

INITIAL STATEMENT OF REASONS

a) Specific Purpose of the Regulations and Factual Basis for Determination that Regulations Are Necessary

Section 81001(a)(3)

Specific Purpose:

The specific purpose of this section is to adopt a definition of the term "admit." The term "admit" means to accept a person into care.

Factual Basis:

This section is necessary because the terms "accept" and "admit" have been used interchangeably in the regulations, which caused confusion. For consistency and in order to prevent confusion in the future, the Department decided to use the term "admit" throughout these regulations. This adoption is also necessary to meet the "necessity," "clarity," and "consistency" standards of the Administrative Procedure Act (APA), Government Code (GC) section 11349. In addition, the California Association of Social Rehabilitation Agencies (CASRA) requested that a definition for the term "admit" be added to these regulations.

Sections 81001(a)(4) through (a)(7)

Specific Purpose/Factual Basis:

The relettering of Sections 81001(a)(4) through 81001(a)(7) from 81001(a)(3) through 81001(a)(6) is necessary to accommodate the addition of new Section 81001(a)(3). The regulatory language in these sections is unchanged.

Section 81001(u)(2)(C)

Specific Purpose/Factual Basis:

The specific purpose of this section is to change the word "accepts" to "admits." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (see definition of "admit" at Section 81001(a)(3)).

Section 81010(d)

Specific Purpose:

This section is amended to change the 15 bed capacity of a social rehabilitation facility to 16 beds and to remove exception to the regulation. It is also amended to include reference to the California Code of Regulations (CCR) Title 9, Sections 1840.332(b) and 1840.334(c) that establish the maximum capacity of 16 beds.

Factual Basis:

These amendments are necessary to maintain compliance and consistency with the Welfare and Institutions Code (WIC), section 5670.5(a)(2) and CCR Title 9, Division 1, Chapter 11, Subchapter 4, Sections 1840.332(b) and 1840.334(c). WIC section 5670.5(a)(2) provides a recommendation, not a mandate, for 15 beds or less, whereas CCR Title 9 specifies that "facility capacity must be limited to a maximum of 16 beds." In order to be consistent with Title 9 which is enforced by the certification unit in the Department of Health Care Services (DHCS), we are bringing our regulations into alignment to specify a maximum capacity of 16 beds.

The amendments in this section are necessary to meet the "necessity", "clarity" and "consistency" standards of the APA GC section 11349, in that the required number of beds was formerly 15, whereas Title 9, Sections 1840.332(b) and 1840.334(c) set the standard at 16 beds. In addition, CASRA requested that the current total licensed capacity be changed to align with Title 9.

The handbook section which adds pertinent parts of CCR Title 9, Sections 1840.332(b) and 1840.334(c) are non-regulatory and included for ease of reference.

Section 81010(e)

Specific Purpose:

This section is amended to clarify that notwithstanding that a licensee is allowed to apply for a Social Rehabilitation Facility (SRF) license at the same location with a capacity equal to or less than that for which the facility is currently licensed, he or she must still be in compliance with Section 81010(d), which limits the capacity to 16.

Factual Basis:

This amendment is necessary for consistency with Section 81010(d) and with WIC section 5670.5(a)(2) and CCR Title 9, Sections 1840.332(b) and 1840.334(c), which limit the capacity of a SRF to 16.

Section 81010(e)(1)

Specific Purpose/Factual Basis:

This section, which refers to a capacity of 15 is repealed as this is no longer consistent with WIC section 5670.5(a)(2) and CCR Title 9, Sections 1840.332(b) and 1840.334(c) and existing Section 81010(d).

Section 81020(b)

Specific Purpose/Factual Basis:

This section is amended to change the word "acceptance" to "admission." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (see definition of "admit" at Section 81001(a)(3)).

Section 81022(b)(2)

Specific Purpose/Factual Basis:

This section is amended to change the word "acceptance" to "admission." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (see definition of "admit" at Section 81001(a)(3)).

Section 81022(b)(8)(A)

Specific Purpose:

This section is amended to clarify that both of the sketches mentioned in Sections 81022(b)(7) and (b)(8) are also to include the dimensions of all areas which will be used by the clients.

Factual Basis:

This amendment is necessary for clarity and consistency, as it clarifies which portions of the property are under the purview of licensure and subject to the applicable licensing laws and regulations related to the clients' health and safety.

Section 81022(b)(12)

Specific Purpose/Factual Basis:

This section is amended to add the term "indicating" for clarity. This is a non-substantive grammatical change.

Section 81022(b)(22)

Specific Purpose:

This section is adopted to require the licensee to describe in their written plan of operation how they will store and manage the medications of the clients who they believe are able to manage them by themselves.

Factual Basis:

This section is necessary because it is important to have a plan as: 1) plans provide consistency, 2) the desired result is more likely to happen when there is a plan, and 3) the Department, licensee and stakeholders will have greater clarity in determining what services the licensee provides to clients. The plan is also necessary because clients in social rehabilitation facilities are at the facility to gain independent living skills upon discharge, which in many cases includes the daily task of taking medication, which is the purpose of this specific plan.

The clients are in SRFs for care, supervision and mental health treatment. This section is necessary to ensure there are procedures for the safe handling of psychotropic and other types of medications. The procedures being included in a written plan enables the licensee to be consistent with their staff training. Please also see the factual basis under Sections 81068.2(b)(5), 81075(o) and 81075(p).

Section 81022(b)(23) and (b)(23)(A)

Specific Purpose:

These sections are adopted to require the licensee to describe their plan of operation with regard to how they will store cleaning products, as well as how they will be made available to the clients who the mental health professional has determined that they are able to use cleaning products with minimal supervision.

Factual Basis:

These sections are necessary to ensure SRFs plan and execute their safety precautions around cleaning chemicals and supplies. The plan for how the licensee will allow clients access to appropriate cleaning supplies, solutions and disinfectants ensures a thoughtful and safe procedure in facilitating the clients' transition to independent living.

