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Title 22@ Social Security

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Division 6@ Licensing of Community Care Facilities

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Chapter 2@ Social Rehabilitation Facilities

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Subchapter 1@ Basic Requirements

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Article 6@ Continuing Requirements

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Section 81068.2@ Needs and Services Plan

81068.2 Needs and Services Plan

(a)

Prior to admission, the licensee shall determine whether the facility's program can meet the prospective client's service needs.

(b)

For each client admitted, the licensee shall ensure that a written Needs and Services Plan is started prior to admission, and completed prior to or within 72 hours of admission, that must include: (1) A written assessment as required in California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Section 532.2(b). (2) Any needs appraisal or individual program plan completed by a placement agency or consultant. (3) A written treatment/rehabilitation plan as required by California Code of Regulations, title 9, subchapter 3, article 3.5, section 532.2(c). (4) If the client has a restricted health condition, as specified in Section 81092, a written Restricted Health Condition Plan as specified in Section 81092.2. (5) If applicable pursuant to Section 81075(o), a written individual medication-management plan. (6) If applicable pursuant to Section 81087(n), a written assessment of the client's ability to safely handle and use cleaning supplies, cleaning solutions and disinfectants, as well as documentation of any subsequent related review of the client's abilities to ensure the Needs and Services Plan is updated per Section 81068.3(b). (7) Prior to admitting a client into care, the licensee shall ensure that the functional capabilities assessment specified in

Section 81069.2, which is to be used in developing the Needs and Services Plan pursuant to Section 81069.2(a), is documented to the extent that the required information is available and completed within 72 hours of admission. (A) In the event that all areas of the functional capability assessment in Section 81069.2 are already addressed in the written assessment required by Title 9, Division 1, Chapter 3, Article 3.5, Section 532.2(b), the licensee shall not be required to fill out an additional form.

(1)

A written assessment as required in California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Section 532.2(b).

(2)

Any needs appraisal or individual program plan completed by a placement agency or consultant.

(3)

A written treatment/rehabilitation plan as required by California Code of Regulations, title 9, subchapter 3, article 3.5, section 532.2(c).

(4)

If the client has a restricted health condition, as specified in Section 81092, a written Restricted Health Condition Plan as specified in Section 81092.2.

(5)

If applicable pursuant to Section 81075(o), a written individual medication-management plan.

(6)

If applicable pursuant to Section 81087(n), a written assessment of the client's ability to safely handle and use cleaning supplies, cleaning solutions and disinfectants, as well as documentation of any subsequent related review of the client's abilities to ensure the

Needs and Services Plan is updated per Section 81068.3(b).

(7)

Prior to admitting a client into care, the licensee shall ensure that the functional capabilities assessment specified in Section 81069.2, which is to be used in developing the Needs and Services Plan pursuant to Section 81069.2(a), is documented to the extent that the required information is available and completed within 72 hours of admission. (A) In the event that all areas of the functional capability assessment in Section 81069.2 are already addressed in the written assessment required by Title 9, Division 1, Chapter 3, Article 3.5, Section 532.2(b), the licensee shall not be required to fill out an additional form.

(A)

In the event that all areas of the functional capability assessment in Section 81069.2 are already addressed in the written assessment required by Title 9, Division 1, Chapter 3, Article 3.5, Section 532.2(b), the licensee shall not be required to fill out an additional form.

(c)

If the client has an existing needs appraisal or individual program plan (IPP) completed by a placement agency, or a consultant for the placement agency, the Department may consider the plan to meet the requirements of this section provided that: (1) The needs appraisal or the IPP is not more than one year old. (2) The licensee and the placement agency agree that the client's physical, mental and emotional status has not significantly changed since the assessment.

(1)

The needs appraisal or the IPP is not more than one year old.

(2)

The licensee and the placement agency agree that the client's physical, mental and emotional status has not significantly changed since the assessment.

(d)

The written Needs and Services Plan specified in Section 81068.2(b) shall be maintained in the client's file.