

**TITLE 17. CALIFORNIA CODE OF REGULATIONS
CHAPTER 3. COMMUNITY SERVICES**

**SUBCHAPTER 2. VENDORIZATION
ARTICLE 1. DEFINITIONS**

54302. Definitions

(a) The following definitions shall apply to the language contained in Sections 54310 through 54390 of these regulations:

(1) "Activity Center" means a community-based day program that serves adults who generally have acquired most basic self-care skills, have some ability to interact with others, are able to make their needs known, and respond to instructions. Activity center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration and employment;

(2) "Adult" means a person 18 years of age or older;

(3) "Adult Day Health Care Program" means an Adult Day Care Health Care Program as defined in Health and Safety Code Section 1570.7(a);

(4) "Adult Day Programs" means those community-based day programs defined in (a)(1), above and (a)(6), (11), (13), (31), and (60) below;

(5) "Adult Day Services" means the broad category of nonresidential services under which adult day programs are categorized;

(6) "Adult Development Center" means a community-based day program that serves adults who are in the process of acquiring self-help skills. Individuals who attend adult development centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to instructions. Adult development center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration, employment, and self-care;

(7) "Age Appropriate" means the consideration of the chronological age of the person in the use of activities, instructional locations, and techniques;

(8) "Applicant" means an individual or entity that desires to be a vendor;

(9) "Authorized Agency Representative" means a person authorized to act on behalf of either the Department or the regional center, by law, by court order, or by a written statement signed by the Director of the Department or the regional center director, respectively;

- (10) "Authorized Consumer Representative" means the parent or guardian of a minor, conservator of an adult, or person who is legally entitled to act on behalf of the consumer;
- (11) "Behavior Management Program" means a community-based day program that serves adults with severe behavior disorders and/or dual diagnosis who, because of their behavior problems, are not eligible for or acceptable in any other community-based day program;
- (12) "Child" means a person under the age of 18 years;
- (13) "Community-based Day Programs" means those programs which provide services to individuals on an hourly or daily basis, but less than a 24-hour basis in the community rather than at a developmental center. Only the following types of services are community-based day programs: activity centers, adult development centers, behavior management programs, independent living programs, infant development programs and social recreation programs;
- (14) "Community Integration" means presence, participation and interaction in natural environments;
- (15) "Congregate Living Health Facility" means a Congregate Living Health Facility as defined in Health and Safety Code Section 1250(i)(1);
- (16) "Consumer" means an individual who has been determined by a regional center to meet the eligibility criteria of the Welfare and Institutions Code, Section 4512, and of Title 17, Sections 54000, 54001 and 54010, and for whom the regional center has accepted responsibility.;
- (17) "Controlling Agency" means any agency, department, or commission that by statute requires standards to be met for the issuance of a license, credential, registration, certificate or permit required for the operation or provision of service;
- (18) "Days" means calendar days unless otherwise stated;
- (19) "Department" means the Department of Developmental Services;
- (20) "Developmental Center" means any institution referred to in the Welfare and Institutions Code, Section 4440. Developmental Center is synonymous with state hospital;
- (21) "DHS" means the Department of Health Services;
- (22) "DSS" means the Department of Social Services;
- (23) "Direct Care Staff" means staff who personally provide direct services to consumers. Personnel who are responsible for other staff functions may be considered direct care staff only during that time when they are providing direct services to consumers or are involved in program preparation functions;
- (24) "Direct Services" means hands-on training provided by the vendor in accordance with the requirements of the consumer's Individual Program Plan and the provisions of Section 56720 of these regulations;
- (25) "Director" means the Director of the Department of Developmental Services;

(26) "Family Member" means an individual who: A) Has a developmentally disabled person residing with him or her; B) Is responsible for the 24-hour care and supervision of the developmentally disabled person; and C) Is not a licensed or certified resident care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided;

(27) "Functional Skills" means those skills which enable an individual to communicate, interact with others and to perform tasks which have practical utility and meaning at home, in the community or on the job;

(28) "Generic Agency" means any agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services;

(29) "Generic Support(s)" means voluntary service organizations, commercial businesses, non-profit organizations, generic agencies, and similar entities in the community whose services and products are regularly available to those members of the general public needing them;

(30) "Group Practice" means more than one individual which functions as a business entity while providing services to individuals;

(31) "Independent Living Program" means a community-based day program that provides to adult consumers the functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent living programs focus on functional skills training for adult consumers who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist them in meeting their personal needs;

(32) "Individual Program Plan (IPP)" means a written plan that is developed by a regional center Interdisciplinary (ID) Team, in accordance with the provisions of the Welfare and Institutions Code, Sections 4646 and 4646.5;

(33) "Infant Development Program" means a community-based day program defined in the Welfare and Institutions Code, Section 4693;

