

## Final Regulation Text

### California Code of Regulations Title 17. Public Health Division 2. Health and Welfare Agency – Department of Developmental Services Regulations Chapter 3. Community Services Subchapter 23. Community Crisis Homes and Subchapter 24. Enhanced Behavioral Supports Homes

Amend Sections 59000, 59001, 59002, 59004, 59005, 59006, 59007, 59008, 59009, 59010, 59011, 59012, 59013, 59022, 59050, 59051, 59052, 59054 (renumbered to 59060), 59055 (renumbered to 59063), 59056 (renumbered to 59059), 59057 (renumbered to 59064), 59058 (renumbered to 59065), 59059 (renumbered to 59066), 59060 (renumbered to 59054), 59061 (renumbered to 59055), 59062 (renumbered to 59056), 59063 (renumbered to 59057), 59064 (renumbered to 59058), 59065 (renumbered to 59067), 59066 (renumbered to 59068), 59067 (renumbered to 59069), 59068 (renumbered to 59070), 59069 (renumbered to 59071), 59070 (renumbered to 59061), 59071 (renumbered to 59062), and 59072. Adopt new Articles 5.5 and 6.5 and new Sections 59009.5, 59010.1, 59010.2, 59010.3, 59010.4, and 59010.5 in Subchapter 23. Adopt new Articles 5.5 and 6.5 and new Sections 59059.5, 59060.1, 59060.2, 59060.3, 59060.4, and 59060.5 in Subchapter 24, to read as follows:

[NOTE: The amendments are shown in underline to indicate additions and ~~strikeout~~ to indicate deletions. The symbol “# # #” means that intervening text is not proposed for amendments and is not shown.]

### Subchapter 23. Community Crisis Homes

#### Article 1. Definitions

##### § 59000. Definitions.

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

(1) "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~~59004.

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

(3) "Authorized Consumer Representative" means the parent or guardian of a child, conservator of an adult, or a person who is legally entitled to act on behalf of the consumer.

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

(5) "Behavioral Restraint" means the type of intervention defined in Health and Safety Code Section 1180.1(a).

(6) "Child" means a person under the age of 18 placed in a Community Crisis Home licensed as a group home ~~by a regional center, a parent or guardian, or a public child placement agency with or without a court order.~~

(7) "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.

(8) "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 provide a service integral to a consumer's Individual Behavior Supports Plan, as identified by the Individual Behavior Supports Team.

(9) "Consumer" means a person 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."

(10) "Community Crisis Home" means an adult residential facility or a group home certified by the Department and licensed by the Department of Social Services that provides 24-hour nonmedical care to persons 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 (8) 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.

(11) "Community Emergency Services" means law enforcement, crisis teams, or intensive transition services.

(12) "Containment" means a brief physical restraint of a ~~person~~consumer for the purpose of effectively gaining quick control of a ~~person~~consumer who is aggressive or agitated or who is a danger to self or others.

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

(14) "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.

(15) "Culturally competent and linguistically appropriate" means the ability to reach underserved cultural populations and address specific barriers related to racial, ethnic, cultural, language, gender, age, economic, or other disparities in mental health services access, quality, and outcomes.

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

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

(18) "Direct Care Staff" means facility staff ~~that~~who 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.

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

(19) "Dual Agency Client" means a foster child~~ren~~ in temporary custody of the child welfare agency under Section 319 of the Welfare and Institutions Code or under the jurisdiction of the juvenile court pursuant to Section 300,

450, 601, or 602 of the Welfare and Institutions Code who ~~is~~ are also either a consumer of regional center services, or who ~~is~~ are receiving services under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) but ~~is~~ are under three (3) years of age and ~~has~~ have not yet been determined to have a developmental disability.

(20) "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.

(21) "Emergency Intervention Plan" means a written plan, which addresses the implementation of emergency interventions and the prevention of serious injury and includes the content specified in Section 59002(a)(8)(D).

(22) "Extended Procedure" means physical restraint that lasts for more than 15 consecutive minutes.

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

(24) "Functional Behavior Assessment" means a variety of systematic information-gathering activities whereby relevant and specific data ~~is~~ are collected to determine factors influencing the occurrence of a behavior, such as but not limited to antecedents, consequences, setting events, motivating operations, trauma history, indirect assessment, direct observation, and experimental analysis. The results are used as the basis to design a consumer's Individual Behavior Supports Plan.

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

(26) "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.

(27) "Individual Behavior Supports Plan" means the plan that: identifies and documents the behavior, 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.

(28) "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.

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

1. Consumer and, where applicable, authorized consumer representative;
2. Regional center service coordinator, and other regional center representatives, as necessary;
3. Community Crisis Home Qualified Behavior Modification Professional ~~administrator~~;
4. Community Crisis Home administrator ~~Regional center clients' rights advocate, unless the consumer objects on his or her own behalf to participation by the clients' rights advocate~~; and
5. ~~Community Crisis Home Qualified Behavior Modification Professional~~ Clients' rights advocate, unless the consumer objects.

(B) The team may also include:

1. Regional center's mobile crisis team;
2. Representative(s) from the consumer's prior residence and/or identified alternative future community-based residential setting, as applicable;
3. Health Care Professional;
4. Representative(s) from the responsible Local Education Agency ~~local education agency or agencies as defined in Section 49005.1(c) of the Education Code~~; and,
5. Any individual(s) deemed necessary by the consumer, or, where applicable, ~~his or her~~ their authorized consumer representative, if

any, for developing a comprehensive and effective Individual Behavior Supports Plan.

(29) "Individualized Emergency Intervention Plan" means a written plan addressing the prevention of serious injury and implementation of emergency intervention techniques ~~by the licensee~~ that will be used with a specific consumer, which are in addition to, and are not prohibited by, the emergency intervention techniques set forth in the facility Emergency Intervention Plan. The Individualized Emergency Intervention Plan shall: ~~be~~

(A) Be developed in consultation with a Qualified Behavior Modification Professional with input from the consumer and, if available, someone whom the consumer desires to provide input, in accordance with Section 1180.4(a) of the Health and Safety Code Section 1180.4(a). The Individualized Emergency Intervention Plan shall include; and

(B) Include consumer-centered problem-solving strategies that diffuse and safely resolve emerging crisis situations and strategies to minimize time spent in ~~seclusion or~~ behavioral restraints.

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

(31) "Intensive Transition Services" means services offered to ~~individuals~~ persons with intellectual and/or developmental disabilities and co-occurring psychiatric disabilities before, during, and after transition from a highly restrictive setting to a less restrictive living situation in the community.

(32) "Licensee" means the adult, firm, partnership, association, corporation, county, city, public agency, or other governmental entity having the authority and responsibility for the operation of a licensed community care facility.

(33) "Physical restraint" means the use of a manual hold to restrict freedom of movement of all or part of a consumer's body, or to restrict normal access to the consumer's body, and that is used as a behavioral restraint. "Physical restraint" is staff-to-consumer physical contact in which the consumer unwillingly participates. "Physical restraint" does not include briefly holding a consumer without undue force in order to calm or comfort, or physical contact intended to gently assist a consumer in performing tasks or to guide or assist a consumer from one area to another.

(34) "Planning Team" refers to the planning team defined in ~~subsection (j) of~~ Section 4512(j) 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.

(35) "Prone restraint" means that the consumer is restrained in ~~the~~ horizontal facedown position on the floor or other surface, and physical pressure is applied to the consumer's body to keep the consumer in the prone position.

(36) "Qualified Behavior Modification Professional" means a person with a minimum two (2) years of experience in designing, supervising, and implementing behavior modification services as one of the following:

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

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

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

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

(E) A psychologist, licensed by the California Board of Psychology; or

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

(37) "Registered Behavior Technician" means a person recognized by the national Behavior Analyst Certification Board as a Registered Behavior Technician.

(38) "Seclusion" means the involuntary confinement of a consumer alone in a room or an area from which the consumer is physically prevented from leaving. "Seclusion" does not include a "time-out".

(39) "Supine restraint" means the consumer is restrained in a horizontal face up position on the floor or other surface, and physical pressure is applied to the consumer's body to keep the consumer in the supine position.

(40) "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.

(41) "Time-Out" means a behavioral management technique involving the consumer, voluntarily and without force, being separated from the current environment to calm and allow the consumer to regain self-control.

(42) "Trauma-Informed Care" means a care approach that involves an understanding of the impact of adverse experiences and responds to symptoms of chronic interpersonal trauma and traumatic stress that can arise across the lifespan of a consumer. The approach includes integrating this understanding into facility policies, procedures, staff training, and a consumer's assessments and plans.

(43) "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: Sections 4698 and 4698.1, Welfare and Institutions Code; and Sections 1180.1, 1180.4 and 1567.81, Health and Safety 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~~ their 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 pursuant to Section 56003.

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

(h) A Community Crisis Home shall maintain a facility file as required by Section 59011 and a consumer file as required in Section 59012.

(1) The facility file and consumer file shall be immediately available upon Department request and must be the original or a facsimile of the original. A facsimile is an exact copy of the original. In the event the Department requests a physical copy, whether electronic or paper, the copy shall be a facsimile.

Note: Authority cited: Sections 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; and

(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 56068-56074, 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 (3) months, with the drills conducted on alternating work shifts so that drills are conducted during the day and evening hours; and

(D) An Emergency Intervention Plan that shall contain:

1. A description of how the facility will ensure the proper application of emergency interventions and the use of proper physical restraint or containment in a Community Crisis Home licensed as a group home or adult residential facility, pursuant

to Title 22, California Code of Regulations, Sections 84300 and 85100, respectively, and Section 1180.4(h) of the Health and Safety Code;

~~12.~~ Procedures for documenting each use of physical restraint in the consumer's ~~record~~file;

~~23.~~ Procedures for reviewing each use of physical restraint with the consumer and authorized consumer representative, ~~or parent~~ if any;

~~34.~~ Procedures for accessing community emergency services, if the use of emergency interventions is not effective or appropriate;

~~a5. The facility's p~~Procedures concerning when and how to involve law enforcement in response to an incident at the facility must be included in the plan;

~~46.~~ Requirements in Title 22, California Code of Regulations, Section 85122 for a Community Crisis Home licensed as an adult residential facility and Section 84322 for a Community Crisis Home licensed as a group home; and

~~57. An outline of p~~Procedures to ensure the safety of the consumer and direct care staff if an exception to the 15-minute restraint time limit is required.

(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 use of emergency interventions ~~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; and

(E) Any other methodologies selected to measure consumer progress.

(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) Consumer 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;

(15) A description of how the facility ~~will ensure the application of emergency intervention techniques and the use of restraint or containment in Community Crisis Homes;~~ licensed as a group home will ensure compliance with the placement duration limitations set forth in Section 1567.81 (d) of the Health and Safety Code governing placements of dual agency clients; and

(16) A description of how the facility ~~licensed as a group home will meet all the diverse needs of the population to be served with a culturally competent and linguistically appropriate prevention and intervention program.~~ ensure compliance with the placement duration limitations set

~~forth in Section 1567.81(d) of the Health and Safety Code governing placements of dual agency clients; and~~

~~(17) A description of how the facility will meet all the diverse needs of the population to be served with a culturally competent and linguistically appropriate prevention and intervention program.~~

(b) The facility program plan shall include the signature of the licensee and date of submission to the regional center for review and approval.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Sections 4648, 4698 and 4698.1, Welfare and Institutions Code; and Sections 1180.4 and 1567.81, Health and Safety 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 pursuant to Section 56003(b).

(c) In addition to the training required by Section 59007(a) and (b), the licensee shall ensure that, prior to providing direct consumer care, administrators receive hands-on training in first aid and cardiopulmonary resuscitation by a certified instructor from one of the following:

(1) the American Red Cross;

(2) the American Heart Association;

(3) a training institution accredited by an accrediting body recognized by the United States Department of Education; or

(4) a training facility or course certified by the Emergency Medical Service Authority (EMSA).

(d) Administrators shall maintain current certifications in first aid and cardiopulmonary resuscitation.

(e) First aid and cardiopulmonary resuscitation certifications must be renewed annually.

(f) The licensee shall maintain the first aid and cardiopulmonary resuscitation certifications in facility personnel records.

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

### **§ 59005. Direct Care Staff Qualifications.**

~~(a) A direct care staff person must:~~

~~(1) Have at least six months of 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.~~

(a)(b) A direct care lead staff person must:

(1) Have at least one year of 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.

