DSS Laws, Regulations and Policies 2025

2 HOUR LIVE CEU COURSE FOR RCFE AND ARF ADMINISTRATORS

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Course Objectives

01

Review and discuss new PIN's, DSS regulations, Quarterly Updates, etc.

02

Review DSS Form Changes

03

Discuss current Assembly and Senate Bills that passed effective 2025 and a review of 2024

04

Discuss new Labor and OSHA Laws and policies

Definitions

DSS = Department of Social Services

RCFE = Residential Care Facility for the Elderly

ARF = Adult Residential Facility

SNF = Skilled Nursing Facility

AB = Assembly Bill

SB = Senate Bill

ACR = Assembly Concurrent Resolution

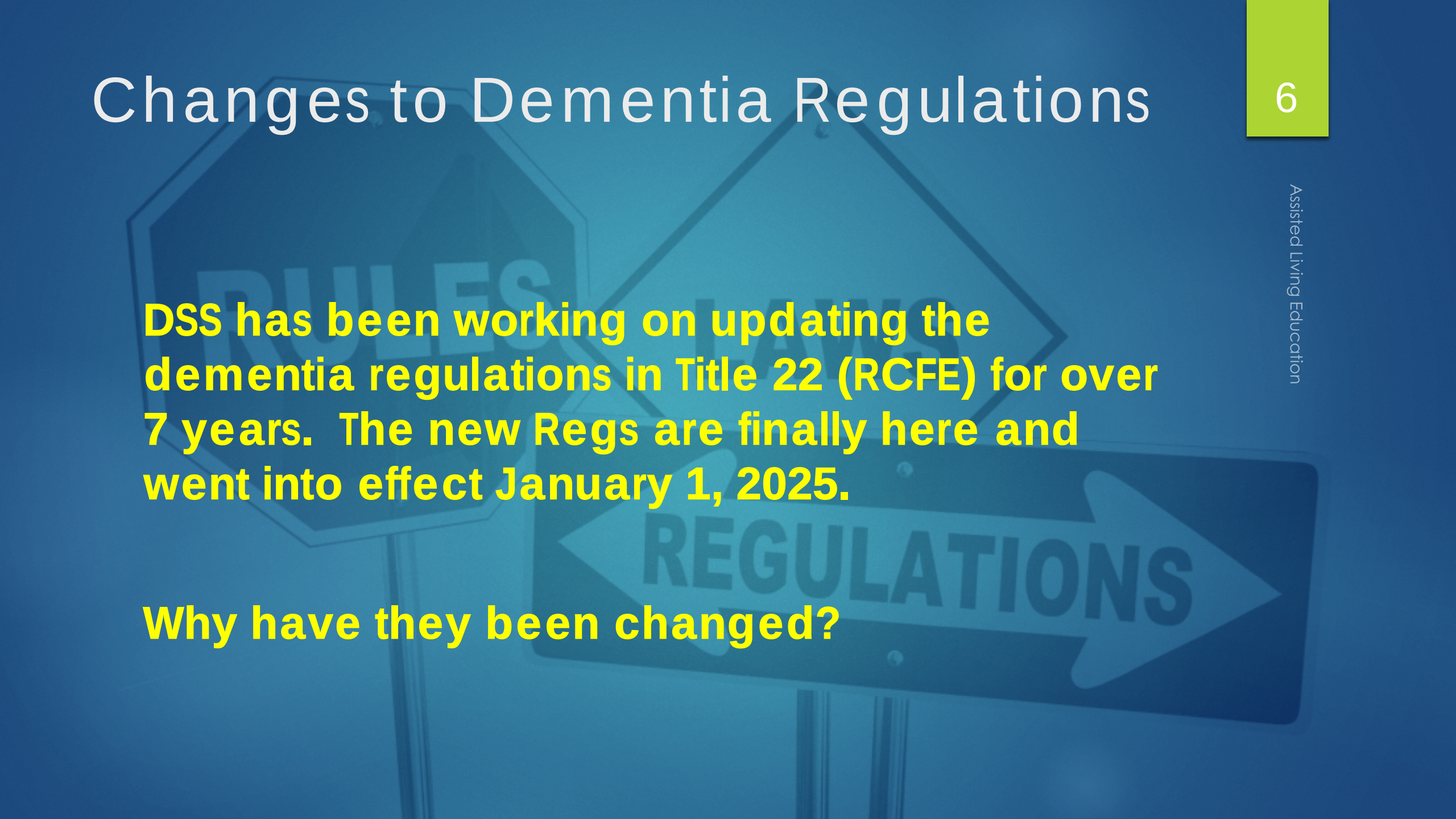
SCR = Senate Concurrent Resolution

Resident = anyone living in long-term care

Physician = can also include “a licensed medical professional acting within their scope of practice”

2025 RCFE Dementia Regulation Changes

Changes to Dementia Regulations



DSS has been working on updating the dementia regulations in Title 22 (RCFE) for over 7 years. The new Regs are finally here and went into effect January 1, 2025.

Why have they been changed?

Changes to Dementia Regulations

Per DSS:

"The updated regulations are intended to support person-centered care for residents and their ability to remain in RCFEs, allowing them to age in place in the least restrictive environment that they have come to know as home. The updated regulations have been modernized so that standards for dementia care, previously housed in one regulatory section, are integrated into several sections, such as Plan of Operation, Planned Activities, Personal Accommodations and Services, Storage Space and Access, Pre-Admission Appraisal and Reappraisals, to support care for all residents."

Changes to Dementia Regulations

Summary of changes:

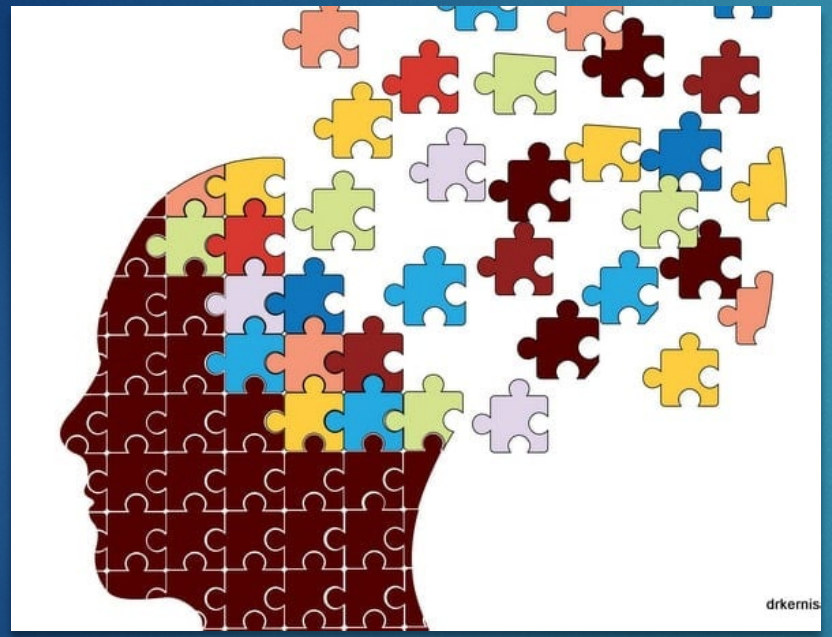
- Puts the accountability on "Licensee" rather than "facility" (which is essentially the same but just different wording).
- Allows "a licensed medical professional acting within their scope of practice" to do medical assessments, etc. rather than specifically a "physician"
- Medical assessments (formerly termed "Physician Reports") are no longer required for residents with dementia, but are now **requested** for ALL residents annually (residents/responsible parties can refuse; if so, this has to be documented in the resident's file)
- Adds new definitions, such as "behavioral expression"
- Deletes an entire section of Title 22 – 87707
- Reorganizes Section 87705 and 87706

