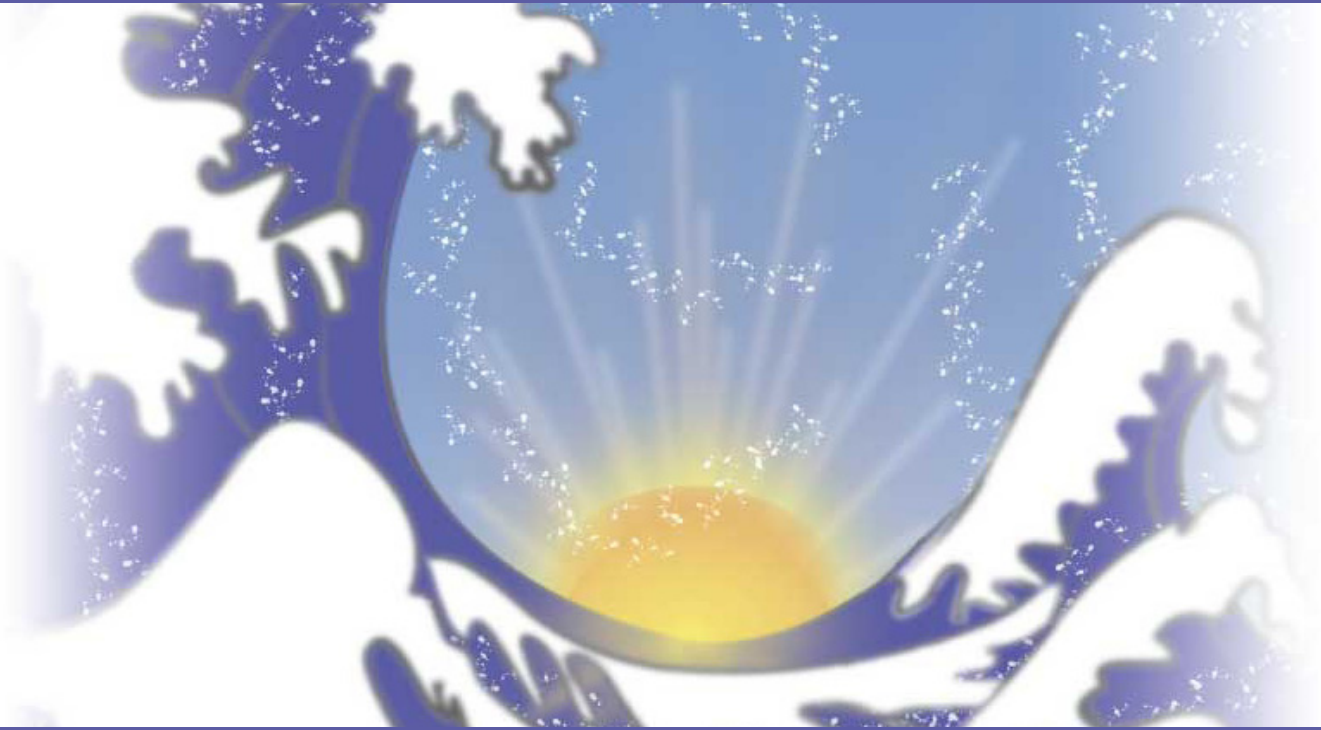


Assembly Aging & Long-Term Care Committee

2009-2010 Summary of Legislation



“The Silver Tsunami Is Here”

Mariko Yamada, Chair

Chris Norby, Vice Chair

Members:

Bonnie Lowenthal

Brian Nestande

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November 2010

2009-10 Legislative Summary Report
Assembly Committee on Aging and Long-Term Care

The Assembly Committee on Aging and Long-Term Care has jurisdiction over many of the programs and services that serve as the safety net for millions of California's most frail and vulnerable residents, including the California Department of Aging (CDA), Area Agencies on Aging (AAAs) adult day health care, the Program of All-Inclusive Care for the Elderly (PACE), and residential care facilities. In addition, the Committee has jurisdiction over the services and laws designed to protect elder and dependent adults from physical abuse and neglect, as well as financial abuse.

