

# Department of Social Services Community Care Licensing

Residential Care Facilities for the Elderly



**Pamela Dickfoss**

**\* Deputy Director**

**\* Community Care Licensing Division**

# California Department of Social Services

California Department of Social Services has a leadership role in the formulation and implementation of policies that provide seniors with affordable health care in the least restrictive environment, ideally in the senior's own home.

# Demographics

- \* The Public Policy Institute of California reports that between 2000 and 2020, the number of seniors in California is expected to double by 2030, about one in every five Californians will be older than 65.
- \* The June 2013 California Senate Office of Research Report titled “Understanding Alzheimer’s Disease” reported that persons with Alzheimer’s Disease in California are expected to increase by 37.5% between 2010 and 2025, in contrast to the prior decade when the increase was only 9%.

# In Home Support Services (IHSS)

- \* Serves aged, blind, or disabled persons who are unable to perform activities of daily living and cannot remain safely in their homes without help.
- \* Qualified recipients may receive assistance with daily tasks, such as:
  - Bathing
  - Cleaning
  - Dressing
  - Cooking
  - Grooming
  - Feeding

# Home Care Services Consumer Protection Act (AB 1217)

Implementing regulatory oversight of Home Care Organizations and maintaining a registry of home care aides to provide greater safety when seniors choose to receive care at home through private pay

# Community Care – Residential Care Facilities for the Elderly (RCFE)

- \* CCLD regulatory program provides for a home like environment when seniors cannot or choose not to remain at home but still want a home like environment and do not want to move into skilled nursing care
  - \* Provision of hospice care
  - \* Provision of incidental medical care of most conditions
  - \* Allowance for care for persons with dementia
  - \* Allowance of secure perimeters and delayed egress

# Community Care Licensing Division

## Mission Statement

*It is the mission of Community Care Licensing to promote the health, safety, and quality of life of each person in community care through the administration of an effective collaborative regulatory enforcement system.*

# Community Care Licensing Division

This mission is accomplished by:

- \* Promoting strategies to increase voluntary compliance
- \* Providing technical assistance to and consulting with care providers
- \* Working collaboratively with clients, their families, advocates, care providers, placement agencies, related programs and regulatory agencies, and others involved in community care

# Community Care Licensing Division

This mission is accomplished by:

- \* Training staff in all aspects of the licensing process
- \* Educating the public about CCLD and community care options
- \* Promoting continuous improvement and efficiency throughout the community care licensing system

# CCLD Roles and Responsibilities

- \* Prevention
- \* Compliance
- \* Enforcement

# Prevention

Prevention reduces the predictable harm to people in care by:

- \* Orientation prior to licensure
- \* Screening applicants
- \* Performing background checks
- \* Plan of operation
- \* Fire clearances
- \* Staffing requirements
- \* Financial verifications
- \* Health screenings
- \* Pre-licensing visit to inspect physical plant
- \* Providing information regarding laws and regulations

# Compliance

Compliance is maintained through:

- \* Unannounced facility inspections
- \* Complaint investigations
- \* Issuing deficiency notices
- \* Consultations
- \* Education and technical support

# Enforcement

## Compliance with licensing laws and regulations:

- \* civil penalties
- \* Non-compliance conferences
- \* Administrative actions
  - Probationary license
  - Temporary suspension of license
  - Revocation of license
  - employee exclusions

# Inspection Protocol

CCLD's inspection frequency is in state law.

The current mandated inspection protocol is:

- \* 1) Annual inspections of a 30% random sample of approximately 90% of facilities,
- \* 2) Annual inspections of the remaining 10% (facilities on probation or that draw down federal funds);
- \* 3) Inspections of all facilities at least once every five years.

# Facility Statistics

- \* California has 7,570 Residential Care Facilities for the Elderly (RCFEs) with a capacity to serve 176,579 seniors.
- \* 96 of these RCFEs are Continuing Care Retirement Communities (CCRCs).