(34) "In-home Respite Services" means intermittent or regularly scheduled temporary non-medical care and supervision provided in the consumer's own home and designed to do all of the following:

- (A) Assist family members in maintaining the consumer at home;
- (B) Provide appropriate care and supervision to protect the consumer's safety in the absence of family members;
- (C) Relieve family members from the constantly demanding responsibility of caring for a consumer; and
- (D) Attend to the consumer's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family member;

(35) "Interdisciplinary (ID) Team" means the group of persons convened in accordance with the Welfare and Institutions Code, Section 4646, for the purpose of preparing a consumer's IPP;

(36) "Intermediate Care Facility" means an Intermediate Care Facility as defined in Health and Safety Code Section 1250(d);

(37) "Intermediate Care Facility/Developmentally Disabled (ICF/DD)" means a licensed residential health facility which provides care and support services to developmentally disabled consumers whose primary need is for developmental services and who have a recurring, but intermittent, need for skilled nursing services;

(38) "Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H)" means a licensed residential health facility which has as its primary purpose the furnishing of 24-hour personal care, developmental training, habilitative, and supportive health services in a facility with 15 beds or less to residents with developmental disabilities;

(39) "Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N)" means a licensed residential health facility which has as its primary purpose the furnishing of 24-hour nursing supervision, personal care, and training in habilitative services in a facility with 4-15 beds to medically fragile developmentally disabled consumers, or to consumers who demonstrate a significant developmental delay that may lead to a developmental disability if not treated. Such consumers must have been certified by a physician as not requiring skilled nursing care;

(40) "Long-Term Health Care Facility" means an Adult Day Health Care Program, a Congregate Living Health Facility, a Skilled Nursing Facility (SNF), an Intermediate Care Facility (ICF), an Intermediate Care Facility/Developmentally Disabled (ICF/DD), an Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H), or an Intermediate Care Facility/Developmentally Disabled-Nursing(ICF/DD-N);

(41) "Management Organization" means a separate and distinct corporation or entity which operates two or more services;

(42) "Mobility Training" means individually planned activities and instruction which enable adults with developmental disabilities to utilize the most normalizing independent transportation modes possible;

(43) "Natural Environment" means places and social contexts commonly used by individuals without developmental disabilities;

(44) "Natural Supports" means, pursuant to Welfare and Institutions Code, Section 4512(e), personal associations and relationships typically developed in the family and community that enhance or maintain the quality and security of life for people;

(45) "Nonresidential Services" means all services provided by any vendor other than a residential facility;

(46) "Nursing Facility" means a licensed health facility or a distinct part of a hospital which provides continuous skilled nursing and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and,

as a minimum, includes physician, skilled nursing, dietary and pharmaceutical services, and an activity program;

(47) "Program Preparation Functions" means secondary activities performed by non-residential direct care staff, such as preparation of lesson plans, completion of the necessary documentation required by these regulations, preparation and clean-up of the area where the direct services provided to consumers, or involvement in other duties such as staff meetings and parent conferences;

(48) "Purchase of Service Funds" means those funds identified in the Budget Act for the purpose of purchasing services, provided by vendors, for consumers;

(49) "Reasonably suspected" means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect abuse.

(50) "Regional Center" means a diagnostic, counseling, and service coordination center for developmentally disabled persons and their families which is established and operated pursuant to the Welfare and Institutions Code, Sections 4620 through 4669, by a private nonprofit community agency or corporation acting as a contracting agency. As used in these regulations, any reference to the regional center shall, by reference, be applicable to those agencies or persons with which the regional center contracts to provide service coordination to consumers under the provisions of the Welfare and Institutions Code, Section 4648;

(51) "Residential Facility" means any licensed community care facility as defined in Health and Safety Code Section 1502(a)(1), (4), (5) or (6), or a licensed residential care facility for the elderly as defined in Health and safety Code Section 1569.2;

(52) "Self-Advocacy" means the awareness, motivation and ability of an individual to represent and communicate his or her own interests, to exercise personal choice, to exert control over his or her environment, and to avoid exploitation and abuse;

(53) "Self-Care" means meeting one's physical and personal needs, such as dressing, grooming and hygiene without dependence on others or having the ability to direct others to meet those needs;

(54) "Service Catchment Area" means the geographical area within which a regional center provides services specified in its contract with the Department as required by the Welfare and Institutions Code, Section 4640;

(55) "Service Code" means a number which is assigned by the vendoring regional center to a vendor which indicates the type of authorized service to be provided;

(56) "Service Contract" means an agreement entered into between a regional center and a non-residential vendor which specifies the level of payment and units of service to be used by the vendor to charge and invoice the regional center for services provided to consumers;

(57) "Service Design" means a written description of the service delivery capabilities and orientation developed, maintained, and implemented by a SLS vendor.