During the 2009-10 Session, the committee was chaired first by Assemblywoman Bonnie Lowenthal, Assemblywoman Mariko Yamada became chair March 2010. The Committee heard a range of bills, including those designed to provide greater transparency and consumer protection in continuing care retirement communities, clarify fire safety requirements in residential care facilities to prevent the unnecessary transfer of residents to higher levels of care, and continue the state's adult day health care reforms.

In both 2009 and 2010, the Committee considered bills related to the economic security of older Californians. Both AB 324 (Beall) and AB 2114 (Beall) would have required CDA and AAAs to use the Elder Index in their planning efforts. The Insight Center for Community Economic Development led the effort to create the California Elder Index which sets a new benchmark of income adequacy for older adults. According to its proponents, it provides the true cost of meeting basic needs and maintaining independence in the community. The Elder Index methodology uses national and state data sources, including the U.S. Census Bureau and the U.S. Department of Housing and Urban Development, and reveals that in California, the FPG covers less than half of the basic costs experienced by older adults. AB 324 was vetoed by the Governor in 2009 and AB 2114 was held in Senate Appropriations in 2010.

A complete summary of all of the bills referred to the Assembly Committee on Aging and Long-Term Care is included in this report.

During the 2009-10 Session, the Committee also held both informational and oversight hearings in addition to the regular bill hearings. In 2009, the Committee examined the impact of the American Recovery and Reinvestment Act funds on aging and long-term care programs. In early 2010, the Committee held another informational hearing on aging and technology.

As part of the Committee's oversight role, five oversight hearings were held in 2010, covering CDA, the PACE program, California's senior center infrastructure, the long-term care ombudsman program, and finally, the status of the long-term care workforce.

An overview of each of the oversight hearings, including outcomes is included in this report, as well as the agendas and background briefs.

Cover artwork by Cindi Guerrero

2009-10 Legislative Summary

Assembly Committee on Aging and Long-Term Care

2009 Legislation

AJR 6 (Beall)

In addition to numerous findings and declarations, AJR 6 memorialized the President and Congress to ensure the economic security for all elders, and that they do all of the following:

- a) Ensure that federal policies and programs enable all elders and their families to meet their basic needs;
- b) Use the nationally recognized Elder Index to modernize all federal poverty measures and guidelines impacting elders, and by doing so, develop a more accurate measure of economic need among elders in the United States;
- c) Use the Elder Index to recalculate the number and demographic profile of elders whose basic needs are not being met; and,
- d) Use the Elder Index to evaluate the impact of public supports and any current or new federal initiatives to help elders age in place.

Last Action: Chaptered by Secretary of State - Res. Chapter 92, Statutes of 2009.

AB 152 (Carter)

AB 152 would have defined "disability" for the Older Californians Act by cross-referencing the California Fair Employment and Housing Act definition within Government Code which defines mental disability and physical disability as follows:

- a) "Mental disability" includes, but is not limited to, all of the following:
 - i) Having any mental or psychological disorder or condition, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities, that limits a major life activity.
 - ii) A mental or psychological disorder or condition limits a major life activity if it makes the achievement of the major life activity difficult.
 - iii) Any other mental or psychological disorder or condition that requires special education or related services.
- b) "Physical disability" includes, but is not limited to, all of the following:
 - i) Having any physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that does both of the following:
 - (1) Affects one or more of the following body systems: neurological, immunological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

- (2) Limits a major life activity.
- ii) A physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss limits a major life activity if it makes the achievement of the major life activity difficult.
- iii) Any other health impairment not described that requires special education or related services.

Last Action: Filed with the Chief Clerk pursuant to Joint Rule 56. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.