Key Changes to Dementia Regulations

New definition:

“"Behavioral expression" means behavior or behaviors displayed by a resident that may result in harm to self or others including, but not limited to, unsafe wandering as defined in subsection (u), or elopement as defined in subsection (e), expressions of frustration, disorientation, hallucinations, or lacking in hazard awareness or impulse control. Behavioral expression may be due to boredom, fear, overstimulation, perceived threat, fatigue, physical discomfort, pain, "Major Neurocognitive Disorder (major NCD)" as defined in subsection (m), or other causes including, but not limited to, medication interactions and/or illnesses such as urinary tract infections.”

Key Changes to Dementia Regulations



New definition:

““Dementia” means an overall term for diseases and conditions characterized by a progressive decline in memory, language, problem-solving and other thinking skills that are severe enough to interfere with a person's ability to perform activities of daily life. Dementia is a general term referring to "Major Neurocognitive Disorder (major NCD)" as defined in subsection (m).”

Key Changes to Dementia Regulations

New definition:

“"Elopement" occurs when a resident who is at risk of harm due to their cognitive condition leaves the facility unsupervised, or while in the licensee's care, leaves another safe location unsupervised.”

Key Changes to Dementia Regulations

Adds a brand new term:

“"Major Neurocognitive Disorder" (major NCD) is a clinical term that describes substantially decreased cognitive or mental function due to a medical disease other than a psychiatric illness. Major NCD includes Alzheimer's disease and related disorders diagnosed by a licensed medical professional acting within their scope of practice. Related disorders considered to be major NCDs include, but are not limited to, vascular dementia, Lewy body dementia or Parkinson's disease, and frontotemporal dementia. Major NCDs cause impairment that is sufficient enough to interfere with independence in daily activities and may result in changes that include, but are not limited to, increased tendency to wander and decreased hazard awareness and ability to communicate.”

Key Changes to Dementia Regulations

Expands upon the current definition to discuss oral instructions:

“"Nonambulatory Person" means a person who is unable to leave a building unassisted under emergency conditions. It includes, but is not limited to, those persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. *It also includes persons who are unable, or likely to be unable, to respond physically or mentally to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire or other dangers and, if unassisted, to take appropriate action relating to such danger.”*

Key Changes to Dementia Regulations

Adds the italicized statement regarding resident representatives (not assuming personal responsibility or liability for payment….):

“"Representative" means an individual who has authority to act on behalf of the resident; including but not limited to, a conservator, guardian, person authorized as the agent in the resident's valid advance health care directive, the resident's spouse, registered domestic partner, or family member, a person designated by the resident, or other surrogate decisionmaker designated consistent with statutory and case law. *Without other legal obligation to the contrary, acting as a resident representative does not mean that the individual assumes personal responsibility or liability for payment of any charges incurred by the resident*.”

Key Changes to Dementia Regulations

Adds this new definition:

""Significant Change in Condition" means a deterioration or improvement in a resident's physical, cognitive, behavioral, or functional condition that is significant enough to require an alteration of the services provided to the resident.

Key Changes to Dementia Regulations

Adds another new definition:

“"Unsafe wandering" occurs when a resident at risk enters an area that is physically hazardous or contains items that are potential safety hazards. For example, unsafe wandering may occur when a resident enters another resident's room when doing so may lead to an altercation or contact with hazardous items.”

Key Changes to Dementia Regulations

Addition to Section 87208 Plan of Operation:

The licensee shall have and maintain a current, written definitive plan of operation for the facility. ***The licensee shall operate the facility in accordance with the terms specified in the plan of operation and may be cited for not doing so.*** The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval.

Key Changes to Dementia Regulations

Changes to Section 87219 Planned Activities:

Reworded/reorganized/added to the list of socialization activities required:

Activities may include, but are not limited to:

- **Group discussion and conversation**
- **Reminiscence activities, such as looking at photos, letters, or greeting cards.**
- **Cultural and/or religious activities, such as holiday celebrations and cultural traditions.**
- **Other social activities such as arts, crafts, games, gardening, pet care, and other recreational activities promoting social interaction.**

Key Changes to Dementia Regulations

Changes to Section 87219 Planned Activities (cont'd):

Reworded/reorganized/added to the list of socialization activities required:

Activities may include, but are not limited to (cont'd):

- Cognitive and mental stimulation activities such as reading, writing, movies, crossword puzzles, board and card games and using the computer.
- Sensory stimulation, such as music therapy and aromatherapy, or tactile activities, such as pet therapy.
- Physical activities that maintain physical health including games, sports, exercises, and other similar activities that promote balance, strength, coordination, flexibility, and range of motion.

Key Changes to Dementia Regulations

Outdoor area for residents:

Added “and have adequate shady areas” and removes requirement of “sufficient in size, comfortable and appropriately equipped for outdoor use” along with the addition of:

> “The licensee shall provide sufficient space to accommodate both indoor and outdoor activities. Activities shall be encouraged by provision of:
>
> - Outdoor activity areas that are easily accessible to residents, protected from traffic, and have adequate shady areas.”

Key Changes to Dementia Regulations

Deletes the requirement for daily newspapers and current magazines:

Section 87219, (j) now reads:

"The licensee shall provide sufficient equipment and supplies to meet the requirements of this section, including access to a variety of reading materials. Special equipment and supplies necessary to reasonably accommodate the individual physical and mental needs of residents shall be provided as appropriate."

Key Changes to Dementia Regulations

These changes affect Section 87303 Maintenance and Operation (and do not specifically relate to dementia):

Changes “non-skid” to “slip-resistant” and adds in “or flooring” and adds (A) below:

(5) Slip-resistant mats, strips, or flooring shall be used in all bathtubs and showers floors.

