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GAVIN NEWSOM
GOVERNOR

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PIN 21-01-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

FROM: *Original signed by*
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Community Care Licensing Division

SUBJECT: **RESIDENTIAL ALTERNATE CARE SITES TO INCREASE BED CAPACITY DUE TO ANTICIPATED SURGE IN CORONAVIRUS DISEASE 2019 (COVID-19)**

Provider Information Notice (PIN) Summary

PIN 21-01-ASC provides information regarding contracts for Adult and Senior Care (ASC) Residential Alternate Care Sites that were first announced in PIN-20-17-ASC, along with information on placement, services, operating requirements, and waivers for licensees to temporarily assist in caring for COVID-19 positive individuals.

Background

In response to Governor Gavin Newsom's [Proclamation of a State of Emergency](#) related to COVID-19, the State of California ("State") is preparing for, responding to, and implementing measures to mitigate the spread of COVID-19 and preparing for increasing numbers of individuals requiring care.

California continues to experience increasing numbers of COVID-19 cases and hospitalizations. With COVID-19 positive cases surging, the California Department of Social Services (CDSS) has authorized the use of Residential Alternate Care Sites to accommodate individuals requiring residential level of care and intermittent incidental medical support.

These Residential Alternate Care Sites are intended to care for COVID-19 positive individuals, including but not limited to:

- Existing residents of a licensed Residential Care Facilities for the Elderly (RCFE) or Adult Residential Facility (ARF) that can no longer care for them due to staffing shortages;
- Existing residents whose needs are beyond the level of care provided by the “existing” facility;
- Existing residents whose needs are beyond the level of care provided by the “existing” facility and is clinically appropriate to be admitted to a Residential Alternate Care Site instead of to a hospital;
- Existing residents whose needs are beyond the level of care provided by the “existing” facility was admitted to a hospital and is at a level of care appropriate to move to a Residential Alternate Care Site.

In order to meet this need, the Community Care Licensing Division (CCLD), is offering Adult and Senior Care licensees the opportunity to assist in providing additional beds to temporarily house individuals who are COVID-19 positive by entering into contracts with CDSS to operate temporary Residential Alternate Care Sites.

The RACS are subject to the same level-of-care requirements as any other CCL licensed facility. They are not set up to provide substantial nursing services. The alternate care sites provide some level of nursing and medical services. Please see the attached chart describing the available levels of care.

Eligibility to Operate a Residential Alternate Care Site

CDSS has contracted with the following types of facilities to provide additional beds as a Residential Alternate Care Site:

- Adult Residential Facilities (ARF)
- Residential Care Facilities for the Chronically Ill (RCFCI)
- Residential Care Facilities for the Elderly (RCFE)
- Social Rehabilitation Facilities (SRF)

To participate, a facility must:

- Be currently empty, i.e., have no residents, have a separate structure that is empty, or currently house only COVID-19 positive individuals;
- Have dedicated staff to support a higher level of residential care, including necessary medical support); and
- Have an infection prevention specialist on staff or available on-call.

Pursuant to the Governor’s Proclamation of Emergency dated March 4, 2020, the California Department of Social Services (CDSS) has been granted the authority to

waive any provision of the Health and Safety Code or Welfare and Institutions Code, and accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing or approval of facilities or homes within CDSS' jurisdiction in order to respond to the threat of COVID-19. If a licensee is interested in this opportunity but needs a temporary waiver to certain licensing requirements in order to provide the additional beds, requests for waivers will be considered on a case-by-case basis.

Program Requirements and Operating Conditions

The contracted licensee shall follow and comply with guidance and instructions from the [Centers for Disease Control and Prevention \(CDC\)](#), the [California Department of Public Health \(CDPH\)](#), and its local county health departments regarding COVID-19, including but not limited to guidance related to appropriate Personal Protective Equipment (PPE).

Prior to an individual entering or leaving the care of the contracted facility, the individual's needs will be assessed and coordinated by the individual's home facility (if any), the individual and/or the individual's representative, Ombudsman, and the local health department.

CCLD will provide technical assistance via tele-visits to review the status of residents and assist with mitigating any barriers regarding on going care, staffing or obtaining training for staff identified by the facility throughout the stay in the contracted facility. A home facility will hold the individual's bed for the duration of a stay in a contracted facility, until clearance is obtained from the local health department or the individual's healthcare provider for a return to a home facility, or the individual chooses to move to an alternative permanent setting.