# Facility Statistics

- \* Approximately 80% of RCFEs are six bed or less but only approximately 20% of RCFE residents reside in the six bed RCFEs. The remaining approximately 80% reside in larger RCFEs,

# CCLD Today

- \* CCLD's current framework and resources is not adequate to meet the current and changing needs of California's population.
- \* New investments have been approved to add resources to rebuild its infrastructure.
- \* New legislation was signed by Governor Brown to add requirements that strengthen CCLD and health and safety.

# CCLD Challenges

- \* Getting our framework to align more closely with current and future needs of seniors in California.
- \* Providing an environment that allow for sufficient, affordable RCFE capacity.
- \* Leading the division at a time of unprecedented evolution

# CCLD Goals

- \* Work with stakeholders to understand landscape of community care and its alternatives.
- \* Development of a flexible and meaningful framework that balances the needs and preferences of seniors and their loved ones with health and safety.
- \* Focus on person centered care and the protection of dignity and comfort at home.
- \* A study of the impacts to low income seniors who would like to live in a community care setting.

# The Practice of Regulatory Administration: *Focus on Foundation*

Presented by  
**The National Association for Regulatory Administration**  
for  
**The National Senior Citizens Law Center**

**NSCLC**  
National Senior Citizens Law Center

The logo for the National Association for Regulatory Administration (nara) features the word "nara" in a bold, lowercase, sans-serif font. Above the text is a thick, dark red curved line that starts under the 'n' and ends under the 'a'. Below the text is a thin, dark red horizontal line.

**nara**

# What is Regulatory Administration?

Regulatory administration has many purposes, but they are all meant to achieve the same goal: **Consumer protection through prevention.**

**The practice of regulatory  
administration involves  
learning from past events  
to prevent future harms.**

# **The Three Key Components of Regulatory Administration**

## **Regulations**

The rules that are measured by the licensing agency to determine compliance

## **Policy and Procedures**

The manner in which the licensing agency will measure the rules.

## **Training**

Teaching regulators how to apply the policies and procedures.

# The Unfortunate Quandary

**Regulatory administration needs each of the three key components to be in place, but...regulatory administration is frequently driven by public reactions to negative events, and so...**

# The Unfortunate Quandary

**Our first instinct is to change the current regulations, without ensuring that the other components are in place.**

# A Misunderstood Reality

Just about *any* set of regulations can be effectively applied and enforced provided that key policies and procedures are in place and regulators are trained in their application.

“Almost any licensing requirement has its pros and cons. Good standards do not represent final answers, but merely the best answer that can be provided under particular circumstances and at a particular time. Every situation and every human activity present hazards, and what is helpful in one way may be harmful in another.”

-Norris Class

The “Father” of Human-Care  
Licensing



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# The Five Key Concepts of Human Care Licensing

# Licensing protects the health and safety of persons in care by enforcing the law

A license gives someone the privilege to do something that is otherwise illegal, provided the licensee follows the rules established by law.

A simple example is the requirement to have a driver's license. You can't legally operate a car without a license, and you must demonstrate the ability to drive safely and in accordance with traffic rules in order to get one. The same is true for providing care to people.

Regulators must verify that care agencies or facilities meet or exceed minimum health and safety requirements established by law and regulation before a license is issued permitting the care agency to operate.

# Human care regulators are subject matter experts, and the subject is licensing

Just as police officers are experts in the administration of criminal law, human services regulators are experts in the administration of licensing law.

The regulator's skill set includes:

- Knowing how to apply appropriate chapters of licensing regulations
- How and when to exercise authority
- How to think analytically and creatively, and
- How to interact and communicate with people of all kinds.

# Licensing is generally environment-focused, rather than individual-focused

Human care licensing is not person-specific.

Pure-licensing agencies do not track individual consumers, nor do they manage the services that consumers receive.

Regulators protect people in care by measuring compliance with environmental standards such as the care setting's physical plant, the qualifications of care staff, and procedures for planning and providing care.

