

Long Term Care Coordinating Council

Housing and Services Workgroup

December 5, 2007

Members Present: Bill Hirsh, Ken Stein, Norma Satten, Nancy Brunn, Nancy Brundy, Jennifer Walsh, Vera Haile, James Chionsini, Paul Isakson

Guests: Victoria Cowan (DSS), Minnie Lau (DSS), Audry Jeung (DSS), Connie Little (Advisory Council)

DAAS: Bill Haskell, Sybil Boutilier

1. Announcements

Ken Stein – At yesterday’s Health Commission meeting, there was overwhelming support for the LHH Assisted Living proposal. What will be on site is RCFE.

Norma Satten – The Health Commission resolution includes a statement that the housing would meet the standards of RCFE. It did not say they would necessarily be licensed. Other places would not necessarily be RCFE. However, on the campus, the Health Commission felt there is a need for this kind of licensure. There will be five buildings on campus and not all will necessarily be RCFE licensed.

Budget Advocacy Meeting: the first meeting date will be December 17th from 12:30 to 3:00 at the Bayanihan Center at 1010 Mission Street.

2. Community Care Licensing Division, California Dept of Social Services

Victoria Cowan and her staff explained the requirements of Residential Care Facilities for the Elderly (RCFE).

The senior care program handles 18 counties in northern California. California Residential Care Facilities Act – Health and Safety Code. Statistics: 7,600 licensed RCFEs in CA. About 90 are in SF County. The majority are small – six beds. But the Sequoias – is over 100 beds. Any facility identifying itself as assisted living must be licensed as REFE.

Target population. Voluntary 60 years of age and older. Younger adults are allowed on a case by case basis.

OBJECTIVES:

1. Prevention –
 - a. Screening out of unqualified applicants. There is a fairly rigorous application process. Anyone working in an RCFE has to be fingerprint cleared by CCL in San Bruno.
 - b. Fire clearance – contact the Fire Department to be sure you get a clearance for the type of clients that will live there.

2. Compliance –

- a. The regulatory enforcement. Facilities must be in compliance with state law. Deficiencies must be addressed through a plan of correction. Consultation is provided to help the facility to be brought into compliance. This is also an enforcement tool. A compliance is one step before an administrative hearing. The effort is to bring the facility into compliance.

3. Enforcement –

- a. If it is found that the residents' safety and care is not protected, then civil penalties could be assessed. There are informal and formal meetings with the licensee. Egregious actions would be addressed through enforcement.

Eligibility for younger adults with disabilities. An adult in his/her 50s who need assistance in bathing, eating, ambulating, they go to a day care center during the day. They are compatible in the assistance that they need. It would be unusual if the adult would be in his/her 20s or 30s._

NOTE: It is important to be in regular communication

Other licensure categories:

Adult Residential Facilities – for developmental disabilities

Residential Care Facilities for the Chronically Ill – for HIV/AIDS

Basic services. Help with all ADLs. An RCFE facility can have someone with no disabilities to someone who needs assistance with all ADLs. Meds cannot be administered by the staff in an RCFE. But meds can be assisted by staff in an RCFE.

NOTE: It would help for someone to come to a six hour presentation by CCL.

NOTE: What you can do in your own home does not transfer to an RCFE.

NOTE: Annual review and complaints are both site visits.

RCFEs are not medical facilities. There are no MDs or RNs on site. These may be the administrators, but the caregivers are not medical professionals.

Who needs a license? If you provide care and supervision you need to have a license. CCL has not had a public entity be the licensee. This would be a first.

NOTE: Non-ambulatory status is possible and bed ridden status is possible.

Admission. A medical assessment must be done with the potential residents. The RCFE decides if it can handle the person. If the person becomes more dependent and ill, the RCFE can decide whether it can care for this person. It is up to the administrator and the staff of that facility. Basically, if people do not need 24 hour skilled care, then they can be cared for in an RCFE. If the administrator decides it cannot care for a client, it move to evict the client. Temporary care overseen by an RN is ok, but regular oversight by an RN may not be ok.

NOTE: there are pilots with Medicare funds coming into an RCFE. These RCFEs are expanding their scope. Skilled medical professionals are coming in to RCFEs. The federal government is deciding on whether people can be cared effectively (with medical conditions) rather than in nursing facilities.

NOTE: There are pilots where HUD funds are being used to renovate a portion of senior housing to provide RCFE services and settings.

Staffing ratios. There are not staffing levels in RCFEs like nursing levels in nursing facilities. There are staffing ratios established with Sun Rise Assisted Living – that could be used as an example.

Pilots are determined by the Statewide Program Manager. A proposal package must come to the Deputy Director of Licensing.

Prohibited Conditions: Section 87701

There are a few prohibited conditions in an RCFE. If it comes to a point who cannot feed themselves is ok. If it overlaps into the fact who is on meds, they may not be appropriate to live in an RCFE.

1. Stage 3 and 4 pressure sores.
2. Gastrostomy
3. Naso-gastric tubes.
4. Staph infections
5. Total care
6. Tracheotomies
7. Ventilators

NOTE: Some of these conditions can be waved – on a case-by-case basis.

Rate Structure: Few RCFEs accept SSI. A few do accept it but it is not enough to run the facility.

Costs: In addition to building the RCFE, there will be operating costs and SSI will not cover these costs.

Definition of home under RCFE: IHSS regs restrict providing services in RCFEs. IHSS can provide supplemental services but it could not

Website for regs: www.leginfo.ca.gov

SUGGESTION: An orientation should be attended at the OFFICE OF COMMUNITY CARE LICENSING.