The requirements of this program and operating conditions include the following but not limited to:

1. Structural requirements - The facility must be currently empty, have a completely separate structure from any structure where other individuals are cared for, or be vacant of any individuals other than those confirmed positive for COVID-19.
2. Staffing Requirements - The licensee must provide qualified staff that is solely dedicated to the provision of services to individuals who are positive for COVID-19. Staffing may include a combination of licensed and unlicensed professionals including nurses, caregivers, infection control specialists, and other ancillary staff, and must include staff dedicated to support a higher level of residential care (i.e., intermittent incidental medical support).
 - A licensee shall not allow any staff who is caring for solely COVID-19 positive individuals at the licensee's other facilities or Residential Alternate Care Site(S), to provide care to or have close contact with individuals or staff at the licensee's other facilities who are not COVID-19 positive.

- The licensee shall ensure that the administrator and staff who work in the Residential Alternate Care Site(s) meet qualifications and complete approved training, including [CDC caregiver guidelines and the CDSS COVID-19 recommendations and guidance](#), prior to contact with individuals.
 - The licensee must have an infection prevention specialist on staff or available on-call.
3. Infection Control Requirements - The Licensee must demonstrate ability to comply with the guidance from the [Centers for Disease Control and Prevention \(CDC\)](#), the [California Department of Public Health \(CDPH\)](#), and its local county health departments regarding COVID-19, including appropriate use of Personal Protective Equipment (PPE).
4. Mitigation Plan and Operational Requirements – Prior to any contact with residents, licensees must complete a written COVID-19 plan of operation describing in detail:
- Initial onboarding of transferred individuals, including medical assessment
 - Infection prevention protocols
 - How individuals' conditions will be monitored
 - Nurse services for medical assessment, which possibly may be performed through videoconferencing, rather than in-person
 - The types of care needs that can and cannot be accommodated at the facility
 - Staffing plans
 - Decontamination procedures and enhanced [cleaning and sanitation practices consistent with CDC guidance](#)
 - The acquisition, storage, use, and disposal of personal protective equipment
5. Admission Criteria – An Admission Agreement is required that meets the minimum requirements as specified in the contract.
- Individuals admitted must be a “residential” level of care and up to those requiring “health related assistance” but not 24-hour skilled nursing level of care. The admission criteria for each Residential Alternate Care Site may differ based on the staffing level, equipment available and physical space of the site.
 - Some Residential Alternate Care Sites with sufficient staffing may be able to accept individuals with a higher level of activities of daily living needs, such as individuals who are 1-person assist or require assistance with feeding and toileting.
 - Pursuant to the authority in the Governor’s March 4, 2020 Proclamation of a State of Emergency, CDSS is waiving admission requirements as specified in the contract.
6. Placement Requirements - Individuals with COVID-19 can be referred for placement at the Residential Alternate Care Sites by contacting the local CCLD Regional Office.

- The individual must be COVID-19 positive or recovering from COVID-19.
- The individual's primary care physician and if indicated, responsible party, must be apprised of the placement plan.
- The individual or their authorized representative must have made arrangements for the individual to return to their home facility, or have alternative arrangements in place, for the conclusion of the individual's temporary stay in the Residential Alternate Care Site.
- The decision-making process may vary depending on the prevalence of COVID-19 in the surrounding community, as well as local hospital capacity. CDSS has ultimate approval of placement into a Residential Alternate Care Site.

Note: Residential Alternate Care Sites must not offer the same breadth of services as a skilled nursing or acute care hospital, where close monitoring is needed if an individual's condition deteriorates. If this occurs, the individual may have to be transferred to a skilled nursing or hospital, through a direct admit or via the 911 system. An individual may also be transferred to a skilled nursing or hospital if a provider determines they require medical care beyond the level of care available at the Residential Alternate Care Site for 24-hour skilled or acute medical issue care (e.g., new onset abdominal pain, worsening respiratory status).