(b) A direct care staff person must:

(1) Have at least six months of 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.

(c) In addition to the training required by Section 59007(a) and (b), the licensee shall ensure that, prior to providing direct consumer care, direct care staff receive hands-on training in first aid and cardiopulmonary resuscitation as specified in Section 59004(c)(1)-(4).

(d) Direct care staff shall maintain current certifications in first aid and cardiopulmonary resuscitation.

(e) First aid and cardiopulmonary resuscitation certifications must be renewed annually.

(f) The licensee shall maintain the first aid and cardiopulmonary resuscitation certifications in facility personnel records.

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

### **§ 59006. Staffing Requirements.**

(a) At least one direct care 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 Behavior Supports Team and is reflected on the approved DS 6024 (Rev ~~5/2020~~9/2021) form completed pursuant to Section 59022(b).

(b) Direct care staff who have not completed the on-site orientation and training as required by Section 59007 (a), ~~(b), (c) and (e)~~ - (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), (c) and (e)~~ (d), while caring for consumers.

(c) The licensee shall assign a Qualified Behavior Modification Professional to each consumer. A minimum of six (6) 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 licensee shall ensure provision of a minimum of six consultant hours per month per consumer, which must be appropriate to meet individual consumer service needs.~~

~~(de) Each Community Crisis Home must have an administrator present and on duty a minimum of 20 hours per week per at each facility to ensure the effective operation of the facility. This time must be documented in the facility file.~~

(e) In addition to the hours required in Subsection (c), the licensee shall ensure provision of a minimum of six (6) consultant hours per month per consumer, which must be appropriate to meet individual consumer service needs. This time must be documented in the consumer file.

(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 4698.1, Welfare and Institutions Code.

### **§ 59007. Staff Training.**

(a) The licensee shall ensure that each direct care staff person completes a minimum of 32 hours of on-site orientation within the first 40 hours of employment. The on-site orientation must include, ~~but is not limited to,~~ the following:

(1) Training required pursuant to Title 22, California Code of Regulations, Section 85365(h);

~~(2) The specialized needs of each of the consumers;~~

~~(23) Overview of the following primary and secondary diagnoses concepts, including, but not limited to:~~

~~(A) Developmental disability Trauma-informed care;~~

~~(B) Mental illness/behavioral health Person-centered practices; and~~

~~(C) Substance use and abuse; Positive behavioral supports; and~~

~~(D) Trauma-informed care; Cultural competency.~~

~~(E) Person-centered practices;~~

~~(F) Positive behavioral supports; and~~

~~(G) Cultural Competency.~~

~~(4) Consumers' rights and protections pursuant to Sections 50500-50550, and Title 22, California Code of Regulations, Section 80072, Section 84072 for a Community Crisis Home licensed as a group home, and Section 85072 for a Community Crisis Home licensed as an adult residential facility;~~

~~(5) The facility's program plan;~~

~~(6) Implementation of each consumer's Individual Behavior Supports Plan and Individual Program Plan;~~

~~(7) Health and emergency procedures, including fire safety;~~

~~(8) 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;~~

~~(9) Identification and reporting of Special Incidents, as required by Section 54327(b);~~

~~(10) Identification and reporting of suspected consumer abuse and neglect; and~~

~~(11) Assistance to consumers with prescribed medications, including required documentation.~~

~~(b) The licensee of a group home shall comply with the training requirements of Title 22, California Code of Regulations, Section 84065(i).~~

~~(be) In addition to staff receiving the on-site orientation, described in Subsection (a), within the first 80 hours of employment, the licensee shall ensure that direct care staff receive a minimum of 16 hours of emergency intervention training,~~

annually by a qualified instructor, pursuant to Title 22, California Code of Regulations, Section 85165(c), including, for group home staff, training on the emergency intervention requirements of ~~Title 22, California Code of Regulations, Sections 84300 through 84369~~ Sections 59010.1 – 59010.5. The training must include the techniques the licensee will use to prevent serious 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, Section 84365 for a Community Crisis Home licensed as a group home and Section 85165 for a Community Crisis Home licensed as an adult residential facility.

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

~~(d)~~ In addition to the training required by Subsections (a) and (b), the licensee 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 licensee shall maintain the certifications in facility personnel records.

(2) Cardiopulmonary resuscitation certification must be renewed annually.

~~(e)~~ The licensee 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), and (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 (1) year of employment at the Community Crisis Home.

(f) The licensee shall ensure direct care staff who use, participate in, approve, or provide visual checks of physical restraint only use techniques specified in the Emergency Intervention Plan and which are not prohibited in Section 59010.1.

(g) Direct care staff who use, participate in, approve, or provide visual checks of physical restraint shall comply with Title 22, California Code of Regulations, Section 85365(i) and (j), and also receive training on the emergency intervention requirements specified in Sections 59010.1 – 59010.5. The training shall be completed on an annual basis. The training shall be provided by an instructor who meets the requirements specified in Title 22, California Code of Regulations, Section 84365(c).

(1) Direct care staff who use, participate in, approve, or provide visual checks of physical restraints shall be trained in the physical restraint technique utilized.

(2) Direct care staff shall maintain written certification of completion of the training requirements specified in Subsection (g) issued by the emergency intervention program and specified in the emergency intervention plan.

NOTE: Authority cited: Section 4698.1, Welfare and Institutions Code. Reference: Sections 4695.2 and 4698.1, Welfare and Institutions Code.

### **§ 59008. Continuing Education.**

(a) In addition to the training requirements in Section 59007, the licensee shall ensure that direct care staff complete a minimum of 25 hours of continuing education on an annual basis covering, but not limited to, the subjects specified in Section 59007(a).

(b) Community Crisis Homes shall provide five (5) hours of competency-based continuing education in the areas of person-centered practices, positive behavioral supports, trauma-informed care, and cultural competency which may be counted towards the required hours in §Subsection (a).

(c) For Community Crisis Homes licensed as group homes, 10 of the continuing education hours required by Title 22, California Code of Regulations, Section 84065(j), may be counted towards the required hours in §Subsection (a).

(d) The licensee shall require that direct care staff complete additional continuing education, as necessary, to ensure the continued health and safety of each consumer.

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

(f) In addition to the training requirements in §Subsection (a), the licensee shall ensure that direct care staff renew the 16 hours of emergency intervention training required in Section 59007(be) annually.

(g) ~~In addition to the training requirements in subsection (a),~~ The administrator shall ensure a minimum of 20 minutes of monthly emergency intervention refresher staff training is provided by a qualified instructor pursuant to Title 22, California Code of Regulations, Section 85165(c), which may be counted towards the required hours in Subsection (f). The refresher training must:

(1) Focus on one of the emergency intervention and de-escalation strategies including the techniques the direct care staff will use to prevent serious injury and maintain safety of consumers who are a danger to self or others; and

(2) The refresher training must emphasize trauma-informed positive behavioral supports and techniques that are alternatives to physical restraint.

(h) At least once per quarter in one of the monthly refresher trainings referenced in Subsection (g), the administrator shall require the practice of supine restraint holds, if the use of supine restraint is approved as a part of the facility Emergency Intervention Plan.

~~(hi)~~ 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: Sections 4698 and 4698.1, Welfare and Institutions Code.  
Reference: Sections 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:

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

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

(C) 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 seven (7) days of admission:

(1) The administrator shall ensure completion of additional assessments or referrals, which must include, but is not 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; and

(D) When deemed applicable by the health care professional:

1. A behavioral health evaluation;

2. A substance use disorder evaluation;
3. A thorough medical evaluation to rule out a physical cause for the crisis; and
4. A dental consultation.

(2) The administrator, with input from the Individual Behavior Supports Team, shall ensure ~~completion of the~~ Qualified Behavior Modification Professional completes:

- (A) A written Functional Behavior Assessment; and
- (B) A written Individual Behavior Supports Plan.

(f) The administrator, with input from the Individual Behavior Supports Team, shall ensure a weekly review of the written Individual Behavior Supports Plan and ensure the plan is updated ~~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 5.5. Transition/Discharge**

### **§ 59009.5. Transition/Discharge from the Community Crisis Home.**

(a) Transition planning shall begin at the time of the consumer's admission to the Community Crisis Home and shall include the requirements in Section 59010(d)(10).

(b) To obtain the Department's initial approval for a consumer to stay in a Community Crisis Home for additional day(s) beyond 18 months in a Community Crisis Home licensed as an adult residential facility and 12 months for a Community Crisis Home licensed as a group home, ~~pursuant to Section~~

59022(b)(3)(D), the regional center executive director or their designee must submit a written request to the Department at least five (5) days prior to the expiration of the consumer's stay. The written requests shall be sent to CCHExtensions@dds.ca.gov and must include the following information:

(1) Consumer initials, ~~U~~unique ~~C~~lient ~~I~~dentifier number, Community Crisis Home facility name, and the date of admission into the Community Crisis Home;

(2) The initial Functional Behavior Assessment and Individual Behavior Supports Plan, including the transition plan;

(3) The current Individual Behavior Supports Plan, including the transition plan;

(4) Historical and current graphed data of the consumer's target behavior(s) since entering the Community Crisis Home; and

(5) Explanation of why residing in the Community Crisis Home for additional day(s) is necessary to protect the consumer's health or safety.

(c) The Department's approval for additional day(s) will be granted based on an evaluation of the information specified in Subsection (b)(1)-(5), for periods of no more than 30 days at a time.

(d) Following the Department's initial approval, each additional written requests for additional day(s) ~~will be reviewed monthly thereafter.~~ shall be submitted to the Department at CCHExtensions@dds.ca.gov no later than five (5) days prior to the expiration of the current approval. The written request must include the following information:

(1) Historical and current graphed data of the consumer's target behavior(s), that has been updated to include targeted behavior(s) observed and a summary of the consumer's progress since the submittal of the last written request;

(2) An updated Individual Behavior Supports Plan and ~~the~~ transition plan with an that includes an explanation of barriers that have prevented stabilization and/or transition out of the Community Crisis Home; and

(3) An explanation of why residing in the Community Crisis Home for additional day(s) is necessary to protect the consumer's health or safety.

(e) ~~At the time of discharge, the licensee administrator shall provide the following items to the consumer's next placement: a written summary of the consumer's current developmental, behavioral, socialization, health, and nutritional status at the time of discharge. A copy of the final summary, in addition to the; a current Functional Behavior Assessment; and an Individual Behavior Supports Plan, must be provided to the next placement at the time of discharge.~~

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 by the Qualified Behavior Modification Professional.

(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 seven (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. The Individual Behavior Supports Team must review the transition plan at least monthly. The transition plan must include:

(A) Measurable transition objectives and criteria, including baseline measures;

(B) Projected service and support needs;

(C) Projected timeline for stabilization; and

(D) A plan for cross-training needs;

(11) Emergency interventions that may be necessary.

(A) Emergency interventions shall be included in an Individualized Emergency Intervention Plan within the Individual Behavior Supports Plan.

(e) Within 72 hours of inclusion of supine restraint in an Individualized Emergency Intervention Plan, the licensee shall provide a copy of the Individualized Emergency Intervention Plan to the regional center's designee and to the Department at [EBSHCCHMonitoring@dds.ca.gov](mailto:EBSHCCHMonitoring@dds.ca.gov).

(1) The Individualized Emergency Intervention Plan shall include:

(A) a description of the plan to systematically fade the use and inclusion of supine restraint; and

(B) de-escalation strategies and alternatives to supine restraint.

(f) If the regional center or the Department determines the Individual Behavior Supports Plan, including the Individualized Emergency Intervention Plan, requires revision, the administrator shall ensure revisions are made by the Qualified Behavior Modification Professional with input from the Individual Behavior Supports Team. Within 72 hours of completion of the revisions, the administrator shall resubmit the revised plan to the regional center's designee, and to the Department at EBSHCCHMonitoring@dds.ca.gov.

(eg) 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: Section 4698.1, Welfare and Institutions Code.

## **Article 6.5. Restraint and Containment**

### **§ 59010.1. Prohibited Emergency Interventions.**

Community Crisis Homes shall prohibit the use of:

(a) the prone restraint, ~~supine restraint,~~ and

(b) any physical restraint or containment technique that obstructs a consumer's respiratory airway or impairs the consumer's breathing or respiratory capacity as specified in Health and Safety Code Section 1180.4(c)(1),

(c) seclusion, and

(d) the emergency interventions as described in Title 22, California Code of Regulations, Section 85102 for a Community Crisis Home licensed as an adult residential facility and Section 84300.1 for a Community Crisis Home licensed as a group home.

