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Title 22@ Social Security

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Division 6@ Licensing of Community Care Facilities

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Chapter 3@ Adult Day Programs

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Article 8@ Incidental Medical Services

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Section 82092.2@ Restricted Health Condition Care Plan

82092.2 Restricted Health Condition Care Plan

(a)

The licensee who chooses to care for a client with a restricted health condition may use a copy of the Restricted Health Care Plan from the client's residential setting provided that the information required in Section 82092.2(a)(4), specific to the day program, is added. If the client does not have a Restricted Health Condition Care Plan, the licensee must develop a plan. The plan must include all of the following: (1) Documentation that the client and the client's authorized representative, if any, the client's physician or a licensed professional designated by the physician, and the placement agency, if any, participated in the development of the plan. (2) Documentation by the client's physician or a licensed professional designated by the physician, of the following: (A) Stability of the medical condition. (B) Medical conditions that require services or procedures. (C) Specific services needed. (D) Client's ability to perform the procedures. (E) The client does not require 24-hour nursing care and/or monitoring. (3) Identification of a licensed professional who will perform procedures if the client needs medical assistance. (4) Identification of the person(s) who will perform incidental medical assistance that does not require a licensed professional. (5) Name and telephone number of emergency medical contacts. (6) A date specified by the client's physician or designee, who is also a licensed professional, when the plan must be reviewed by all parties identified in Section 82092.2(a)(1). At a minimum, the

plan shall be reassessed every 12 months, as required by Section 1507(c)(2)(B) of the Health and Safety Code. (7) A signed statement from the client's physician that the plan meets medical scope of practice requirements. (8) For clients of a placement agency, a signed statement from a representative of the placement agency that he/she has reviewed and approved the plan and that the placement agency will monitor implementation of the plan. (9) The Restricted Health Condition Care Plan shall neither require nor recommend that the licensee or any program personnel or any other person providing care, other than a physician or licensed professional, implement any health care procedure that may legally be provided only by a physician or licensed professional.

(1)

Documentation that the client and the client's authorized representative, if any, the client's physician or a licensed professional designated by the physician, and the placement agency, if any, participated in the development of the plan.

(2)

Documentation by the client's physician or a licensed professional designated by the physician, of the following: (A) Stability of the medical condition. (B) Medical conditions that require services or procedures. (C) Specific services needed. (D) Client's ability to perform the procedures. (E) The client does not require 24-hour nursing care and/or monitoring.

(A)

Stability of the medical condition.

(B)

Medical conditions that require services or procedures.

(C)

Specific services needed.

(D)

Client's ability to perform the procedures.

(E)

The client does not require 24-hour nursing care and/or monitoring.

(3)

Identification of a licensed professional who will perform procedures if the client needs medical assistance.

(4)

Identification of the person(s) who will perform incidental medical assistance that does not require a licensed professional.

(5)

Name and telephone number of emergency medical contacts.

(6)

A date specified by the client's physician or designee, who is also a licensed professional, when the plan must be reviewed by all parties identified in Section 82092.2(a)(1). At a minimum, the plan shall be reassessed every 12 months, as required by Section 1507(c)(2)(B) of the Health and Safety Code.

(7)

A signed statement from the client's physician that the plan meets medical scope of practice requirements.

(8)

For clients of a placement agency, a signed statement from a representative of the placement agency that he/she has reviewed and approved the plan and that the placement agency will monitor implementation of the plan.

(9)

The Restricted Health Condition Care Plan shall neither require nor recommend that the

licensee or any program personnel or any other person providing care, other than a physician or licensed professional, implement any health care procedure that may legally be provided only by a physician or licensed professional.