(58) "Services" means assistance provided, and duties performed, by a vendor for a consumer;

(59) "Skilled Nursing Facility (SNF)" means a Skilled Nursing Facility as defined in Health and Safety Code Section 1250(c).

(60) "Social Recreation Program" means a community-based day program which provides community integration and self-advocacy training as they relate to recreation and leisure pursuits;

(61) "Special Incident Report" is the documentation prepared by vendor staff or long-term health care facility staff detailing a special incidents and provided to the regional center.

(62) "Staffing Ratio" or "Staff-to-Consumer Ratio" means the numerical relation of the number of direct care staff to the number of consumers.

(63) "Statewide Vendor Panel" means the statewide listing of all vendors which contains information specified in Section 54334 of these regulations.

(64) "Subcode" means a series of a maximum of five numbers and/or letters which is assigned by the vendoring regional center to a vendor for billing purposes;

(65) "Supported Living Service(s) (SLS)" means those services and supports referenced in Section 54349(a) through (e), and specified as SLS service and support components in Title 17, Section 58614, which are provided by a SLS vendor, paid for by the regional center, and support consumers' efforts to:

- (A) Live in their own homes, as defined in Title 17, Section 58601(a)(3);
- (B) Participate in community activities to the extent appropriate to each consumer's interests and capacity; and
- (C) Realize their individualized potential to live lives that are integrated, productive, and normal;

(66) "Unit of Service" means the increment of service provided to consumers which is used to charge and invoice the regional center for services provided. The increment of service is specified as hours, days, transportation mileage or any other increment of service agreed to by the Department, regional center and the vendor;

(67) "User Regional Center or Utilizing Regional Center" means any regional center which utilizes a service within the vendoring regional center's catchment area;

(68) "Vendor" means an applicant which has been given a vendor identification number and has completed the vendorization process, and includes those specified in Section 54310(d), and (e);

(69) "Vendor Application" means the form, DS 1890 (12/92), which contains the information specified in Section 54310(a)(1) through (10) of these regulations;

(70) "Vendor Identification Number" means the unique number which is assigned to each vendor in order to establish a recordkeeping and tracking system for regional centers' billing purposes;

(71) "Vendor Identification Number" means the unique number which is assigned to each vendor in order to establish a recordkeeping and tracking system for regional centers' billing purposes;

(72) "Vendoring Regional Center" means the regional center in whose service catchment area the vendor is located;

(73) "Vendorization" means the process used to:

- (A) Verify that an applicant meets all of the requirements and standards pursuant to Section 54320(a) of these regulations prior to the provision of services to consumers; and
- (B) Assign vendor identification numbers, service codes and subcodes, for the purpose of identifying vendor expenditures;

(74) "Voucher" means a written authorization issued by a regional center to a family member or consumer to procure the service for which the voucher was issued and which specifies the maximum reimbursement authorized by the regional center.

Authority: Sections 4405, 4648(a), and 4689.7(c), Welfare and Institutions Code; and Section 11152, Government Code. Reference: Sections 1250 and 1502, Health and Safety Code; Sections 240, 242, 243.4, 245, 261, 264.1, 285, 273d, 285, 286, 288, 288a, 289, 311.2, 311.3, 311.4, 647a, 11165.1, 11165.2, 11165.3 and 11165.6, Penal Code; Sections 4504, 4512(i), 4646.5, 4648(a), 4689.7(c), 4691, 4693, 4791, 15610.57 and 15610.63; and Article II, Chapter 5, Welfare and Institutions Code.

ARTICLE 2. VENDORIZATION PROCESS

54327. Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities.

- (a) Parent vendors, and consumers vendored to provide services to themselves, are exempt from the special incident reporting requirements set forth in this Article.
- (b) All vendors and long-term health care facilities shall report to the regional center:
 - (1) The following special incidents if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:
 - (A) The consumer is missing and the vendor or long-term health care facility has filed a missing persons report with a law enforcement agency;
 - (B) Reasonably suspected abuse/exploitation including:
 - 1. Physical;
 - 2. Sexual;
 - 3. Fiduciary;
 - 4. Emotional/mental; or
 - 5. Physical and/or chemical restraint.
 - (C) Reasonably suspected neglect including failure to:

1. Provide medical care for physical and mental health needs;
2. Prevent malnutrition or dehydration;
3. Protect from health and safety hazards;
4. Assist in personal hygiene or the provision of food, clothing or shelter; or
5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.