In addition, the written plan that describes how they will store and manage these supplies helps the licensee to be consistent with the plan and provides clarity for the Department, clients, staff and stakeholders to ensure clients are kept safe and are provided needed life skills. Please also see the factual basis under Sections 81068.2(b)(6), 81087(l) and 81087(n).

Sections 81022(c), (d) and (e)

Specific Purpose/Factual Basis:

The specific purpose of these sections is to clarify that the requirements in these sections are in addition to and not exceptions to the requirements in Sections 81022(a) and (b). These amendments are done for clarity and consistency.

Sections 81022(h)

Specific Purpose/Factual Basis:

The specific purpose of this section is to add a cross-reference for ease of use and to clarify that this section is in addition to and not an exception to Section 81022(b)(20). This is necessary to meet the "clarity" standard in the APA, GC section 11349.

Section 81026(a) and (b)

Specific Purpose/Factual Basis:

The specific purpose of these sections is to change the word "admission" to "admit" and "accepted" to "admitted." These amendments are necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81064.1(e)(3)(A)(1)

Specific Purpose/Factual Basis:

Section 81064.1(e)(3)(A)(1) is renumbered to 81064.1(e)(3)(A)1. for clarity and consistency.

Section 81068.1(c)

Specific Purpose/Factual Basis:

The section is amended to change the word "accepting" to "admitting." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81068.2(b)

Specific Purpose:

The specific purpose of this section is to establish that, for each client admitted, the licensee must ensure that a written Needs and Services Plan, as specified, is started rather than completed prior to admission and that it is completed prior to or within 72 hours of admission.

Factual Basis:

This amendment is necessary to establish a more realistic time frame for the completion of client Needs and Services Plans in SRFs. Completion of a client's Needs and Services Plan prior to admission may not always be workable given that some information that is pertinent to the development of the Needs and Services Plan is not always forthcoming prior to admission.

As specified in Section 81001(s)(4), a SRF provides "24-hour-a-day nonmedical care and supervision in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling." Sometimes prospective clients may arrive at a SRF in the middle of the night—with or without appropriate documentation—and in dire need of services. The requirement that a Needs and Services Plan be completed prior to admission may be a deterrent to providing such persons—and any others who may arrive at a SRF in dire need of services at any time of the day or night—with appropriate mental health and other services.

At the same time, this more flexible time frame would not preclude a facility from requiring that client Needs and Services Plans be completed prior to admission, whenever the information is accessible. Some licensees may believe that they need the full spectrum of information available on a prospective client before determining whether the facility can meet the person's needs. If so, nothing in this section would prohibit a licensee from taking such an approach.

Section 81068.2(b)(5)

Specific Purpose:

This section is adopted to require the client's Needs and Services Plan to include the client's written individual medication-management plan, if applicable, to be in compliance with Section 81075(o). Section 81075(o) goes into extensive detail as to what a written individual medication-management plan contains. The plan takes into account the readiness of the client regarding the self-management of their medications. It also outlines the requisite training to allow a client to transition from being given their medications to handling them on their own.

Factual Basis:

This section is necessary to ensure the Needs and Services Plan clarifies how the licensee will ensure the client's handling their own medication will be safe while the client is learning how to manage the medication. This is also necessary for clarity and for consistency with Section 81075(o).

Section 81068.2(b)(6)

Specific Purpose:

This section is adopted to require a client's Needs and Services Plan to include, if applicable, a written assessment and subsequent reviews of the client's ability to safely handle and use cleaning supplies, solutions and disinfectants. SRFs may help teach a client to safely handle the above items, ensuring the client uses them without being a danger to themselves or others and the cleaning supplies won't be a danger if readily available to them according to 81087(n). This section also addresses the licensee's responsibility to document subsequent reviews of the assessment to ensure it is updated per Section 81068.3(b).

Factual Basis:

This section is necessary to ensure that the client's access to cleaning supplies and chemicals is allowed only after careful consideration and in context of teaching the client needed life skills. This is also added for clarity and for consistency with Sections 81068.2(b), 81087(n), and 81087(n)(2). Please also see the factual basis for Sections 81087(n) through (n)(4).

Sections 81068.2(b)(7) and (b)(7)(A)

Specific Purpose:

These sections are adopted to require that the licensee document the results of the functional capabilities assessment specified in Section 81069.2 prior to admission to the extent information is available and completed within 72 hours of admission. The licensee is not required to complete an additional form if all of the information required by Section 81069.2 is already addressed in the written assessment required by CCR Title 9, Section 532.2(b).

Factual Basis:

This section is necessary to allow the licensee to have a reasonable amount of time to gather all of the necessary information for the functional capabilities assessment which is used in developing the Needs and Services Plan and includes an assessment of the person's need for assistance and care that takes into account the person's mental, emotional and physical conditions. The information necessary to complete the functional capabilities assessment may be contained in the written assessment required by CCR Title 9 Section 532.2(b) that the person may bring with him or her to the facility and the licensee should not be required to duplicate this effort if all of the requirements of 81069.2 are already documented.

Section 81068.4 (Title) and 81068.4(a)

Specific Purpose/Factual Basis:

The section title is amended to change the word "acceptance" to "admission." Section 81068.4(a) is amended to change the word "accept" to "admit." These amendments are

necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Sections 81068.5(b), (b)(1) and (b)(2)

Specific Purpose:

The specific purpose of these sections is to make nonsubstantive grammatical and formatting changes and clarifying "good cause" for three-day evictions. Section 81068.5(b) is rewritten to introduce the two conditions the licensee shall follow to evict a client with three days' notice (if the requirements in 81068.5(b)(1) and (b)(2) are met).