(A) All slip-resistant mats, strips, or flooring shall be in good repair and maintain slip-resistant properties.

Key Changes to Dementia Regulations

These changes affect Section 87303 Maintenance and Operation (and do not specifically relate to dementia) (cont'd):

Rewords waste Reg and removes the word "solid" from waste description and reference to "movable bins":

(f) All waste shall be located, stored, and disposed of in a manner that will not transmit communicable diseases or odors, pose a risk to health and safety, or provide a breeding place or food source for insects or rodents.

(1) All containers storing waste shall be in good repair, free of leaks, and emptied in a timely manner.

(3) All outdoor containers, such as garbage receptacles or dumpsters, shall provide suitable access and a drainage to allow complete cleaning at the storage area.

Key Changes to Dementia Regulations

Section 87307 Personal Accommodations and Services

2024 Regulations: "…..safety modifications shall include, but not limited to, **inaccessibility** of ranges, heaters, wood stoves, inserts, and other heating devices to residents with dementia."

2025 Regulations: "The licensee shall **supervise**…..when residents are in proximity to or when there is use of the following items.

(1) Ranges, ovens, heaters, fireplaces, wood stoves, inserts, and other heating devices.

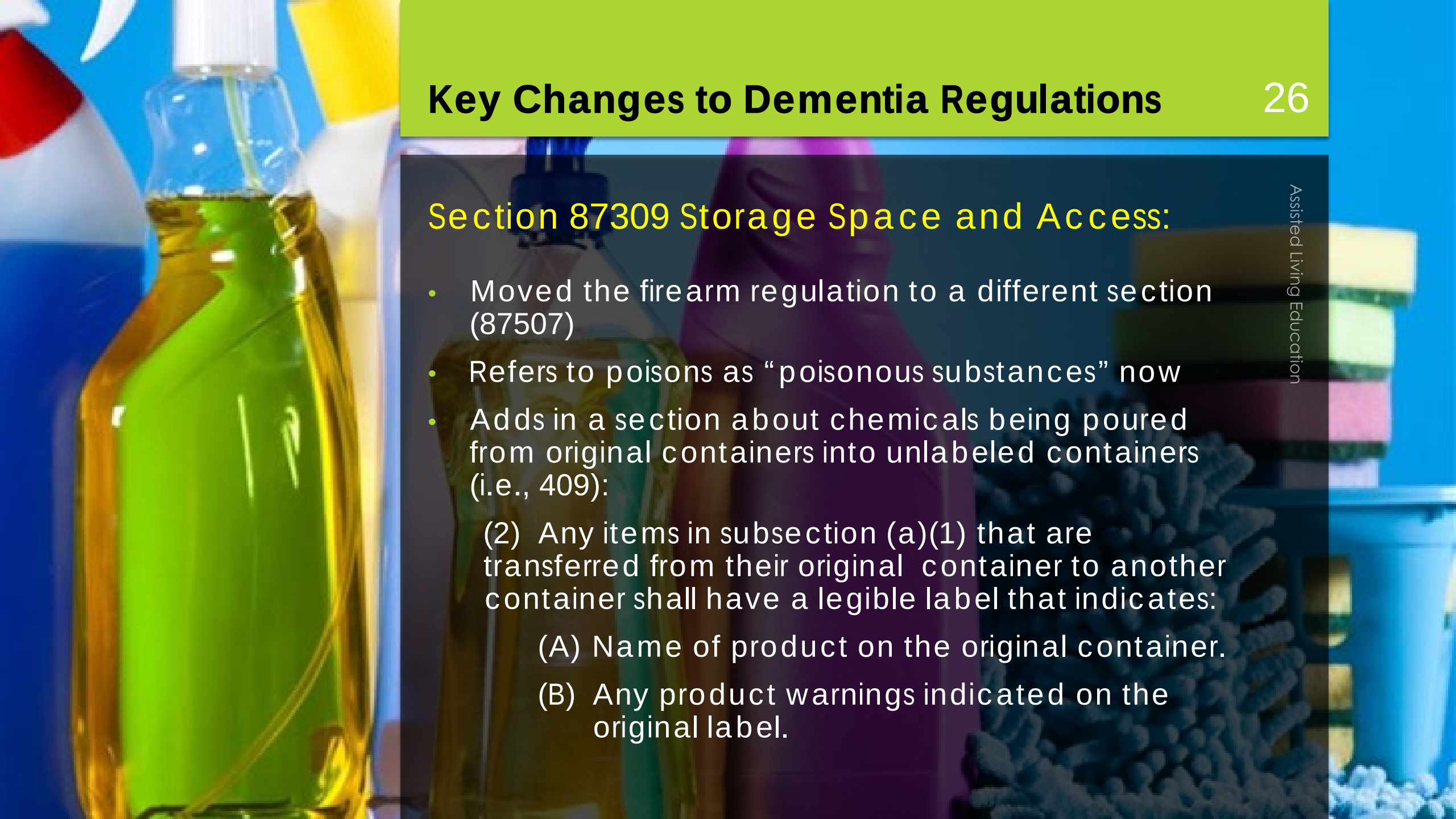
(A) Heating devices shall have protective mechanisms or other measure to prevent access to the device, or to make it inoperable when not in use, in order to reduce the risk of burns or fire.

Key Changes to Dementia Regulations

Section 87307 Personal Accommodations and Services (cont'd)

Addition:

(f) The licensee shall supervise residents as needed and as determined by the resident's appraisal…….when residents are in proximity to birdbaths, fountains, or similar smaller decorative water features."



Key Changes to Dementia Regulations

Section 87309 Storage Space and Access:

- Moved the firearm regulation to a different section (87507)
- Refers to poisons as “poisonous substances” now
- Adds in a section about chemicals being poured from original containers into unlabeled containers (i.e., 409):

  (2) Any items in subsection (a)(1) that are transferred from their original container to another container shall have a legible label that indicates:

  (A) Name of product on the original container.

  (B) Any product warnings indicated on the original label.

