



CDSS

WILL LIGHTBOURNE
DIRECTOR

FACT SHEET

Continuing Care Retirement Communities

Level of Care Transfer Dispute Process

August 2018



EDMUND G. BROWN JR.
GOVERNOR

The Continuing Care Contracts Section in the Continuing Care Branch (CCB) of the California Department of Social Services (CDSS), Community Care Licensing Division, has statutory authority and responsibility to review a disputed transfer decision and make a determination as to whether the transfer was appropriate and necessary.

The determination regarding the appropriateness and necessity of a transfer, pursuant to Assembly Bill (AB) 713, is in addition to the pre-existing procedural review of the transfer process which is only conducted if a request for review is received by CCB. AB 713 did not change the elements of this procedural review which requires the provider to demonstrate compliance with the requirements that the resident is involved in the process, care conference(s) are held, written notification of the transfer is given, and sufficient transfer preparation and orientation is provided to the resident.

AB 713 requires a CCRC provider to use an assessment tool to determine the appropriateness of a level of care transfer and to provide the resident or the resident's responsible person copies of the completed assessment. It also requires the Department to determine whether the transfer was appropriate and necessary.

A CCRC provider may transfer a resident under the following conditions, taking into account the appropriateness and necessity of the transfer and the goal of promoting resident independence (HSC sections 1788(a)(10)(A)(i)-(iv)):

- The resident is nonambulatory, as defined by HSC section 13131 and is stated or cited in the contract. If a nonambulatory resident occupies a room that has a fire clearance for nonambulatory, no transfer is necessary;
- The resident develops a physical or mental condition that is detrimental to or endangers the health, safety or well-being of the resident or another person;
- The resident's condition or needs exceed that which can be appropriately provided in the independent living unit and require a transfer to an assisted living unit or skilled nursing facility;
- The resident's condition or needs require a higher level of care but the provider does not have the facilities to provide that level of care.

The level of care transfer process for the CCRC provider is as follows (HSC sections 1788(a)(10)(A)-(C)):

Step	Process
Involvement in Transfer Process	<ul style="list-style-type: none"> • Prior to a transfer, the CCRC provider must involve the resident and resident's responsible person in the transfer process. • If the resident does not have impairment of cognitive abilities, the resident may request that his or her responsible person not be involved in the transfer process.



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	<ul style="list-style-type: none"> • The CCRC provider must make copies of the completed assessment to share with the resident or the resident's responsible person.
Care Conference	<ul style="list-style-type: none"> • Prior to sending a formal notification of the transfer, the CCRC provider shall conduct a care conference with the resident, the resident's responsible person and/or others as requested.
Written Notification of Transfer	<ul style="list-style-type: none"> • The CCRC provider must send a written notification of the transfer 30 days prior to the transfer unless the health and safety of the resident requires the transfer sooner. • The written notification must include, but is not limited to, <ul style="list-style-type: none"> • reason(s); • effective date; • designated level of care or location of the transfer; • statement notifying the resident right to a review of a transfer decision at a care conference; and • statement that the resident has a right to request a review by the Continuing Care Branch for disputed transfers with the contact information.
Second Care Conference	<ul style="list-style-type: none"> • The resident has the right to review the transfer decision at a subsequent care conference that must include, but is not limited to, <ul style="list-style-type: none"> • the resident, • resident's responsible person, and • upon the resident's or responsible person's request, family members, the resident's physician or other appropriate health care professional, and members of the provider's interdisciplinary team. • The local ombudsperson may also be included in the conference, upon the request of the resident, the resident's responsible person, or the CCRC provider.
Transfer Preparation and Orientation	<ul style="list-style-type: none"> • The CCRC provider must provide the transferred resident sufficient preparation and orientation to ensure a safe and orderly transfer and to minimize trauma.
Required Documents	<ul style="list-style-type: none"> • The CCRC provider must provide to the Department the resident's medical reports, other documents showing the resident's current mental and physical function, the prognosis, and the expected duration of relevant conditions, if applicable. • The CCRC provider must make copies of the completed report to share with the resident's responsible person.



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The CCB Procedure to review a disputed transfer decision is as follows:

Step	Process
Request for Review of a Disputed Transfer Decision	A request to review a disputed transfer decision can be received by phone ((916) 654-0591), email (cclccb@dss.ca.gov) or mail (744 P Street, MS 8-16-91, Sacramento, CA 95814) and filed by a resident or a resident's responsible party (see contact information on page four).
Documentation Request	Upon receipt of a request for a review of a disputed transfer decision, CCB staff will notify the CCRC provider and request submission of all documentation necessary to substantiate the CCRC provider's compliance with the transfer process specified in HSC sections 1788(a)(10)(A)-(C) (see above).
Documentation Requirements	<p>The CCRC provider must submit documentation to CCB that includes, but is not limited to, an explanation of how the transfer process criteria delineated in HSC section 1788 (a)(10)(A) were met and the assessment tool(s) used. Additionally, HSC section 1788(a)(10)(B)(viii) requires the following documentation to be submitted to CCB:</p> <ul style="list-style-type: none"> • Resident's medical reports; • Other documents showing the resident's current mental and physical function; • Prognosis; and • Expected duration of relevant conditions, if applicable.
Determinations	The CCB will determine if the CCRC provider complied with the procedural requirements outlined in the HSC. The CCB will also work with an internal Adult and Senior Care clinical team to determine whether the transfer in dispute was necessary and appropriate.
Notification of Determinations	The CCB will complete the review process by issuing a final determination, notifying the CCRC provider and the individual(s) requesting the review. The requesting individual(s) will be notified in writing as to the final determination, within 15 business days of the completion of Department's review.



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Appeal Rights

The decision of the CCB is final and the requesting individual(s) does not have an appeal right with the CDSS. However, the absence of that appeal right does not preclude the requesting individual(s) from seeking a remedy by filing a Writ with the Superior Court. If the requesting individual(s) is in receipt of new information not previously submitted to CCB, this information can be submitted for review by CCB.

Where to File a Request for Review

Continuing Care Branch
744 P Street, MS 8-16-91
Sacramento, CA 95814
(916) 654-0591
cclccb@dss.ca.gov

Resources

If you have any questions, please contact the CCB (contact information above) to discuss. Our website has changed and now includes other helpful links under the Quick Links heading. You may visit our website at: <http://www.cdss.ca.gov/inforesources/Community-Care/Continuing-Care>.