TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

Original signed by Pamela Dickfoss

FROM: PAMELA DICKFOSS
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Community Care Licensing Division

SUBJECT: STATEWIDE WAIVER FOR MEDICAL ASSESSMENTS DUE TO CORONAVIRUS DISEASE 2019 (COVID-19)

Provider Information Notice (PIN) Summary

PIN 20-12-ASC provides a statewide waiver for certain medical assessment requirements of all adult and senior care facilities in response to the occurrence of Coronavirus Disease 2019 (COVID-19) in California.

With increased strain to our health care systems in California, the California Department of Social Services (CDSS) understands the current difficulty for a prospective resident to obtain a medical assessment prior to admission to an Adult Residential Facility (ARF), Adult Day Program (ADP), Enhanced Behavioral Supports Home (EBSH), Community Crisis Home (CCH), Social Rehabilitation Facility (SRF), Residential Care Facility for the Chronically Ill (RCFCI), Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN), or Residential Care Facility for the Elderly (RCFE). This PIN provides a statewide waiver for specified medical assessment requirements applicable to these facilities, without the need for licensees to make an individual request, and subject to the waiver terms and conditions set forth in this PIN.

CDSS is taking major and unprecedented actions to protect the health, safety, and welfare of the people of California. CDSS is recommending ASC providers follow...
guidance in all applicable CDSS PINs, in addition to guidance or instructions from health care providers, the Federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and local health departments.

STATEWIDE WAIVER FOR MEDICAL ASSESSMENTS

Pursuant to the Governor’s Proclamation as set forth in PIN 20-04-CCLD dated March 6, 2020, CDSS is announcing a statewide waiver for specified medical assessment requirements applicable to RCFEs, without the need for licensees to make an individual request, and subject to the following Waiver Terms and Conditions set forth in this PIN. Licensees using the waiver below do not need prior approval from CDSS.

The waiver below is in addition to the waivers granted in PIN 20-07-ASC, PIN 20-09-CCLD, and any other subsequent waivers issued by the Department.

Medical Assessment Waiver

Medical assessment requirements are temporarily waived as specified below to enable a person’s acceptance as a resident of an ARF, ADP, EBSH, CCH, SRF, RCFCI, ARFPSHN, or RCFE immediately, if as a result of COVID-19 there is difficulty obtaining documentation of a medical assessment as required by regulation. Once this waiver has expired, all medical assessments requirements shall be reinstated, and a licensee shall obtain documentation of a medical assessment, pursuant to the applicable section of California Code of Regulations (CCR), Title 22, sections 80069, 81069, 82069, 87458, and 87894. Documentation of a medical assessment is required as soon as possible, but no later than 90 days after the declared state of emergency has ended.

Information Required from Physician

In lieu of a medical assessment, as required by the applicable section of CCR, Title 22, sections 80069, 81069, 82069, 87458, and 87894, a licensee shall obtain the bulleted documentation below, completed by a physician’s designee who is a medical professional, for licensees of ARFs, ADPs, CCHs, EBSHs, ARFPSHNS, SRFs, RCFCIs, or RCFE.

- Documentation of prior medical services and history, current medical status including, but not limited to height, weight, and blood pressure, and list of diagnosis, allergies, and/or dietary restrictions, if any.
- A record of current prescribed medications, over-the-counter medications, and supplements, and an indication of whether the medication should be centrally stored.
- Determination whether the person is cognitively capable of self-managing their medications.
- Results of contagious/infectious or contagious diseases or other medical conditions which would preclude care of the person by the facility.
• A Tuberculosis (TB) clearance, made within the last year, or licensee shall conduct a TB screening using the [TB Risk Assessment Questionnaire](#) prior to accepting a resident.  
**Note:** If the licensee conducts a TB screening using the TB Risk Assessment Questionnaire, the licensee shall ensure that the TB testing and clearance requirements for new residents are met as soon as possible.

• A COVID-19 clearance, if applicable.  
**Note:** Pending status of COVID-19 test results does not need to be reported.

**Information Reported by Resident and/or the Resident’s Representative**

In addition to information completed by a physician, nurse practitioner, physician’s assistant or physician’s designee as specified above, the following documentation is required as part of the medical assessment pursuant to the applicable section of CCR, Title 22, sections 80069(a), 81069(a), 82069(a), 87458(a), and 87894(a) may be completed by the resident or the RCFE resident’s representative, or adult facility resident’s authorized representative, if any, without signature from a physician/designee:

• Ambulatory status/Bedridden status, including:  
  o Mobility aids (e.g. cane, walker, wheelchair)
• Information applicable to the pre-admission appraisal, including:  
  o Functional capabilities  
  o Mental condition  
  o Social factors
• Cognitive status (i.e. mild cognitive impairment, dementia)
• For RCFEs, requests regarding resuscitative measures (e.g., POLST, DNR, Advanced Directives)

**Terms and Conditions of Waiver**

Licensees shall implement the waivers on an as-needed basis, in a reasonable manner, protecting the confidentiality of a resident’s medical diagnosis, treatment and health care information; and in accordance with any guidance or instructions from CDSS, health care providers, CDC, CDPH, and local health departments.

Licensees shall continue to comply with standards that have not been waived in this PIN’s statewide waiver; waivers granted in [PIN 20-07-ASC](#), [PIN 20-09-CCLD](#); and any other subsequent waivers issued by the Department. Any approved and pending waiver requests for any of the waiver provisions above shall continue to be in force but shall be replaced by this PIN. Licensees may continue to request individual waivers for standards not included in this PIN’s statewide waiver and any other subsequent waivers issued by the Department in accordance with [PIN 20-04-CCLD](#).
Requirements for Ongoing Compliance with Waiver; Rescission or Modification

Continued use of a statewide waiver will be based on each facility’s compliance with the following terms and conditions:

1. The licensee shall notify CDSS in writing to their local Adult and Senior Care Regional Office, as applicable, when they implement a waiver pursuant to the statewide waiver set forth in this PIN as soon possible, and facilities shall post this waiver in a public location.

2. A licensee’s revised policies that are impacted by the waiver shall be developed in compliance with the most recent CDC, CDSS, CDPH, and/or local health department COVID-19 guidance; be readily available for the public’s review; and a copy shall be provided to the CDSS Regional Office. The policy must include a justification for the need of a waiver.

3. For RCFES, a licensee must inform the resident and the resident’s representative of any revised policy impacted by the waiver. For ARFs, ADPs, CCHs, EBSHs, RCFCIs, ARFPSHNs and SRFs a licensee must inform the resident and the resident’s authorized representative of any revised policy impacted by the waiver.

4. The licensee shall comply with directives of their local health department.

CDSS may rescind or modify a facility’s authorization for use of a waiver based upon new federal, state or local directives or guidance, or if it determines a facility does not meet the terms and conditions of this statewide waiver or an individual waiver, as applicable.

Effective Date of Statewide Waiver: Medical Assessment

The statewide waiver in this PIN shall expire on June 30, 2020, or earlier upon written notice from the Department. Once this waiver has expired, all licensing requirements pursuant to the applicable section of CCR, Title 22, sections 80069, 81069, 82069, 87458, and 87894 shall be reinstated.

Additional Resources

- California Coronavirus (COVID-19) Response
- California Department of Social Services
- California Department of Public Health
- Centers for Disease Control and Prevention
- Local County Health Departments
If you have questions regarding this PIN, please contact your local Adult and Senior Care Regional Office.