A nonsubstantive grammatical change is made to Section 81068.5(b)(1), deleting the word "has" after "and/or."

Section 81068.5(b)(2) is taken from current 81068.5(b) and provides a way of finding "good cause," i.e. the client engages in behavior that threatens the mental and/or physical health or safety of himself/herself or others in the facility.

Factual Basis:

These amendments are necessary to capture all of the pertinent requirements on this topic in the category-specific SRF regulations. All of these changes, including the minor editorial and formatting changes, were made for clarity, consistency and ease of use.

In addition to nonsubstantive grammatical changes to these sections, in defining "good cause" in Section 81068.5(b)(2), the former condition at Section 81068.5(b) of the client having to have been a threat to the mental health or physical safety of the client or other clients is expanded to the client having to have been a threat to the mental and/or physical health of any person. This is necessary because the licensee needs to ensure the safety of all persons in the facility and may need to take timely action to prevent a dangerous client from hurting others.

Sections 81068.5(d) through (e)

Specific Purpose:

The specific purpose of these sections is to update existing sections to allow for sharing copies of eviction notices to the necessary persons via commonly used electronic transmissions in addition to fax transmission, to require that the electronic copy includes the licensee's signature, and to make minor editorial changes. In addition, Section 81068.5(e) changes the phrases "to quit" to "of eviction" to match the phrasing in Section 81068.5(a).

Factual Basis:

The amendments to Sections 81065.5(d) and (e) are necessary to recognize technological advances and the prevalence of e-mail and other electronic transmission technologies.

Language is being proposed to allow licensees to send electronic copies of an eviction notice to specified parties. An exact electronic copy of a notice is required to ensure that the e-mailed notice is not altered from the original. Language was also amended for clarity.

Section 81068.5(d)(1) is new and necessary to clarify that the necessary signatures are still required even when using an electronic copy. This section also specifies that the licensee must sign the document which helps confirm the legitimacy of the e-mailed document.

Section 81068.5(e) adds the requirement of the licensee to send a three-day written notice of eviction to the Department within five days of giving notice to the client. This is necessary to enable the Department to ensure client rights are protected. An option for electronic transmission has been included for clarity and consistency with Section 81068.5(d) and 81068.5(d)(1). The phrase "to quit" is replaced by "of eviction" for clarity and consistency, as the rest of this section, including the title, refers to "eviction."

Section 81069(a) and (a)(1)

Specific Purpose/Factual Basis:

The requirements in these sections are incorporated into current Section 81069(b) [being renumbered to 81069(a)] and new Section 81069(b).

Section 81069(b) and (b)(1) (Renumbered to 81069(a) and (a)(1))

Specific Purpose:

The former requirement in 81069(a) is being amended to allow the licensee of any Social Rehabilitation Facility to acquire the medical assessment prior to or within 72 hours of admission. The word "accepting" is changed to "admitting."

Factual Basis:

These amendments are necessary because in the experience of the Department, it is not reasonable to expect a licensee to find a physician (or designee) immediately available to conduct the medical assessment. In addition, the licensee is expected to gather the minimum necessary information in current Section 81069(c) as a safeguard while the client is waiting to be seen by the physician (or designee). The word "acceptance" is being changed to "admission" for consistency with Section 81001(a)(3) (definition of "admit").

The language in the former Section 81069(b)(1) is renumbered to 81069(a)(1).

Sections 81069(b) and (b)(1)

Specific Purpose/Factual Basis:

The requirements in these sections are relocated from current Section 81069(a)(1) and reformatted. These changes are necessary for clarity and consistency.

Section 81069(c) through (c)(2)(A)

Specific Purpose:

Sections 81069(c) through (c)(2) require the licensee, prior to admission, to ensure the client self-reports their prescription/nonprescription medications currently being taken and any health-related conditions that may require immediate attention or monitoring for all clients' safety. Section 81069(c)(2)(A) requires the licensee to refer the client to an appropriate licensed professional or facility for a medical assessment if there is evidence that the person requires immediate health-related services.

Factual Basis:

These sections are necessary to ensure the licensee has the minimum information necessary to ensure the client is taking their needed medications and that, if there is evidence of the client requiring immediate health-related services, including behavioral, the client has access to needed professional medical attention in the event it was not possible to get a full medical assessment prior to admission. While some parts of a full medical assessment may not be urgent, some issues cannot wait in order to ensure the health and safety of the client and those around him/her.

Section 81069(d)

Specific Purpose:

This section requires the licensee to document the information required by Sections 81069(c) through (c)(2)(A), in the client's file. The information must include the date and time the client provided the information and the staff person that interviewed the client.

Factual Basis:

This section is necessary to require that important information is requested and provided from the client and to document the time, date, and personnel information requested and provided so that it is clear when the information is taken, whether it is done in a timely manner, and the name of the staff person gathering the information. This is important for accountability, which ensures the client's medication and urgent medical issues are addressed without delay.

Section 81069(e)

Specific Purpose:

These sections require, that prior to a client being allowed to handle their own medication, that a licensed medical professional determine the client is able to hold, manage, and safeguard his/her own medications and any conditions they recommend be part of the individual medication-management plan for the client pursuant to the requirements in

81075(o) and (p). The medical professional is also required to document that the medications do not need to be centrally stored pursuant to Section 81075(j).

Factual Basis:

Although most clients' medications have traditionally been centrally stored and controlled by the licensee in order to protect the health and safety of all clients, CASRA and the Department found in our collective experience that in order to teach clients to manage their own medication, as they will need to upon release from the facility, there has to be allowance and guidelines for the client to handle their own medications to practice, under supervision, their ultimate responsibility around the management of these medications.

Sections 81069(f) through (f)(4)

Specific Purpose:

Sections 81069(f) through (f)(4) are renumbered from 81069(c) through (c)(4).

Renumbered Section 81069(f)(2) is further amended to require the medical assessment to include the identification of any needs that come to light as the result of medical information gained during the assessment.