AB 324 (Beall)

AB 324 required the California Department of Aging (CDA) to update the Elder Economic Security Standard Index (Elder Index) and area agencies on aging (AAA) to use the Elder Index in their service planning. Specifically, this bill:

- 1) Required CDA to report the Elder Index data for each service area in its state plan, only if the Elder Index is updated and made available to CSA.
- 2) Specified that each AAA's area plan must utilize the Elder Index and identify which elders are living at or below the Elder Index as well as specify the costs of meeting basic needs for older adults in their respective planning and service area (PSA), only if the Elder Index is updated and made available to each AAA.
- 3) Specified that this bill shall not be construed to mandate changes in the current funding allocations to AAAs or construed, based on the use of the Elder Index, to affect means-tested programs administered by CDA through the Mello-Granlund Older Californians Act.
- 4) Defined "Elder Economic Security Standard Index" to mean an index that quantifies the costs that elders face in meeting their basic needs, including food, shelter, health care, transportation, utilities, and essential household items in the private market.

Last Action: Vetoed by the Governor with the following message:

"While I appreciate the author and sponsors' interest in better refining their planning and service levels for the seniors in their communities, this bill is unnecessary. Local agencies can already use the specific index defined by this bill in their planning efforts. Furthermore, this bill would create General Fund cost pressures at a time when there is no ability to increase service levels."

AB 577 (B. Lowenthal)

AB 577 allowed the Department of Health Care Services, and as applicable the California Department of Aging, the State Department of Public Health, and the State Department of Social Services, to grant exemptions from duplicative, conflicting, or inconsistent requirements to a Program of All-Inclusive Care for the Elderly (PACE) program.

In addition, AB 577 aligned California statutes governing the PACE program with federal requirements, including the specification that the requirements of the PACE model, as provided under federal law, shall not be waived or modified, including all of the following:

- a) The focus on frail elderly qualifying individuals who require the level of care provided in a nursing facility;
- b) The delivery of comprehensive, integrated acute and long-term care services;
- c) The interdisciplinary team approach to care management and service delivery;
- d) Capitated, integrated financing that allows the provider to pool payments received from public and private programs and individuals;
- e) The assumption by the provider of full financial risk; and,
- f) The provision of a PACE benefit package for all participants, regardless of source of payment, to include all of the following:
 - i) All Medicare-covered items and services;
 - ii) All Medicaid-covered items and services, as specified in the state's Medicaid plan; and,
 - iii) Other services determined necessary by the interdisciplinary team to improve and maintain the participant's overall health status.

Last Action: Chaptered by Secretary of State - Chapter 456, Statutes of 2009.

AB 762 (B. Lowenthal)

AB 762 clarified the appropriate fire safety standards for individuals in residential care facilities by specifying that residents who are unable to independently transfer to and from bed, but who do not need assistance turning and repositioning in bed shall be considered nonambulatory for determining the appropriate fire safety requirements.

Last Action: Chaptered by Secretary of State - Chapter 471, Statutes of 2009.

AB 768 (Torres)

AB 768 deleted the current standard that the abuser must have knowledge that the victim is an elder or dependent adult in order to be punishable for a crime of elder or dependent adult abuse in the following cases:

- a) Under circumstances or conditions likely to produce great bodily harm or death;
- b) Under circumstances or conditions other than those likely to produce great bodily harm or death; or,
- c) Where the person is not a caretaker who violates existing law proscribing theft, embezzlement, forgery, fraud, or identity theft.

In addition, the bill expanded the scope of the crime of elder or dependent adult abuse to include any person who willfully causes or permits any elder or dependent adult to sustain any wound or physical or psychological injury under circumstances or conditions likely to produce great bodily harm or death and provides that the crime is punishable by imprisonment in a county jail not exceeding one year, or by a fine not to exceed six thousand dollars, or by both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years.

Similar to the provisions for those events noted above, AB 768 expanded the scope of elder and dependent adult abuse crimes to include any person who willfully causes or permits any elder or dependent adult to sustain any wound or physical or psychological injury under circumstances other than those likely to produce great bodily harm or death and provides that the crime is a misdemeanor. A second or subsequent violation would be punishable by a fine not to exceed two thousand dollars or by imprisonment in a county jail not to exceed one year, or by both the fine and imprisonment.

**Last Action: Filed with the Chief Clerk pursuant to Joint Rule 56.
Died pursuant to Art. IV, Sec. 10(c) of the Constitution.**

AB 885 (Nestande)

AB 885 required the continuous appropriation of federal funds from the Federal Trust Fund to the California Department of Aging (CDA) and the Department of Rehabilitation (DOR) for the administration of programs operated by the Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) in any fiscal year in which the state Budget Act is not enacted by July 1st.