(D) A serious injury/accident including:

1. Lacerations requiring sutures or staples;
2. Puncture wounds requiring medical treatment beyond first aid;
3. Fractures;
4. Dislocations;
5. Bites that break the skin and require medical treatment beyond first aid;
6. Internal bleeding requiring medical treatment beyond first aid;
7. Any medication errors;
8. Medication reactions that require medical treatment beyond first aid; or
9. Burns that require medical treatment beyond first aid.

(E) Any unplanned or unscheduled hospitalization due to the following conditions:

1. Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;
2. Seizure-related;
3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;
4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;
5. Diabetes, including diabetes-related complications
6. Wound/skin care, including but not limited to, cellulitis and decubitus;
7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or
8. Involuntary psychiatric admission;

(2) The following special incidents regardless of when or where they occurred:

(A) The death of any consumer, regardless of cause;

(B) The consumer is the victim of a crime including the following:

1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;

2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;
 3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;
 4. Burglary, including forcible entry; unlawful non-forcible entry; and attempted forcible entry of a structure to commit a felony or theft therein;
 5. Rape, including rape and attempts to commit rape.
- (c) The report pursuant to subsection (b) shall be submitted to the regional center having case management responsibility for the consumer.
- (d) When the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility shall submit the report pursuant to subsection (b) to both the regional center having case management responsibility and the vendoring regional center.
- (e) The vendor's or long-term health care facility's report to the regional center pursuant to subsection (b) shall include, but not be limited to:
- (1) The vendor or long-term health care facility's name, address and telephone number;
 - (2) The date, time and location of the special incident;
 - (3) The name(s) and date(s) of birth of the consumer(s) involved in the special incident;
 - (4) A description of the special incident;
 - (5) A description (e.g., age, height, weight, occupation, relationship to consumer) of the alleged perpetrator(s) of the special incident, if applicable;
 - (6) The treatment provided to the consumer(s), if any;
 - (7) The name(s) and address(es) of any witness(es) to the special incident;
 - (8) The action(s) taken by the vendor, the consumer or any other agency(ies) or individual(s) in response to the special incident;
 - (9) The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and
 - (10) The family member(s), if applicable, and/or the consumer's authorized representative, if applicable, who have been contacted and informed of the special incident.
- (f) The report pursuant to subsection (b) shall be submitted to the regional center by telephone, electronic mail or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident.
- (g) The vendor or long-term health care facility shall submit a written report of the special incident to the regional center within 48 hours after the occurrence of the special incident, unless a written report was otherwise provided pursuant to subsection (e). The report pursuant to this subsection may be made by FAX or electronic mail.

- (h) When a vendor makes a report of an event to the Department of Social Services' Community Care Licensing Division pursuant to Title 22, California Code of Regulations, Section 80061(b) the vendor shall simultaneously report the event to the regional center by telephone, FAX or electronic mail.
 - (1) The vendor shall concurrently submit to the regional center a copy of any subsequent written report regarding the event that is submitted to the Department of Social Services' Community Care Licensing Division.
- (i) When a long-term health care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification Division pursuant to Title 22, California Code of Regulations, Sections 72541, 75339, 76551 or 76923, the long-term health care facility shall simultaneously report the unusual occurrence to the regional center immediately by telephone, FAX or electronic mail.
 - (1) The long-term health care facility shall concurrently submit to the regional center a copy of any subsequent report, or any written confirmation of the unusual occurrence, that is submitted to the Department of Health Services' Licensing and Certification Division.
- (j) The vendor or long-term health care facility may submit to the regional center a copy of the report submitted to a licensing agency when the report to the licensing agency contains all the information specified in subsection (d)(1) through (10).
- (k) These regulations shall not remove or change any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

Authority: Section 11152, Government Code. Reference: Sections 4500, 4501, 4502, 4648, 4648.1 and 4742, Welfare and Institutions Code.

54327.1. Requirements for Special Incident Reporting by Regional Centers.

- (a) The regional center shall submit an initial report to the Department of any special incident, as defined in Section 54327(b) within two working days following receipt of the report pursuant to Section 54327(b).
- (b) When a regional center has knowledge of a special incident for which the vendor or long-term health care facility is responsible for reporting but has not submitted a report to the regional center within the required time period, the regional center shall submit an initial report to the Department within two working days of learning of the occurrence.
- (c) The initial report shall include the following information, to the extent the information is available at the time of the initial report:
 - (1) The consumer(s) name and date of birth;
 - (2) The vendor or long-term health care facility's name, address and telephone number;

- (3) The name and telephone number of the regional center contact person regarding the special incident;
- (4) The consumer(s) Unique Consumer Identifier (UCI);
- (5) Name of the consumer's conservator or guardian, if applicable;
- (6) Date, time and location of the incident;
- (7) Date the incident was reported to the regional center;
- (8) Name of the person preparing the report;
- (9) Date the report was prepared;
- (10) Type of incident;
- (11) Any medical care or treatment required as a result of the special incident;
- (12) Relationship of the alleged perpetrator to the consumer;
- (13) Identification of any persons or entities notified about the incident and the date they were notified;
- (14) A description of the special incident;

