

California_Research_NFPF

- <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/DHCS-06-012E45-DayRegText.pdf>

(5) Adopt Section 52103 to read as follows:

Section 52103. **Request for Exemption from the Quality Assurance Fee.**

(a) A facility that meets the definition of an MLRC under Section 52000(bb), may request an exemption from the QAF once each rate year by submitting an application to the Department by the last day of February, for the subsequent rate year, which shall consist of all of the following information:

(1) A copy of the FS/NF-B or FSSA/NF-B license and **Residential Care Facility For the Elderly (RCFE) license.**

(2) The facility owner's name, federal tax identification number, and National Provider Identifier and the Office of Statewide Health Planning and Development number.

(3) Documentation that specifies that both the FS/NF-B or FSSA/NF-B and the RCFE are owned by the same entity.

(4) **A description of the campus that demonstrates that a continuum of services, including independent living services, assisted living services and skilled nursing services are provided on a single campus.**

(5) Documentation proving that the facilities are located on the same campus and are under the same ownership, if the addresses of the FS/NF-B or FSSA/NF-B and the RCFE are different.

(6) A statement under penalty of perjury that the facility has not received a certificate of authority or a letter of exemption from the Department of Social Services as specified in Health and Safety Code Section 1771.3.

(7) **The total number of unlicensed Independent Living (IL) units and the total number of licensed Assisted Living (AL) Units.**

(A) If a facility designates all of its IL and AL units under the RCFE license the facility shall provide documentation:

1. That the IL units and AL units are separately identifiable.

2. **There is a provision in the agreement between the resident and the facility, which specifies when the level of care changes and how a transfer occurs from one facility type to a higher or lower level of care.**

(B) **A facility shall provide documentation that the total number of the IL and AL units is 60 percent or more and the FS/NF-B or FSSA/NF-B units is 40 percent or less of the total capacity of the campus.**

(b) A facility shall apply for a QAF exemption on an annual basis in accordance with this section.

(c) A QAF exemption application shall be approved or denied by the Department within 60 calendar days from the receipt of the application.

- From <<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=01001-02000&file=1324.20-1324.30>>

"Exempt facility" means a skilled nursing facility that is part of a continuing care retirement community, a skilled nursing facility operated by the state or another public entity, a unit that provides pediatric subacute services in a skilled nursing facility, a skilled nursing facility that is certified by the department for a special treatment program and is an institution for mental disease as defined in Section 1396d(i) of Title 42 of the United States Code, or a skilled nursing facility that is a distinct part of a facility that is licensed as a general acute care hospital.

(2) Notwithstanding paragraph (1), beginning with the 2010-11 rate year and for every rate year thereafter, the term "exempt facility" shall mean a skilled nursing facility that is part of a continuing care retirement community, as defined in paragraph (2) of subdivision (a), a skilled nursing facility operated by the state or another public entity, a unit that provides pediatric subacute services in a skilled nursing facility, a skilled nursing facility that is certified by the department for a special treatment program and is an institution for mental disease as defined in Section 1396d(i) of Title 42 of the United States Code, or a skilled nursing facility that is a distinct part of a facility that is licensed as a general acute care hospital.

(3) Notwithstanding paragraph (1), beginning with the 2010-11 rate year and every rate year thereafter, a multilevel facility, as described in paragraph (1) of subdivision (a), shall not be exempt from the quality assurance fee requirements pursuant to this article, unless it meets the definition of a continuing care retirement community in paragraph (11) of subdivision (c) of Section 1771.

(4) (A) Notwithstanding paragraph (1), beginning with the 2011-12 rate year, and every rate year thereafter, a unit that provides freestanding pediatric subacute care services in a skilled nursing facility, as described in paragraph (1) of subdivision (c), shall not be exempt from the quality assurance fee requirements pursuant to this article.

- California - CCRC Provider Fee Tax Exemption Policy Position Info: <http://www.aging.org/files/public/Provider.Tax.pdf>
- (10) "Continuing care retirement community" means a facility located within the State of California where services promised in a continuing care contract are provided. A distinct phase of development approved by the department may be considered to be the continuing care retirement community when a project is being developed in successive distinct phases over a period of time. When the services are provided in residents' own homes, the homes into which the provider takes those services are considered part of the continuing care retirement community.