To allow for the continuous appropriation, the bill made the necessary authorizations to the Department of Finance to reduce the applicable Budget Act allocations by the amount of payments made prior to the enactment of the state budget, and required that payments made to AAAs and ILCs be made on July 15, and on the 15th of each month thereafter, until the enactment of the annual Budget Act.

AB 885 also included an urgency clause in order to ensure that AAAs and ILCs will be able to prevent interruptions in important services provided to older adults and persons with disabilities.

Last Action: Held in the Assembly Appropriations Committee on the Suspense File. Filed with the Chief Clerk pursuant to Joint Rule 56. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.

AB 1044 (Jones)

AB 1044 transferred the oversight and regulation of continuing care contracts from the Department of Social Services (DSS) to the California Department of Insurance (CDI). Specifically, AB 1044:

- 1) Made various findings and declarations including:
 - a) Continuing care retirement communities (CCRCs) 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 CCRC and expect to receive care at their CCRC for the rest of their lives, tragic consequences can result if a CCRC provider becomes insolvent or unable to provide responsible care;
 - c) The Legislature defines continuing care contracts in terms of a promise of future provision of services which are analogous to insurance products; and
 - d) CCRCs have long-term obligations and may have a corporate or capital structure similar to insurance holding company systems.
- 2) Required the California Department of Insurance (CDI) to succeed to and be vested with all the duties, powers, purposes, functions, responsibilities, and jurisdiction of DSS over CCRC, except for oversight and regulation of programs and services provided directly to residents of the CCRC.
- 3) Required all regulations, orders, and guidelines adopted by DSS relating to CCRCs to remain in effect and be fully enforceable unless and until readopted, amended, or repealed, or until they expire by their own terms.
- 4) Prohibited any action by or against DSS pertaining to matters vested in DSS from being abated, requires these actions to continue in the name of CDI, and requires CDI to be substituted for DSS and any of its predecessors by the court where the action is pending, and prohibits the substitution from affecting the rights of the parties to the action.
- 5) Prohibited this substitution from being construed to affect the continuing responsibility of DSS to provide oversight and regulation of programs and services provided directly to residents of the CCRC.
- 6) Required all books, documents, records, and property of DSS pertaining to functions transferred to CDI pursuant to this bill to be transferred to CDI.
- 7) Required all unexpended balances of appropriations and other funds available for use in connection with any function or the administration of any law transferred to CDI

under this bill to be transferred to CDI for use for the purpose for which the appropriation was originally made or the funds were originally available. Requires the Department of Finance, if there is any doubt as to where those balances and funds are transferred, to determine where the balances and funds are transferred.

- 8) Prohibited a contract, lease, license, or any other agreement to which DSS is a party to from being void or voidable by reason of this bill, but requires the contract, lease or license or other agreement to continue in full force and effect, with CDI assuming all of the rights, obligations, and duties of DSS.
- 9) Prohibited the assumption by CDI from in any way affecting the rights of the parties to the contract, lease, license, or agreement.
- 10) Required every officer and employee of DSS who is performing a function transferred to CDI under this bill and who is serving in the state civil service, other than as a temporary employee, to be transferred to CDI. Prohibits the status, position, and rights of these officers and employees from being affected by the transfer and requires these persons be retained by the person as an officer or employee of CDI, as the case may be, pursuant to the state civil service act, except as to a position that is exempt from civil service.
- 11) Required the commissioner of CDI to review the requirements of the CCRC body of law and make recommendations to the Legislature as he or she deems necessary to improve the oversight and regulation of the financial management of CCRCs to protect consumers who enter into continuing care contracts.
- 12) Required, by January 1, 2011, the insurance commissioner, the state public health officer, and the director of DSS jointly to develop and adopt regulations regarding standards, staff training, policies, and procedures to ensure maximum coordination and consistency of implementation of the transfers required by this bill.
- 13) Required that any increase in a monthly care fee on or after January 1, 2010, or any increase in the price or scope of care or other services shall be approved by the insurance commissioner, shall be subject to regulations adopted by the commissioner, and may be subject to actuarial assessment.
- 14) Provides that complaints regarding residents' rights and services be filed with DSS, and all financially related complaints be filed with the insurance commissioner.
- 15) Required providers to notify residents at least 60 days prior to making any changes based on obtaining financing, selling or transferring the CCRC, any expansion, and any change in structure.
- 16) Required that an application to operate a CCRC, if made by an entity other than an individual, shall include a description of the capital structure, general financial condition, ownership, and management of the provider and any person controlling the provider; a description of the identity and relationship of every member of the entity; information about various agreements in force among the provider and affiliates, a

