

**TITLE 17. PUBLIC HEALTH
DIVISION 2. HEALTH AND WELFARE AGENCY
CHAPTER 3. COMMUNITY SERVICES**

SUBCHAPTER 23. COMMUNITY CRISIS HOMES

Article 1-Definitions

59000. Definitions.

The following definitions shall apply to the regulations used in this subchapter:

(a) "Administrator" means the person defined in Title 22, California Code of Regulations, Section 80001(a) (2) who also meets the additional requirements of Section 59010.

(b) "Assistant Behavior Analyst" means a person recognized by the national Behavior Analyst Certification Board as a Board Certified Assistant Behavior Analyst.

(c) "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.

(d) "Behavior Analyst" means a person recognized by the national Behavior Analyst Certification Board as a Board Certified Behavior Analyst.

(e) "Clients' Rights Advocate" means the representative of the nonprofit agency with which the Department contracts for clients' rights advocacy services pursuant to Section 4433(b) of the Welfare and Institutions Code who is responsible for clients' rights assurances for persons with developmental disabilities.

(f) "Consultant" means a person or group eligible for vendorization in accordance with Sections 54319 and 54342, and qualified by training, education, and/or experience that provides a service integral to a consumer's individual behavior supports plan, as identified by the individual behavior supports team.

(g) "Consumer" means an individual who has been determined by a regional center to meet the eligibility criteria of Section 4512(a) of the Welfare and Institutions Code, and Sections 54000, 54001 and 54010, and for whom the regional center has accepted responsibility. Consumer is also known as "client".

(h) "Community Crisis Home" means an adult residential facility certified by the Department and licensed by the Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services, who would otherwise be at risk of admission to a more restrictive setting. A Community Crisis Home may have a maximum capacity of up to eight consumers. A Community Crisis Home is eligible for,

and must meet all the requirements for, vendorization as a residential facility by a regional center pursuant to the requirements of Division 2, Chapter 3, Subchapter 2.

(i) "Continuous Quality Improvement System" means a process to ensure systematic improvement of services to increase positive outcomes for the consumers being served.

(j) "Crisis Intervention Services" means additional assessment, staffing, supervision, and other intensive services and supports to immediately address a consumer's urgent or emergent abrupt onset of behavioral or other needs, which are beyond what is typically available in other community living arrangements. These services shall facilitate transition to a less restrictive community environment.

(k) "Day" means calendar day unless otherwise stated.

(l) "Department" means the Department of Developmental Services.

(m) "Direct Care Staff" means facility staff that personally provide direct supervision and special services to consumers, as defined in Section 56002(a). The term includes the licensee, the administrator, management, supervisory, and lead staff during that time when they are providing direct supervision and special services to consumers.

(1) Direct supervision and special services shall include "care and supervision" as defined in Title 22, California Code of Regulations, Section 80001(c) (3).

(n) "Emergency Intervention(s)" means the intervention(s) used with consumers during the time they present an imminent danger of serious injury to self or others, which cannot be prevented by the use of a less restrictive technique.

(o) "Emergency Intervention Plan" means a written plan which addresses the implementation of emergency interventions and the prevention of injury.

(p) "Facility Liaison" means the person, or his or her designee, assigned by the vendoring regional center as the principal coordinator between the regional center and the facility.

(q) "Health Care Professional" means a licensed registered nurse, nurse practitioner, physician assistant and/or a medical doctor, contracted or hired by the facility.

(r) "Immediate Danger" means conditions which constitute an impending threat to the health and safety of a consumer and which require immediate action by the regional center to safeguard the health and safety of the consumers in the facility, and as defined in Section 56053.

(s) "Individual Behavior Supports Plan" means the plan that: identifies and documents the intensive support and service needs of a consumer; details the strategies to be employed and services to be provided in order for the consumer to return to their

previous placement or to an appropriate alternative community based environment; and includes the entity responsible for providing those services. This plan includes the requirements of Section 1180.4(a) of the Health and Safety Code.

(t) "Individual Behavior Supports Team" means those individuals who participate in the development, revision and monitoring of the individual behavior supports plan for consumers residing in a Community Crisis Home.

(1) The team shall, at a minimum, be composed of the following individuals:

(A) Consumer and, where applicable, authorized consumer representative;

(B) Regional center service coordinator and other regional center representative, as necessary;

(C) Community Crisis Home administrator;

(D) Regional center clients' rights advocate, unless the consumer objects on his or her own behalf to participation by the clients' rights advocate; and

(E) Community Crisis Home Qualified Behavior Modification Professional.