Key Changes to Dementia Regulations

Section 87455 Acceptance and Retention Limitations:

- No *major* changes other than adding statements such as "allowing residents to age in place in the least restrictive environment when appropriate…."
- It does, however, remove the regulation that states a resident cannot be admitted or retained if "The resident's primary need for care and supervision results from….an ongoing behavior, caused by a mental disorder, that would upset the general resident group…"

Key Changes to Dementia Regulations

Section 87457 Pre-Admission Appraisal:

Now states (regarding the pre-admission appraisal) (new items highlighted in yellow):

"The appraisal shall document, at a minimum,:

- **An evaluation of the prospective resident's functional capabilities, mental condition, and social factors as specified in Sections 87459, Functional Capabilities and 87462, Social Factors.**
- **Whether the prospective resident's or other residents' safety would be at risk if the prospective resident is allowed access to any of the items specified in Section 87307, Personal Accommodations and Services and in Section 87309, Storage Space and Access."**

Key Changes to Dementia Regulations

Section 87458 Medical Assessment:

- Changes "physician" to "licensed medical professional acting within the scope of their practice".
- Deletes the reference to using the LIC 602A form (Physician's Report). Now called a "medical assessment". Other forms can be used as long as they have ALL of the information included on the LIC 602A.
- Deletes the reference to a "secondary diagnosis" and just calls it "diagnoses".
- Annual, updated medical assessments are no longer required for residents with a dementia diagnosis. They are NOW to be requested for ALL residents, but resident/responsible parties may refuse this request. If they do refuse, this MUST be documented in the resident's file.

Key Changes to Dementia Regulations

Section 87458 Medical Assessment (cont'd):

Adds:

(c) The medical assessment shall include, but not be limited to:

1. A physical examination of the resident indicating the licensed medial professional's diagnosis or diagnoses and results of an examination for all of the following:
    a. Communicable tuberculosis.
    b. Infectious diseases.
    c. Contagious diseases.
    d. Other medical conditions.

Key Changes to Dementia Regulations

Section 87563 REAPPRAISALS:

Adds more specific types of "significant changes in condition" that must be documented in the reappraisal, if appropriate, such as:

- Physical trauma, such as a heart attack or stroke
- Cognitive functions, such as thinking, remembering, reasoning, exercising judgement, and decision–making.
- Behavioral expression, as defined in Section 87101, Definitions, that may result in harm to self or others, such as unsafe wandering, elopement, hallucinations, lacking in hazard awareness, or lacking in impulse control.

Key Changes to Dementia Regulations

Section 87563 REAPPRAISALS:

Adds more specific types of "significant changes in condition" that must be documented in the reappraisal, if applicable, such as (cont'd):

- A mental or social trauma, such as the loss of a loved one.
- Illness or injury that results in a significant change in the health care or dietary needs of the resident.
- Whether the resident's and other residents' safety would be at risk if the resident is allowed to have access to any of the items specified in Section 87307, Personal Accommodations and Services and in Section 87309, Storage Space and Access.

Key Changes to Dementia Regulations

Section 87563 REAPPRAISALS (cont'd):

Adds documentation requirements for when a resident has a behavioral expression(s) that caused or may cause harm to the resident or others:

"(c)If the licensee observes or is made aware of behavioral expression…that has caused or may cause harm to the resident or others, the licensee shall document all of the following in the resident's reappraisal:

(1) A description of the behavioral expression.

(2) If known, identification of events occurring just prior to the behavioral expression including, but not limited to, interactions with other residents or staff, sudden or recent changes in the physical environment, signs of possible new physical illness or injury (such as fever, cough, urinary urgency, or limping), overstimulation (such as from noise or visitors), or physical sensations a resident may not be able to express verbally that may include, but are not limited to, fatigue, heat, cold, pain, hunger, thirst, boredom, fear, wanting to walk, or need for toileting.

(3) Interventions to be implemented to minimize the risks to the health and safety of the resident or others associated with the resident's behavioral expression. The licensee shall use the least restrictive intervention to manage the behavioral expression based on the individual needs of the resident."

Key Changes to Dementia Regulations

Section 87563 REAPPRAISALS (cont'd):

Reminds the licensee that any significant change of condition must be immediately brought to the attention of the appropriately licensed medical professional and if applicable, other specialized care providers, along with the resident and, if applicable, the resident's representative. This information must all be documented.

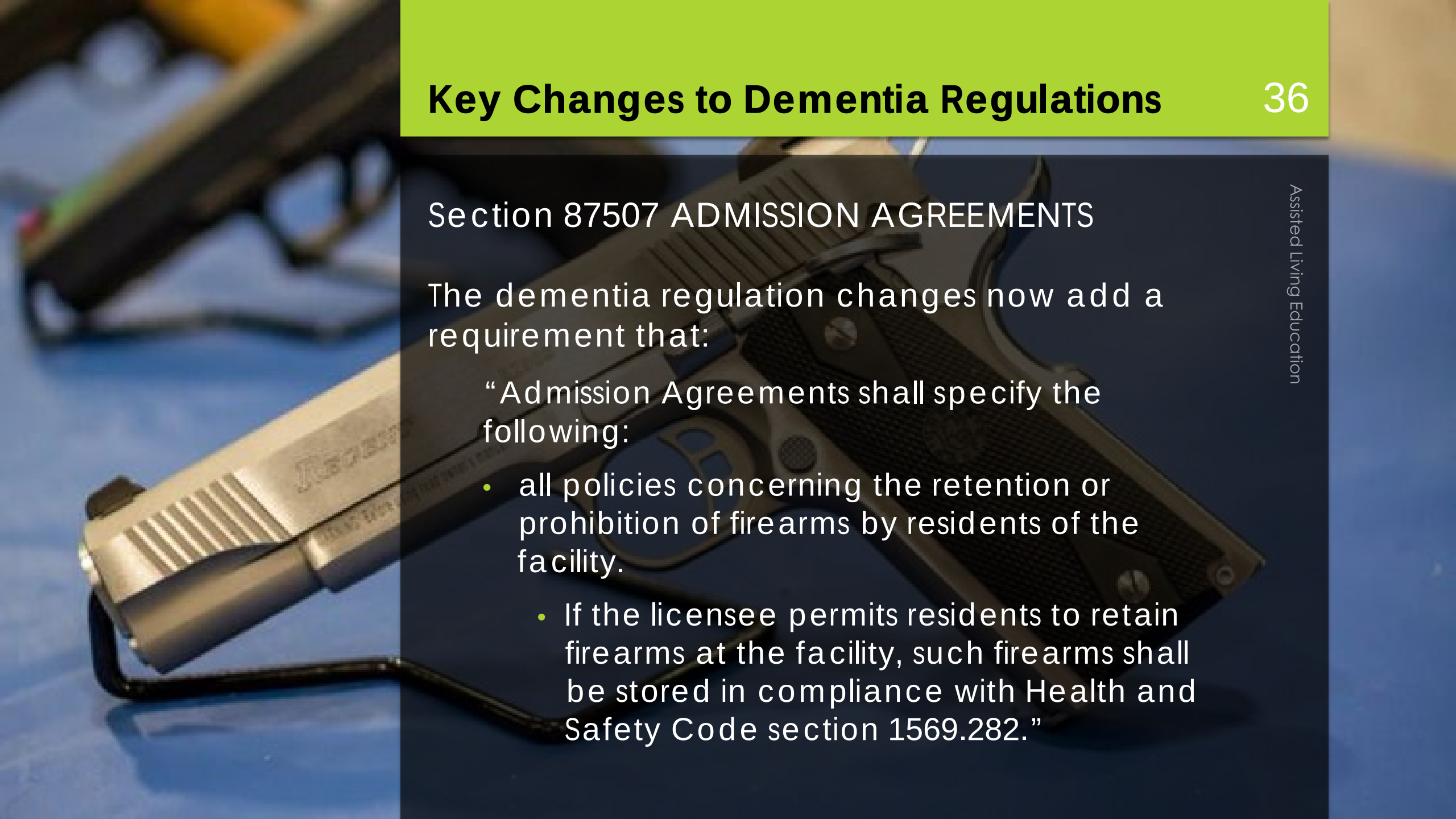
Key Changes to Dementia Regulations

Section 87563 REAPPRAISALS (cont'd):