pledge of the provider's stock for a loan made to a member of the provider holding company system, and any other matters required by the commissioner.

- 17) Made various requirements and limitations on dividends including allowing them only from earned surplus as defined and requiring providers to report to CDI all intentions to pay dividends and other distributions to shareholders.
- 18) Required every person who is directly or indirectly the beneficial owner of more than 10 percent of any class of stock of a provider -- or who is a director or officer of a provider -- to file in the office of the commissioner on or before January 10, 2010, or within 10 days after he or she becomes that beneficial owner, director, or officer, a statement of the amount of all stock of the provider of which he or she is the beneficial owner and, within 10 days after the close of each calendar month thereafter, if there has been a change in that ownership during that month, a statement indicating his or her ownership at the close of the calendar month and the changes in his or her ownership as have occurred during that calendar month.
- 19) Gave CDI the authority to suspend or revoke a certificate of authority of a provider who knowingly files a false financial statement and makes the signing of a false statement a felony.
- 20) Required providers to maintain, at all times, adequate reserves as defined by law and by regulations promulgated by the insurance commissioner.
- 21) Required that the provider maintain in reserve sufficient funds to cover bonded indebtedness due and payable during the next 12 months.
- 22) Required the provider to maintain in reserve sufficient funds to provide for the continued operation of its continuing care retirement communities per regulations to be promulgated by the insurance commissioner and modeled on regulations applicable to insurers under article 3.5 (commencing with Section 2310) of subchapter 3 of chapter 5 of title 10 of the California Code of Regulations.
- 23) Required that reserves for refundable contracts be actuarially sound, that providers who have entered into refundable contracts submit those to the insurance commissioner by January 1, 2010, for review, that those providers submit a plan of reorganization to the commissioner by April 1, 2010, and that any refundable contract entered into after December 31, 2009 shall not make the refund contingent upon resale of the residential unit.
- 24) Added to the requirements of the actuarial study required of providers, adding that the actuary must include an option as to whether the reserves and related actuarial items held in support of the continuing care contracts and all provider liabilities and debt obligations specified by the commissioner by regulation are computed appropriately, are based on assumptions that satisfy contractual provisions, are consistent with prior reported amounts, and comply with applicable laws of this state – and whether reserves made adequate provisions for liabilities and obligations.

- 25) Provided that DSS can recommend that providers be cited by CDI if DSS discovers that the provider lacks a current and valid permit to accept deposits, CDI can issue an abatement order based on the report from DSS, and civil penalties can be assessed at \$200 per day for violation of the abatement order.
- 26) Prohibited officers, directors, and others with a financial stake in the CCRC from receiving payment for certain services and from buying assets from or selling assets to the CCRC (except stock) and required certain disclosures related to stock purchases and sales by directors, trustees, and others with a financial interest in the CCRC.
- 27) Prohibited a provider from making any loan to an officer, director, trustee, or others with a financial interest in the CCRC.
- 28) Required the continuing care provider fee fund to consist of two accounts: a) the insurance account; and, b) the state DSS account, and requires 95 percent of fees received to be deposited in the insurance account and 5 percent in the DSS account.
- 29) Repealed existing law provisions on the use of money in the fund, including provisions requiring a continuing care contracts program manager, supervising technical staff, full-time legal counsel, a financial analyst and other appropriate analytical and technical support positions, provisions requiring contracts with technically qualified persons including financial, actuarial and marketing consultants to provide advice on the feasibility or viability of CCRCs and providers, a cap on using no more than 5 percent in fees collected for overhead costs, including facilities operation and indirect costs, and a requirement that if the balance in the fund is projected to exceed \$500,000 for the next budget year, the application fee and annual fees must be adjusted to reduce the amounts collected.