- (15) If the special incident was a death, indication if the death was disease related; non-disease related; or, unknown;
 - (16) A description of any actions/outcomes taken by any of the following persons or entities in response to the special incident:
 - (A) Regional center(s);
 - (B) Vendor(s);
 - (C) Department of Health Services Licensing;
 - (D) Department of Social Services Community Care Licensing;
 - (E) Child Protective Services;
 - (F) Adult Protective Services;
 - (G) Long Term Care Ombudsman;
 - (H) Law enforcement; and/or
 - (I) Coroner.
 - (17) Any additional information the regional center determines is necessary to explain or describe the special incident.
- (c) Any required information that is not submitted with the initial report in (b) shall be submitted within 30 working days following receipt of the report of the special incident pursuant to Section 54327(b).
- (d) The regional center shall comply with all Department requests for initial and follow-up information pertaining to a special incident.
- (e) The report shall be considered complete when the regional center has submitted all the information required by this section.
- (f) Effective January 1, 2002, all reports of special incidents prepared by the regional center shall be transmitted to the Department utilizing the Department's Electronic Data Reporting System.

Authority: Section 11152, Government Code. Reference: Sections 4434, 4500, 4501, 4502, 4629, 4648, 4648.1 and 4742, Welfare and Institutions Code.

54327.2. Regional Center Risk Management, Assessment and Planning Committee and Risk Management and Mitigation Plans.

- (a) Each regional center shall establish a Risk Management, Assessment and Planning Committee that, at a minimum, includes a representative from the regional center's clinical, quality assurance and training staff.
- (b) The Risk Management, Assessment and Planning Committee shall develop the regional center's Risk Management and Mitigation Plan which shall address, at a minimum:

- (1) The process and procedures for ensuring accurate and timely handling and reporting of special incidents by regional center staff, vendors, and long-term health care facilities;
 - (2) The provision of training and technical assistance to regional center staff, vendors and long-term health care facility staff and others on the legal obligations of abuse reporting, special incident reporting, risk assessment, developing and implementing an incident prevention plan and proactive accident/safety planning through the individualized program planning process;
 - (3) Coordination and communication with local licensing, protective service and law enforcement agencies relative to investigative actions and findings;
 - (4) A process for reviewing individual and aggregate special incident report data to identify trends and unusual patterns which may require regional center action, and;
 - (5) A process for reviewing medical records and coroner reports, as appropriate, associated with special incidents to ensure that appropriate medical attention was sought and/or given.
- (c) The Risk Management, Assessment and Planning Committee shall:
- (1) Monitor the regional center's Risk Management and Mitigation Plan to ensure it is being implemented;
 - (2) Annually review the regional center's internal special incident reporting and risk management systems; and
 - (3) Update the Risk Management and Mitigation Plan as necessary.
- (d) The Risk Management, Assessment and Planning Committee shall meet at least semi-annually.

Authority: Section 11152, Government Code. Reference: Sections 4434, 4500, 4501, 4502, 4629, 4648, 4648.1 and 4742, Welfare and Institutions Code.

SUBCHAPTER 4. RESIDENTIAL SERVICES AND QUALITY ASSURANCE
ARTICLE 1. DEFINITIONS

56002. Definitions.

- (a) The following definitions shall apply to the regulations used in this Subchapter:
- (1) "Administrator" means the licensee, or the adult designated by the licensee to act in his/her behalf who assumes responsibility for facility operations.
 - (2) "Admission Agreement" means the agreement required pursuant to Title 22, California Code of Regulations, sections 80068, 85068 and 87718.
 - (3) "Authorized Consumer Representative" means the parent, or guardian of a minor, conservator of an adult, or person who is legally entitled to act on behalf of the consumer.
 - (4) "Child With Special Health Care Needs" means a child with a developmental disability who: 1) is receiving services and service coordination from a regional center; 2) is placed in a foster family home, small family home or group home; and 3) has a medical condition that can rapidly deteriorate, resulting in permanent injury or death; or who has a medical condition that requires specialized in home health care, including an internal feeding tube, total parenteral feeding, a cardiorespiratory monitor, intravenous therapy, a ventilator, urinary catheterization, ministrations imposed by tracheostomy, colostomy, ileostomy, or other medical or surgical procedures; or special medication regimens, including injection, aerosol treatment, and intravenous or oral medication which requires specialized in-home health care.
 - (5) "Consumer" means an individual who has been determined by a regional center to meet the eligibility criteria of the Welfare and Institutions Code section 4512, and of Title 17, California Code of Regulations, sections 54000, 54001 and 54010, and for whom the regional center has accepted responsibility.
 - (6) "Consumer Notes" means those ongoing notations made in the individual consumer file at the facility which are incidental to specific events in the consumer's life, and which are made at the time of occurrence and are not a part of the quarterly or semi-annual report.
 - (7) "Consumer Services" means those services which the residential service provider is responsible for implementing as a part of the program design and the consumer's IPP.
 - (8) "Consumers' Rights" means the rights of regional center consumers residing in facilities, as specified in Welfare and Institutions Code sections 4502, 4502.1, 4503, 4504, 4705 and 4710.6; and Title 17, California Code of Regulations, Division 2, Chapter 1, Subchapter 5, sections 50510, 50515(a)(2),(b)(2) and (c), 50520(b), 50530, 50532, 50534, 50536, 50540 and 50960.