NOTE: Authority cited: Sections 4698 and 4698.1, Welfare and Institutions Code.  
Reference: Sections 4698 and 4698.1, Welfare and Institutions Code; and Section 1180.4, Health and Safety Code.

## § 59010.2. Time Limits on the Use of Physical Restraint.

(a) Physical restraint shall not continue longer than necessary to control the behavior for which the physical restraint was employed. The use of physical restraint must be discontinued as soon as the consumer's behavior no longer poses imminent danger of serious injury to self or others.

(b) Physical restraint shall not be used as an extended procedure, except when there is a continued need to protect the immediate health and safety of the consumer and/or others from risk of imminent serious injury and the administrator or their designee has approved the use of physical restraint as an extended procedure, as specified in Subsections (c), (f), and (g), as specified in Title 22, California Code of Regulations, Sections 84322 (f) for Community Crisis Homes licensed as group homes and 85122(e) for Community Crisis Homes licensed as adult residential facilities and only with administrators approval.

(c) The following requirements must be met to continue use of physical restraint: beyond 15 consecutive minutes:

(1) The consumer in a physical restraint must be visually checked to ensure the consumer is not injured, and that the consumer's personal needs, such as access to toilet facilities, are being met.

(A) Direct care staff who use, participate in, approve, or provide visual checks of physical restraints shall be trained in the physical restraint technique utilized.

(B) Visual checks must be documented in the consumer's file at the time of each visual check.

(C) The person conducting the visual check must not be the person who is restraining the consumer.

(12) The person who approves the continuation of physical restraint must be a person other than the person who ~~restrained~~ is restraining the consumer;

(2) The person who visually checks the consumer after 15 minutes to ensure the consumer is not injured and that the consumer's personal needs, such as access to toilet facilities, are being met, must be a person other than the person restraining the consumer; and

~~(3) After the initial 15 minutes, the person who approves the continuation of the physical restraint shall observe the consumer's behavior while the consumer is being restrained to determine whether continued use of the physical restraint is justified pursuant to subsection (a);~~

(3) Before approving the continuation of the physical restraint beyond 15 consecutive minutes, the person who approves the continuation of physical restraint shall observe the consumer's behavior while being restrained to determine whether continued use of the physical restraint is justified pursuant to Subsection (a);

(4) Within 24 hours of the use of physical restraint beyond 15 minutes, the administrator or their designee must include the following documentation in the consumer's file:

(A) Written approval for the continued use of physical restraint beyond 15 consecutive minutes;

(B) Written explanation of why it was necessary for physical restraint to extend beyond 15 consecutive minutes; and,

(C) A description of the consumer's behavior that posed an imminent danger of serious injury to self or others.

~~(c) Within 24 hours, the administrator must document in the consumer's record written approval for the continued use of physical restraint beyond 15 consecutive minutes, including an explanation of why it is necessary for physical restraint to extend beyond 15 consecutive minutes and a description of the consumer's behavior that posed an imminent danger of serious injury to self or others.~~

(d) Direct care sStaff must respond promptly and appropriately to a consumer's request for services and assistance with repositioning the consumer ~~when appropriate.~~

~~(e) If a pPhysical restraint lasts longer than shall not exceed 30 consecutive minutes, the consumer in a physical restraint must be visually checked every 15 minutes until the physical restraint is terminated, to ensure the consumer is not injured, that consumer's personal needs are being met, and that the continued use of the physical restraint is justified pursuant to subsection (a).~~

~~(1) This visual check must be documented in the consumer's record at the time of the visual check;~~

~~(2) The person conducting the visual check must not be the person who restrained the consumer;~~

~~(f) If a physical restraint lasts longer than 60 consecutive minutes, in addition to the requirements set forth in subsection (e), the following must occur:~~

~~(1) The administrator must evaluate whether the facility has adequate resources to meet the consumer's needs and reevaluate at 30-minute intervals thereafter;~~

~~(2) Physical restraint used in excess of 60 consecutive minutes must be approved, every 30 minutes, in writing by the administrator; and~~

~~(3) The consumer's authorized representative must be notified, and if the consumer is a child, the child's authorized representative must approve of the extended physical restraint. The authorized representative's approval must be documented in the consumer's record at the time of the approval.~~

(f) If physical restraint is reapplied within two (2) minutes of release of a physical restraint:

(1) The administrator or their designee must include the documentation outlined in Subsection (c)(4)(A)-(C), in the consumer's file within 24 hours; and

(2) The person who approves the continuation of physical restraint must be a person other than the person who restrained the consumer.

(g) If a physical restraint exceeds two (2) consecutive hours, the consumer must be allowed to access liquids, meals and toileting and range of motion exercises at regular intervals not exceeding two (2) consecutive hours. For every subsequent reapplication of physical restraint within two (2) minutes of release of a physical restraint:

(1) The administrator or their designee shall observe the consumer's behavior while restrained to determine whether continued use of the physical restraint is justified pursuant to Subsection (a);

(2) The consumer in a physical restraint must be allowed to access liquids, meals, toileting, and range of motion exercises;

(3) The administrator or their designee must provide the documentation outlined in Subsection (c)(4)(A)-(C), in the consumer's file within 24 hours;

(4) The administrator or their designee must approve each reapplication of physical restraint;

(5) The administrator or their designee must evaluate whether the facility has the resources necessary to maintain the consumer's health and safety during crisis situations where there is risk of serious injury of self or others; and

(6) The authorized consumer representative, if any, must be notified and if the consumer is a child, the child's authorized consumer representative must approve of the third and every subsequent reapplication of physical restraint within two (2) minutes of a physical restraint release. The authorized consumer representative's approval must be documented in the consumer's file at the time of the approval.

(A) If the administrator or their designee is not able to obtain approval from the child's authorized consumer representative to continue the extended use of restraint, direct care staff shall maintain the physical restraint if there is an imminent risk of serious injury and immediately call local law enforcement.

(h) Physical restraint must not exceed four (4) cumulative hours in a 24-hour period.

(1) If a physical restraint exceeds four (4) cumulative hours, the facility must inform the ~~consumer's~~ authorized consumer representative, if any, and contact community emergency services to determine whether the consumer should be removed from the facility.

(i) Within 48 hours of a physical restraint of 60 or more cumulative minutes ~~or longer~~ in a 24-hour period, the consumer's Individual Behavior Supports Plan must be reviewed by the Individual Behavior Supports Team and modified as needed.

NOTE: Authority cited: Sections 4698 and 4698.1, Welfare and Institutions Code. Reference: Sections 4698 and 4698.1, Welfare and Institutions Code; and Section 1180.4, Health and Safety Code.

### § 59010.3. Assessment of Potential Physical Injury After Each Use of Physical Restraint.

(a) Within 30 minutes after termination of each use of physical restraint:

(1) The administrator or ~~administrator's~~ their designee shall conduct an in-person assessment of the consumer's immediate needs and physical well-being;

(A) If there is physical injury or suspected physical injury, an assessment by a qualified medical professional is required and shall be initiated as soon as possible;

(2) The administrator or ~~administrator's~~ their designee shall conduct an in-person assessment of the consumer's psychological well-being and the need for emotional support;

(A) If there is psychological trauma or suspected psychological trauma, ~~they~~ the consumer shall be treated for trauma and treatment shall be initiated as soon as possible.

(b) Within 4 hours after each use of physical restraint:

(1) If medical attention is sought, it must be documented in the consumer's file record and reported to the Department; and

(2) The administrator or ~~their administrator's~~ designee shall ~~assess~~ inquire about the physical and psychological well-being of the direct care staff involved in the physical restraint as well as of anyone who observed the physical restraint and provided support as needed.

(c) If suspected physical injury or a complaint of physical injury are reported to or witnessed by direct care staff during or after the physical restraint, ~~it must be reported to the Community Crisis Home administrator or administrator's designee within 2 hours. A~~ written incident report must be submitted to the Department of Social Services and the regional center as specified by Title 22, California Code of Regulations, Section 80061. The regional center shall then submit the report to the Department. Suspected serious bodily injury, as defined in Welfare and Institutions Code Section 15610.67, must be reported within two (2) hours to a qualified medical professional for examination. containing the information required in Title 22, California Code of Regulations, Section 85161(c) must be submitted to the administrator or their designee within two (2) hours.

(d) The written incident report specified in Subsection (c) must also be submitted to the Department of Social Services and the regional center as specified in Title 22, California Code of Regulations, Section 80061 (b).

(e) Serious bodily injury, as defined in Welfare and Institutions Code Section 15610.67, must be reported to a qualified medical professional within two (2) hours for examination.

(f) The regional center shall submit a copy of the written incident report to the Department at EBSHCCHMonitoring@dds.ca.gov, within two (2) working days following receipt of the report as specified in Section 54327.1 (a).

NOTE: Authority cited: Sections 4698 and 4698.1, Welfare and Institutions Code.  
Reference: Sections 4698 and 4698.1, Welfare and Institutions Code; and Section 1180.4, Health and Safety Code.

#### **§ 59010.4. Debriefing After the Use of Physical Restraint.**

(a) A facility must conduct a debriefing as quickly as possible but no later than 24 hours following every incident involving the use of physical restraint.

(b) Attendees of the debriefing shall include, at minimum:

(1) The consumer who was physically restrained, unless the consumer voluntarily declines;

(2) The authorized consumer representative, if applicable;

(3) The staff involved in the incident;

(4) The administrator or ~~administrator's~~ their designee; and

(5) The facility's Qualified Behavior Modification Professional.

(c) The debriefing may ~~shall~~ also include individuals requested by the consumer. Those individuals shall be invited to the debriefing but are not required to attend the debriefing.

(d) The debriefing may also include the clients' rights advocate and a regional center representative with approval from the consumer. Those individuals shall be invited to the debriefing but are not required to attend the debriefing.

(e) The debriefing shall include:

(1) Assisting the consumer with identifying the precipitant of the incident and suggesting methods of more safely and constructively responding to the incident, unless the consumer voluntarily declines;

(2) Assisting the staff in understanding the precipitants to the incident, and developing alternative methods of helping the consumer avoid or cope with those incidents;

(3) Identifying what led to the incident and what factors contributed to the incident leading to the use of physical restraint;

(4) Assessing alternative methods of responding to the incident that may have avoided the use of physical restraint;

(5) Evaluating whether staff used emergency interventions consistent with the facility Emergency Intervention Plan, the Individual Behavior Supports Plan, Individualized Emergency Intervention Plan, and staff training;

(6) Devising treatment interventions to address the root cause of the incident, its consequences, and modifying the Individual Behavior Supports Plan and/or the Individualized Emergency Intervention Plan accordingly;

(7) Evaluating whether the consumer was in physical restraint for the least amount of time necessary;

(8) Evaluating the effectiveness of less restrictive de-escalation strategies that were attempted and if they were not effective or were counterproductive, that they are discontinued;

(9) Determining whether the consumer's physical and psychological well-being and right to privacy were addressed appropriately;

(10) Considering treatment for any trauma that may have been experienced by the consumer as a result of the incident;

(11) Identifying alternative ways of helping the consumer avoid or cope with difficult situations such as those that led to the use of physical restraint; and

(12) Identifying the need to do a new Functional Behavior Assessment, revise or refine the Individual Behavior Supports Plan and Individualized Emergency Intervention Plan, retrain staff, and/or investigate risk factors.

(f) Documentation of the debriefing meeting must include:

- (1) Findings from the activities in Subsections (e)(1)-(12);
- (2) Any revisions needed to the Individual Behavior Supports Plan and Individualized Emergency Intervention Plan to better serve the consumer;
- (3) The consumer's refusal to participate in the debriefing activities, if applicable;
- (4) ~~With the express consent of the person questioned, or their personal representative if that person is incapacitated, documentation of t~~The physical and psychological well-being of any the person who observed the physical restraint, with the consent of the person or person's authorized representative, if the person is incapacitated; and
- (5) Evidence that less restrictive, nonphysical strategies or interventions were attempted first and without success.

(g) If the consumer who was physically restrained voluntarily declines to participate in the debriefing meeting as described in Subsections (a)-(e), the administrator shall offer the consumer a subsequent meeting with the team described in Subsection (b) within 72 hours of the physical restraint. During this meeting:

- (1) The team must conduct the activity described in Subsection (e)(1); and,
- (2) Review with the consumer the debriefing information required by Subsections (e)(2)-(12).