(2) The team may also include:

(A) Regional center's mobile crisis team;

(B) Representative(s) from the consumer's prior residence and/or identified alternative future community-based residential setting, as applicable;

(C) Health Care Professional; and

(D) Any individual(s) deemed necessary by the consumer, or, where applicable, his or her authorized consumer representative, if any, for developing a comprehensive and effective individual behavior supports plan.

(u) "Individual Program Plan" (IPP) means a written plan that is developed by a regional center planning team, in accordance with the provisions of Sections 4646 and 4646.5 of the Welfare and Institutions Code.

(v) "Planning Team" refers to the planning team defined in subdivision (j) of Section 4512 of the Welfare and Institutions Code, which develops and reviews a consumer's IPP through the planning process described in Sections 4646 and 4646.5 of the Welfare and Institutions Code.

(w) "Qualified Behavior Modification Professional" means an individual with a minimum two years of experience in designing, supervising, and implementing behavior modification services who is one of the following:

(1) An Assistant Behavior Analyst certified by the national Behavior Analyst Certification Board as a Certified Assistant Behavior Analyst.

(2) A Behavior Analyst certified by the national Behavior Analyst Certification Board as a Certified Behavior Analyst;

(3) A Licensed Clinical Social Worker, pursuant to Sections 4996-4998.5 of the Business and Professions Code.;

(4) A Licensed Marriage and Family Therapist, pursuant to Sections 4980-4984.7 of the Business and Professions Code;

(5) A psychologist, licensed by the Medical Board of California or Psychology Examining Board; or

(6) A professional with California licensure, which permits the design of behavior modification intervention services.

(x) "Registered Behavior Technician" means an individual recognized by the national Behavior Analyst Certification Board as a Registered Behavior Technician.

(y) "Substantial Inadequacy" means conditions posing a threat to the health and safety of any consumer, that are not considered an immediate danger as specified in Section 56053, and as defined in Section 56054.

(z) "Working Day" means any day that is not a Saturday, Sunday or holiday as specified in Sections 6700 and 6701 of the Government Code.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section 4684.8, 4684.84, 4698 and 4698.1, Welfare and Institutions Code.

Article 2 General Requirements

59001. General Requirements.

(a) The vendoring regional center shall assign a facility liaison to each vendored Community Crisis Home.

(b) The Department may decertify a Community Crisis Home that it determines is not in compliance with applicable laws or when it cannot ensure the health and safety of

consumers. The Department shall inform the Department of Social Services of any decision to decertify a facility on the same day.

(c) A Community Crisis Home shall install and maintain an operable automatic fire sprinkler system.

(d) Each consumer must be provided with his or her own private bedroom.

(e) At least 50% of the bedrooms must be approved for consumers who are non-ambulatory, as defined in Section 13131 of the Health and Safety Code.

(f) An applicant for Community Crisis Home certification, or their designee, shall complete the regional center's Residential Services Orientation.

(g) Seclusion shall not be utilized in a Community Crisis Home, consistent with Section 50515(a).

NOTE: Authority cited: Section 4698 and 4698.1, Welfare and Institutions Code.
Reference: Sections 4698 and 4698.1, Welfare and Institutions Code.

Article 3 Facility Program Plan

59002. Facility Program Plan.

(a) An applicant for Community Crisis Home certification shall develop a facility program plan that includes the following:

(1) Number of consumers to be served;

(2) Consumer admission criteria and procedures;

(3) A description of how the facility will ensure that appropriate services and supports are provided at the time of admission to meet the consumer's immediate needs pending update of the individual behavior supports plan, including emergency interventions and admission of consumers with restricted health care conditions as referenced in Title 22, California Code of Regulations, Sections 80092 and 80092.1.

(4) A description of how the facility is going to meet all the diverse needs of the population to be served and expedite the admission of consumers.

(5) An organizational chart for the staff in the facility and, if applicable, for the organization;

(6) A description of consumer services to be provided, including the instructional methods and techniques to be utilized;

(7) A description of how the licensee will ensure all direct care staff and consultants are competent to perform their assigned duties, including but not limited to:

(A) A description of the consultant disciplines, qualifications, and hours to be utilized;

(B) A description of staff qualifications and a duty statement for each staff position;

(C) A sample staff schedule;

(D) Staff training plan;

(8) A description of the facility's emergency procedures, including but not limited to:

(A) The facility's emergency evacuation procedures, including procedures for evacuation when delayed egress and secured perimeters are in use pursuant to Sections 56068 through 56074, if permitted.