Adds: Annually or when there is a significant change in condition that the licensee must have an in-person or virtual meeting or conference call with the resident, their representative (if any) and appropriate facility staff.

More details:

- When this occurs, the licensee must evaluate staffing needs to ensure that there is a sufficient number of direct care staff to support each resident's physical, social, emotional, safety and health care needs, as identified in their current appraisal.



Key Changes to Dementia Regulations

Section 87507 ADMISSION AGREEMENTS

The dementia regulation changes now add a requirement that:

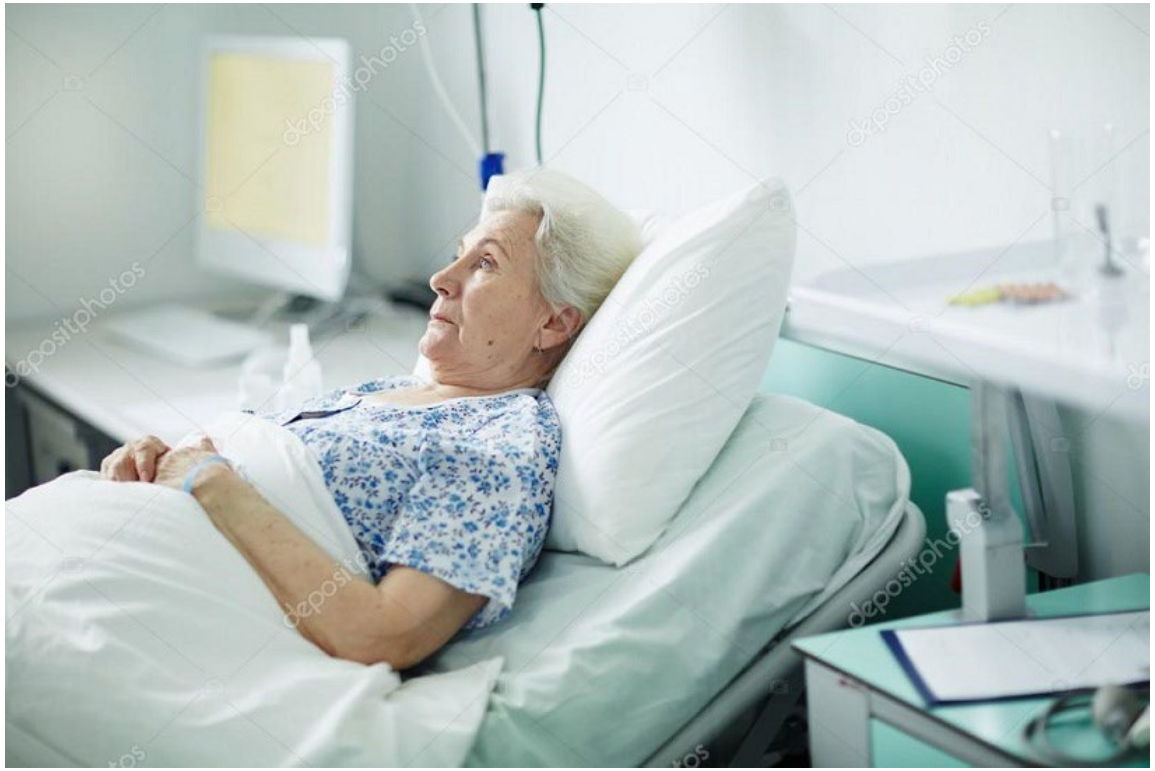
"Admission Agreements shall specify the following:

- all policies concerning the retention or prohibition of firearms by residents of the facility.
  - If the licensee permits residents to retain firearms at the facility, such firearms shall be stored in compliance with Health and Safety Code section 1569.282."

Key Changes to Dementia Regulations

Section 87606 CARE OF BEDRIDDEN RESIDENTS

No notable or significant changes were made to this section, only rewording, such as “Licensee” instead of “facility”.



Key Changes to Dementia Regulations

Sections 87705 CARE OF PERSONS WITH DEMENTIA and 87706 ADVERTISING DEMENTIA SPECIAL CARE, PROGRAMMING, AND ENVIRONMENTS

Section 87707 has been deleted from Title 22

Key Changes to Dementia Regulations

Key changes/additions/deletions:

Nothing notable has been removed, just reorganized, such as deleting items from 87705 and moving them to different Sections of Title 22.

The training requirements for facilities that accept residents with dementia are the same – no changes.

Fire and earthquake drill training references have been deleted from 87705 and 87706.

Uses updated language like “behavioral expression”.