The regulator is concerned with individuals in care as they relate to a care provider's regulatory compliance.

## **Human care licensing does not measure “quality” or consider service rates**

Human services programs provide treatment or care in response to a diagnosis or condition. The degree of effectiveness of such treatment or care is commonly called “quality.” Program service providers and purchasers (either public or private) may establish and measure quality standards for the services they provide or are willing to purchase.

Human care regulators, however, administer regulatory requirements that measure the basic health and safety components of the services provided.

They generally do not evaluate program quality or establish standards for purchasing services. Evaluation of condition-based responsive treatment and care is a task for program specialists, not regulators.

# The human care regulator is emphatically neutral

The regulator's judgment of "right" and "wrong" is rooted entirely in the measurement of rules that govern a care provider's legal right to provide services.

A regulator's personal values and social position must be set aside when enforcing the rules.

When administering licensing regulations, the regulator is an extension of the rules (s)he is applying.

# What can we learn from the Five Key Concepts?

**A well-trained regulator  
operating under solid policies  
and procedures can apply any  
set of regulations in a manner  
that protects persons in care.**

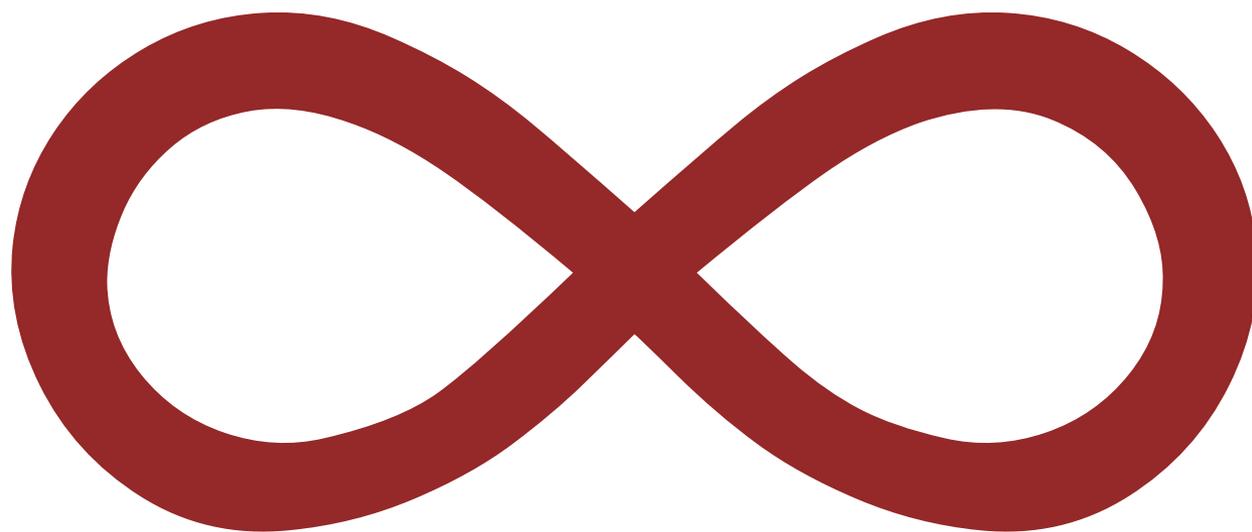
# The Befuddling Riddle of “Hazards”

- Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of **hazards**.
- All persons shall be protected against **hazards** within the facility.
- All facilities must be maintained free of **hazards**
- Cleaning supplies and other **hazardous** materials shall be stored in a locked area.

Haz·ard:

(noun \ 'ha-zərd\)

a source of danger



  
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# What can **YOU** do?

1. Don't jump to regulatory fixes!
2. Be careful of "reactionary policy."
3. Make sure your licensing agency has completed a needs assessment.
4. Support investment in training and educational opportunities for regulators.

## Contact Information:

Ronald Melusky, President-Elect

717-514-3056

[rmelusky@naralicensing.org](mailto:rmelusky@naralicensing.org)

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