Last Action: Held in Senate Human Services Committee.

AB 1169 (Ruskin)

AB 1169 changed the financial disclosure requirements for continuing care retirement communities (CCRCs) by requiring the CCRC to disclose any amounts accumulated or expended for identified projects or purposes, including, but not limited to, projects designated to meet the needs of the CCRC as permitted by a provider's nonprofit status under Section 501(c)(3) of the Internal Revenue Code, and amounts maintained for contingencies in their annual reports.

The disclosure of a nonprofit provider shall state how the project or purpose is consistent with the provider's tax-exempt status. The disclosure of a for-profit provider shall identify amounts accumulated for specific projects or purposes and amounts maintained for contingencies.

Last Action: Chaptered by Secretary of State - Chapter 513, Statutes of 2009.

AB 1259 (Arambula)

AB 1259 allowed an Area Agency on Aging (AAA) to carry over, for future use, up to five percent of its annual total baseline allocation under Titles III and VII of the federal Older Americans Act (OAA), and prohibited an AAA from using the carried over funds to expand baseline services. The carried over funds could only be used for the following purposes:

- a) The purchase of equipment that enhances the delivery of services to the eligible service population;
- b) Home and community-based projects, approved in advance by the California Department of Aging (CDA), that are designed to address the unmet needs of the eligible service population identified in the area plan; and,
- c) Innovative pilot projects, approved in advance by CDA, that are designed for the development or enhancement of a comprehensive and coordinated system of services.

Last Action: Held in Assembly Appropriations Committee on the Suspense File. Filed with the Chief Clerk pursuant to Joint Rule 56. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.

SB 117 (Corbett)

SB 117 Extended the deadline for the Department of Health Care Services (DHCS) to establish a new Medi-Cal rate reimbursement methodology for adult day health care (ADHC) services by two years to August 1, 2012 and makes conforming changes to other schedules associated with the development and implementation of the reimbursement methodology. Specifically, this bill:

- 1) Required DHCS to establish a reimbursement methodology and reimbursement limit for ADHC services on a prospective cost basis for services provided to each participant pursuant to his or her plan of care by August 1, 2012.
- 2) Required DHCS to do all of the following:
 - a) Produce a cost report for a core rate, the methodology and documentation necessary to establish the reimbursement rate for the separately billable services, and the reimbursement rates for transportation services by July 1, 2010;
 - b) Facilitate training of providers in collaboration with the California Association of Adult Day Services (CAADS) by January 1, 2011;
 - c) Establish facility peer groupings in coordination with CAADS by January 1, 2011;
 - d) Establish a methodology for calculating the reimbursement limit, rates for daily core services, and applicable percentiles limiting specific cost categories within the core rate after consultation with CAADS by July 1, 2011;

- e) Develop a preliminary estimate of the reimbursement limit, the reimbursement rate for individual ADHC services, and separately billable services and provide the estimates and rates to CAADS and other stakeholders by March 30, 2012: and,
- f) Compare the information supplied to all interested stakeholders to what would have been paid under the rate methodology in effect for the 2011-12 Fiscal Year.
- g) Changes the title of social worker to social services director in the list of ADHC core staff.

Last Action: Chaptered by Secretary of State. Chapter 165, Statutes of 2009.

SJR 4 (Correa & Alquist)

SJR 4 made various findings and declarations and urged the President and Congress of the United States to act to establish federally-controlled Alzheimer's Silver Alert program to aid states in establishing local Silver Alert programs. In addition, the resolution required the Secretary of the Senate to transmit copies of the resolution to the President and Vice President of the United States, the Speaker of the House of Representatives, the Majority Leader of the Senate, and each Senator and Representative from California in the Congress of the United States.

Last Action: Chaptered by Secretary of State. Res. Chapter 87, Statutes of 2009.