(h) Documentation of the subsequent meeting must include:

- (1) The date(s) the meeting was offered if the consumer voluntarily declines to participate in the meeting;
- (2) The date and time the meeting occurred;
- (3) Participants involved;

(4) Findings from the activities in Subsection (e)(1); and

(5) Any consumer input on activities in Subsections (e)(2)-(12).

(g) If physical restraint is used on more than three (3) occasions within a three-month period and/or the recurrence of the consumer's dangerous behavior can be anticipated, the Individual Behavior Supports Team shall meet and discuss the consumer's Individual Behavior Supports Plan, ongoing support and transition needs, and alternatives to physical restraint. The Individual Behavior Supports Plan must be updated with any revisions as specified in Subsections (e) and (g) within five (5) business days.

NOTE: Authority cited: Sections 4698 and 4698.1, Welfare and Institutions Code.  
Reference: Sections 4698 and 4698.1, Welfare and Institutions Code; and  
Section 1180.4, Health and Safety Code.

#### **§ 59010.5. Restraint Data Reporting.**

~~On a monthly basis, a facility shall report to the Department and regional center the number of incidents where behavioral restraints were used, and the duration of time spent per incident of restraint.~~

(a) Emergency Intervention Documentation and Reporting Requirements.

(1) Each use of physical restraint shall be reported to the authorized consumer representative, if any, by telephone, no later than the next calendar day following the use of the physical restraint. This report shall include the type of emergency intervention used and the duration of the physical restraint.

(A) The date and time the use of physical restraint was reported to the authorized consumer representative, and the date, time, and response of the authorized consumer representative, shall be documented in the consumer's file no later than the next calendar day.

(2) Each use of physical restraint shall be reported to the Department of Social Services as specified in Title 22, California Code of Regulations, Section 80061 and 84361, and the Department at [EBSHCCHMonitoring@dds.ca.gov](mailto:EBSHCCHMonitoring@dds.ca.gov) no later than the next business day following the use of the physical restraint.

(A) An incident report of the use of the physical restraint shall be reviewed for accuracy and completeness, and signed by the licensee or their designee prior to submission to the Department of Social Services and the Department.

(B) If a physical restraint technique that was not part of the facility Emergency Intervention Plan or the Individual Emergency Intervention Plan was used during the emergency intervention, the licensee shall develop a plan for corrective action that, at minimum, shall require direct care staff to repeat or obtain emergency intervention training. Within 24 hours of the licensee's discovery of non-compliance of the Emergency Intervention Plan or the Individualized Emergency Intervention Plan, the licensee shall also submit a plan for corrective action to the Department of Social Services and the Department at EBSHCCHMonitoring@dds.ca.gov, that describes how the licensee will ensure that there is no recurrence of a violation of the Emergency Intervention Plan or the Individual Emergency Intervention Plan.

(3) The written incident report specified in Subsection (a)(2) must include the following:

(A) A description of the consumer's behavior and a description of the precipitating factors, including behaviors of others, which led to the use of physical restraint;

(B) Description of what physical restraints were used and how long the consumer was restrained;

(C) Description of the non-physical interventions utilized prior to the use of the physical restraint and an explanation of why more restrictive interventions were necessary;

(D) Description of the consumer's verbal response and physical appearance, any injuries sustained by the consumer and/or staff whether the injuries are related to the physical restraint, and how the licensee became aware of the injury;

(E) Description of the type of medical treatment sought and the location where medical treatment was obtained. If no medical treatment was obtained, an explanation of why medical treatment was not sought for injuries;

(F) Name(s) of facility personnel who participated in or witnessed the physical restraint;

(G) Name of the administrator or their designee who approved the continuation of the physical restraint for more than 15 consecutive minutes;

(H) If it is determined in the debriefing pursuant to Section 59010.4 that facility personnel did not adequately attempt to prevent physical restraint, a description of what action(s) should have been taken by staff to prevent physical restraint. This documentation shall also include what corrective action will be taken and why;

(I) If law enforcement was involved, a description of the precipitating factors, including behaviors of others, which led to the police intervention; and

(J) Date(s) and time(s) of other physical restraint(s) involving the same consumer within 24 hours.

(4) If it was necessary to continue the use of physical restraint for more than 15 consecutive minutes, it shall be documented in accordance with Section 59010.2.

(5) A copy of the incident report shall be made available for review, inspection, audit, or copy upon request by the Department, as specified in Section 59012.

(6) The information required in Subsections (a)(2) – (3), shall be documented following the use of physical restraint no later than the end of the work shift(s) for each staff member who participated in the physical restraint.

(7) The licensee shall maintain a monthly log of information for each consumer related to each use of physical restraint, which includes:

(A) The name of each consumer for which a physical restraint was used;

(B) The date and time of the physical restraint;

(C) The duration of the physical restraint;

(D) The behaviors of others connected to the incident and factors that contributed to the incident;

(E) The name(s) and job title(s) of staff that participated in the physical restraint;

(F) The name of the administrator or their designee that approved the continuation of the physical restraint for more than 15 minutes, if applicable;

(G) A description of the physical restraint and type used, including:

1. The outcome to the consumer, including injury or death;

2. The outcome to the staff, including injury or death; and

3. Whether the injury in Subsections (a)(7)(G)1. and 2. was serious, as defined in Health and Safety Code Section 1180.1(g);

(H) The total number of incidents of physical restraint per month;

(I) The total number of serious injuries to consumers per month as a result of physical restraint;

(J) The total number of non-serious injuries to consumers per month as a result of physical restraint;

(K) The total number of serious injuries to staff per month as a result of physical restraint;

(L) The total number of deaths of consumers while in a physical restraint, or where it is reasonable to assume that a death was related to the use of physical restraint; and

(M) If no physical restraints are used, the monthly report shall indicate zero restraints used.

(8) The monthly log specified in Subsection (a)(7) shall be available for review, inspection, audit, and copy upon request by the Department of Social Services and the Department.

(b) On the first day of the month following a consumers' admission to the facility and monthly thereafter, the facility administrator or their designee shall submit a

copy of the monthly log described in Subsection (a)(7) to the regional center's designee and the Department at EBSHCCHMonitoring@dds.ca.gov.

(1) A log must be submitted every month, even if no restraints are used.

(c) Within 48 hours of the use of a supine restraint, the facility administrator or their designee shall submit the debriefing documentation described in Section 59010.4(f)(1)-(5) to the regional center's designee and the Department at EBSHCCHMonitoring@dds.ca.gov.

NOTE: Authority cited: Sections 4698 and 4698.1, Welfare and Institutions Code; Section 1180.2, Health and Safety Code. Reference: Sections 4698 and 4698.1, Welfare and Institutions Code.

## **Article 7. Records Maintenance**

### **§ 59011. Facility Files.**

Each facility shall maintain a facility file, available on site, at the facility, which may be stored as include electronic records, ~~that includes~~ and shall be made available for review, inspection, audit, or copy, upon request. The facility file shall contain at least the following:

(a) Facility program plan;

(b) Weekly staff schedules, including a log of the hours worked by each employee;

(c) Personnel records, including:

(1) Administrator current credentials, degrees, and certificates;

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

(3) Qualified Behavior Modification Professional current credentials, degrees, and certificates;

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

(5) Hire, promotion, and separation dates; and

(6) Registered Behavior Technician supervised hours log.

(d) Emergency Intervention Plan;

(e) Certificate of program approval as issued by the Department pursuant to Section 59003(c);

(f) Regional center case management monitoring documentation, such as quarterly case management summary reports;

(fg) Regional center facility liaison monitoring;

(gh) Regional center Qualified Behavior Modification Professional monitoring;

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

(ij) Findings of immediate danger;

(jk) Substantial inadequacies;

(kl) Corrective action plans;

(lm) Sanctions; and

(mn) Facility appeals.

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

**§ 59012. Consumer Files.**

Each facility shall maintain individual consumer files ~~at the facility,~~ for each consumer. Consumer files shall be available on site at the facility, which may include be stored as electronic records, and shall be made available for review, inspection, audit, or copy upon request. Each individual consumer file shall contain that include at least the following:

(a) Medical assessment required in Section 59009-(c)(1);

- (b) Individual Behavior Supports Plans;
- (c) Updated Individual Behavior Supports Plan(s);
- (ed) Emergency contact information;
- (de) Current Individual Program Plan;
- (ef) Special incident reports, pursuant to Section 54327;
- (fg) Data collection, including but not limited to, progress notes, professional/consultant visits and interventions/outcomes;
- (gh) Record of medications administered, including the initials of the staff providing assistance;
- (hi) Functional Behavior Assessment(s) required ~~by~~in Section 59009(e)(2)(A);
- (ij) Debrief documentation required ~~by~~in Section 59010.4~~(f)~~(e); and
- (jk) Any other records containing current emergency or health-related information for current consumers.

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

(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 Subsections (a), (b) and (c). Monitoring must include on-site visits by the Department to each Community Crisis Home at least once every six months, including review of the written documentation prepared by the regional center Qualified Behavior Modification Professional.

(1) The Regional Center shall submit to the Department a letter detailing how the findings and recommendations have been completed and a timeline for addressing any outstanding findings within 30 days of receipt of the Department's written findings and recommendations unless the Department determines submittal is required more immediately based on findings impacting the health and safety of consumers.

(A) The written responses shall be submitted to the Department at [EBSHCCHMonitoring@dds.ca.gov](mailto:EBSHCCHMonitoring@dds.ca.gov).

(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 made 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 and Institutions Code and Section 1567.83 of the Health and Safety Code.

(2) The regional center shall convene an IPP meeting within two working days of any action taken pursuant to this subsection 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 and Safety 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 (Rev ~~5/2020~~9/2021) entitled "Rate Development - Facility Costs" for the facility.

# # #

(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)~~1. Despite temporary consumer absences or vacancies.

~~(ii)~~2. With vacancies funded through the contract.

3. At six months from the initial placement in the facility, and at each subsequent 30 days, the vendor and regional center shall meet to determine if the portion of the facility rate funded through the contract due to the unfilled beds will continue.

(C) At 60 days of temporary vacancy, and at each subsequent 30 days, the vendor and regional center shall meet to determine if the portion of the facility rate funded through the contract due to the temporary vacancy will continue. For purposes of this section, "temporary vacancy" means a vacancy of 60 days or fewer. 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 (Rev ~~5/2020~~9/2021) entitled “Rate Development - Individual Costs Associated with Residency” for each consumer to establish the consumer’s individual monthly rate while placed at the facility.

# # #

(3) Individualized services and supports rate payment:

# # #

(D) If the consumer resides at a Community Crisis Home licensed as an adult residential facility beyond 18 months or at a Community Crisis Home licensed as a group home beyond 12 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 Individual Costs Associated With Transition” 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)~~1. Transition funding shall only be used for staff training, cross-training or needs specifically related to the consumer's transition process.

~~(ii)~~2. Transition funding is time limited, as determined by the consumer's Individual Behavior Supports Team.

~~(iii)~~3. 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)~~4. Transition funding shall not be used for facility expenses.

# # #

(f) Department forms DS 6023 Rate Development – Facility Costs (Rev ~~5/2020~~9/2021), DS 6024 Rate Development – Individual Costs Associated with Residency (Rev ~~5/2020~~9/2021) and DS 6028 Community Crisis Home – Rate Development Individual Costs Associated with Transition (New 10/2016) are hereby incorporated by reference.

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

## Subchapter 24. Enhanced Behavioral Supports Homes

### Article 1. Definitions

#### § 59050. Definitions.

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

(~~e~~1) "Administrator" means the person defined in Title 22, California Code of Regulations, Section 80001-(a)(2) who also meets the additional requirements of Section 59054.

(~~b~~2) "Assistant Behavior Analyst" means ~~an individual~~ a person who is recognized by the national Behavior Analyst Certification Board as a Board-Certified Assistant Behavior Analyst.

(~~c~~3) "Authorized Consumer Representative" means the parent or guardian of a ~~minor~~ child, conservator of an adult, or a person who is legally entitled to act on behalf of the consumer.

(~~d~~4) "Behavior Analyst" means ~~an individual who is~~ a person recognized by the national Behavior Analyst Certification Board as a Board-Certified Behavior Analyst.