(B) The type, location, and approximate response time of emergency medical services;

(C) A description of how regularly scheduled fire and earthquake drills will be conducted on a schedule of no less than every three months, with the drills conducted on alternating work shifts so that drills are conducted during the day and evening hours;

(D) The emergency intervention plan.

(9) An explanation of how the Community Crisis Home will ensure the protection of consumers' personal rights, including those specified in Sections 50500-50550;

(10) The methodology used to measure consumer progress which includes:

(A) Types of data to be collected and reported, including all required by current statute.

(B) Data collection systems;

(C) Frequency of data collection; and

(D) Methods and intervals for summarizing data and reporting on progress made.

(11) Consumer exit criteria;

(12) A description of the proposed facility, including size, layout, and location;

(13) A description of the facility's continuous quality improvement system, including but not limited to how:

(A) Consumers will be supported to make choices, including community integration;

(B) Consumers will be supported to exercise rights;

(C) Changing needs of consumers will be addressed;

(D) Consumers will receive prompt and appropriate routine and specialized medical services;

(E) Individual risk will be managed and mitigated;

(F) Medication will be safely managed and documented; and

(G) Staff turnover will be mitigated.

(14) The identification of a 24-Hour crisis intervention team and transportation plan that will be utilized by the facility as defined in Section 4648(a) (10) of the Welfare and Institutions Code.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Sections 4698 and 4698.1, Welfare and Institutions Code.

59003. Facility Program Plan Approval.

(a) The facility applicant shall submit a signed and dated proposed facility program plan to the vendoring regional center responsible for contract development.

(b) The vendoring regional center shall submit a copy of the proposed facility program plan along with its recommendation for approval to the Department.

(c) Upon approval by the Department, the Department shall issue a certificate of program approval for the Community Crisis Home to the applicant and provide a copy to the vendoring regional center and the Department of Social Services.

(d) The certificate of program approval must be included in the plan of operation submitted to the Department of Social Services by the applicant.

(e) The facility administrator shall submit any proposed changes in the operation of the facility that alters the contents of the approved facility program plan, including a change of administrator, to the Department and the vendoring regional center. Both the Department and the vendoring regional center shall approve the changes prior to implementation. The Department shall notify the Department of Social Services of approved change(s) on the date of approval.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Sections 4698 and 4698.1, Welfare and Institutions Code.

Article 4 Personnel

59004. Administrator Qualifications.

(a) An administrator must:

(1) Have a minimum of two years of prior experience providing direct care or supervision to individuals with developmental disabilities; and be one of the following:

(A) A registered behavior technician.

(B) A licensed psychiatric technician.

(C) A qualified behavior modification professional.

(b) An administrator must complete the Residential Services Orientation as required per Section 56003(b).

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section 4698.1, Welfare and Institutions Code.

59005. Direct Care Staff Qualifications.

(a) A direct care staff person must:

(1) Have at least six months' prior experience providing direct care to individuals with developmental disabilities who have challenging behavior service needs and

(2) Become a registered behavior technician within twelve months of initial employment or be a qualified behavior modification professional.

(b) A direct care lead staff person must:

(1) Have at least one-year prior experience providing direct care to individuals with developmental disabilities with challenging behavior service needs and

(2) Become a registered behavior technician within 60 days of initial employment or be a qualified behavior modification professional.

NOTE: Authority cited: Section 4698 and 4698.1, Welfare and Institutions Code. Reference: Section 4698 and 4698.1, Welfare and Institutions Code.

59006. Staffing Requirements.

(a) At least one lead staff person and one direct care staff person must be on duty at all times when a consumer is in the facility and under the supervision of the facility staff. Staffing beyond this minimum shall be determined by each consumer's individual support team and is reflected on the approved DS 6024 form completed pursuant to Section 59022(b).

(b) Direct care staff that has not completed the on-site orientation and training as required by Section 59007 (a, b and d) must be under the direct supervision and observation of a direct care lead staff person who has completed all the requirements of Section 59007 (a, b and d), while caring for consumers.

(c) The administrator shall assign a qualified behavior modification professional to each consumer. A minimum of six hours per month of behavioral consultation, which includes review, implementation, and training of direct care staff on behavior assessments and behavior interventions, must be provided for each consumer by a qualified behavior modification professional. This time must be documented in the consumer file.

(d) In addition to the hours required in subsection (c), the facility administrator shall ensure provision of a minimum of six consultant hours per month per consumer, which must be appropriate to meet individual consumer service needs.