CARF - Commission on Accreditation of Rehabilitation Facilities

- The accreditation process applies sets of standards to service areas and business practices during an on-site survey. Accreditation, however, is an ongoing process, signaling to the public that a service provider is committed to continuously improving services, encouraging feedback, and serving the community. Accreditation also demonstrates a provider's commitment to enhance its performance, manage its risk, and distinguish its service delivery.
- Achieving accreditation requires a service provider to commit to quality improvement, focus on the unique needs of each person the provider serves, and monitor the results of services.

A service provider begins the accreditation process with an internal examination of its program and business practices. Then the provider requests an on-site survey that will be conducted by a team of expert practitioners selected by CARF. During the survey, the provider must demonstrate that it conforms to a series of rigorous and internationally recognized CARF standards.

Based on the results of the survey, CARF prepares a written report of the provider's strengths and areas for improvement. If a provider has sufficiently demonstrated its conformance to the standards, it earns CARF accreditation.

After receiving the report, the provider must submit a Quality Improvement Plan (QIP) to CARF to show how it is addressing any areas for improvement. Then, each year during the term of accreditation, the provider must submit a report to CARF documenting additional improvements it has made

- **Aging Services/CARF-CCAC**

The continuum of care accredited by aging services/CARF-CCAC includes:

- Continuing Care Retirement Communities (CCRCs)
- Adult Day Services
- Aging Services Network
- Assisted Living
- Person-Centered Long-Term Care Communities
- Home and Community Services
- Case Management
- Independent Senior Living

CA Aging Services Program Descriptions_Independent Senior Living

- Independent senior living communities are congregate community housing settings that may be stand-alone or part of continuums of services. Persons served may reside in apartments, cottages, or other settings in the independent senior living environment.
- Independent senior living offers a culture of customer service and hospitality as well as an environment of safety and security for persons served. A philosophy of independence, engagement, and wellness guides the communications between personnel and persons served in independent senior living.
- As part of the residency and service agreement, various hospitality services may be accessed by persons served, including, but not limited to, transportation, dining, housekeeping, laundry, and social and recreational activities. Dependent on the information in the written agreement between the person served and the program, persons served may pay additional fees for various services. Information on resources in the local community may also be offered to persons served. Persons served manage or make

their own arrangements for management of personal care, medications, healthcare, and activities of daily living.

- Dementia Care Specialty Program
- Stroke Specialty Program

- **Accreditation benefits**

- Assurance to persons seeking services that a provider has demonstrated conformance to internationally accepted standards.
- Improved communication with persons served.
- Person-focused standards that emphasize an integrated and individualized approach to services and outcomes.
- Accountability to funding sources, referral agencies, and the community.
- Management techniques that are efficient, cost-effective, and based on outcomes and consumer satisfaction.
- Evidence to federal, state, provincial, and local governments of commitment to quality of programs and services that receive government funding.
- Guidance for responsible management and professional growth of personnel.
- A tool for marketing programs and services to consumers, referral sources, and third-party funders.
- Support from CARF through consultation, publications, conferences, training opportunities, and newsletters.

The following general definitions shall apply wherever the terms are used throughout Division 6, Chapters 1 through 1, 2, 4 through 7, 8.8, and 9, except where specifically noted otherwise. Additional definitions found at the beginning of each chapter in this division shall apply only to such specific facility category.

(a) (1) **"Activities of Daily Living" (ADLs) mean the following six activities:**

(A) Bathing: Cleaning the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out of tub or shower, reaching head and body parts for soaping, rinsing and drying.

(B) Dressing: Putting on and taking off, fastening and unfastening garments and undergarments and special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.

(C) Toileting: Getting on and off a toilet or commode, emptying a commode, managing clothes, wiping and cleaning the body after toileting, and using and emptying a bedpan and urinal.

(D) Transferring: Moving from one sitting or lying position to another sitting or lying position (e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or repositioning to promote circulation and to prevent skin breakdown).

(E) Continence: Ability to control bowel and bladder as well as to use ostomy and/or catheter receptacles, and to apply diapers and disposable barrier pads.