(5) "Behavioral Restraint" means the type of intervention defined in Health and Safety Code Section 1180.1(a).

(6) "Child" means a person under the age of 18 placed in an Enhanced Behavioral Supports Home licensed as a group home.

(~~e~~7) "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~~8) "Consultant" means ~~an individual~~ person or group eligible for vendorization in accordance with Sections 54319 and 54342, ~~or other individual~~ and qualified by training, education, and/or experience ~~who~~ 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 person 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.

~~(7A)~~ A consumer residing in an Enhanced Behavioral Supports Home is a "client" as defined in Title 22, California Code of Regulations, Section 80001(c)(9).

(10) "Community Emergency Services" means law enforcement, crisis teams, or intensive transition services.

(11) "Containment" means a brief physical restraint of a consumer for the purpose of effectively gaining quick control of a consumer who is aggressive or agitated or who is a danger to self or others.

~~(12)~~ "Continuous Quality Improvement System" means a process to ensure systematic improvement of services to increase positive outcomes for the consumers being served.

(13) "Culturally competent and linguistically appropriate" means the ability to reach underserved cultural populations and address specific barriers related to racial, ethnic, cultural, language, gender, age, economic, or other disparities in mental health services access, quality, and outcomes.

~~(14)~~ "Day" means calendar day unless otherwise stated.

~~(15)~~ "Department" means the Department of Developmental Services.

~~(16)~~ "Direct Care Staff" means facility staff who 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.

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

(17) "Dual Agency Client" means a foster child in temporary custody of the child welfare agency under Section 319 of the Welfare and Institutions Code or under the jurisdiction of the juvenile court pursuant to Sections 300, 450, 601, or 602 of the Welfare and Institutions Code who is also either a consumer of regional center services, or who is receiving services under the

California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) but is under three (3) years of age and has not yet been determined to have a developmental disability.

(~~f~~18) "Emergency Intervention(s)" means the interventions(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.

(~~m~~19) "Emergency Intervention Plan" means a written plan, which addresses the implementation of emergency interventions and the prevention of serious injury and includes the content specified in Section 59052(a)(7)(D).

(~~n~~20) "Enhanced Behavioral Services and Supports" means additional staffing, supervision, and other services and supports to address a consumer's challenging behaviors, which are beyond what is typically available in other community living arrangements.

(~~e~~21) "Enhanced Behavioral Supports Home" means an adult residential facility or a group home certified by the Department and licensed by the Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting, as defined in Section 4684.80 of the Welfare and Institutions Code. An Enhanced Behavioral Supports Home shall have a maximum capacity of four (4) consumers.

(22) "Extended Procedure" means physical restraint that lasts for more than 15 consecutive minutes.

(~~p~~23) "Facility Liaison" means the person, or ~~his or her~~ their designee, assigned by the vendoring regional center as the principal coordinator between the regional center and the facility.

(24) "Functional Behavior Assessment" means a variety of systematic information-gathering activities whereby relevant and specific data is collected to determine factors influencing the occurrence of a behavior, such as but not limited to antecedents, consequences, setting events, motivating operations, trauma history, indirect assessment, direct observation, and experimental analysis. The results are used as the basis to design a consumer's Individual Behavior Supports Plan.

(~~¶~~25) "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.

(~~¶~~26) "Individual Behavior Supports Plan" means the plan that: identifies and documents the behavior, ~~and~~ intensive support, and service needs of a consumer; details the strategies to be employed and services to be provided to address those needs; and includes the entity responsible for providing those services and timelines for when each identified individual behavior support will commence. This plan includes the requirements of Section 1180.4(a) of the Health and Safety Code.

(~~§~~27) "Individual Behavior Supports Team" means those individuals who ~~contribute to participate in~~ the development, revision, and monitoring of the Individual Behavior Supports Plan for consumers residing in an Enhanced Behavioral Supports Home.

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

- ~~(1)~~1. Consumer and, where applicable, authorized consumer representative;
- ~~(2)~~2. Regional center service coordinator and other regional center representatives, as necessary;
- ~~(3)~~3. Licensee's Qualified Behavior Modification Professional;
- ~~(4)~~4. Enhanced Behavioral Supports Home administrator; and
- ~~(5)~~5. ~~Regional center~~ Clients' rights advocate, unless the consumer objects, ~~on his or her own behalf to participation by the clients' rights advocate; and~~
- ~~(6)~~ Any other 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.~~

(B) The team may also include:

1. Regional center's mobile crisis team;

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

3. Representative(s) from the responsible Local Education Agency or agencies, as defined in Section 49005.1(c) of the Education Code; and,

4. Any individual(s) deemed necessary by the consumer, or, where applicable, their authorized consumer representative, if any, for developing a comprehensive and effective Individual Behavior Supports Plan.

(28) "Individualized Emergency Intervention Plan" means a written plan addressing the prevention of serious injury and implementation of emergency intervention techniques that will be used with a specific consumer, which are in addition to, and are not prohibited by the emergency intervention techniques set forth in the facility Emergency Intervention Plan. The Individualized Emergency Intervention Plan shall:

(A) Be developed in consultation with the consumer and, if available, someone whom the consumer desires to provide input, in accordance with Section 1180.4(a) of the Health and Safety Code; and

(B) Include consumer-centered problem-solving strategies that diffuse and safely resolve emerging crisis situations and strategies to minimize time spent in behavioral restraints.

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

(30) "Intensive Transition Services" means services offered to persons with intellectual and/or developmental disabilities and co-occurring psychiatric disabilities before, during, and after transition from a highly restrictive setting to a less restrictive living situation in the community.

(31) "Licensee" means the adult, firm, partnership, association, corporation, county, city, public agency, or other governmental entity having the authority and responsibility for the operation of a licensed community care facility.

(32) "Physical restraint" means the use of a manual hold to restrict freedom of movement of all or part of a consumer's body, or to restrict normal access to the consumer's body, and that is used as a behavioral restraint. "Physical restraint" is staff-to-consumer physical contact in which the consumer unwillingly participates. "Physical restraint" does not include briefly holding a consumer without undue force in order to calm or comfort, or physical contact intended to gently assist a consumer in performing tasks or to guide or assist a consumer from one area to another.

~~(33)~~ "Planning Team" refers to the planning team defined in ~~subdivision (j)~~ of Section 4512(j) 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.

(34) "Prone restraint" means that the consumer is restrained in a horizontal facedown position on the floor or other surface, and physical pressure is applied to the consumer's body to keep the consumer in the prone position.

~~(35)~~ "Qualified Behavior Modification Professional" means a person with a minimum two (2) years of experience in designing, supervising, and implementing behavior modification services as one of the following:

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

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

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

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

~~(5E)~~ A psychologist, licensed by the California Board of Psychology; or

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

~~(36)~~ "Registered Behavior Technician" means ~~an individual person who is~~ recognized by the national Behavior Analyst Certification Board as a Certified Registered Behavior Technician.

(37) "Seclusion" means the involuntary confinement of a consumer alone in a room or an area from which the consumer is physically prevented from leaving. "Seclusion" does not include a "time-out".

(38) "Supine restraint" means the consumer is restrained in a horizontal face up position on the floor or other surface, and physical pressure is applied to the consumer's body to keep the consumer in the supine position.

~~(39)~~ "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.

(40) "Time-Out" means a behavioral management technique involving the consumer, voluntarily and without force, being separated from the current environment to calm and allow the consumer to regain self-control.

(41) "Trauma-Informed Care" means a care approach that involves an understanding of the impact of adverse experiences and responds to symptoms of chronic interpersonal trauma and traumatic stress that can arise across the lifespan of a consumer. The approach includes integrating this understanding into facility policies, procedures, staff training, and a consumer's assessments and plans.

~~(42)~~ "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 4684.86, Welfare and Institutions Code.  
Reference: Sections 4684.80 and 4684.86, Welfare and Institutions Code; and Sections 1180.1, 1180.4 and 1567.62, Health and Safety Code.

## **Article 2. General Requirements**

### **§ 59051. General Requirements.**

(a) The vendoring regional center shall assign a facility liaison to each vendored Enhanced Behavioral Supports Home.

(b) The Department may decertify an Enhanced Behavioral Supports 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) An Enhanced Behavioral Supports Home shall install and maintain an operable automatic fire sprinkler system.

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

(e) An applicant for an Enhanced Behavioral Supports Home shall complete the regional center's residential services orientation pursuant to Section 56003.

(f) Seclusion shall not be utilized in an Enhanced Behavioral Supports Home, consistent with Section 50515(a).

(g) An Enhanced Behavioral Supports Home shall maintain a facility file as required by Section 59061 and a consumer file as required in Section 59062.

(1) The facility file and consumer file shall be immediately available upon Department request and must be the original or a facsimile of the original. A facsimile is an exact copy of the original. In the event the Department requests a physical copy, whether electronic or paper, the copy shall be a facsimile.

Note: Authority cited: Sections 4684.81 and 4684.86, Welfare and Institutions Code. Reference: Sections 4684.81 and 4684.85, Welfare and Institutions Code.

### **Article 3. Facility Program Plan**

#### **§ 59052. Facility Program Plan.**

(a) An applicant for Enhanced Behavioral Supports 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 development of the Individual Behavior Supports Plan;

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

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

(6) 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; and

(D) Staff training plan;.

(7) 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 (3) months, with the drills conducted on alternating work shifts so that drills are conducted during the day and evening hours; and

(D) ~~An~~ The Emergency Intervention Plan that shall contain;

1. A description of how the facility will ensure the proper application of emergency interventions and the use of proper physical restraint or containment in an Enhanced Behavioral

Supports Home licensed as a group home or adult residential facility, pursuant to Title 22, California Code of Regulations, Sections 84300 and 85100, respectively, and Section 1180.4(h) of the Health and Safety Code;

2. Procedures for documenting each use of physical restraint in the consumer's file;

3. Procedures for reviewing each use of physical restraint with the consumer and authorized consumer representative, if any;

4. Procedures for accessing community emergency services, if the use of emergency interventions is not effective or appropriate;

5. Procedures concerning when and how to involve law enforcement in response to an incident at the facility;

6. Requirements in Title 22, California Code of Regulations, Section 85122 for an Enhanced Behavioral Supports Home licensed as an adult residential facility and Section 84322 for an Enhanced Behavioral Supports Home licensed as a group home; and

7. Procedures to ensure the safety of the consumer and direct care staff if an exception to the 15-minute restraint time limit is required.

(8) An explanation of how the Enhanced Behavioral Supports Home will ensure the protection of consumers' personal rights, including those specified in Sections 50500-50550;

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

(A) Types of data to be collected and reported, including use of emergency interventions;

(B) Data collection systems;

(C) Frequency of data collection; ~~and~~

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

(E) Any other methodologies selected to measure consumer progress.

(10) Consumer exit criteria;

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

(12) 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 receive prompt and appropriate routine and specialized medical services;

(E) ~~Individual~~ Consumer risk is will be managed and mitigated;

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

(G) Staff turnover ~~is~~ will be mitigated.

(13) A description of how the facility will meet all the diverse needs of the population to be served with a culturally competent and linguistically appropriate prevention and intervention program; and

(14) A description of how the facility licensed as a group home will ensure compliance with the placement duration limitations set forth in Section 1567.62(d) of the Health and Safety Code governing placements of dual agency clients.

(b) The facility program plan shall include the ~~date and~~ signature of the ~~applicant licensee and date of submission to the regional center for review and approval.~~

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.  
Reference: Sections 4684.81 and 4684.86, Welfare and Institutions Code.

## Article 84. Personnel

### § 5905460. 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).

(c) In addition to the training required by Section 59057(a) and (b), the licensee shall ensure that, prior to providing direct consumer care, administrators receive hands-on training in first aid and cardiopulmonary resuscitation by a certified instructor from one of the following:

(1) the American Red Cross;

(2) the American Heart Association;

(3) a training institution accredited by an accrediting body recognized by the United States Department of Education; or

(4) a training facility or course certified by the Emergency Medical Service Authority (EMSA).

(d) Administrators shall maintain current certifications in first aid and cardiopulmonary resuscitation.

(e) First aid and cardiopulmonary resuscitation certifications must be renewed annually.

(f) The licensee shall maintain the first aid and cardiopulmonary resuscitation certifications in facility personnel records.

Note: Authority cited: Section 4684.86, Welfare and Institutions Code. Reference: Section 4684.86, Welfare and Institutions Code.