(e) Each Community Crisis Home must have an administrator on duty a minimum of 20 hours per week per facility to ensure the effective operation of the facility.

(f) In consultation with the individual behavior supports team, the regional center shall require a Community Crisis Home to provide additional, professional, administrative, or direct care staff whenever the regional center determines that additional personnel are needed to meet the service needs and provide for the health and safety of consumers.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section(s) 4684.8, 4684.84 and 4698.1, Welfare and Institutions Code.

59007. Staff Training.

(a) Within the first 40 hours of employment, the administrator shall ensure that direct care staff completes a minimum of 32 hours of on-site orientation. The on-site orientation must include the training required pursuant to Title 22, California Code of Regulations Section 80065(f), and must include, but not be limited to, the following:

(1) The specialized needs of each of the consumers;

(2) Overview of primary and secondary diagnoses, including but not limited to:

(A) Developmental disability;

(B) Mental illness/behavioral health;

(C) Substance use and abuse.

(3) Consumers' rights and protections pursuant to Sections 50500-50550 and Title 22, California Code of Regulation, Section 80072;

(4) The facility's program plan;

(5) Implementation of each consumer's individual behavior supports plan and IPP.

(6) Health and emergency procedures, including fire safety;

(7) The disaster and mass casualty plan required in Title 22, California Code of Regulations, Section 80023, including emergency evacuation and exit procedures when secured perimeters/delayed egress are approved and in use;

(8) Identification and reporting of Special Incidents, as required by Section 54327(a);

(9) Identification and reporting of suspected consumer abuse and neglect; and

(10) Assistance to consumers with prescribed medications, including required documentation.

(b) In addition to the on-site orientation, within the first 80 hours of employment, the administrator shall ensure that direct care staff receive a minimum of 16 hours of emergency intervention training. The training must include the techniques the licensee will use to prevent injury and maintain safety regarding consumers who are a danger to self or others and must emphasize positive behavioral supports and techniques that are alternatives to physical restraints, pursuant to Title 22, California Code of Regulations.

(c) A direct care staff person may not implement emergency interventions prior to successfully completing the training required in subdivision (b).

(d) In addition to the training required by subdivisions (a) and (b), the administrator shall ensure that, prior to providing direct consumer care; direct care staff receives hands-on training in first aid and cardiopulmonary resuscitation by a certified instructor.

(1) Direct care staff shall maintain current certifications in first aid and cardiopulmonary resuscitation. The administrator shall maintain the certifications in facility personnel records.

(2) Cardiopulmonary resuscitation certification must be renewed annually.

(e) The administrator shall ensure that direct care staff complete the competency-based training required by Sections 4695.2(a) and (d) of the Welfare and Institutions Code and

pursuant to Section 56033(b)-(g)(i). Direct Care Staff shall successfully complete both segments of the competency-based training and passage of the competency test, or pass the challenge test, prior to or within one year of employment at the Community Crisis Home.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Sections 4698.1, 4695.2(a) and (d), Welfare and Institutions Code.

59008. Continuing Education.

(a) In addition to the training requirements in Section 59007, the administrator shall ensure that direct care staff completes a minimum of 20 hours of continuing education on an annual basis covering, but not limited to, the subjects specified in Section 59007(a).

(b) The administrator shall require additional continuing education, as necessary, to ensure the continued health and safety of each consumer.

(c) Successful completion of the competency-based training and passage of the competency test required by Sections 59007(e) satisfies the direct care staff continuing education requirements specified in subdivision (a) for the year in which the training is satisfactorily completed.

(d) The administrator shall ensure that direct care staff renew the 16 hours of emergency intervention training required in Section 59007(b) annually.

(e) Requirements to maintain certification or licensure, as required in Sections 59004 and 59005, may be utilized to meet fifty percent of the continuing education hours required in Section 59008(a) when the subject matter is related to the population served for the year in which the training is satisfactorily completed.

NOTE: Authority cited: Section 4698 and 4698.1, Welfare and Institutions Code. Reference: Section 4698 and 4698.1, Welfare and Institutions Code.

Article 5 - Admission

59009. Consumer Admission.

(a) Prior to a consumer's admission, the regional center shall assess the consumer's need for crisis intervention services and include the assessment information in the documents provided to the administrator or the person responsible for admissions.

(b) At admission the facility administrator shall initiate compilation of supplied information and data collection.

(c) Within 24 hours of admission:

(1) The administrator or the person responsible for admissions shall obtain a copy of a medical assessment of the consumer that, at a minimum, meets the requirements of Title 22, California Code of Regulations, Section 80069 (c) and (d) and shall put the medical assessment into the consumer's file.