Key Changes to Dementia Regulations

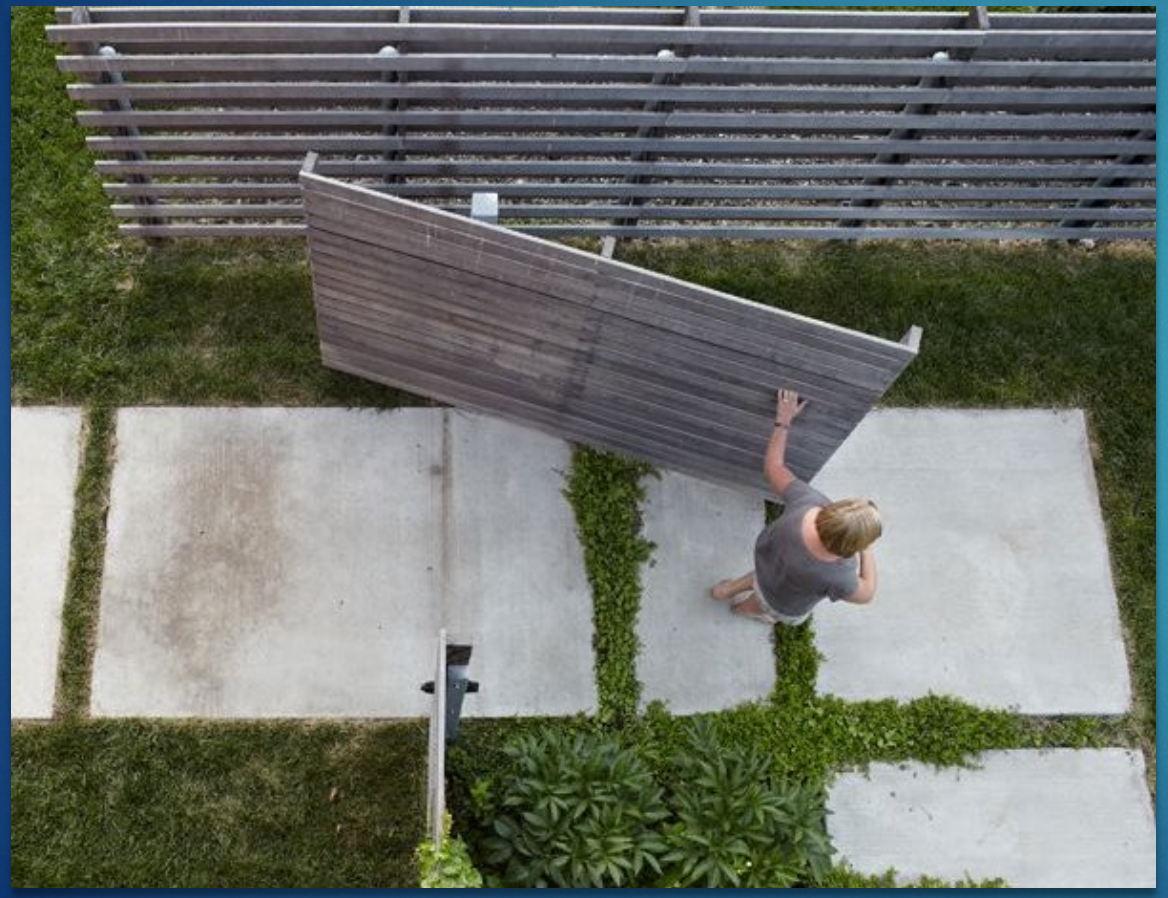
Key changes/additions/deletions (cont'd)

Deletes the regulation that states "The following shall be stored **inaccessible** to residents with dementia:

- (1) Knives, matches, firearms, tools and other items that could constitute a danger to the resident(s).
- (2) Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants"……

….because the new regulations state that these items *might* be allowed based on the resident's pre-admission and subsequent assessments ("person centered care" focus).

Key Changes to Dementia Regulations



Regulation 87705(f) pertains to licensees that lock exterior doors or perimeter fence gates.

Adds the requirements that “all facility staff on all shifts have access to, and know how to use, equipment needed to unlock exterior doors or perimeter fence gates.”

2025 Laws/Bills

What is a “Bill”?

There are two types of Bills* – Assembly Bills(“AB”) and Senate Bills (“SB”).

What is the difference? If the author is a Senator, the Bill is introduced in the Senate. If the author is an Assemblymember, the Bill is introduced in the Assembly.

Why do Bills matter to us? Once a Bill becomes law, and it affects our industry, we must abide by it….even if it is not included in Title 22 or the Health and Safety Codes.

*Source: https://www.politicopro.com/California%20-%20Guide%20to%20Legislation/POL-06jun2019-CA-Legislation-Guide-r3.pdf

Assembly and Senate Bills

A 2-year legislative session ended in Fall, 2024.

3,030 Bills were introduced in the first year

2,534 Bills were introduced in the second year

That equals over 5,500 potential news laws!!!

Thankfully, only 1,369 were signed into law and not many pertain to RCFE's and ARF's

Senate Bill 1406

- Effective January 1, 2025, there are two separate parts to this Bill:

1. This Bill adds to the Resident Rights: The resident has the right to request, refuse, or discontinue a service (which they always had but it is now being stated in writing).
    - *This begs the question…..what if the resident refuses services that you KNOW they need? For example, medication assistance and the resident is exhibiting signs of dementia…..*

Senate Bill 1406

2. **2024 law requires a licensee of an RCFE that increases the rates of fees for residents or makes increases in any of its rate structures for services to provide at least 60 days' prior written notice to the residents or the residents' representatives of the amount of the increase, the reason for the increase, and a general description of the additional costs, except with respect to an increase in the rate due to a change in the level of care of the resident. This Bill extends the required written notice period to 90 days and would require the licensee to provide the reason or reasons for the increase in the written notice.**

AB 2541

This Bill does not go into effect until January 1, 2026.

This Bill does not directly affect RCFE's or ARF's but it DOES help us and our residents!