Renumbered Section 81069(f)(3) is further amended to require that the medical assessment include identification of the client's over-the-counter medications.

Factual Basis:

The renumbering is a nonsubstantive change made to accommodate the adoption of new Sections 81069(b) through (e), to maintain numbering order and for ease of use.

The amendment to renumbered Section 81069(f)(2) is necessary because although some special problems and needs of the client are longstanding and evident, some only arise in context of and as a result of the medical assessment performed by the physician or their designee.

The amendment to renumbered Section 81069(f)(3) is necessary because the licensee needs to ensure over-the-counter medications are kept safe, taken in accordance with a doctor's orders and labeling instructions. The licensee also needs to ensure the client's over-the-counter medications are not contraindicated by the client's prescription medication.

Section 81069(g)

Specific Purpose/Factual Basis:

This section is renumbered from Section 81069(d). This is a nonsubstantive change made to accommodate the adoption of new Sections 81069(b) through (e), to maintain numbering order and for ease of use.

Section 81071(a)(1)

Specific Purpose/Factual Basis:

This section is amended to remove the requirement to make the register immediately available to, and copied for, licensing staff upon request. This requirement was rewritten, see Section 81071(b).

Section 81071(a)(2) and (a)(2)(A)

Specific Purpose/Factual Basis:

These sections are repealed. These requirements are now included in Sections 81071(c) through (c)(2).

Section 81071(b)

Specific Purpose:

This section is adopted to require the licensee to make the register of clients immediately available to the licensing agency to inspect, audit and copy upon demand during normal business hours. It also allows the licensing agency to remove the registry if necessary for copying.

Factual Basis:

This section is necessary to enable the licensing agency to exercise its oversight authority. When investigating complaints, in order to ensure the licensee is in compliance with licensing requirements, the client registry is useful in providing information on the client's ambulatory status, authorized representative and the client's attending physician.

Section 81071(b)(1)

Specific Purpose:

This section is adopted to prohibit the licensing agency from removing the register unless the same information is otherwise readily available in another document or format.

Factual Basis:

This section is necessary because it ensures that the licensee always has a copy of this important information available.

Section 81071(b)(2)

Specific Purpose:

This section is adopted to require the licensing agency to prepare a list of the register documents to be removed and to sign and date the list upon removal of the records and leave a copy of the list with the administrator or designee.

Factual Basis:

This section is necessary for accountability, to ensure the licensee is aware of what records were removed and verify everything is returned intact.

Section 81071(b)(3)

Specific Purpose:

This section is adopted to require the licensing agency to return the register undamaged and in good order within three business days following the date the records were removed.

Factual Basis:

This section is necessary for accountability and because these important records are needed by the licensee to fulfill their regulatory duties around medical issues and to communicate with the authorized representative. The Department decided three business days to accomplish this task is a reasonable amount of time.

Sections 81071(c) through (c)(2)

Specific Purpose:

These sections are derived from current Sections 81071(a)(2) and (a)(2)(A).

Section 81071(c)(1) requires the licensee to keep a hardcopy of the register in an easily accessible and transportable container, which may include, but not be limited to, a binder or folder, so that information in the register may be accessed by facility staff and/or the licensing agency as necessary and easily transported in the event of a disaster or an emergency.

Section 81071(c)(1) was added at the request of CASRA, the provider agency for social rehabilitation facilities. This new language provides clarity to facilities regarding how a register of clients can be maintained.

Section 81071(c)(2) is merely renumbered from current Section 81071(a)(2)(A)

Factual Basis:

These sections are necessary because it is important to enable the licensing agency to conduct its oversight function. It is also necessary because when a client is in need of emergency medical service, having a register in an easily accessible and transportable container may save essential seconds, so that the licensee doesn't have to search for important information, they can just grab the register and take it to the hospital.

Section 81075(b)(5)(A)

Specific Purpose/Factual Basis:

This section is amended to correct an incorrect cross-reference. This section discusses assistance with self-administration of PRN medication if there is written direction from a physician. The section cross-referenced, Section 81075(e), is incorrect as it discusses a licensee's responsibility regarding client use of oxygen. The correct cross-reference is Section 81075(b)(6)(D) which details the requirements of the written order from a physician. This correction is made for the purpose of clarity and ease of use.

Sections 81075(o) and (o)(1)

Specific Purpose:

Sections 81075(o) through (o)(4)(E) are adopted to establish the criteria under which a SRF client who is not fully able to store and manage his/her own medications may be encouraged and educated to do so by requiring the licensee to develop an individual medication management plan for each client the licensee has determined has a need to learn. It is important to provide education and supervision to the client while he or she is learning to store and manage his or her own medications. This plan is to be part of the client's written treatment/rehabilitation plan, consistent with the previously mentioned CCR, Title 9, Section 532.1(g). Under existing Section 81068.2(b)(3), a client's written treatment/rehabilitation plan must be part of the client's Needs and Services Plan.

Sections 81075(o) and (o)(1) require that the licensee obtain a signed determination by a licensed medical professional that a client is able to hold, manage and safeguard his/her own medications pursuant to Section 81069(e).

Factual Basis:

These sections are necessary as a safeguard to ensure the licensee isn't allowing a client to hold their medication if an objective medical professional does not deem this appropriate. This helps guard against the client misusing the medication, including giving their medication to other clients.

These sections are necessary to provide a regulatory mechanism for clients of SRFs who enter the facility without the ability to hold, manage and safeguard their own medications to be encouraged and educated to do so. CASRA requested that such a regulatory mechanism

be established for clients of SRFs. Allowing clients of SRFs to be educated to store and manage their own medications is consistent with the overall purpose and goals of a social rehabilitation program. In addition, it should be noted that the licensing agency's nursing consultant reviewed these sections and provided input as necessary.