(2) The regional center shall release written information about the consumer to the administrator or the person responsible for admissions pursuant to Section 56017 (b)(1)-(9).

(3) The facility's health care professional, within their scope of practice, shall complete an assessment that includes, but is not limited to:

(i) The applicable provisions of Section 1180.4 of the Health and Safety Code;

(ii) Review of current health status and medication(s) and the applicable referral(s) shall be initiated as clinically indicated; and

(iii) Necessary services/supports to meet the immediate needs of the consumer.

(d) The assessments and compiled information from (a), (b) and(c) shall be utilized to initiate a written individual behavior supports plan and will be immediately shared with the staff and consultants, as applicable.

(e) Within 7 days of admission:

(1) The administrator shall ensure completion of additional assessments or referrals, which must include, but not be limited to:

(A) Consultation with the previous provider, if applicable;

(B) Consultation with family or responsible party;

(C) Identification of the potential consultants and resources needed by the crisis home, to ensure the consumer's needs are met and goals are attainable;

(D) When applicable:

(1) A behavioral health evaluation;

(2) A substance use disorder evaluation;

(3) A thorough medical evaluation; and

(4) A dental consult.

(2) The administrator, with input from the individual behavior supports team, shall ensure completion of a written individual behavior supports plan.

(f) The administrator, with input from the individual behavior supports team, shall ensure weekly review of the written individual behavior supports plan and update the plan as indicated.

(g) The regional center shall notify the clients' rights advocate for the regional center when a consumer is admitted to a Community Crisis Home. The clients' rights advocate shall be entitled to participate in individual behavior supports team meetings unless the consumer objects on his or her own behalf.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section 4698.1, Welfare and Institutions Code.

Article 6: Individual Behavior Supports Plan

59010. Individual Behavior Supports Plan.

(a) The facility administrator is responsible for coordinating the development and subsequent updating of each consumer's individual behavior supports plan.

(b) The individual behavior supports plan must be initiated immediately at the consumer's admission.

(c) Individual behavior supports team members shall provide their input for inclusion in the updated individual behavior supports plan within 7 days of the consumer's admission.

(d) The consumer's individual behavior supports plan must be function-based, evidence-based, and target functionally equivalent replacement behaviors, address the consumer's individual needs and include a description of the following:

(1) Baseline of behaviors, needs or skill level;

(2) Target behaviors, skills and attainable goals;

(3) Function of behaviors;

(4) Desired outcomes and replacement behaviors;

(5) Intervention strategies, including antecedent strategies, instructional strategies and consequence strategies;

(6) Entity responsible;

(7) Environmental changes;

(8) Timelines/review dates;

(9) Data collection/monitoring progress/evaluation methods;

(10) A written plan of transition to return to the previous placement or another appropriate community placement; and

(11) Emergency interventions that may be necessary.

(e) The facility administrator shall submit the individual behavior supports plan and any updates to the vendoring and/or placing regional center service coordinator and, unless the consumer objects on his or her own behalf, to the clients' rights advocate.

NOTE: Authority cited: Sections 4698 and 4698.1, Welfare and Institutions Code.
Reference: Sections (s) 4684.8, 4684.84 and 4698.1, Welfare and Institutions Code.

Article 7 – Records Maintenance

59011. Facility Files.

Facilities shall maintain a facility file, available on site, which may include electronic records, that include at least the following:

(a) Facility program plan;

(b) Weekly staff schedules;

(c) Personnel records, including:

(1) Administrator current credentials, degrees, certificates;

(2) Direct care and lead staff current credentials, degrees, certificates;

(3) Qualified behavior modification professional current credentials, degrees, certificates.

(4) Documentation of completed staff training, including a log of the hours per employee;

(5) Hire and separation dates;

(d) Emergency intervention plan;

(e) Certificate of program approval as issued by the Department;

(f) Regional center facility liaison monitoring;

(g) Regional center qualified behavior modification professional monitoring;

(h) Behavior and emergency intervention data collection and reporting, including the requirements of Section 4659.2 of the Welfare and Institutions Code.

(i) Findings of immediate danger;

(j) Substantial inadequacies;

(k) Corrective action plans;

(l) Sanctions; and

(m) Facility appeals.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section 4698.1, Welfare and Institutions Code.