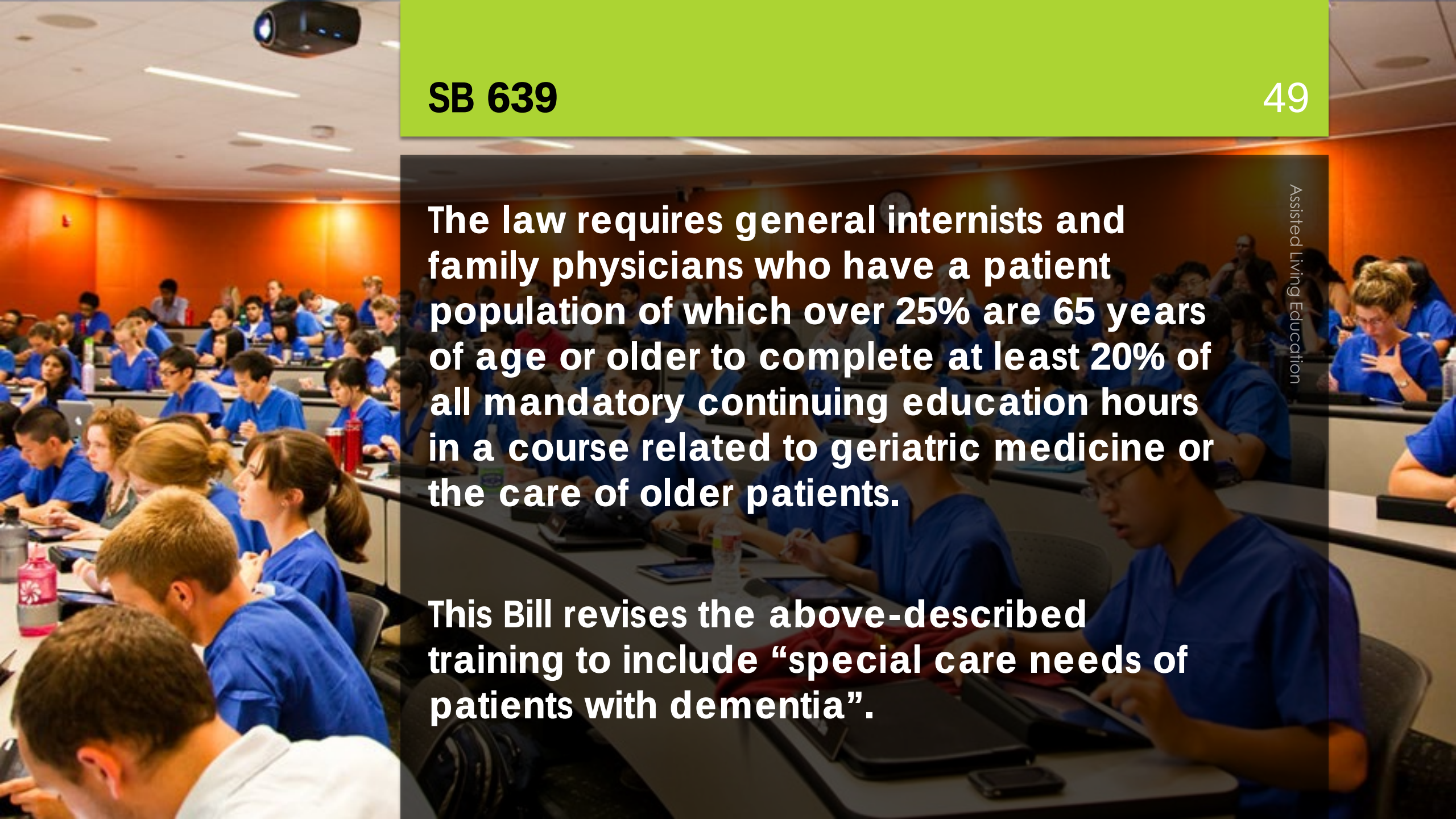
It will require law enforcement officers to receive training addressing wandering associated with Alzheimer's disease, autism, and dementia.

AB 2689

This is another Bill that does not directly affect the operation of RCFE's or ARF's but it helps anyone with dementia!

Existing law allows taxpayers, until January 1, 2025, to designate on their personal income tax return that a specified amount in excess of their personal income tax liability be contributed to the California Alzheimer's Disease and Related Dementia Research Voluntary Tax Contribution Fund, which is a continuously appropriated fund, to be allocated to, among others, the State Department of Public Health to support eligible programs awarded grants under selection criteria established by the State Department of Public Health Alzheimer's Disease Program.

This bill would extend the operation of these provisions to January 1, 2032.



SB 639

The law requires general internists and family physicians who have a patient population of which over 25% are 65 years of age or older to complete at least 20% of all mandatory continuing education hours in a course related to geriatric medicine or the care of older patients.

This Bill revises the above-described training to include “special care needs of patients with dementia”.

Labor-Related AB's/SB's

2024 Senate Bill 525:

This Healthcare Worker minimum wage increase will result in SIGNIFICANT cost increases throughout the healthcare field!

Does this affect RCFE's and ARF's? Not directly unless they are affiliated by an acute care provider or owned, operated or controlled by a hospital but it puts indirect wage pressure on our industry!!!!

Here is the rate increase breakdown:

June 1, 2024 to May 31, 2026 = $21.00 per hour

June 1, 2026 to May 31, 2028 = $23.00 per hour

June 1, 2028 to….? = $25.00 per hour

2025 Labor Law Changes

Minimum Wage Increase

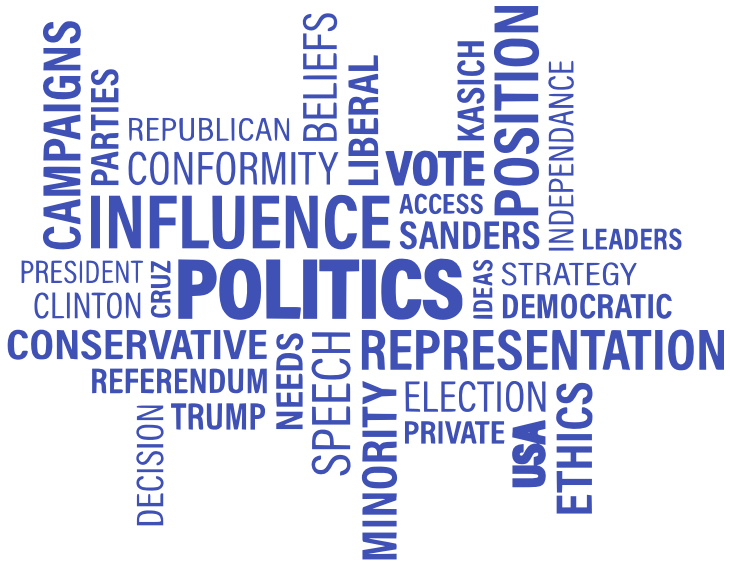
Effective January 1, 2025, California's minimum wage increased to $16.50 per hour.

Exempt employees in California must be paid a minimum annual salary of $68,640 per year.

Note: Some counties and cities have a higher wage, such as West Hollywood.

*Source: https://www.shrm.org/topics-tools/employment-law-compliance/california-s-minimum-wage-will-increase-again-in-2025#:~:text=Additionally%2C%20the%20minimum%20salary%20for,1%2C%202025.

SB 399



This Bill would prohibit an employer from subjecting, or threatening to subject, an employee to discharge, discrimination, retaliation, or any other adverse action because the employee declines to attend an employer-sponsored meeting or affirmatively declines to participate in, receive, or listen to any communications with the employer or its agents or representatives, the purpose of which is to communicate the employer's opinion about religious or political matters and would require an employee who refuses to attend a meeting as described to continue to be paid, as specified. The bill would impose a civil penalty of $500 on an employer who violates these provisions.

AB 1870

Existing law establishes a workers compensation system to compensate an employee for injuries sustained in the course of employment. Employers who are subject to the workers compensation system are generally required to keep posted in a conspicuous location frequented by employees and easily read by employees during the hours of the workday a notice that includes, among other information, to whom injuries should be reported, the rights of an employee to select and change a treating physician, and certain employee protections against discrimination. Existing law requires the administrative director to make the form and content of this notice available to self-insured employers and insurers.

This bill would require the notice to include information concerning an injured employee's ability to consult a licensed attorney to advise them of their rights under workers compensations laws, as specified. The bill would also make technical, non-substantive changes to these provisions.

AB 2123

On September 29, 2024, Governor Newsom signed Assembly Bill (AB) 2123, eliminating employer's ability to require employees to use accrued vacation leave before accessing California's Paid Family Leave Program (PFL).