**§ 590554. Direct Care Staff Qualifications.**

(a) A direct care lead staff person must:

(1) Have at least one year prior experience providing direct care to individuals with developmental disabilities, with a focus on behavioral services; and

(2) Become a Registered Behavior Technician within 60 days of initial employment; or, be either:

(A) A ~~l~~icensed ~~p~~Psychiatric ~~t~~Technician; or

(B) A Qualified Behavior Modification Professional.

(b) A direct care staff person must:

(1) Have at least six months prior experience providing direct care to individuals with developmental disabilities, with a focus on behavioral services; and

(2) Become a Registered Behavior Technician within twelve months of initial employment, or be either:

(A) A ~~l~~icensed ~~p~~Psychiatric ~~t~~Technician; or

(B) A Qualified Behavior Modification Professional.

(c) In addition to the training required by Section 59057(a) and (b), the licensee shall ensure that, prior to providing direct consumer care, direct care staff receive hands on training in first aid and cardiopulmonary resuscitation as specified in Section 59054(c)(1)-(4).

(d) Direct care staff shall maintain current certifications in first aid and cardiopulmonary resuscitation.

(e) First aid and cardiopulmonary resuscitation certifications must be renewed annually.

(f) The licensee shall maintain the first aid and cardiopulmonary resuscitation certifications in facility personnel records.

Note: Authority cited: Section 4684.86, Welfare and Institutions Code. Reference: Section 4684.86, Welfare and Institutions Code.

### **§ 590562. Staffing Requirements.**

(a) At least one direct care lead staff person and one direct care staff person must be on duty at all times when a consumer is under the supervision of the facility staff. Staffing beyond this minimum is determined by each consumer's individual support needs identified per the approved DS 6024 (Rev 9/2021) form completed pursuant to Section 59072(b).

(b) Direct care staff who have not completed the on-site orientation as required by Section ~~5906357(a)-(e) and (b)~~ must be under the direct supervision and observation of a direct care lead staff person who has completed the requirements of Section ~~5906359057-(a)-(e),(b) and (d)~~, while caring for consumers.

(c) The ~~administrator~~ licensee shall assign a Qualified Behavior Modification Professional to each consumer. A minimum of six (6) 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) Each Enhanced Behavioral Supports Home must have an administrator present and on duty a minimum of 20 hours per week per facility to ensure the effective operation of the facility. This time must be documented in the facility file.

(e) In addition to the hours required in ~~s~~Subsection (c), the ~~facility administrator~~ licensee shall ensure provision of a minimum of six (6) consultant hours per month per consumer, which must be appropriate to meet individual consumer service needs. This time must be documented in the consumer file.

(f) In consultation with the Individual Behavior Supports Team, the regional center shall require an Enhanced Behavioral Supports Home to provide additional professional, administrative, or direct care staff whenever the

regional center determines that additional personnel are needed to provide for the health and safety of consumers.

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.

Reference: Section 4684.86, Welfare and Institutions Code.

### **§ 5905763. Staff Training.**

(a) ~~The administrator licensee shall ensure that each direct care staff person completes a minimum of 32 hours of on-site orientation within the first 40 hours of employment. The on-site orientation must include the training required pursuant to Title 22, California Code of Regulations Sections 80065(f) and 84065(i) as applicable to the facility's licensure type, and must also address the following:~~

~~(1) The specialized needs of each of the consumers Training required pursuant to Title 22, California Code of Regulations, Section 89965(h);~~

~~(2) Consumers' rights and protections pursuant to Sections 50500-50550 and Title 22, California Code of Regulations sections as follows:~~

~~(A) Section 84072 for an Enhanced Behavioral Supports Home licensed as a group home.~~

~~(B) Sections 85072 and 80072 for an Enhanced Behavioral Supports Home licensed as an adult residential facility.~~

~~(3) The facility's program plan; Overview of the following concepts, including, but not limited to:~~

~~(A) Trauma-informed care;~~

~~(B) Person-centered practices;~~

~~(C) Positive behavioral supports; and~~

~~(D) Cultural competency.~~

~~(4) Implementation of the consumers' IPP;~~

~~(5) Health and emergency procedures, including fire safety;~~

~~(6) 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 in use;~~

~~(7) Identification and reporting of special incidents, as required by Section 54327(b);~~

~~(8) Identification and reporting of suspected consumer abuse and neglect; and~~

~~(9) Assistance to consumers with prescribed medications.~~

(b) In addition to staff receiving the on-site orientation, described in Subsection (a), within the first 80 hours of employment, the administrator licensee shall ensure that direct care staff receive a minimum of 16 hours of emergency intervention training annually by a qualified instructor, pursuant to Title 22, California Code of Regulations, Section 85165(c), including, for group home staff, training on the emergency intervention requirements of Sections 59060.1 through 59060.5. ~~which~~ The training must include the techniques the licensee will use to prevent serious 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, Sections 85322, 85365, and 89965(i). 84365 for an Enhanced Behavioral Supports Home licensed as a group home and Section 85165 for an Enhanced Behavioral Supports Home licensed as an adult residential facility.

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

(d) In addition to the training required by ~~subdivisions~~ Subsections (a) and (b), the administrator licensee shall ensure that, prior to providing direct consumer care, direct care staff receive 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 licensee~~ shall maintain the certifications in facility personnel records.

(2) Cardiopulmonary resuscitation certification must be renewed annually.

(e) The ~~administrator licensee~~ shall ensure that direct care staff complete the competency-based training required by Section 4695.2(a) and (d) of the Welfare and Institutions Code, pursuant to Section 56033(b)-(g), and (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 (1) year of employment at the Enhanced Behavioral Supports Home.

(f) The licensee shall ensure direct care staff who use, participate in, approve, or provide visual checks of physical restraint, only use techniques specified in the Emergency Intervention Plan and which are not prohibited in Section 59060.1.

(g) Direct care staff who use, participate in, approve, or provide visual checks of physical restraint shall comply with Title 22, California Code of Regulations, Section 89965(i) and (j), and also receive training on the emergency intervention requirements specified in Sections 59060.1 – 59060.5. The training shall be completed on an annual basis. The training shall be provided by an instructor who meets the requirements specified in Title 22, California Code of Regulations, Section 84365(c).

(1) Direct care staff who use, participate in, approve, or provide visual checks of physical restraints shall be trained in the physical restraint technique utilized.

(2) Direct care staff shall maintain written certification of completion of the training requirements specified in Subsection (g) issued by the emergency intervention program and specified in the emergency intervention plan.

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.  
Reference: Section 4684.86, Welfare and Institutions Code.

#### **§ 5905864. Continuing Education.**

(a) In addition to the training requirements in ~~s~~Section 5906357, the ~~administrator~~licensee shall ensure that direct care staff complete a minimum of ~~20~~205 hours of continuing education on an annual basis covering, but not limited to, the subjects specified in ~~Section 5906357~~(a).

(b) Enhanced Behavioral Supports Homes shall provide five (5) hours of competency-based continuing education in the areas of person-centered practices, positive behavioral supports, trauma-informed care, and cultural competency which may be counted towards the required hours in Subsection (a).

~~(1)(c)~~ (c) For Enhanced Behavioral Supports Homes licensed as group homes, 10 of the continuing education hours required by Title 22, California Code of Regulations, Section 84065(j) may be counted towards the required hours in Subsection (a).

~~(b)d)~~ The administrator licensee shall require that direct care staff complete additional continuing education, as necessary, to ensure the continued health and safety of each consumer.

~~(e)e)~~ Successful completion of the competency-based training and passage of the competency test required by Sections 5906357(e) satisfies the direct care staff continuing education requirements specified in subdivision Subsection (a) for the year in which the training is satisfactorily completed.

~~(d)f)~~ The administrator-In addition to the training requirements in Subsection (a), the licensee shall ensure that direct care staff renew the 16 hours of emergency intervention training required in Section 5906357(b) annually.

(g) The administrator shall ensure a minimum of 20 minutes of monthly emergency intervention refresher staff training is provided by a qualified instructor pursuant to Title 22, California Code of Regulations, Section 85165(c), which may be counted towards the required hours in Subsection (f). The refresher training must:

(1) Focus on one of the emergency intervention and de-escalation strategies direct care staff will use to prevent serious injury and maintain safety of consumers who are a danger to self or others; and

(2) Emphasize trauma-informed positive behavioral supports and techniques that are alternatives to physical restraint.

(h) At least once per quarter in one of the monthly refresher trainings referenced in Subsection (g), the administrator shall require practice of supine restraint holds, if the use of supine restraint is approved as a part of the facility Emergency Intervention Plan.

(i) Requirements to maintain certification or licensure, as required in Sections 59054 and 59055, may be utilized to meet fifty percent of the continuing education hours required in Section 59058(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 4684.86, Welfare and Institutions Code.  
Reference: Section 4684.86, Welfare and Institutions Code.

## Article ~~56~~. Admission

### § ~~590596~~. Consumer Admission.

(a) Prior to a consumer's admission:

(1) The regional center shall assess the consumer's need for enhanced behavioral services and supports and provide a copy of the assessment to the administrator.

(2) The administrator 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 and shall put the medical assessment into the consumer's file prior to or at admission.

(3) The regional center shall release written information about the consumer to the administrator pursuant to Section 56017-(b)(1)-(9).

(b) Within seven (7) days of admission:

(1) The administrator, with input from the Individual Behavior Supports Team, shall ensure completion of a written Individual Behavior Supports Plan by the Qualified Behavior Modification Professional.

(c) Within 30 days of admission:

(1) The administrator, with input from the Individual Behavior Supports Team, shall ensure completion of a written ~~Functional Behavior~~ Assessment by the Qualified Behavior Modification Professional.

(2) The administrator, with input from the Individual Behavior Supports Team, shall ensure an update to the written Individual Behavior Supports Plan by the Qualified Behavior Modification Professional.

(d) The administrator is responsible for coordinating the development and updating of the plans required in ~~subdivisions~~ Subsections (b) and (c).

(e) The regional center shall notify the clients' rights advocate when a consumer is admitted to an Enhanced Behavioral Supports Home and of all the Individual Behavior Supports Team meetings convened pursuant to this subchapter. The clients' rights advocate shall be entitled to participate in all such Individual Behavior Supports Team meetings unless the consumer objects ~~on his or her own~~ behalf.

NOTE: Authority cited: Section 4684.83 and 4684.86, Welfare and Institutions Code. Reference: Section 4684.83 and 4684.86, Welfare and Institutions Code.

## **Article 5.5. Transition/Discharge**

### **§ 59059.5. Transition/Discharge from the Enhanced Behavioral Supports Home.**

(a) A written plan of transition to a community placement must be developed for a consumer:

(1) When the consumer is residing in an Enhanced Behavioral Supports Home equipped with a secured perimeter with delayed egress devices and the secured perimeter is no longer necessary for the consumer,

(2) If the services and supports provided in the Enhanced Behavioral Supports Home can be reduced and transition planning has been agreed upon by the Individual Behavior Supports Team, or

(3) When a consumer is residing in a group home and is nearing adulthood.

(4) The transition plan must include:

(A) Measurable transition objectives and criteria, including baseline measures;

(B) Projected service and support needs; and,

(C) Projected timeline for transition.

(5) The transition plan may also include:

(A) A plan for cross-training needs; and/or

(B) A plan for Intensive Transition Services.

(b) The Individual Behavior Supports Team must review the transition plan at least monthly.

(c) At the time of discharge, the administrator shall provide the following items to the consumer's next placement: a written summary of the consumer's current developmental, behavioral, socialization, health, and nutritional status; a current Functional Behavior Assessment; and an Individual Behavior Supports Plan.

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.  
Reference: Section 4684.86, Welfare and Institutions Code.

## **Article 64. Individual Behavior Supports Plan**

### **§ 5906054. 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 by the Qualified Behavior Modification Professional.

(b) The Individual Behavior Supports Plan must be developed within seven (7) days of the consumer's admission.

(c) The Individual Behavior Supports Team members shall provide their input for inclusion in the Individual Behavior Supports Plan within 30 days of the consumer's admission, review the plan monthly, and provide updated information as necessary.

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

- (1) Baseline behaviors, needs or skill level;
- (2) Target behaviors, skills, and attainable goals;
- (3) Function of behaviors;
- (4) Desired outcomes/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;~~and~~

(10) A written plan of transition applicable for consumers as specified in Section 59059.5(a)(1)-(3); and

~~(1011)~~ Emergency Interventions that may be necessary.