7. Transportation Requirements - The Residential Alternate Care Site will schedule appropriate medical transportation.
8. Reporting Requirements - All facilities approved for a contract to provide care under this program are subject to reporting and to increased monitoring by CDSS, and additional State and local Public Health partners as necessary. The licensee shall not restrict CDSS, CDPH, local health department officials, and healthcare providers, the Ombudsperson, and essential government authorities from entering, conducting inspections or investigations. Licensees shall accommodate the use of video conferencing, teleconferencing, or other technology to support oversight that is conducted remotely.

Resident Rights

Any individuals who are transferred to these Residential Alternate Care Sites from an existing residential care facility remain residents of their home facilities and maintain their rights to return when cleared. Residents shall have all the benefits and rights to which they are entitled under federal or state law. No charges or fees may be charged by the Residential Alternate Care Site to the individuals. This does not prohibit billing insurance or any co-pays otherwise due from the resident.

Transfers must comply with all California statutes and regulations regarding involuntary transfers. COVID-19-positive individuals cannot be forced to move to a COVID-19

Residential Alternate Care Site and may request a review of a health condition relocation order.

Reimbursement Rate

CDSS will pay licensees who enter into these contracts (“Contractor”) to temporarily house COVID-19 positive individuals in the following manner:

- \$700 per day for each individual placed under a State contract.
- \$300 per day for contracted empty beds.

When an individual who was positive for COVID-19 tests negative, the facility must work with the individual and their representative(s) to transfer the individual back to their home facility, or if unable to return to their home facility, to other appropriate housing once the individual is stable for transfer. If an individual chooses to enter into an admission agreement with the licensee for placement in another facility upon completion of their stay in a Residential Alternate Care Site, reimbursement is discontinued.

Additional Resources

- [PIN 20-25-CCLD Staffing Augmentation Related to COVID-19 Surge in Facility Incidence](#)
- [PIN 20-28-ASC Emergency Individual Transfers During the Coronavirus Disease \(COVID-19\) Pandemic](#)
- [CDPH Alternate Care Sites - Transfers to Low Acuity Alternate Care Sites During Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [California Coronavirus \(COVID-19\) Response](#)
- [California Department of Social Services](#)
- [California Department of Public Health](#)
- [Centers for Disease Control and Prevention](#)
- [Local County Health Departments](#)

If you have any questions regarding this PIN, please contact the Adult and Senior Care Program Office at (916) 657-2592 or e-mail CCLASCPBusinessServices@dss.ca.gov.

**A Companion Guide for Provider Information Notice (PIN) 21-01-ASC
Transfers to Alternate Care Sites During Coronavirus Disease 2019
(COVID-19) Pandemic**

We have prepared this Fact Sheet as a companion to **PIN 21-01-ASC** to inform you of guidance we have provided to your care providers regarding transfers of COVID-19 positive individuals to the Residential Alternate Care Sites during Coronavirus Disease 2019 (COVID-19) pandemic.

The COVID-19 virus has infected more than one million people in California and continues to put tremendous strain on our hospital system. In order to allow hospitals to focus resources on those individuals with the highest medical needs, Residential Alternate Care Sites have been established to provide care for less sick patients at sites outside of hospitals. We have informed your care providers of the availability of Residential Alternate Care Sites to care for COVID positive residents.

Residential Alternate Care Sites

Residential Alternate Care Sites are designed to serve individuals with less critical care needs; who have a lower risk for severe illness; and are semi-ambulatory.

Residential Alternate Care Sites provide the following services:

1. Staffing may include a combination of licensed and unlicensed professionals including nurses, caregivers, infection control specialists, and other ancillary staff, and must include staff dedicated to support a higher level of residential care (i.e., intermittent incidental medical support).
2. Ability to assist with medications and low-flow oxygen;
3. Appropriate personal protective equipment (i.e. N95)

Process for Transfer to a Residential Alternate Care Site

If you are COVID-19 positive or recovering from COVID-19 and meet the placement eligibility and care and supervision requirements, you can be referred to a Residential Alternate Care Site. Your care provider will contact the local Adult and Senior Care Regional Office who will coordinate your evaluation and appropriateness for placement in coordination with your health care provider, if appropriate. If it is determined that placement in the Residential Alternate Care Site is appropriate, the facility will make arrangements for your transfer.

- If the Residential Alternate Care Site declines to accept you for placement, an appropriate alternative will be provided to your care provider for consideration.

CCLD appreciates your understanding. Your care providers, the licensee of your facility, and [the Ombudsman](#) are available to answer your questions.