(F) Eating: Reaching for, picking up, grasping a utensil and cup; getting food on a utensil; bringing food, utensil, and cup to mouth; manipulating food on plate; and cleaning face and hands as necessary following meal.

- (10) "Continuing care retirement community" means a facility located within the State of California where **services promised in a continuing care contract are provided**. A distinct phase of development approved by the department may be considered to be the continuing care retirement community when a project is being developed in successive distinct phases over a period of time. When the services are provided in residents' own homes, the homes into which the provider takes those services are considered part of the continuing care retirement community.

Continuing Care Retirement Community

Overview

CCRCs offer a long-term continuing care contract that provides for housing, residential services, and nursing care, usually in one location, and usually for a resident's lifetime. **All providers offering continuing care contracts must first obtain a certificate of authority and a residential care facility for the elderly (RCFE) license**. In addition, CCRCs that offer skilled nursing services must hold a Skilled Nursing Facility License issued by the Department of Health Services.

The California Department of Social Services (Department), is responsible for the oversight of continuing care providers. The Department's Community Care Licensing Division has two branches that participate in the regulation. The Senior Care Program monitors continuing care providers for compliance with the Community Care licensing laws and regulations regarding buildings and grounds, accommodations, care and supervision of residents, and quality of service. The Continuing Care Contracts Branch is responsible for reviewing and approving applications to operate a CCRC and monitors the ongoing financial condition of all CCRC providers and their ability to fulfill the long-term contractual obligations to residents.

From <<http://www.calccrc.ca.gov/>>

Residential Care Facilities for the Elderly (RCFE)

Residential Care Facilities for the Elderly (RCFE) provide care, supervision and assistance with activities of daily living, such as bathing and grooming. They may also provide incidental medical services under special care plans.

The facilities provide services to persons 60 years of age and over and persons under 60 with compatible needs. RCFEs may also be known as assisted living facilities, retirement homes and board and care homes. The facilities can range in size from six beds or less to over 100 beds. The residents in these facilities require varying levels of personal care and protective supervision. Because of the wide range of services offered by RCFEs, consumers should look closely at the programs of each facility to see if the services will meet their needs.

From <<http://cclld.ca.gov/PG543.htm>>

Some requirements for obtaining RCFE:

- Facility must perform annual assessments on the residents to ensure that they still meet the needs of the living unit they are in.
- The facility determines if a higher level of care is needed
- The facility must maintain documentation of annual assessments. Assessments are not audited.
- Documentation must be provided for licensure
- There is no requirement for the minimum number of beds required to be an RCFE and it does not matter if the beds are IL or AL

CONTINUING CARE CONTRACT STATUTES

State of California

Health and Safety Code

Chapter 10 of Division 2

CHAPTER 10. CONTINUING CARE CONTRACTS

Article 1. General Provisions

1770. Legislative Intent.

The Legislature finds, declares, and intends all of the following:

- (a) Continuing care retirement communities are an alternative for the long-term residential, social, and health care needs of California's elderly residents and seek to provide a continuum of care, minimize transfer trauma, and allow services to be provided in an appropriately licensed setting.
- (b) Because elderly residents often both expend a significant portion of their savings in order to purchase care in a continuing care retirement community and expect to receive care at their continuing care retirement community for the rest of their lives, tragic consequences can result if a continuing care provider becomes insolvent or unable to provide responsible care.
- (c) There is a need for disclosure concerning the terms of agreements made between prospective residents and the continuing care provider, and concerning the operations of the continuing care retirement community.
- (d) Providers of continuing care should be required to obtain a certificate of authority to enter into continuing care contracts and should be monitored and regulated by the State Department of Social Services.
- (e) This chapter applies equally to for-profit and nonprofit provider entities.
- (f) This chapter states the minimum requirements to be imposed upon any entity offering or providing continuing care.
- (g) Because the authority to enter into continuing care contracts granted by the State Department of Social Services is neither a guarantee of performance by the providers nor an endorsement of any continuing care contract provisions, prospective residents must carefully consider the risks, benefits, and costs before signing a continuing care contract and should be encouraged to seek financial and legal advice before doing so.