59012. Consumer Files.

Facilities shall maintain individual consumer files at the facility, available on site, which may include electronic records, that include at least the following:

(a) Medical assessment required in Section 59009 (b)(1));

(b) Individual behavior supports plans;

(c) Emergency contact information;

(d) Current IPP;

(e) Special incident reports, pursuant to Section 54327;

(f) Data collection, including but not limited to progress notes, professional/consultant visits and interventions/outcomes; and

(g) Record of medications administered, including the initials of the staff providing assistance.

NOTE: Authority cited: Section 4698 and 4698.1, Welfare and Institutions Code. Reference: Section 4698 and 4698.1, Welfare and Institutions Code.

Article 8 - Monitoring

59013. Regional Center Monitoring.

(a) The consumer's regional center is responsible for monitoring and evaluating services provided in the Community Crisis Home by conducting or coordinating with the vendoring regional center at least monthly face-to-face case management visits with each consumer, or more frequently, if specified in the consumer's IPP.

(b) In addition, the vendoring regional center is responsible for monitoring and evaluating services provided in the Community Crisis Home by conducting a quarterly quality assurance visit using a format prescribed by the Department.

(c) The vendoring regional center qualified behavior modification professional shall visit the consumer(s), in person, at least monthly in the Community Crisis Home to monitor the individual behavior supports plan objectives, and prepare written documentation on the status of the objectives. At least four of these visits per year must be unannounced.

(d) The Department shall monitor regional center compliance with subdivisions (a), (b) and (c). Monitoring must include on-site visits by the Department to each Community Crisis Homes at least once every six months, including review of the written documentation prepared by the regional center qualified behavior modification professional.

(e) If the Department or regional center determines that urgent action is necessary to protect a consumer residing in a Community Crisis Home from physical or mental abuse, abandonment, or any other substantial threat to the consumer's health and safety, the Department shall direct the regional center to immediately obtain alternative or additional services and supports to ensure the health and safety of the consumer. The Department may take into consideration any notification by the Department of Social Services pursuant to Section 1567.83 of the Health and Safety Code.

1) If additional services and supports cannot be provided immediately or if the Department determines that a different living arrangement is necessary to ensure the consumer's health and safety, the regional center shall, upon request by the Department, relocate the consumer within 24 hours of the determination, pursuant to Section 4698(h) of the Welfare & Institutions Code and Section 1567.83 of the Health & Safety Code.

(2) The regional center shall convene an IPP meeting within two working days of any action taken pursuant to this subdivision to review and update the IPP and the individual behavior supports plan, as needed.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Sections 4698, and 4698.1, Welfare and Institutions Code and Section 1567.83, Health& Safety Code.

Article 9 – Contract

59014. Contract.

Prior to placing any consumer into a Community Crisis Home, the vendoring regional center and the vendor shall execute a contract that includes, at a minimum, all of the following:

(a) The name of the regional center and the licensee;

(b) The effective date and termination date of the contract;

(c) A requirement that the execution of any amendment or modification to the contract be in accordance with all applicable laws and be by mutual agreement of both parties;

(d) A requirement that the licensee and the agents and employees of the licensee, in the performance of the contract, act in an independent capacity, and not as officers or employees or agents of the regional center or the State;

(e) Incorporation, by reference, of the Community Crisis Home's approved program plan and certificate of program approval as issued by the Department;

(f) Specification of how any portion of the facility rate not funded by a consumer placement will be funded, pursuant to Section 59022(a)(3)(A)-(C); and

(g) The approved facility monthly rate of payment.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Sections 4698, and 4698.1, Welfare and Institutions Code.

59015. Contract Termination.

(a) A vendoring regional center may terminate its contract with the Community Crisis Home when the regional center determines that the Community Crisis Home:

(1) Is unable to maintain substantial compliance with applicable laws or its contract with the regional center, or

(2) Demonstrates an inability to ensure the health and safety of the consumers.

(b) The vendoring regional center shall notify the Community Crisis Home by letter of its intent to terminate the contract within 30 days of delivery of the letter.

(c) The vendoring regional center shall notify the Department and the Department of Social Services the same day the regional center terminates the contract with the Community Crisis Home.

(d) If a vendoring regional center terminates its contract with a Community Crisis Home, the Department shall decertify the Community Crisis Home and the regional center shall terminate vendorization.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Sections 4698 and 4698.1, Welfare and Institutions Code.

59016. Contract Termination Appeals.

(a) A Community Crisis Home may appeal the vendoring regional center's decision to terminate its contract.

(b) An appeal must be submitted in writing and include reasons and facts demonstrating why the termination is inappropriate.