(A) Emergency interventions shall be included in an Individualized Emergency Intervention Plan within the Individual Behavior Supports Plan.

(e) Within 72 hours of inclusion of supine restraint in an Individualized Emergency Intervention Plan, the licensee shall provide a copy of the Individualized Emergency Intervention Plan to the regional center's designee and to the Department at EBSHCCHMonitoring@dds.ca.gov.

(1) The Individualized Emergency Intervention Plan shall include:

(A) a description of the plan to systematically fade the use and inclusion of supine restraint; and

(B) de-escalation strategies and alternatives to supine restraint.

(f) If the regional center or the Department determines the Individual Behavior Supports Plan, including the Individualized Emergency Intervention Plan, requires revision, the administrator shall ensure revisions are made by the Qualified Behavior Modification Professional with input from the Individual Behavior Supports Team. Within 72 hours of completion of the revisions, the administrator shall resubmit the revised plan to the regional center's designee and to the Department EBSHCCHMonitoring@dds.ca.gov.

~~(eg)~~ 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, ~~when applicable~~.

NOTE: Authority cited: Sections 4684.80 and 4684.86, Welfare and Institutions Code. Reference: Sections 4684.83 and 4684.86, Welfare and Institutions Code.

## **Article 6.5. Restraint and Containment**

### **§ 59060.1. Prohibited Emergency Interventions.**

Enhanced Behavioral Supports Homes shall prohibit the use of:

(a) the prone restraint,

(b) any physical restraint or containment technique that obstructs a consumer's respiratory airway or impairs the consumer's breathing or respiratory capacity as specified in Health and Safety Code Section 1180.4(c)(1),

(c) seclusion, and

(d) the emergency interventions as described in Title 22, California Code of Regulations, Section 85102 for an Enhanced Behavioral Supports Home licensed as an adult residential facility and Section 84300.1 for an Enhanced Behavioral Supports Home licensed as a group home.

NOTE: Authority cited: Sections 4684.80, 4684.81 and 4684.86, Welfare and Institutions Code. Reference: Sections 4684.80, 4684.81 and 4684.86. Welfare and Institutions Code; and Section 1180.4, Health and Safety Code.

### **§ 59060.2. Time Limits on the Use of Physical Restraint.**

(a) Physical restraint shall not continue longer than necessary to control the behavior for which the physical restraint was employed. The use of physical restraint must be discontinued as soon as the consumer's behavior no longer poses imminent danger of serious injury to self or others.

(b) Physical restraint shall not be used as an extended procedure, except when there is a continued need to protect the immediate health and safety of the consumer and/or others from risk of imminent serious injury and the administrator or their designee has approved the use of physical restraint as an extended procedure, as specified in Subsections (c), (f), and (g).

(c) The following requirements must be met to continue use of physical restraint beyond 15 consecutive minutes:

(1) The consumer in a physical restraint must be visually checked to ensure the consumer is not injured, and that the consumer's personal needs, such as access to toilet facilities, are being met;

(A) Direct care staff who use, participate in, approve, or provide visual checks of physical restraints shall be trained in the physical restraint technique utilized.

(B) Visual checks must be documented in the consumer's file at the time of each visual check.

(C) The person conducting the visual check must not be the person who is restraining the consumer.

(2) The person who approves the continuation of physical restraint must be a person other than the person who is restraining the consumer;

(3) Before approving the continuation of the physical restraint beyond 15 consecutive minutes, the person who approves the continuation of physical restraint shall observe the consumer's behavior while being restrained to determine whether continued use of the physical restraint is justified pursuant to Subsection (a);

(4) Within 24 hours of the use of physical restraint beyond 15 minutes, the administrator or their designee must include the following documentation in the consumer's file:

(A) Written approval for the continued use of physical restraint beyond 15 consecutive minutes;

(B) Written explanation of why it was necessary for physical restraint to extend beyond 15 consecutive minutes; and,

(C) A description of the consumer's behavior that posed an imminent danger of serious injury to self or others.

(d) Direct care staff must respond promptly and appropriately to a consumer's request for services and assistance with repositioning the consumer.

(e) Physical restraint shall not exceed 30 consecutive minutes.

(f) If physical restraint is reapplied within two (2) minutes of release of a physical restraint:

(1) The administrator or their designee must include the documentation outlined in Subsection (c)(4)(A)-(C), in the consumer's file within 24 hours; and

(2) The person who approves the continuation of physical restraint must be a person other than the person who restrained the consumer.

(g) For every subsequent reapplication of physical restraint within two (2) minutes of release of a physical restraint:

(1) The administrator or their designee shall observe the consumer's behavior while restrained to determine whether continued use of the physical restraint is justified pursuant to Subsection (a);

(2) The consumer in a physical restraint must be allowed to access liquids, meals, toileting, and range of motion exercises;

(3) The administrator or their designee must provide the documentation outlined in Subsection (c)(4)(A)-(C) in the consumer's file within 24 hours;

(4) The administrator or their designee must approve each reapplication of physical restraint;

(5) The administrator or their designee must evaluate whether the facility has the resources necessary to maintain the consumer's health and safety during crisis situations where there is risk of serious injury of self or others; and

(6) The authorized consumer representative, if any, must be notified and if the consumer is a child, the child's authorized consumer representative must approve of the third and every subsequent reapplication of physical restraint within two (2) minutes of a physical restraint release. The authorized consumer representative's approval must be documented in the consumer's file at the time of the approval.

(A) If the administrator or their designee is not able to obtain approval from the child's authorized consumer representative to continue the extended use of restraint, direct care staff shall maintain the physical restraint if there is an imminent risk of serious injury and immediately call local law enforcement.

(h) Physical restraint must not exceed four (4) cumulative hours in a 24-hour period.

(1) If a physical restraint exceeds four (4) cumulative hours, the facility must inform the authorized consumer representative, if any, and contact community emergency services to determine whether the consumer should be removed from the facility.

(i) Within 48 hours of a physical restraint of 60 or more cumulative minutes in a 24-hour period, the consumer's Individual Behavior Supports Plan must be reviewed by the Individual Behavior Supports Team and modified as needed.

NOTE: Authority cited: Sections 4684.81 and 4684.86, Welfare and Institutions Code. Reference: Sections 4684.81 and 4684.86, Welfare and Institutions Code.

### **§ 59060.3. Assessment of Potential Physical Injury After Each Use of Physical Restraint.**

(a) Within 30 minutes after termination of each use of physical restraint:

(1) The administrator or their designee shall conduct an in-person assessment of the consumer's immediate needs and physical well-being;

(A) If there is physical injury or suspected physical injury, an assessment by a qualified medical professional is required and shall be initiated as soon as possible;

(2) The administrator or their designee shall conduct an in-person assessment of the consumer's psychological well-being and the need for emotional support;

(A) If there is psychological trauma or suspected psychological trauma, the consumer shall be treated for trauma and treatment shall be initiated as soon as possible.

(b) Within 4 hours after each use of physical restraint:

(1) If medical attention is sought, it must be documented in the consumer's file and reported to the Department; and

(2) The administrator or their designee shall inquire about the physical and psychological well-being of the direct care staff involved in the physical restraint as well as of anyone who observed the physical restraint and provided support as needed.

(c) If suspected physical injury or a complaint of physical injury are reported to or witnessed by direct care staff during or after the physical restraint, a written incident report containing the information required in Title 22, California Code of Regulations, Section 85161 (c) must be submitted to the administrator or their designee within two (2) hours.

(d) The written incident report specified in Subsection (c) must also be submitted to the Department of Social Services and the regional center as specified in Title 22, California Code of Regulations, Section 80061 (b).

(e) Serious bodily injury, as defined in Welfare and Institutions Code Section 15610.67, must be reported to a qualified medical professional within two (2) hours of the examination.

(f) The regional center shall submit a copy of the written incident report to the Department at EBSHCCHMonitoring@dds.ca.gov, within two (2) working days following receipt of the report as specified in Section 54327.1 (a).

NOTE: Authority cited: Sections 4684.81, and 4684.86, Welfare and Institutions Code. Reference: Section 4684.86, Welfare and Institutions Code.

#### **§ 59060.4. Debriefing After the Use of Physical Restraint.**

(a) A facility must conduct a debriefing as quickly as possible but no later than 24 hours following every incident involving the use of physical restraint.

(b) Attendees of the debriefing shall include, at minimum:

(1) The consumer who was physically restrained, unless the consumer voluntarily declines;

(2) The authorized consumer representative, if applicable;

(3) The staff involved in the incident;

(4) The administrator or their designee; and

(5) The facility's Qualified Behavior Modification Professional.

(c) The debriefing may also include individuals requested by the consumer. Those individuals shall be invited to the debriefing but are not required to attend the debriefing.

(d) The debriefing may also include the clients' rights advocate and a regional center representative with approval from the consumer. Those individuals shall be invited to the debriefing but are not required to attend the debriefing.

(e) The debriefing shall include:

(1) Assisting the consumer with identifying the precipitant of the incident and suggesting methods of more safely and constructively responding to the incident, unless the consumer voluntarily declines;

(2) Assisting the staff in understanding the precipitants to the incident and developing alternative methods of helping the consumer avoid or cope with those incidents;

(3) Identifying what led to the incident and what factors contributed to the incident leading to the use of physical restraint;

(4) Assessing alternative methods of responding to the incident that may have avoided the use of physical restraint;

(5) Evaluating whether staff used emergency interventions consistent with the facility Emergency Intervention Plan, the Individual Behavior Supports Plan, Individualized Emergency Intervention Plan, and staff training;

(6) Devising treatment interventions to address the root cause of the incident, its consequences, and modifying the Individual Behavior Supports Plan and/or the Individualized Emergency Intervention Plan accordingly;

(7) Evaluating whether the consumer was in physical restraint for the least amount of time necessary;

(8) Evaluating the effectiveness of less restrictive de-escalation strategies that were attempted and if they were not effective or were counterproductive, that they are discontinued;

(9) Determining whether the consumer's physical and psychological well-being and right to privacy were addressed appropriately;

(10) Considering treatment for any trauma that may have been experienced by the consumer as a result of the incident;

(11) Identifying alternative ways of helping the consumer avoid or cope with difficult situations such as those that led to the use of physical restraint; and

(12) Identifying the need to do a new Functional Behavior Assessment, revise or refine the Individual Behavior Supports Plan and Individualized Emergency Intervention Plan, retrain staff, and/or investigate risk factors.

(f) Documentation of the debriefing meeting must include:

(1) Findings from the activities in Subsections (e)(1)-(12);

(2) Any revisions needed to the Individual Behavior Supports Plan and Individualized Emergency Intervention Plan to better serve the consumer;

(3) The consumer's refusal to participate in the debriefing activities, if applicable;

(4) The physical and psychological well-being of any person who observed the physical restraint, with the consent of the person or person's authorized representative, if the person is incapacitated; and

(5) Evidence that less restrictive, nonphysical strategies or interventions were attempted first and without success.

(g) If the consumer who was physically restrained voluntarily declines to participate in the debriefing meeting as described in Subsections (a)-(e), the administrator shall offer the consumer a subsequent meeting with the team described in Subsection (b) within 72 hours of the physical restraint. During this meeting:

(1) The team must conduct the activity described in Subsection (e)(1); and

(2) Review with the consumer the debriefing information required by Subsections (e)(2)-(12).

(h) Documentation of the subsequent meeting must include:

(1) The date(s) the meeting was offered if the consumer voluntarily declines to participate in the meeting;

(2) The date and time the meeting occurred;

(3) Participants involved;

(4) Findings from the activities in Subsection (e)(1); and

(5) Any consumer input on activities in Subsections (e)(2)-(12).

(i) If physical restraint is used on more than three (3) occasions within a three-month period and/or the recurrence of the consumer's dangerous behavior can be anticipated, the Individual Behavior Supports Team shall meet and discuss the consumer's Individual Behavior Supports Plan, ongoing support and transition needs, and alternatives to physical restraint. The Individual Behavior Supports Plan must be updated with any revisions as specified in Subsections (e) and (g) within five (5) business days.

NOTE: Authority cited: Sections 4684.81 and 4684.86, Welfare and Institutions Code. Reference: Sections 4684.80, 4684.81 and 4684.86 Welfare and Institutions Code; and Section 1180.4, Health and Safety Code.