- (9) "Contact" means any communication between two or more persons or entities by means of face-to-face meetings, phone conversations, or letters.
- (10) "Days" means calendar days unless otherwise stated.
- (11) "Department" means the State Department of Developmental Services.
- (12) "Direct Care Staff" means facility staff, in Service Level 2, 3 and 4 facilities, who personally provide direct supervision and special services to consumers and is synonymous with "Direct Support Professionals". The term includes the licensee, the administrator, management and supervisory staff during that time when they are providing direct supervision and special services to consumers or are involved in performing program preparation functions.
- (13) "Director" means the Director of the Department of Developmental Services or his/her designee.
- (14) "Direct Supervision" means those activities in which direct care staff provide care, supervision, training and support to promote the consumer's functioning in the areas of self-care, daily living skills, physical coordination, mobility, behavioral self-control, choice-making, community integration, accessing community resources and participating in leisure time activities.
- (15) "Facility" means a licensed community care facility as defined in Health and Safety Code section 1502(a)(1), (4), (5) or (6); or a licensed residential care facility for the elderly as defined in Health and Safety Code section 1569.2(k), which has been vendorized as a residential facility by a regional center pursuant to the requirements of Title 17, California Code of Regulations, Division 2, Chapter 3, Subchapter 2.
- (16) "Facility Liaison" means the person, or his or her designee, assigned by the regional center as the principal coordinator between the regional center and the facility.
- (17) "Facility Staff" means the administrator and direct care staff employed by the facility who provide direct supervision and special services to consumers residing in the facility, and consultants employed by the facility who provide support to direct care staff.
- (18) "Immediate Danger" means conditions which constitute an impending threat to the health and safety of a consumer(s) and which require immediate action by the regional center to safeguard the health and safety of the consumers in the facility.
- (19) "Individual Life Quality Outcomes" means desired outcomes for individual life quality and represent life conditions that people have identified as being important in their everyday lives.
- (20) "Individual Program Plan (IPP)" means a written plan that is developed by a regional center Interdisciplinary Team, in accordance with the provisions of Welfare and Institutions Code sections 4646 and 4646.5.
- (21) "Interdisciplinary Team (ID Team)" means the group of persons convened, in accordance with Welfare and Institutions Code sections 4646 and 4646.5, for the purpose of preparing a consumer's IPP.

- (22) "Licensee" means the person who is identified as the licensee on the license to operate as a community care facility which is issued to the facility by the Department of Social Services' Community Care Licensing Division.
- (23) "Looking at Service Quality Provider's Handbook" means the publication so entitled and developed by the Department to help administrators and direct care staff increase the quality of their services through a self-assessment of their direct supervision and special services to consumers. The self-assessment is based upon twenty-five individual life quality outcomes. The publication entitled "Looking at Service Quality Provider's Handbook," original edition which bears no revision or publication date, is hereby incorporated by reference as though fully set forth herein.
- (24) "Medication" means any drug or other agent ordered by a physician, and over-the-counter medications used to treat symptoms of illness or injury.
- (25) "Natural Environment" means places and social contexts commonly used by individuals without developmental disabilities.
- (26) "Noncompliance" means failure to comply with any of the requirements of Title 17, California Code of Regulations, Division 2, Chapter 3, Subchapters 4 or 6.
- (27) "Normalization" means life conditions which enable consumers to lead more independent, productive and normal lives which approximate the pattern of daily living of non-disabled persons of the same age and reflect personal choice.
- (28) "Personal and Incidental Allowance" means that portion of the Supplemental Security Income/State Supplemental Program (SSI/SSP) payment designated for the personal expenses of the consumer.
- (29) "Placement" means the process the regional center and the consumer complete to assist the consumer to locate and make an initial move to a facility.
- (30) "Program Design" means the description of consumer services offered by a facility, the functional characteristics of the consumers the facility will serve, and the resources available to meet individual service needs consistent with the facility's service level.
- (31) "Program Preparation Functions" means ancillary activities performed by direct care staff or administrators, including, but not limited to, data collection and analysis, development of training plans, staff meetings, consumer meetings and parent conferences.
- (32) "Quality Assurance (QA) Coordinator" means that person who is knowledgeable in, and designated by the regional center to be responsible for, managing all elements of the Quality Assurance Plan.
- (33) "Quality Assurance (QA) Evaluation" means the process of assessing a specific facility's ability to provide the minimum acceptable level of service required by these regulations and the effects of those services upon the consumers served.