(c) An appeal must be received by the vendoring regional center within 10 working days from receipt of the regional center letter notifying the Community Crisis Homes of its intent to terminate the contract.

(d) The vendoring regional center's director shall respond with his or her decision within 10 working days of the date of receipt of the appeal from the Community Crisis Home.

(e) The decision by the vendoring regional center's director is the final administrative decision.

(f) The vendoring regional center shall submit the director's decision to the Department and the Department of Social Services on the same date it is signed.

(g) The vendoring regional center shall mail the director's decision to the administrator within two working days of signature.

(h) Termination of the contract shall be suspended upon receipt of an appeal pursuant to subdivision (c) pending the outcome of the appeal.

NOTE: Authority cited: Sections 4698 and 4698.1, Welfare and Institutions Code. Reference: Sections 4698 and 4698.1, Welfare and Institutions Code.

Article 10 – Corrective Action Plans and Sanctions

59017. Immediate Danger.

(a) The regional center shall immediately investigate situations that come to the attention of, or are reported to, the regional center that constitute, or may constitute, an immediate danger. Situations requiring investigation include, but are not limited to those specified in Section 56053(a)(1) -(5).

(b) When investigating a potential situation constituting an immediate danger, the regional center shall comply with Section 56053(b)-(f).

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section 4698.1, Welfare and Institutions Code.

59018. Substantial Inadequacies.

(a) The regional center shall investigate situations that come to the attention of, or are reported to, the regional center that constitute or may constitute a substantial inadequacy immediately following the notification. Situations that shall be investigated include those described in Section 56054(a) (1) -(7) and (12) -(13).

(b) When investigating a potential substantial inadequacy, the regional center shall have the authority to make an unannounced visit(s) to the facility.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section 4698.1, Welfare and Institutions Code.

59019. Corrective Action Plan (CAP).

(a) The regional center and the administrator shall comply with the requirements for CAPs described in Section 56056.

(b) The regional center shall forward a copy of the CAP to the Department and the Department of Social Services.

NOTE: Authority cited: Section 4698 and 4698.1, Welfare and Institutions Code. Reference: Section 4698 and 4698.1, Welfare and Institutions Code.

59020. Sanctions.

The regional center shall apply sanctions to a Community Crisis Home pursuant to Section 56057.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section 4698.1, Welfare and Institutions Code.

59021. Facility Appeals.

(a) The administrator may appeal a regional center action in Sections 59017, 59018, or 59020, pursuant to Sections 56061-56065 and 56067.

(b) Implementation of regional center actions during the appeal process occurs as follows:

(1) In the case of immediate danger, the action of the regional center shall remain in effect throughout the appeal process.

(2) In the case of substantial inadequacies, corrective action shall be suspended until the appeal process is complete, except in situations specified in Section 56054(a) (1).

(c) Nothing in subdivision (b) precludes the regional center from taking immediate action if conditions in the facility deteriorate into an immediate danger because the substantial inadequacy has not been corrected.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Section 4698.1, Welfare and Institutions Code.

Article 11 - Rates

59022. Establishment of Rates.

(a) Community Crisis Home Facility Component – Service Code 902.

(1) A Community Crisis Home administrator shall complete one Department form DS 6023 (Revised 10/2016) entitled "Rate Development - Facility Costs" for the facility, incorporated herein.

(A) The administrator shall submit a completed Department form DS 6023 to the regional center for review, negotiation and written approval as part of the initial contract execution pursuant to Section 59014.

(B) The regional center shall review the facility rate as part of the contract renewal pursuant to Section 59014, and the administrator shall submit an updated Department form DS 6023 to the regional center for review and written approval. Any change to the facility rate shall become effective on the first day of the month following approval.

(2) The rate of payment for the Community Crisis Home facility component may not exceed the maximum rate of reimbursement as specified below:

(A) The monthly rate of reimbursement to any Community Crisis Home for the facility component may not exceed the rate limit determined by the Department.

(B) The monthly rate of reimbursement and rate limit is subject to the appropriation of funds pursuant to the Budget Act of each fiscal year.

(3) Facility rate payment.

(A) The monthly facility rate is prorated by the licensed capacity of the facility. Portions not funded by a consumer placement are paid through the contract.

(B) Beginning with the initial consumer placement, the facility rate is paid based on the licensed capacity of the facility:

(i) Despite temporary consumer absences or vacancies.

(ii) With vacancies funded through the contract.

(C) The established facility rate is prorated for a partial month of service when a consumer is discharged from the facility by dividing the established rate by 30.44, then multiplying the quotient by the number of days the consumer resided in the facility.