#### **§ 59060.5. Restraint Data Reporting.**

(a) Emergency Intervention Documentation and Reporting Requirements.

(1) Each use of physical restraint shall be reported to the authorized consumer representative, if any, by telephone, no later than the next calendar day following the use of the physical restraint. This report shall include the type of emergency intervention used and the duration of the physical restraint.

(A) The date and time the event was reported to the authorized consumer representative, and the date, time, and response of the authorized consumer representative shall be documented in the consumer's file no later than the next calendar day.

(2) Each use of physical restraint shall be reported to the Department of Social Services as specified in Title 22, California Code of Regulations, Section 80061 and 84361, and the Department at [EBSHCCHMonitoring@dds.ca.gov](mailto:EBSHCCHMonitoring@dds.ca.gov) no later than the next business day following the use of the physical restraint.

(A) An incident report of the use of the physical restraint shall be reviewed for accuracy and completeness, and signed by the

licensee or their designee prior to submission to the Department of Social Services and the Department.

(B) If a physical restraint technique that was not part of the facility Emergency Intervention Plan or the Individual Emergency Intervention Plan was used during the emergency intervention, the licensee shall develop a plan for corrective action, that at minimum, shall require direct care staff to repeat or obtain emergency intervention training. Within 24 hours of the licensee's discovery of non-compliance of the Emergency Intervention Plan or the Individualized Emergency Intervention Plan, the licensee shall also submit a plan for corrective action to the Department of Social Services and the Department at EBSHCCHMonitoring@dds.ca.gov, that describes how the licensee will ensure that there is no recurrence of a violation of the Emergency Intervention Plan or the Individual Emergency Intervention Plan.

(3) The written incident report specified in Subsection (a)(2) must include the following:

(A) Description of the consumer's behavior and description of the precipitating factors, including behaviors of others, which led to the use of physical restraint;

(B) Description of what physical restraints were used and how long the consumer was restrained;

(C) Description of the non-physical interventions utilized prior to the use of the physical restraint and an explanation of why more restrictive interventions were necessary;

(D) Description of the consumer's verbal response and physical appearance, any injuries sustained by the consumer and/or staff, whether the injuries are related to the physical restraint, and how the licensee became aware of the injury;

(E) Description of the type of medical treatment sought and the location where medical treatment was obtained. If no medical treatment was obtained, an explanation of why medical treatment was not sought for injuries;

(F) Name(s) of all facility personnel who participated in or witnessed the physical restraint;

(G) Name of the administrator or their designee who approved the continuation of the physical restraint for more than 15 consecutive minutes;

(H) If it is determined in the debriefing pursuant to Section 59060.4 that facility personnel did not adequately attempt to prevent physical restraint, a description of what action(s) should have been taken by staff to prevent physical restraint. This documentation shall also include what corrective action will be taken and why;

(I) If law enforcement was involved, a description of the precipitating factors, including behaviors of others, which required police intervention; and

(J) Date(s) and time(s) of other physical restraint(s) involving the same consumer within 24 hours.

(4) If it was necessary to continue the use of physical restraint for more than 15 consecutive minutes, it shall be documented in accordance with Section 59060.2.

(5) A copy of the incident report shall be made available for review, inspection, audit, or copy upon request by the Department, as specified in Section 59062.

(6) The information required in Subsection (a)(2) – (3), shall be documented following the use of physical restraint no later than the end of the work shift(s) for each staff member who participated in the physical restraint.

(7) The licensee shall maintain a monthly log of information for each consumer related to each use of physical restraint, which includes:

(A) The name of each consumer for which a physical restraint was used;

(B) The date and time of the physical restraint;

(C) The duration of the physical restraint;

(D) The behaviors of others connected to the incident and factors that contributed to the incident;

(E) The name(s) and job title(s) of staff that participated in the physical restraint;

(F) The name of the administrator or their designee that approved the continuation of the physical restraint for more than 15 minutes, if applicable;

(G) A description of the physical restraint and type used, including:

1. The outcome to the consumer, including injury or death;

2. The outcome to the staff, including injury or death; and

3. Whether the injury in Subsection (a)(7)(G)1. and 2., was serious, as defined in Health and Safety Code Section 1180.1(g);

(H) The total number of incidents of physical restraint per month;

(I) The total number of serious injuries to consumers per month as a result of physical restraint;

(J) The total number of non-serious injuries to consumers per month as a result of physical restraint;

(K) The total number of serious injuries to staff per month as a result of physical restraint;

(L) The total number of deaths to a consumers while in a physical restraint, or where it is reasonable to assume that a death was related to the use of physical restraint; and

(M) If no physical restraints are used, the monthly report shall indicate zero restraints used.

(8) The monthly log specified in Subsection (a)(7) shall be available for review, inspection, audit, and copy upon request by the Department of Social Services and the Department.

(b) On the first day of the month following a consumers' admission to the facility and monthly thereafter, the facility administrator or their designee shall submit a copy of the monthly log described in Subsection (a)(7) to the regional center's designee and the Department at EBSHCCHMonitoring@dds.ca.gov.

(1) A log shall be submitted every month, even if no physical restraints are used.

(c) Within 48 hours of the use of a supine restraint, the facility administrator shall submit the debriefing documentation described in Section 59010.4(f)(1)-(5) to the regional center's designee and the Department at EBSHCCHMonitoring@dds.ca.gov.

NOTE: Authority cited: Sections 4684.81 and 4684.86, Welfare and Institutions Code; Section 1180.2, Health and Safety Code. Reference: Sections 4648.80, 4684.81 and 4684.86, Welfare and Institutions Code.

## **Article 710. Records Maintenance**

### **§ 5906170. Facility Files.**

Facilities-Each facility shall maintain a facility file, available on site, at the facility, which may include electronic formats, that includes be stored as electronic records and shall be made available for review, inspection, audit, or copy, upon request. The facility file shall contain at least the following:

(a) Facility program plan;

(b) Weekly staff schedules, including a log of the hours worked by each employee;

(c) Personnel records including:

(1) Administrator current credentials, degrees, and certificates;

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

(3) Qualified Behavior Modification Professional current credentials, degrees, and certificates;

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

(5) Hire, promotion, and separation dates; and

(6) Registered Behavior Technician supervised hours log.

~~(d) Emergency Intervention Plan as required by the Department of Social Services;~~

~~(e) Certificate of program approval as issued by the Department pursuant to Section 59053(c);~~

~~(f) Regional center case management monitoring documentation, such as quarterly case management summary reports;~~

~~(f)g) Regional center facility liaison monitoring;~~

~~(g)h) Regional center Qualified Behavior Modification Professional monitoring;~~

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

~~(i)j) Findings of immediate danger;~~

~~(j)k) Substantial inadequacies;~~

~~(k)l) Corrective action plans;~~

~~(l)m) Sanctions; and~~

~~(m)n) Facility appeals.~~

Note: Authority cited: Section 4684.86, Welfare and Institutions Code. Reference: Section 4684.86, Welfare and Institutions Code.

## **§ 5906271. Consumer Files.**

~~Facilities shall maintain a consumer file available on site, which may include electronic formats, for each consumer that includes at least the following:~~Each facility shall maintain individual consumer files for each consumer. Consumer files shall be available on site at the facility, which may be stored as electronic records, and shall be made available for review, inspection, audit, or copy upon request. Each individual consumer file shall contain at least the following:

- (a) Medical assessment required in Section 5905956(a)(2);
- (b) Individual Behavior Supports Plan;
- (c) Updated Individual Behavior Supports Plan(s);
- (d) Emergency contact information;
- (e) Current ~~IPP~~ Individual Program Plan;
- (f) Special incident reports, pursuant to Section 54327;
- (g) Data collection, including, but not limited to, progress notes, professional/consultant visits, and interventions/outcomes; ~~and~~
- (h) Record of medications administered, including initials of staff providing assistance;
- (i) Functional Behavior Assessment(s) required in Section 59059(c)(1);
- (j) Debrief documentation required in Section 59060.4(f); and
- (k) Any other records containing current emergency or health-related information for current consumers.

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.  
Reference: Section 4684.86, Welfare and Institutions Code.

## **Article 85. Monitoring**

**§ 5906355. Regional Center Monitoring.**

(a) The consumer's regional center is responsible for monitoring and evaluating services provided in the Enhanced Behavioral Supports Home by conducting or coordinating at least quarterly 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 Enhanced Behavioral Supports Home by conducting a quarterly quality assurance visit using a format prescribed by the Department.

(c) A vendoring regional center Qualified Behavior Modification Professional shall visit the consumers, announced or unannounced, in person, at least monthly in the Enhanced Behavior Supports 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~~ Subsections (a), (b) and (c). Monitoring must include on-site visits by the Department to each Enhanced Behavioral Supports Home at least once every six months, including review of the written documentation prepared by the regional center Qualified Behavior Modification Professional.

(1) The Regional Center shall submit to the Department a letter detailing how the findings and recommendations have been completed and a timeline for addressing any outstanding findings within 30 days of receipt of the Department's written findings and recommendations unless the Department determines submittal is required more immediately based on findings impacting the health and safety of consumers.

(A) The written responses shall be submitted to the Department at [EBSHCCHMonitoring@dds.ca.gov](mailto:EBSHCCHMonitoring@dds.ca.gov).

(e) If the Department or regional center determines that urgent action is necessary to protect a consumer residing in an Enhanced Behavioral Supports 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 1567.65 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 4684.81(h) of the Welfare &and Institutions Code and Section 1567.65 of the Health &and Safety Code.

(2) The regional center shall convene an IPP meeting within two working days of any action taken pursuant to this ~~subdivision~~subsection to review and update the IPP and the Individual Behavioral Supports Plan, as needed.

Note: Authority cited: Section 4684.86, Welfare and Institutions Code. Reference: Sections 4684.81, 4684.84, 4684.85 and 4684.86, Welfare and Institutions Code; and Section 1567.65, Health &and Safety Code.

## **Article 97. Contract**

### **§ 5906457. Contract.**

**# # #**

Note: Authority cited: Section 4684.86, Welfare and Institutions Code. Reference: Sections 4684.82, 4684.86 and 4684.87, Welfare and Institutions Code.

### **§ 590658. Contract Termination.**

**# # #**

Note: Authority cited: Section 4684.86, Welfare and Institutions Code. Reference: Sections 4684.1(~~d~~), 4684.85 and 4684.86, Welfare and Institutions Code.

### **§ 5906659. Contract Termination Appeals.**

**# # #**

Note: Authority cited: Sections 4684.85 and 4684.86, Welfare and Institutions Code. Reference: Sections 4684.85 and 4684.86, Welfare and Institutions Code.

## **Article 109. Corrective Action Plans and Sanctions**

### **§ 590675. Immediate Danger.**

**###**

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.  
Reference: Section 4684.86, Welfare and Institutions Code.

### **§ 590686. Substantial Inadequacies.**

**###**

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.  
Reference: Section 4684.86, Welfare and Institutions Code.

### **§ 590697. Corrective Action Plan (CAP).**

**###**

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.  
Reference: Section 4684.86, Welfare and Institutions Code.

### **§ 5907068. Sanctions.**

**###**

NOTE: Authority cited: Section 4684.86, Welfare and Institutions Code.  
Reference: Section 4684.86, Welfare and Institutions Code.

### **§ 5907169. Facility Appeals.**

(a) The administrator may appeal a regional center action in Sections 590675, 590686, or 5907068, 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~~Subsection (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 4684.86, Welfare and Institutions Code. Reference: Section 4684.86, Welfare and Institutions Code.

## **Article 11. Rates**

### **§ 59072. Establishment of Rates.**

(a) Enhanced Behavioral Supports Home Facility Component – Service Code 900.

(1) An Enhanced Behavioral Supports Home shall complete one Department form DS 6023 (Rev ~~5/2020~~9/2021) entitled "Rate Development–Facility Costs" for the facility, incorporated herein.

**###**

(b) Enhanced Behavioral Supports Home Individualized Services and Supports Component - Service Code 901.

(1) An Enhanced Behavioral Supports Home shall complete one Department form DS 6024 (Rev ~~5/2020~~9/2021) entitled "Rate Development–Individual Costs Associated with Residency", incorporated herein, for each consumer to establish the consumer's individual rate.

**###**

NOTE: Authority cited: Sections 4684.81 and 4684.86, Welfare and Institutions Code. Reference: Sections 4684.81 and 4684.86, Welfare and Institutions Code.