As specified in Section 81001(s)(4), a SRF provides "24-hour-a-day nonmedical care and supervision in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling." Prior to being licensed by CDSS, all social rehabilitation programs must be certified by the DHCS, under the CCR, Title 9, Division 1, Chapter 3, Article 3.5. Unlike some other residential community care facilities that CDSS licenses, such as adult residential facilities and residential care facilities for the elderly, a SRF does not provide indefinite care and supervision to persons with chronic conditions.

Further, SRFs may offer short-term crisis residential treatment programs, transitional residential treatment programs, and long-term residential treatment programs [CCR, Title 9, Sections 531(a), (b) and (c), respectively]. For a Short-Term Crisis Residential Treatment Program, a client may stay for up to 30 days, but never more than three months. [Title 9, CCR Section 531(a)(1)]. For the other programs, a client cannot under any circumstances stay longer than 18 months.

Apart from crisis management, the goals of a SRF are to support clients and to help them develop independent living skills through a variety of structured programs and activities. SRFs try to help people avoid hospitalization and obtain the skills that will enable them to live independently in the community upon discharge from the facility. In line with this, it is important for clients of SRFs to be able to store and manage their own medications in order to be able to function on their own in the community.

These sections are also consistent with DHCS's standards for the certification of social rehabilitation programs. Under CCR, Title 9, Section 532.1(c), medical and psychiatric policies and practices of all social rehabilitation programs must include:

Client education, provided by program staff or consultants, about the role of medications and their potential side effects, with the goal of enabling the client to become responsible for his or her own medication.

Similarly, under CCR, Title 9, Section 532.1(g), those same policies and practices must include "encouragement to clients, when part of the treatment/rehabilitation plan, to be personally responsible for holding, managing and safeguarding all of their medications."

With this background in mind, these sections are necessary to provide a means for SRF clients to learn how to be responsible for their own medications. This in turn enhances the ability of SRF clients to become more independent and self-sufficient, which is the purpose of social rehabilitation programs. At the same time, these sections provide safeguards to ensure that the health and safety of SRF clients is protected during this process.

Section 81075(o)(2)

Specific Purpose:

This section is adopted to require the licensee to ensure the client's medications are stored so they are inaccessible to other clients in the facility.

Factual Basis:

This section is necessary so that when the client is controlling their own medication, the licensee will ensure the client secures them (e.g. locks them up) adequately so that no other person can access the medication. This help teach the client responsibility as well as protects other clients.

Section 81075(o)(3)

Specific Purpose:

This section is necessary to require that if the client has a written individual medication management plan, the licensee ensures that staff who are teaching and assisting the client have received adequate training from a licensed professional who is authorized by law to administer medications, including but not limited to a registered nurse, vocational nurse or psychiatric technician.

Factual Basis:

This section is necessary to ensure the staff are properly trained by experts in the field who have not only the education, but also licensure from their appropriate medical board. This section is consistent with existing Sections 81065(q) and (r), which require facility staff to have job-related training, including training on medications. The requirement that a licensed professional perform health-related training for facility staff is consistent with existing Section 81092.1(f)(2).

Sections 81075(o)(3)(A) through (o)(3)(A)5.

Specific Purpose:

These sections are adopted to set the training standards for the facility staff to include hands-on instruction in both general and client-specific procedures and shall include:

1. General properties of the medication(s) the client is taking;
2. The specific reason(s) the client is taking the medication(s);
3. Proper administration of the medication(s), including dosage information and potential side effects and drug interactions;
4. Packaging/storage of the medication(s), including how to use pill boxes and medication organizers; and
5. Any other information necessary to ensure that the needs of the client are met.

Factual Basis:

These sections are necessary to specify general and specific areas that the training must cover. Instruction in all of these areas—including general properties of the medication(s) the client is taking, specific reason(s) the client is taking the medication(s), potential side effects and drug interactions, use of pill boxes and medication organizers—is necessary to ensure that the training is comprehensive enough to enable facility staff to meet the needs of the client. The requirement that the training encompass hands-on instruction in both general and client-specific procedures is consistent with existing Section 81090(b)(4)(A).

Sections 81075(o)(3)(B) through (o)(3)(E)

Specific Purpose:

These sections require the licensee to: 1. Obtain from the licensed professional documentation outlining the information contained in the training and the names of facility staff who completed the training; 2. Ensure that the licensed professional reviews staff performance as the licensed professional and/or the licensee deem necessary; 3. Ensure the training is completed prior to facility staff providing services to the client as part of the client's individual medication-management plan; and 4. Ensure all training is documented in facility personnel files.

Factual Basis:

Section 81075(o)(3)(B) is necessary to ensure that the licensee obtains appropriate documentation regarding the training from the licensed professional, including the names of facility staff who completed the training. This serves as written verification that the training met licensing requirements. This requirement is consistent with existing Sections 81092.1(k)(1) and 81090(b)(4)(B).

Section 81075(o)(3)(C) is necessary to ensure that the licensed professional reviews staff performance on an ongoing basis as the licensed professional and/or licensee deem necessary. This is consistent with existing Sections 81092.1(k)(2) and 81090(b)(4)(C). The provision "as the licensee deems necessary" is added to ensure that facility staff have access to the licensed professional in case questions arise. No outside time frame is given because the time needed to educate clients about how to store and manage their own medications can vary from client to client; and depending on the individual needs of the client, may progress fairly quickly.

Section 81075(o)(3)(D) is necessary to ensure that facility staff complete the training prior to providing services to clients. This is a standard safeguard to protect the health and safety of clients in care.

Section 81075(o)(3)(E) is necessary to ensure that documentation is on file to verify that facility staff have received the training. This is a standard requirement across all licensing facility categories.