- (34) "Quality Assurance Evaluation Team" means a group of two or more persons who perform a QA evaluation and have knowledge of residential services for persons with a developmental disability by virtue of personal, professional or academic experience or training.
- (35) "Quality Assurance (QA) Plan" means the written plan developed by each regional center to coordinate the QA evaluation process, ongoing monitoring, and necessary training and technical assistance to assure implementation of these regulations.
- (36) "Regional Center" means a diagnostic, counseling and service coordination center for developmentally disabled persons and their families which is established and operated pursuant to Welfare and Institutions Code sections 4620 through 4669, by a private nonprofit community agency or corporation acting as a contracting agency. As used in these regulations, any reference to the regional center shall, by reference, be applicable to those agencies or persons with which the regional center contracts or employs to provide service coordination to consumers under the provisions of Welfare and Institutions Code section 4647.
- (37) "Regional Center Director" means the Director of the Regional Center or his/her designee.
- (38) "Regional Center Representative" means a person who is employed or designated by the regional center to represent that agency.
- (39) "Relocation" means the process the regional center and the consumer complete to enable a consumer to move from one facility to another.
- (40) "Residential Service(s)" means the direct supervision and special services which facility staff provide to a consumer during the process of implementing the program design and achieving the objectives of the Individual Program Plan (IPP) for which the residential service provider is responsible.
- (41) "Residential Service Provider" means an individual or entity which has been licensed by the Department of Social Services as a community care facility pursuant to Health and Safety Code section 1502(a)(1), (4), (5) or (6); or is defined as a licensed facility for the elderly in Health and Safety Code section 1569.2; has completed the vendorization process pursuant to Title 17, California Code of Regulations, Division 2, Subchapter 2; and has been assigned a vendor identification number beginning with the letter "H" pursuant to Title 17, California Code of Regulations, section 54340(a)(1).
- (42) "Self Care" means providing for, or meeting, a consumer's own physical and personal needs in the areas related to eating, dressing, toileting, bathing and personal hygiene.
- (43) "Service Coordinator" means the regional center or designee agency employee, or his/her designee, who has responsibility for providing or ensuring service coordination as specified in Welfare and Institutions Code Section 4647.

- (44) "Service Level" means one of a series of 4 levels which has been approved for each facility by a regional center. Service Levels 2, 3 and 4 have a specified set of requirements that a facility must meet which addresses the direct supervision and special services for consumers within that facility.
- (45) "Service Needs" means those consumer needs which require direct supervision and special services, which are identified through the ID Team assessment process.
- (46) "Service Outcomes" means the results, for the consumer, of direct supervision and special services provided by the facility's program.
- (48) "Special Incident Report (SIR)" means a special incident report as defined in Title 17, California Code of Regulations, section 54302(a)(60).
- (49) "Special Services" means specialized training, treatment, and/or supervision which are required by the consumer's IPP and provided by the direct care staff in addition to direct supervision.
- (50) "Submit" means the postmarking or hand delivery of the item required no later than the last day of the timeline allowed.

NOTE: Authority cited: Sections 4681.1, 4681.5(e) and 4748, Welfare and Institutions Code. Reference: Sections 4501, 4502, 4503, 4504, 4646, 4646.5, 4647, 4648, 4681.1, 4681.5, 4695, 4705, 4740 through 4748 and 17710, Welfare and Institutions Code; Sections 1502(a) and 13131, Health and Safety Code

SUBCHAPTER 4.1. FAMILY HOME (FHA) REGULATIONS

ARTICLE 11. ABUSE AND SPECIAL INCIDENT REPORTING

Section 56093. Abuse and Special Incident Reporting

- (a) The family home provider shall report any occurrence or allegation of consumer abuse to the FHA and either the adult protective services agency or the local law enforcement agency pursuant to Welfare and Institutions Code Section 15630.
 - (1) In addition to (a), the family home provider shall also report any occurrence or allegation of neglect or exploitation to the FHA.
- (b) The report in subsection (a) shall be:
 - (1) By telephone, FAX or electronic mail immediately, but in no case more than 24 hours after the occurrence; and,
 - (2) Submitted in writing within 48 hours after the occurrence.
- (c) Upon receipt of the report in subsection (b)(1), the FHA shall notify:
 - (1) The regional center pursuant to Title 17, California Code of Regulations, Section 54327(b);