(b) Community Crisis Home Individualized Services and Supports Component – Service Code 903.

(1) A Community Crisis Home shall complete one Department form DS 6024 (Revised 10/2016) entitled “Rate Development - Individual Costs Associated with Residency”, incorporated herein, for each consumer to establish the consumer’s individual monthly rate while placed at the facility.

(A) The administrator shall submit the completed Department form DS 6024) to the regional center for review and written approval prior to or at a consumer’s admission to the Community Crisis Home.

(B) A consumer’s individual behavior supports team shall review the consumer’s individualized services and supports rate within 30 days of initial placement, and at least every six months thereafter, and submit an updated completed Department form DS 6024 to the regional center within 30 days, for review and written approval.

(2) The rate of payment for the Community Crisis Home Individualized Services and Supports Component may not exceed the maximum rate of reimbursement as specified below:

(A) The monthly rate of reimbursement to any Community Crisis Home for any consumer’s individualized services and supports may not exceed the rate limit determined by the Department.

(B) The monthly rate of reimbursement and rate limit is subject to the appropriation of funds pursuant to the Budget Act of each fiscal year.

(3) Individualized services and supports rate payment:

(A) The established individualized services and supports rate may be paid by the regional center for the full month when the consumer is temporarily absent from the facility 14 days or less per month.

(B) When the consumer's temporary absence is due to the need for inpatient care in a health facility, as defined in subdivision (a), (b), or (c) of Section 1250 of the Health and Safety Code, the regional center may continue to pay the established individualized services and supports rate until the individual behavior supports team has determined that the consumer will not return to the facility. Individualized services and supports funded by a regional center during a consumer's absence from the facility must be approved by the regional center director and may only be approved in 14 day increments. The facility shall continue to provide direct supervision and special services as needed during a consumer's temporary absence to continue to receive payment of the individualized services and supports rate.

(C) The established individualized services and supports rate is prorated for a partial month of service in all other cases by dividing the established rate by 30.44, then multiplying the quotient by the number of days the consumer resided in the facility.

(D) If the consumer resides at the facility beyond 18 months, any additional day(s) must be approved by the Department and reviewed monthly thereafter.

(c) Community Crisis Home Transition Component – Service Code 899.

(1) The individual behavior supports team shall complete one Department form DS 6028 (New 10/2016) entitled "Community Crisis Home - Rate Development Transition Costs", incorporated herein, for each vendor supporting a consumer in transition to establish the consumer's daily transition rate for that vendor.

(A) The transition rate is used to fund additional services and supports for the consumer during times of transition into or out of the Community Crisis Home.

(i) Transition funding shall only be used for staff training, cross-training or needs specifically related to the consumer's transition process.

(ii) Transition funding is time limited.

(iii) The transition rate shall not be utilized for services and supports already billed at the individual rate during placement at the Community Crisis Home, or for services and supports provided as part of the rate during placement at the previous or future residential arrangement.

(iv) Transition funding shall not be used for facility expenses.

(B) The administrator shall submit the completed Department form DS 6028 to the regional center for review and written approval.

(C) A consumer's individual behavior supports team shall review the consumer's transition rate at least monthly and submit updated completed Department form(s) DS 6028 to the regional center within 10 days, for review and written approval.

(2) The rate of payment for the Community Crisis Home Transition Component may not exceed the maximum rate of reimbursement as specified below:

(A) The daily rate of reimbursement to any vendor for any consumer's transition costs may not exceed the rate limit determined by the Department.

(B) The daily rate of reimbursement and rate limit is subject to the appropriation of funds pursuant to the Budget Act of each fiscal year.

(3) Transition rate payment:

(A) The transition rate is paid for services and supports needed to support a consumer during times of transition, outside of those needed services and supports identified in the consumer's individual monthly rate developed in (b)(1).

(B) The transition rate shall be paid only for actual days of service.

(C) The payment of the transition rate is dependent on the regional center prior authorization. Retroactive authorizations shall not be allowed.

(d) Administrative costs may not exceed 15% pursuant to Section 4629.7 of the Welfare and Institutions Code.

(e) The regional center will submit all rate documents to the Department after approval.

(f) Department Forms DS 6023 (Revised 10/2016), DS 6024 (Revised 10/2016) and DS 6028 (New 10/2016) are hereby incorporated by reference.

NOTE: Authority cited: Section 4698 and 4698.1, Welfare and Institutions Code.
Reference: Section 4698 and 4698.1, Welfare and Institutions Code.

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