Section 81075(o)(4) through (o)(4)(E)

Specific Purpose:

These sections are adopted to require the licensee to maintain a log each time medication is taken by a client who has an individual medication-management plan that includes: 1. The medication name and dosage; 2. Dosage times and instructions; 3. The time medication was given; 4. A current total count of the number of servings contained in the bottle or package, in terms of measure or numerical count, for all medication that is within the facility upon bringing the medication into the facility and after each dose taken by the client; and 5. Initials of staff verifying the information in these sections (81075(o)(4)(A) through (D)).

Factual Basis:

These sections are necessary to require the licensee to keep a detailed log of a person's medication, dosage, times administered, medication count, and record of staff verifying the information. Having this requirement may prevent interruptions in the person's medication regimen and ensure his/her health and safety. Additionally, these sections are necessary for consistency with Sections 81022(b)(21) and 81069(f)(3).

Sections 81075(o)(5) through (o)(9)

Specific Purpose/Factual Basis:

These sections are adopted to establish further requirements that apply to individual medication-management plans in social rehabilitation programs.

Section 81075(o)(5) requires the licensee to ensure that the client's individual medication-management plan is designed to provide staff support and encourage client independence, assist the client in holding, managing, and safeguarding all of his/her own medications. Handbook is provided to include pertinent sections of CCR Title 9, Sections 532.1(c) and (g) for ease of use.

Section 81075(o)(6) requires the individual medication-management plan to be included in the client's written treatment/rehabilitation plan, which is part of the client's Needs and Services Plan.

Section 81075(o)(7) establishes time intervals for assessment and documentation of the client's progress in meeting the goals outlined in his or her individual medication-management plan.

Section 81075(o)(8) ensures that a client's individual medication-management plan includes provisions for terminating the plan if the client fails to follow the plan or otherwise demonstrates that he or she is not capable of safely storing and managing his or her own medications.

Section 81075(o)(9) establishes the conditions under which a client may use a pill box or medication organizer to organize his or her own medications.

Factual Basis:

Section 81075(o)(5) is necessary because it will ensure the client can safely handle their medication once they leave the facility and are responsible for their medication. This is also consistent with CCR Title 9, Sections 532.1(c) and (g). It is also necessary to stress the importance of why SRFs were introduced by the Legislature (to provide staff support for the client and help encourage client independence) and to keep the focus on, and assist the client in holding, managing and safeguarding all of his/her own medications.

Section 81075(o)(6) is necessary for clarity and consistency, because the client's Needs and Services Plan is what is used to train facility staff in the treatment needs of the client. This is consistent with the previously mentioned CCR, Title 9, Section 532.1(g) and with Section 81068.2(c)(3).

Section 81075(o)(7) is necessary to ensure that the client's progress is adequately monitored and that any problems or issues are identified and corrected on a timely basis. In addition, nothing precludes the licensee from establishing more stringent time frames for individual clients, as determined to be necessary on a case-by-case basis.

Section 81075(o)(8) is necessary to ensure client safety and needed oversight. It also promotes the licensee setting new parameters for an amended plan so that the client can learn to manage their medication (e.g. at a different pace with greater supervision).

Section 81075(o)(9) is necessary because a client on an individual medication-management training plan is still learning to handle his or her own medications, as a safeguard it is necessary to specify that a pill box or medication organizer cannot be used for more than one week at a time. However, nothing precludes the licensee from imposing an even shorter time frame on a client's use of a pill box or medication organizer, as determined to be necessary on a case-by-case basis. The introductory phrase—"Notwithstanding Sections 81075(k)(5) and (k)(6)"—is necessary because those sections, respectively, require that each client's medication must be stored in its originally received container; and that no medications can be transferred between containers. While Sections 81075(k)(5) and (k)(6) only apply to centrally stored medications, all of a client's medications not stored in a pill box or medication organizer would continue to be centrally stored.

Section 81075(p)

Specific Purpose:

This section is adopted to prohibit facility staff from transferring a medication from its originally received container to a pill box or medication organizer, but allows staff to supervise or assist the client with this task.

Factual Basis:

This sections is necessary because Pharmacy law does not allow facility staff to place clients' medications into pill boxes or medication organizers, under Business and Professions Code section 4051. However, nothing precludes a client from transferring his or her own medication from its originally received container to a pill box or medication organizer.

Section 81075(q)

Specific Purpose:

This section is adopted to ensure that the medications in a client's pill box or medication organizer are always up to date and contain the correct and most current medications.

Factual Basis:

This section is necessary because it is an important safeguard that was specifically suggested by the licensing agency's nursing consultant.

Sections 81077.2(a) and (b)

Specific Purpose/Factual Basis:

These sections are amended to change the word "accept" to "admit" and "accepting" to "admitting." These amendments are necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Sections 81077.4(a) and (b)

Specific Purpose/Factual Basis:

These sections are amended to change the word "accept" to "admit" and "accepts" to "admits." These amendments are necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Sections 81077.5(a) and (b)

Specific Purpose/Factual Basis:

These sections are amended to change the word "accept" to "admit" and "accepts" to "admits." These amendments are necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81087(l)

Specific Purpose/Factual Basis:

This section is rearranged and makes minor grammatical changes regarding the storage of dangerous items, including but not limited to cleaning supplies and poisons. These formatting amendments do not change the requirements of the existing language.

Sections 81087(n) and (n)(1)

Specific Purpose:

These sections are adopted to allow clients in a SRF have access to cleaning supplies, cleaning solutions and disinfectants under specific circumstances. The reason behind allowing the clients to use these dangerous products is to help prepare them when they leave the facility and will need to use these products to clean their own residences and not harm themselves in doing so.

Section 81087(n)(1) allows cleaning supplies to be made available to clients when it is to meet the client involvement requirements for an individual client as specified in the CCR, Title 9, Division 1, Chapter 3, Article 3.5, Section 532.4. The handbook section is provided for ease of use.