- (2) The consumer's authorized representative, if applicable;
 - (3) The applicable protective services agency or local law enforcement agency; and
 - (4) Any person designated in the consumer's IPP to receive information regarding any occurrence of consumer abuse or allegations of consumer abuse.
- (d) The notification in subsection (c) shall be:
 - (1) By telephone, FAX or electronic mail immediately, but in no case later than the end of the FHA's business day; and,
 - (2) Submitted in writing within 48 hours after the occurrence.
- (e) The regional center, the FHA and the family home provider shall cooperate as requested by any agency which has the responsibility for investigating the occurrence.
- (f) The family home provider shall report to the FHA the following special incidents in which consumers are involved:
 - (1) Incidents as defined in Section 54327(b);
 - (2) Incidents which may result in criminal charges or legal action;
 - (3) Incidents which may result in the denial of a consumer's rights;
 - (4) Poisonings;
 - (5) Catastrophes;
 - (6) Emergency treatment;
 - (7) Fires or explosions; or,
 - (8) Any other incident which appears to have a negative effect on the consumer's health, safety and well-being.
- (g) The report in subsection (f) shall be:
 - (1) By telephone, FAX or electronic mail immediately, but in no case more than 24 hours after the incident; and,
 - (2) Submitted in writing within 48 hours after the incident.
- (h) Upon receipt of the report in subsection (g), or upon the FHA's independent suspicion or knowledge of a special incident, the FHA shall notify:
 - (1) The regional center pursuant to Title 17, California Code of Regulations, Section 54327(b);
 - (2) The consumer's authorized representative, if applicable;
 - (3) Any person designated in the consumer's IPP to receive such information.
- (i) The report required by subsection (h) shall be:

- (1) By telephone, FAX or electronic mail immediately, but in no case later than the end of the FHA's business day; and,
- (2) In writing within 48 hours after the incident.

Authority: Section 4689.1, Welfare and Institutions Code. Reference: Section 4689.1, Welfare and Institutions Code.

SUBCHAPTER 19. SUPPORTED LIVING SERVICE

ARTICLE 6. TRAINING REQUIREMENTS

Section 58651. Vendor Orientation Requirements.

(a) Each SLS vendor shall be responsible for SLS orientation of the SLS vendor's paid and unpaid staff, whose duties include the direction or supervision of SLS, or direct service delivery of the services defined in Title 17, Section 54349(a), (b), and (c).

(b) SLS orientation for each staff member shall occur within the first two weeks of employment, and shall include:

- (1) An overview of the SLS vendor's mission, policies, practices, and SLS philosophy as stated in the approved service design, pursuant to Section 58632, or as otherwise approved by the regional center pursuant to Section 58630(d);
- (2) An understanding of the IPP objectives of each consumer with whom the staff member works directly;
- (3) A focus on the practical use of SLS to promote a consumer's self-reliance;
- (4) Consumers' protections and rights, including:
 - (A) The operation of the SLS vendor's internal grievance procedure;
 - (B) Fair hearing provisions, pursuant to Title 17, Sections 50900 through 50964;
 - (C) Special incident reporting, pursuant to Title 17, Section 54327;
 - (D) Rights of consumers specified in Sections 58620 and 58621; and,
 - (E) Protection of consumers from abuse, neglect and financial exploitation, including requirements for documenting and reporting such occurrences.

- (5) A review of appropriate conduct of staff in establishing and maintaining personal relationships with consumers; and,
- (6) Participation of consumers in a teaching, consulting, or other instructional resource capacity.

Authority: Section 11152, Government Code; Sections 4648(a)(3) and 4690, Welfare and Institutions Code. Reference: Section 4648(a)(3)(C), Welfare and Institutions Code.

Title 17. California Code of Regulations
Chapter 3. Community Services
Subchapter 4. Residential Services and Quality Assurance

Article 5. Consumer Services.

56026. Consumer Notes, Quarterly and Semi-Annual Reports.

(a) The administrator for each Service Level 2, 3 or 4 facility shall be responsible for ensuring preparation and maintenance of on-going, written consumer notes which shall include:

- (1) Community and leisure activities;
- (2) Overnight visits away from the facility;
- (3) Illness;
- (4) SIRs as defined in section 54327(b);
- (5) Medical and dental visits; and
- (6) The date and signature of the staff person making the entry.

NOTE: Authority cited: Sections 4681.1, 4748 and 4791(i), Welfare and Institutions Code; Chapter 722, Statutes of 1992, Section 147. Reference: Sections 4646, 4646.5, 4681.1, 4742, 4748 and 4791, Welfare and Institutions Code.