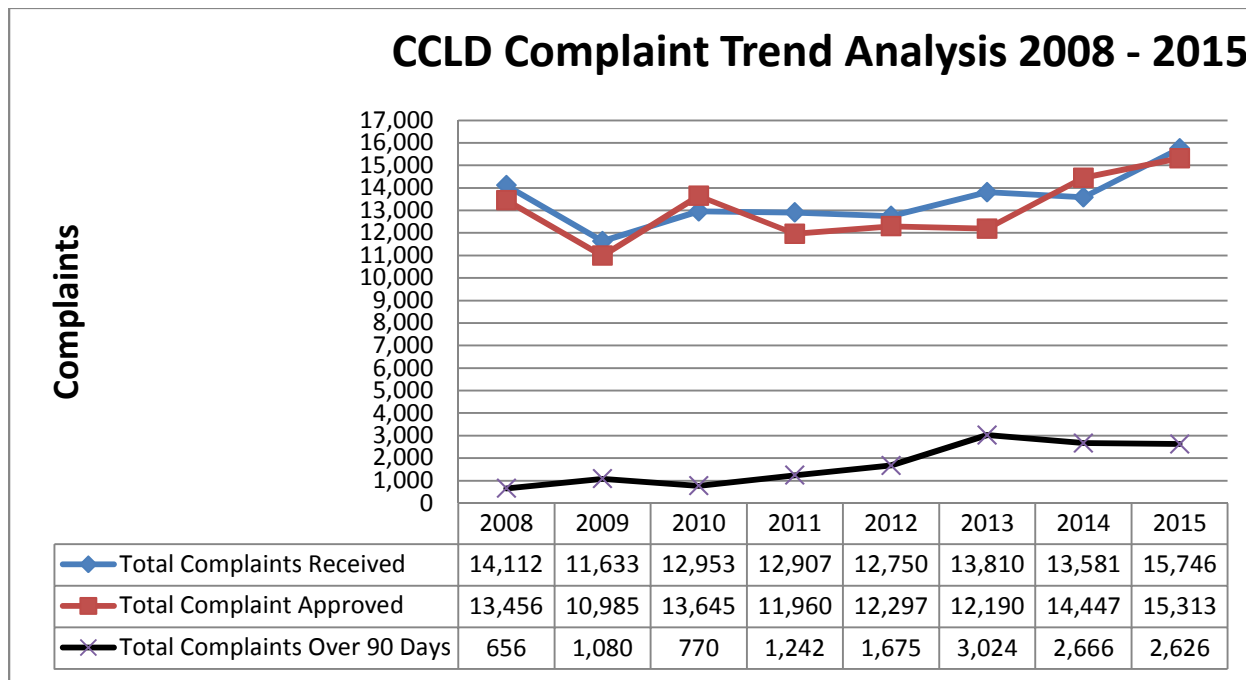
CCL is required to respond to complaints within 10 days. During calendar year 2015, CCL received 15,746 complaints and initiated 15,557 (99 percent) of these investigations within ten days of receipt. The information below provides an analysis of DSS' complaint activity for the years of 2008 through 2015.

COMMUNITY CARE LICENSING DIVISION COMPLAINT ANALYSIS 2008 - 2015								
Year	Total Complaints Rolled Over From Prior Year(s)	Total Complaints Received	Total Complaints Received + Prior Year(s) Rollover	Total Complaint Approved	Current Year Net Loss/gain	Total Complaints Over 90 Days	Total Furlough Days	Authorized Positions*
2008		14,112			2,456	656		589.9
2009	2,456	11,633	14,089	10,985	3,104	1,080	2 - 3 days	515.4
2010	3,104	12,953	16,057	13,645	2,412	770	1 - 3 days	513.4
2011	2,412	12,907	15,319	11,960	3,359	1,242	0 - 1 days.	514.9
2012	3,359	12,750	16,109	12,297	3,812	1,675	0 - 1 days.	491.9
2013	3,812	13,810	17,622	12,190	5,432	3,024	0 - 1 days.	491.3
2014	5,432	13,581	19,013	14,447	4,566	2,666		501.8**
2015	4,566	15,746	20,312	15,313	4,999	2,626		516.8**

Bolded numbers represent highest complaint rollover to next year and total complaints over 90 days

*Positions include Complaint Specialists Hiring Freeze 2/11 - 12/11

**The 516.8 does not include the 20.5 LPA positions allocated to the Central Complaint and Information Bureau (CCIB) in 2015 and the 501.80 does not include 19 positions allocated to CCIB in 2014.



As of March 22, 2016, all positions authorized in FY 2014-15 have been filled and for FY 2015-16, 86% of positions are filled.