Factual Basis:

These sections are necessary in order to begin to outline the conditions that must be met in order to allow clients in a SRF access to cleaning supplies, cleaning solutions, and disinfectants. The conditions in these regulations are necessary in order to protect the health and safety of clients while providing the flexibility for licensees to develop a program that helps assist clients in the transition to their next living arrangement.

Section 81087(n) is necessary, for clarity and consistency, as an introductory statement to establish that clients may have access to cleaning supplies, cleaning solutions and disinfectants if the requirements that follow are met.

Section 81087(n)(1) is necessary for clarity and to show that the proposed language is consistent with the client involvement requirements that have been established by the DHCS for SRFs and that appear in Section 532.4 of Title 9 of the CCR.

Section 81087(n)(2)

Specific Purpose:

This section is adopted to establish the requirement that the products described in Section 81087(n) are not made available to clients who would use the products to bring danger to themselves or others.

Factual Basis:

This section is necessary to provide a mechanism to enable clients of SRFs, depending on their capability, to use cleaning supplies, cleaning solutions and disinfectants. The written assessment would be part of the client's Needs and Services Plan, as specified in Section 81068.2(b)(6). Currently, existing Section 81087(l) provides that all "disinfectants, cleaning solutions, poisons . . . and other items that could pose a danger if readily available to clients shall be stored where inaccessible to clients." As a result, SRFs now often lock up any cleaning supplies, cleaning solutions and disinfectants. However, concern has been expressed that making such cleaning supplies, cleaning solutions and disinfectants inaccessible to clients of SRFs may be unnecessary, may impede efforts to help clients become self-sufficient, and may even be insulting to clients. As noted previously, clients of SRFs are recovering from mental illness and transitioning back into the community, with a typical client residing in the facility for 18 months or less. The primary focus of care is to help rehabilitate clients so that they can function independently in the community.

On the other hand, there have been instances of clients in facilities, including SRFs, either harming themselves, or attempting to harm themselves, by ingesting or otherwise misusing cleaning supplies, even to the point of attempting suicide. That is why existing General Licensing Sections 80087(g) and 80087(g)(1) were originally adopted. It provides a way to protect clients' health and safety by preventing clients from having access to potentially harmful substances.

This section was developed to give clients of SRFs an opportunity to handle and use cleaning supplies, cleaning solutions and disinfectants as long as a written assessment documenting the client's ability to safely handle these items is part of the client's Needs and Services Plan. As indicated above, this approach is also consistent with CCR, Title 9, Section 532.4, which provides that clients of SRFs, depending on capability, are to participate in the daily operation of the facility. This participation includes performing such tasks as cooking, cleaning and activity planning.

Section 81087(n)(3)

Specific Purpose:

This section is adopted to require facility staff to instruct clients, if necessary, on how to safely handle and use cleaning supplies, cleaning solutions and disinfectants and document this in the client's file, including the date and the name and signature of staff providing instruction.

Factual Basis:

This section is necessary for clarity, and to ensure that clients receive adequate instruction on how to use these items. Ultimately, this section is necessary to protect the health and safety of these clients and other clients in care and to provide accountability for the licensee's decision to allow the client access to these chemicals.

Section 81087(n)(4)

Specific Purpose:

This section is adopted to require that cleaning supplies, cleaning solutions and disinfectants are not accessible to clients for whom they may pose a danger.

Factual Basis:

This section is necessary for clarity and for consistency with Section 81087(l). It is also necessary to protect the health and safety of those clients for whom access to those products would pose a danger.

Section 81087(o)

Specific Purpose/Factual Basis:

This section is renumbered from 81087(n) to 81087(o) to accommodate the addition of Sections 81087(n) through (n)(4), and to provide a more logical ordering of the subsections in Section 81087. Minor editorial changes and the inclusion of the cross-reference are necessary for clarity and consistency. The requirement to store medicines as specified in Sections 81075(j) and (k) was removed, as this regulation package allows alternate ways to store medication (when a client is being trained to handle their own medication).

Section 81087(p)

Specific Purpose/Factual Basis:

This section is renumbered from 81087(o) to 81087(p) to accommodate the addition of Sections 81087(n) through (n)(4), and to provide a more logical ordering of the subsections in Section 81087. Minor editorial changes and the inclusion of the cross-reference are necessary for clarity and consistency. This section is also amended to allow for clients to handle cleaning supplies per Section 81087(n).

Section 81088(f) through 81088(f)(2)

Specific Purpose:

These sections are amended to provide clarity and consistency with the storage and disposal of solid and liquid waste specific to the use of tight-fitting covers over moveable bins.

Section 81088(f) adds the language "pose a risk to health and safety" for the purpose of clarity that all containers are being evaluated based on the risk to health and safety. This amendment does not change the requirements of the existing language.

Section 81088(f)(1) adds the language "used for storage of solid and liquid waste" for the purpose of clarity as this section relates to the previous section, 81088(f). This amendment does not change the requirements of the existing language.

Section 81088(f)(1)(A) is a new requirement that permits the use of inside wastebaskets with no tight-fitting cover unless they hold items that may pose a risk to health and safety. This language relieves a SRF facility from having to purchase and ensure all inside wastebaskets have covers when the wastebaskets are not being used for solid and liquid waste that pose a risk to health and safety. For example, if the wastebasket holds paper whether tissue paper or computer paper, this waste that does not require a tight fitting cover as it does not pose a risk to health and safety.

Section 81088(f)(2) provides minor edits for clarity and consistency with the requirements described in all of the Section 81088(f).

Factual Basis:

These amendments are necessary to clarify that inside wastebaskets are not required to have tight-fitting covers unless they hold items that may pose a risk to health and safety if left uncovered or are used to store solid and liquid waste or are in a kitchen/food preparation area or a bathroom. This amends language that required that all containers shall have tight-fitting covers, which has been an issue for facilities who utilize wastebaskets that do not come with covers (e.g. only are used for paper waste). These amendments are necessary for the health and safety of everyone living or working in the facility.