Distinction Between Residential Facilities, Residential Alternate Care Sites and Alternate Care Sites

Adult & Senior Residential Care (Licensed by CDSS)	ASC Residential Alternate Care Site (Licensed by CDSS)	Alternate Care Site (Not Licensed by CDSS)
<p>Level of Care: Generally, the ASC Residential Care Facility level of care, licensed by CDSS, is appropriate for individuals who require care and supervision.</p>	<p>Level of Care: Provide an ASC Residential Care Facility level of care, licensed by CDSS except that these facilities provide care to individuals who are COVID-19 positive .</p>	<p>Level of Care: Non-traditional care site that provides a level of care for patients at lower risk for severe illness who require medical monitoring and are independent and semi-ambulatory.</p>
<p>Services Provided:</p> <ul style="list-style-type: none"> • Assistance with taking medication, dressing, bathing, and other personal care; • Monitoring food intake or special diets; and • Supervision of resident schedules and activities. • May provide Incidental services of appropriately skilled professional. 	<p>Services Provided: All services outlined for residential facilities plus:</p> <ul style="list-style-type: none"> • Level III-Health related assistance that includes personal activities of daily living. This level may include residents who also require the occasional services of an appropriate skilled professional due to chronic health problems and returning residents recovering from illness, injury, or treatment that required placement in facilities providing higher levels of care. • Medical transportation • Monitoring by a nurse in person or via tele conference. • Assistance with oxygen 	<p>Services Provided: Alternate Care Sites have all of the following:</p> <ol style="list-style-type: none"> 1. Staffing that includes a combination of physicians, nurse practitioners, physician assistants, nurses, personal care attendants, respiratory therapists, behavioral health workers, pharmacists, supportive medical care providers, and social workers. 2. Basic laboratory testing and x-ray capabilities may be available. 3. Ability to provide limited IV fluids/medications and low-flow oxygen (no more than 4 L NC). 4. Nebulizer treatments and suctioning. If the appropriate Personal Protective Equipment (i.e., N95) and setting (single room) are available. <p>Some sites with sufficient staffing may accept patients with a higher level of care needs, such as individuals who are 1-person assist or require assistance with feeding and toileting.</p>
<p>Accepted Health Conditions:</p> <ul style="list-style-type: none"> • Catheter care; • Colostomy/ileostomy care; • Contractures; • Dementia • Diabetes; • Enemas, suppositories, and/or fecal impaction removal; • Hospice Care; • Incontinence of bowel and/or bladder; • Injections; • Intermittent Positive Pressure Breathing machine use; • Mental Illness • Stage 1 and 2 pressure injuries; and • Wound care 	<p>Accepted Health Conditions:</p> <ul style="list-style-type: none"> • COVID-19 Positive • Alzheimer’s disease and other forms of major neurocognitive disorder <p>In addition to the above health conditions, an Adult Care facility (ARF, RCFC, and SRF) may provide care for individuals who have the following health conditions:</p> <ul style="list-style-type: none"> • Use of inhalation-assistive devices • Staph or other serious, communicable infections • Gastrostomies • Tracheostomies 	<p>Acceptance Criteria:</p> <ul style="list-style-type: none"> • Confirmed positive COVID-19 • Hemodynamically stable • SpO2 ≥ 90% on ≤ 4 L/min O2 • Heplocked peripheral IV, if needed • Able to self-feed • Low safety risk (fall, wandering, elopement) • No more than one person assistance for ambulation (unless staffing available)
<p>Excluded Health Conditions:</p> <ul style="list-style-type: none"> • Exclusions for acceptance into an ASC Residential Care Facility licensed by CCLD are outlined in the California Code of Regulations (CCR), Title 22, sections 80091 (Adult Care Residential Facilities); 81091 (SRF); 87612 (RCFE); and 87891 (RCFCI). • Prohibited health conditions require an exception or waiver as specified in CCR, Title 22, sections 80024 (Adult Care Residential Facilities); 81024 (SRFs); 87209 and 87616 (RCFE); and 87824 (RCFCI). 		<p>Exclusion Criteria:</p> <ul style="list-style-type: none"> • C. difficile infection • Tracheostomy • Gastrostomy tube • Significant rehabilitation needs • Severe dementia or delirium • Acute severe mental illness