The CCL division has utilized these additional resources to strengthen the infrastructure by implementing many programs which have enhanced best practices, improved resources for licensees and implemented several successful programs identified below:

Quality Assurance Unit:

CDSS has effectively implemented a Quality Assurance unit which has been extremely helpful to the field and provider industry. This unit has developed and implemented performance dashboards for Adult and Senior Care, Child Care and dashboards are currently being developed for Children's Residential programs. These reports will also be developed for pending complaints and applications, fieldwork efficiencies and timely completion of key workloads.

The unit has produced documentation of the Most Commonly Cited Deficiencies Analyses for Family Child Care Homes, Child Care Centers, and Residential Care Facilities for the Elderly, Adult Residential Care Facilities, Group Homes, and Foster Family Agencies. This analysis informs the priority of resource guides for licensees developed in the Technical Assistance Unit. This unit also developed and implemented a High Risk Facility Analysis, including in-depth case history reviews for over 1,500 individual facilities from all programs that met the criteria for designation as a high risk facility and a database for ongoing monitoring of facilities identified as High Risk. These analyses complement the current monitoring and tracking for oversight of challenged facilities.

Technical Assistance Unit

This unit was reestablished in FY 2015-16 with a staff of 5 and has re-instituted provider consultation visits. Working from referrals from Regional Offices, this unit works under

an agreement with the provider to identify options for issues of non-compliance. Technical assistance may include an evaluation of the facility, targeted training, sharing of best practices and/or directives; or the identification of grant opportunities to mitigate physical plant issues.

This unit has recently published several Resource Guides including medications management (including psychotropic medications) for Group Homes and Reasonable and Prudent Parent Standard for foster families. Currently under development are several additional Resource Guides for RCFE licensees on medication management and a group home resource guide for the use of emergency behavioral interventions for group homes. Upon completion, these Guides are posted on the CDSS website available to licensees and utilized for plans of corrections.

Centralized Complaint and Information Bureau:

This bureau was initiated in January 2015 with a staff of 23 to centralize all complaints into a single call center. The call center handles complaints statewide as well facility informational calls. In relation to the call center, the department has developed and widely disseminated a 1-888 LET-US-NO toll free phone number that is posted in RCFEs across the state and available to all Community Care Facilities. Between January 2015 and March 2016, the call center has responded to approximately 81,000 calls.

Centralized Applications Unit:

This unit was established in May 2015 with 11 staff to process all new Adult and Senior Care applications as well as monitoring the backlog of previously pending applications throughout the state. This unit was established to closely track the influx of applications and to provide greater statewide consistency.

Clinical Expertise:

With the addition of Registered Nurses in the Adult and Senior Care Program, clinical support (previously utilized through contract staff) can be immediately addressed. The benefit of having clinical staff in the program allows for a general understanding of the typical clinical issues commonly found in assisted living residents and the ability to provide immediate guidance to health related questions in the field. With immediate clinical knowledge, skills and experience it has enhanced the program's ability to quickly address quality of care of residents, address poor performing facilities, and educate struggling operators. Some examples of their participation below:

- Provide technical assistance related to pressure ulcers that may or may not indicate neglect.
- Provide technical assistance on underlying issues of neglect e.g. received a complaint that facility is not hydrating the resident. During the nurses' record review, discovered that the elderly resident is on 2 antipsychotic medications and was heavily sedated causing the change in level of alertness, decrease intake, hydration and development of pressure ulcers.
- Conduct research and provided guidance on new medical equipment used in facilities. For example, the nurses evaluated and provided input regarding a request from a facility wanting to admit a resident with Left Ventricular Assist

Device (LVAD) that assists the blood from the left ventricle to pump to the aorta, connected to an externally worn control unit and battery pack. Another example where clinical support was extremely helpful regarding a facility request to admit a resident with peritoneal dialysis wanting to be admitted to a facility where her husband resided. Nurses were immediately able to assist the field and prevented a delay in field decisions.

- Participation in developing the Technical Support Program Medication, Hospice, and Dementia guides.
- Ability to liaison with Licensee clinicians.
- Meeting scheduled with RN stakeholders to develop a community of support between associations and advocacy groups.

Readiness to move to Stage I of Increased Frequency of Visits:

CDSS is committed to ensuring that our licensing staff has all of the knowledge, tools and resources necessary to ensure the health and safety of individuals in care. In preparation to initiate the January 1, 2017, Stage 1 increase in visit protocol, we have taken major strategic steps. Administrative positions established have been critical in these preparations and include critical IT planning; collaborations with the Department of General Services to identify and secure office space; and the planning for the recruitment and developmental needs of incoming licensing staff upon position establishment in July 2016. The establishment of the Southern California training unit and expansion of the LPA academy will position us to ensure that our staff have the knowledge, skills and competencies in advance of January 1, 2017 implementation date.