Sections 81090(a) and (b)

Specific Purpose/Factual Basis:

These sections are amended to change the word "accept" to "admit" and "acceptance" to "admission." These amendments are necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.3(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.4(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.5(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.6(a)

Specific Purpose/Factual Basis:

The specific purpose of this section is to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.7(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.8(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.9(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.10(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Section 81092.11(a)

Specific Purpose/Factual Basis:

This section is amended to change the word "accept" to "admit." This amendment is necessary for clarity and consistency. Please also see the factual basis under Section 81001(a)(3) (definition of "admit").

Sections 81094(b)(1)(A)

Specific Purpose/Factual Basis:

This section is amended to update a cross reference for accuracy.

b) Identification of Documents Upon Which Department Is Relying

WIC section 5670.5(a)(2)

CCR, Title 9, Sections 532.1(c) and (g), 532.2(b), 532.4, 1840.332(b) and 1840.334(c)

c) Local Mandate Statement

These regulations do impose a mandate upon local agencies. The mandate is not required to be reimbursed pursuant to part 7 (commencing with Section 17500) of Division 4 of the Government Code or Section 6 of Article XIII B of the California Constitution because implementation of the regulations only impact licensees that make the business decision to admit the clients which would require these regulatory provisions. In addition, some of these regulations actually ease the requirements upon the licensee.

d) Statement of Alternatives Considered

Through a series of stakeholder meetings it was determined that these regulations were necessary to meet the needs and service requirements for the clients in SRFs. The CDSS determined there was no other alternative solution available to achieve the objective of these regulations as requested by the CASRA.

The CDSS must determine that no reasonable alternative considered or that has otherwise been identified and brought to the attention of CDSS would be more effective in carrying out the purpose for which the regulations are proposed or would be as effective as and less burdensome to affected private persons than the proposed action or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

e) Statement of Significant Adverse Economic Impact On Business

The CDSS has made an initial determination that the proposed action will not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states. None of the proposed regulations establish a requirement to a Licensee who operates the small business that entail an investment in new goods or services or substantially alter their daily business activities and licensure requirements. The Department worked closely with the CASRA, which represents the small businesses these regulations impact and they have confirmed there is no economic impact to these small businesses; in fact, these regulations save them from potential economic impacts for the following reasons:

1. Some regulation changes are technical or merely reduce confusion, and have no economic impact (e.g. use of term "admit" rather than "accept," clarifying good cause for eviction, clarification of the "client register").
2. The remaining regulations have no adverse economic impact as they a) make it easier for the licensee to meet the regulation (e.g. allowing more time for the licensee to complete the Needs and Services Plan and to complete the medical assessment, allowing the licensee to use email rather than fax or postal mail; increase facility client capacity to 16 rather than 15); b) would reduce the possibility of the licensee being cited and consequently receiving civil penalties given that these proposed regulations allow for greater flexibilities within their business structure; and c) would allow the licensee greater flexibility in their treatment modalities (e.g. allowing clients to manage their own medication and to handle cleaning chemicals when appropriate).

f) Economic Impact Assessment

In accordance with Government Code section 11346.3(b), the CDSS has made the following assessments regarding the proposed amendments specific to the SRF regulations (CCR, Title 22, Division 6, Chapter 2). The proposed amendments are not expected to have a direct impact on the creation or elimination of jobs nor result in the elimination or expansion of existing businesses within the State of California.

Creation or Elimination of Jobs Within the State of California

The proposed amendments were written to enhance the quality of care provided for clients in SRFs. Such amendments include revising the total licensed capacity to more closely align with Medi-Cal standards, allowing licensees to ensure a client's Needs and Services Plan is completed within three days of admission and providing clients the opportunity to manage and store their own medications. In addition, the proposed amendments provide technical changes that ensure clarity and consistency such as changing regulatory references from "accept" to "admit."

The proposed amendments will neither create nor eliminate jobs in the State of California as the amendments clarify and provide more detail to existing regulations for SRFs.

Creation of New Businesses or Elimination of Existing Businesses Within the State of California

The proposed amendments were written to enhance the quality of care provided for people in SRFs. Such amendments include aligning the total licensed capacity to more closely align with Medi-Cal standards, allowing licensees to ensure a client's Needs and Services Plan is completed within three days of admission, and providing clients the opportunity to manage and store their own medications. In addition, the proposed amendments provide technical changes that ensure clarity and consistency such as changing regulatory references from "accept" to "admit."

The proposed amendments will neither create nor eliminate existing businesses within the State of California as the amendments clarify and provide more detail to existing regulations that do not influence the creation of new businesses or elimination of existing businesses.

Expansion of Businesses Currently doing Business Within the State of California

The proposed amendments clarify and provide additional detail to existing regulations that focus on the health and safety of clients within SRFs and therefore the proposed amendments will not have an impact on the expansion of businesses currently doing businesses within the State of California.

Benefits of the Regulations

The amendments to the existing regulations are anticipated to benefit community-based providers by clarifying and providing regulations that emphasize the needs, health, and safety of people living in SRFs. These amendments promote self-help amongst people living in SRFs and ensure statewide consistency and interpretation of the Title 22 regulations.

The document relied upon in proposing this regulatory action includes the CCR, Title 9, Division 1, Chapter 11, Subchapter 4.

g) Benefits Anticipated from Regulatory Action

The benefits anticipated from this regulatory action will allow the California Department of Social Services to better meet the needs of the client population served by the SRFs. The amendments include clean-up of some terms that are not used consistently, align the regulations with Medi-Cal standards and better support the functionality of these short-term crisis facilities.

h) Statement of Specific Technology or Equipment

This regulatory action will not mandate the use of new, specific technologies or equipment.