2010 Legislation

AB 535 (Ammiano)

AB 535 required skilled nursing facilities (SNFs) to report additional information to the Office of Statewide Health Planning and Development (OSHPD). Specifically, this bill:

- 1) Allowed the Elder Death Review Team (EDRT) chair, co-chair, or an agent of the chair or co-chair to participate in the electronic death registration system and specifies that access to the system shall be exclusively for the purpose of obtaining the following information:
 - a) Place of death;
 - b) Name;
 - c) Date of death; and,
 - d) Cause of death.
- 2) Required all SNFs, except for facilities that are a distinct part of a general acute care hospital, to include in the annual report to OSHPD data on persons who have died in

the facility, including, but not limited to, the date and time of death, age, and gender.

- 3) Required OSHPD to comply and make available the data by county and by facility upon the request of an EDRT.
- 4) Permitted OSHPD to include census and utilization information relating to the facilities, including whether the facility offered a hospice program or another specialized program, such as those for Alzheimer's disease.
- 5) Added electronic data from certificates of death from the local registrar of births and deaths to the list of information that may be disclosed to an EDRT, subject to any fee requirements.

Last Action: Held in the Assembly Appropriations Committee on the Suspense File. Filed with the Chief Clerk pursuant to Joint Rule 56. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.

AB 2114 (Beall)

AB 2114 required the California Department of Aging (CDA) and Area Agencies on Aging (AAAs) to utilize the Elder Economic Security Standard Index (Elder Index) in their service planning.

In addition, the bill required AAAs to use the Elder Index to track the progress of participants in the state-administered Senior and Community Service Employment Program (SCSEP) if the Elder Index is updated and made available to the AAA, and specified that the use of the Elder Index does not in turn mandate changes in the current funding allocations to AAAs or, based on the use of the Elder Index, affect means-tested programs administered through the Mello-Granlund Older Californians Act.

Last Action: Held in the Senate Appropriations Committee on the Suspense File. Filed with the Chief Clerk pursuant to Joint Rule 56. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.

AB 2555 (Feuer)

AB 2555 appropriated \$1.6 million from the State Health Facilities Citation Penalties Account to the California Department of Aging to fund local long-term care ombudsman programs and allowed the funds to be used through the end of the 2010-11 fiscal year, at which time the remaining unencumbered funds will revert to the State Health Facilities Citation Penalties Account.

Last Action: Held in the Senate Appropriations Committee on the Suspense File. Filed with the Chief Clerk pursuant to Joint Rule 56. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.

AB 2629 (B. Lowenthal)

AB 2629 clarified admission and retention requirements for temporarily bedridden individuals in residential care facilities by:

- 1) Specifying that the status of being bedridden shall not include a temporary illness or recovery from surgery that persists for less than two weeks;
- 2) Specifying that no individual shall be admitted to or retained in a residential facility if he or she requires 24-hour skilled nursing care, except facilities licensed as an Adult Residential Facility for Persons with Special Health Care Needs;
- 3) Allowing a bedridden individual to be retained in a residential facility in excess of 14 days if the following requirements are met:
 - a) The facility notifies the Department of Social Services (DSS) in writing that the person is recovering from a temporary illness or surgery;
 - b) The facility submits to DSS a physician and surgeon's written statement to the effect that the individual's illness or recovery is of a temporary nature. The statement must contain an estimated date upon which the illness or recovery is expected to end or upon which the client is expected to no longer be confined to bed; and,
 - c) DSS determines that the individual's health and safety is adequately protected in the facility and that transfer to a higher level of care is not necessary.
- 4) Specifying that by allowing temporarily bedridden individuals to remain in a residential care facility, the scope of care and supervision of that facility is not expanded; and,
- 5) Stating that notwithstanding the length of stay of a bedridden individual, every residential facility admitting or retaining a bedridden individual shall, within 48 hours of the individual's admission or retention in the facility, notify the fire authority having jurisdiction of the estimated length of time that the individual will be bedridden.

Last Action: Chaptered by Secretary of State - Chapter 211, Statutes of 2010.