
EVALUATOR MANUAL TRANSMITTAL SHEET

<u>Distribution:</u> <input type="checkbox"/> All Child Care Evaluator Manual Holders <input checked="" type="checkbox"/> All Residential Care Evaluator Manual Holders <input type="checkbox"/> All Evaluator Manual Holders	<u>Transmittal No.</u> 13RCFE-02
	<u>Date Issued</u> July, 2013

Subject:

Evaluator Manual
 Policy Interpretations and Procedures
 Residential Care Facilities for the Elderly
 87465(g) Incidental Medical and Dental Care Services

Reason for Change:

This section provides guidelines for Licensing Program Analysts when processing waiver requests for Title 22, section 87465(g).

Filing Instructions:

REMOVE: pp 104 – 104.3

INSERT: pp 104 – 104.3

Approved:

Original Signed by Fernando Sandoval

7/30/2013

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 Date

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(Continued)

(b) and (c)

PROCEDURE (continued)

Also review the resident's file to ensure that the physician's written instructions, on a prescription blank or on the physician's business stationery, contain all of the information required in Regulation sections 87465(c)(1) and (e), including the physician's signature and date. In addition, ensure that the physician's instructions include precautions, if any, on the interaction of the prescription and nonprescription PRN medication(s) with the other medication(s) the resident is already taking.

(e)

POLICY

Nonprescription medications should have the resident's name on the container, without obscuring the manufacturer's label or instructions for use of the medication.

Containers of medication samples provided by the resident's physician should contain all of the information required by this section except the prescription number and pharmacy name.

(f)(3)

POLICY

The Emergency Disaster Plan (LIC 610E) is available for this purpose.

The licensee should obtain consent forms to permit the authorization of medical care.

(g)

POLICY

The California Emergency Medical Services Authority has divided ambulance Service areas into over 300 ambulance zones. The zones are designated as either exclusive or non-exclusive.

An exclusive zone, or exclusive operating area, is an area or subarea in which local Emergency Medical Services restricts operations to one or more emergency ambulance service(s) or provider(s). A non-exclusive zone, or non-exclusive operating area, is an area or subarea in which local Emergency Medical Services does not restrict operations to one or more emergency ambulance service(s) or provider(s).

- Health and Safety Code, section 1797.224 provides:

A local Emergency Medical Services agency may create one or more exclusive operating areas in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. No competitive process is required if the local Emergency Medical Services agency develops or implements a local plan that continues the use of existing providers operating within a local Emergency Medical Services area in the manner and scope in which the services have been provided without interruption since January 1, 1981. A

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local Emergency Medical Services agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local Emergency Medical Services plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals. Nothing in this section supersedes Section 1797.201.

- Health and Safety Code, section 1797.85 provides:

"Exclusive operating area" means an Emergency Medical Services area or subarea defined by the emergency medical services plan for which a local Emergency Medical Services agency, upon the recommendation of a county, restricts operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support.

To determine if an Emergency Medical Services area or subarea is a non-exclusive operating area for scope of operations that includes ALL emergency ambulance calls (and includes "other phone access" including 7-digit/direct request), the contact information is: Ambulance Coordinator of the California Emergency Medical Services Authority at (916) 322-4336.

A waiver shall not be granted by the Department to any licensee whose facility is located in an exclusive operating area for ALL emergency ambulance calls (see Health and Safety Code, sections 1797.224 and 1797.85 above).

PROCEDURE

Written requests to waive this regulation will be reviewed on a case-by-case basis to determine if the alternative means of meeting the regulatory requirement meets or exceeds the regulatory intent. The terms of any waiver granted must clearly state that waivers to this regulation are revocable at any time by the Department. When considering requests to waive this regulation, the licensing program analyst may consider the following factors [Note: this is neither a conclusive nor definitive list and should not be used as a checklist of any kind. Any licensee who is granted a waiver must be made aware of this fact in advance, as it is an important factor for the licensee and the ambulance provider to consider when making contractual obligations.]:

- I. Does the licensee have written verification that the Emergency Medical Services area or subarea is a non-exclusive operating area for scope of operations that includes ALL emergency ambulance calls (and includes "other phone access" including 7-digit/direct request)?

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- Any licensee whose facility is located in an exclusive operating area for all emergency ambulance calls shall not be granted a waiver by the Department (see Health and Safety Code sections 1797.224 and 1797.85 above).
- IIa.** Will the contracted ambulance provider sign a document declaring under the penalty of perjury that the ambulance provider will use the Emergency Medical Dispatch certified by the National Academies of Emergency Dispatch?
- IIb.** Will the ambulance provider agree to make available, upon request by the Licensing Program Analyst, their protocols for emergency response?
- IIIa.** For life-threatening incidents, will the ambulance provider have at least one person in the ambulance that is an Advanced Life Support provider?
- IIIb.** Will the licensee maintain documentation verifying Advanced Life Support authorization by the local Emergency Medical Services Agency?
- IV.** Will the contracted paramedic ambulance provider meet or exceed one of the following standards, whichever is a higher standard: (1) A monthly response time standard for emergency responses equivalent to the local Emergency Medical Services Agency for that area, or (2) Be on scene within ten (10) minutes, 90% of the time per month on average.
- V.** Will the ambulance provider engage in continuous quality improvement plan discussions with the Residential Care Facility for the Elderly licensee to ensure that residents are receiving the best possible care?
- VI.** Will the ambulance provider submit to the Residential Care Facility for the Elderly licensee a monthly response time compliance report that includes:
 - Date of service
 - Ambulance unit number
 - Time in minutes and seconds that the ambulance is responding to each call from the facility from the time the ambulance provider receives the call to the time that the ambulance arrived at the Residential Care Facility for the Elderly
 - Time in minutes and seconds when the ambulance arrived at the hospital
 - Response level code 3 (red lights and siren) and code 2 (no lights and siren)
 - Transport level code 3 (red lights and siren) and code 2 (no lights and siren)

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- Verification that the ambulance provider meets or exceeds a monthly average of arriving on scene with red lights and siren within the time frame established in III. above

VII. Will the ambulance provider conduct training for the Emergency Medical Technicians and paramedics regarding dementia care and geriatric emergency medical services?

VIII. Will the ambulance provider offer in-service training to the Residential Care Facility for the Elderly licensee that addresses emergency medical service activation?

IX. Will the licensee agree to keep documentation available upon request by the Licensing Program Analyst that includes all of the information above?

X. Will the licensee include information in the admission agreement regarding the use of the contracted ambulance provider and their policies and procedures? Is there a provision in the admission agreement that allows the resident to decline the use of the ambulance provider and choose to utilize 9-1-1 instead?

(h)(1)

POLICY

Refer to Regulation Interpretations section 87465(e) concerning prescription blanks.

(h)(1)(A)

POLICY

Residents may use private refrigerators for preservation of their medicines unless Regulation sections 87465(h)(1)(B) or (C) or section 87705(a)(5)(D) are applicable to the situation in question.

Centrally stored medications kept in the refrigerator must be in a locked receptacle, drawer or container separate from food items.

(h)(1)(C) and (h)(2)

POLICY

When there is a dispute with a licensee/administrator over whether medications should be centrally stored, the licensing agency must contact a physician for a third opinion. In most residential care facilities for the elderly, the “condition or habits of other persons” in care will require that medications be centrally stored.