Previously, employers could require employees to take up to 2 weeks of accrued vacation before employees could access PFL benefits. As of January 1, 2025, this requirement will no longer apply.

AB 2499

Prior to AB 2499, California law provided protections to employees from discrimination or retaliation for taking time off for jury duty, court appearances, or to employees who were victims of crime or abuse.

Effective January 1, 2025, Governor Newsom expanded the list of crimes for which employees can take time off and allows employees to take protected time off to assist family members who are victims of specified crimes. The new law also permits the use of state paid sick leave for these purposes.

AB 2499

Under AB 2499, these protections remain in place, but broaden the definition of “victims” to include a victim of a “qualifying act of violence,” which means any of the following, regardless of whether anyone is arrested for, prosecuted for, or convicted of committing any crime:

- Domestic violence
- Sexual assault
- Stalking
- An act, conduct, or pattern of conduct that includes:
  - An individual causes bodily injury or death to another
  - An individual exhibits, draws, brandishes, or uses a firearm or other dangerous weapon, with respect to another
  - An individual uses or makes a reasonably perceived or actual threat of use of force against another to cause physical injury or death.

AB 2499

Under AB 2499, employees are permitted to use vacation, personal leave, paid sick leave, or compensatory time off that is available unless otherwise provided in a collective bargaining agreement.

Finally, under the law employers will be required to provide written notice of their rights established under this bill to new hires, to all employees annually, at any time upon request, and any time the employer becomes newly aware that an employee or an employee's family member is a victim.

SB 1100

Effective January 1, 2025, this Bill makes it an unlawful employment practice for an employer to include a statement in various employment materials that an applicant must have a drivers license unless the employer reasonably expects the duties of the position to require driving and the employer reasonably believes that satisfying that job function using an alternative form of transportation would not be comparable in travel time or cost to the employer, as specified.

2025 SSI Rates*

The NMOHC ("Non-Medical Out of Home Care") Payment Standard includes the following components:

Room and board: $694.07

Care and supervision: $726.00 maximum

Amount payable for basic services: $1,420.07

Personal and incidental needs allowance (must be provided to the recipient): $179

*Source: https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2024/CCLD/PIN-24-13-CCLD.pdf

2024 DSS Form Changes

Recent Form Changes

LIC 200

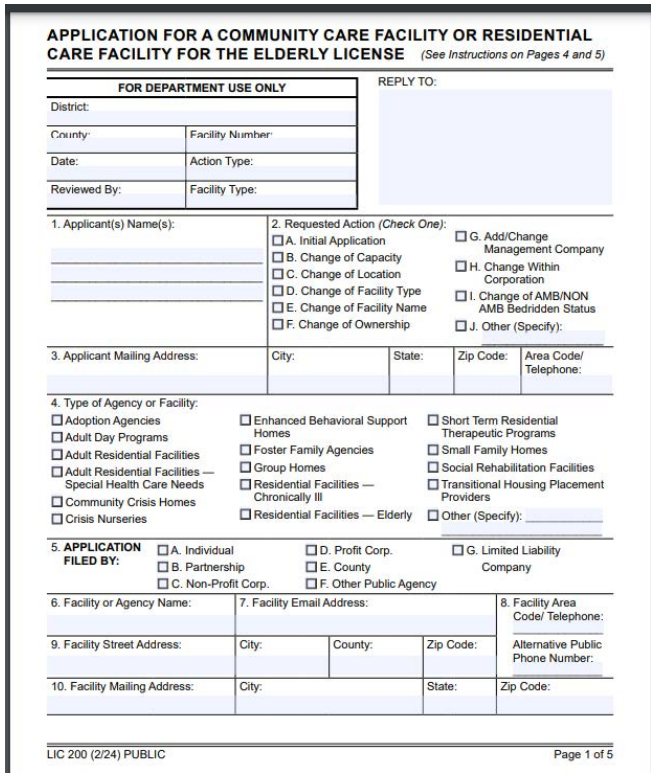
LIC 281

LIC 9214

LIC 9282

SOC 341, 341A

The LIC 200 Form



APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on Pages 4 and 5)*

FOR DEPARTMENT USE ONLY	
District:	
County:	Facility Number:
Date:	Action Type:
Reviewed By:	Facility Type:

REPLY TO:

1. Applicant(s) Name(s):

2. Requested Action *(Check One)*:
- ☐ A. Initial Application
- ☐ B. Change of Capacity
- ☐ C. Change of Location
- ☐ D. Change of Facility Type
- ☐ E. Change of Facility Name
- ☐ F. Change of Ownership
- ☐ G. Add/Change Management Company
- ☐ H. Change Within Corporation
- ☐ I. Change of AMB/NON AMB Bedridden Status
- ☐ J. Other (Specify):

3. Applicant Mailing Address:	City:	State:	Zip Code:	Area Code/ Telephone:

4. Type of Agency or Facility:
- ☐ Adoption Agencies
- ☐ Adult Day Programs
- ☐ Adult Residential Facilities
- ☐ Adult Residential Facilities — Special Health Care Needs
- ☐ Community Crisis Homes
- ☐ Crisis Nurseries
- ☐ Enhanced Behavioral Support Homes
- ☐ Foster Family Agencies
- ☐ Group Homes
- ☐ Residential Facilities — Chronically Ill
- ☐ Residential Facilities — Elderly
- ☐ Short Term Residential Therapeutic Programs
- ☐ Small Family Homes
- ☐ Social Rehabilitation Facilities
- ☐ Transitional Housing Placement Providers
- ☐ Other (Specify):

5. **APPLICATION FILED BY:**
- ☐ A. Individual
- ☐ B. Partnership
- ☐ C. Non-Profit Corp.
- ☐ D. Profit Corp.
- ☐ E. County
- ☐ F. Other Public Agency
- ☐ G. Limited Liability Company

6. Facility or Agency Name:	7. Facility Email Address:			8. Facility Area Code/ Telephone:
9. Facility Street Address:	City:	County:	Zip Code:	Alternative Public Phone Number:
10. Facility Mailing Address:	City:		State:	Zip Code:

LIC 200 (2/24) PUBLIC Page 1 of 5

Updated 2/24

5 pages now – complete pages 1-3 (instructions are pages 4-5)

Who would complete this?

- **New Licensees applying for a license**
- **Change of capacity, change of Administrator**

The LIC 281Form

Updated January, 2024

"Application Instructions for A Facility License"

Instructions to help you file an application for a facility license for ARF's, RCFE's, etc.

The LIC 9214 Form

APPLICATION FOR ADMINISTRATION CERTICATION form for applying for an RCFE or ARF Administrator Certificate or renewing the Certificate.

Updated in May, 2023.

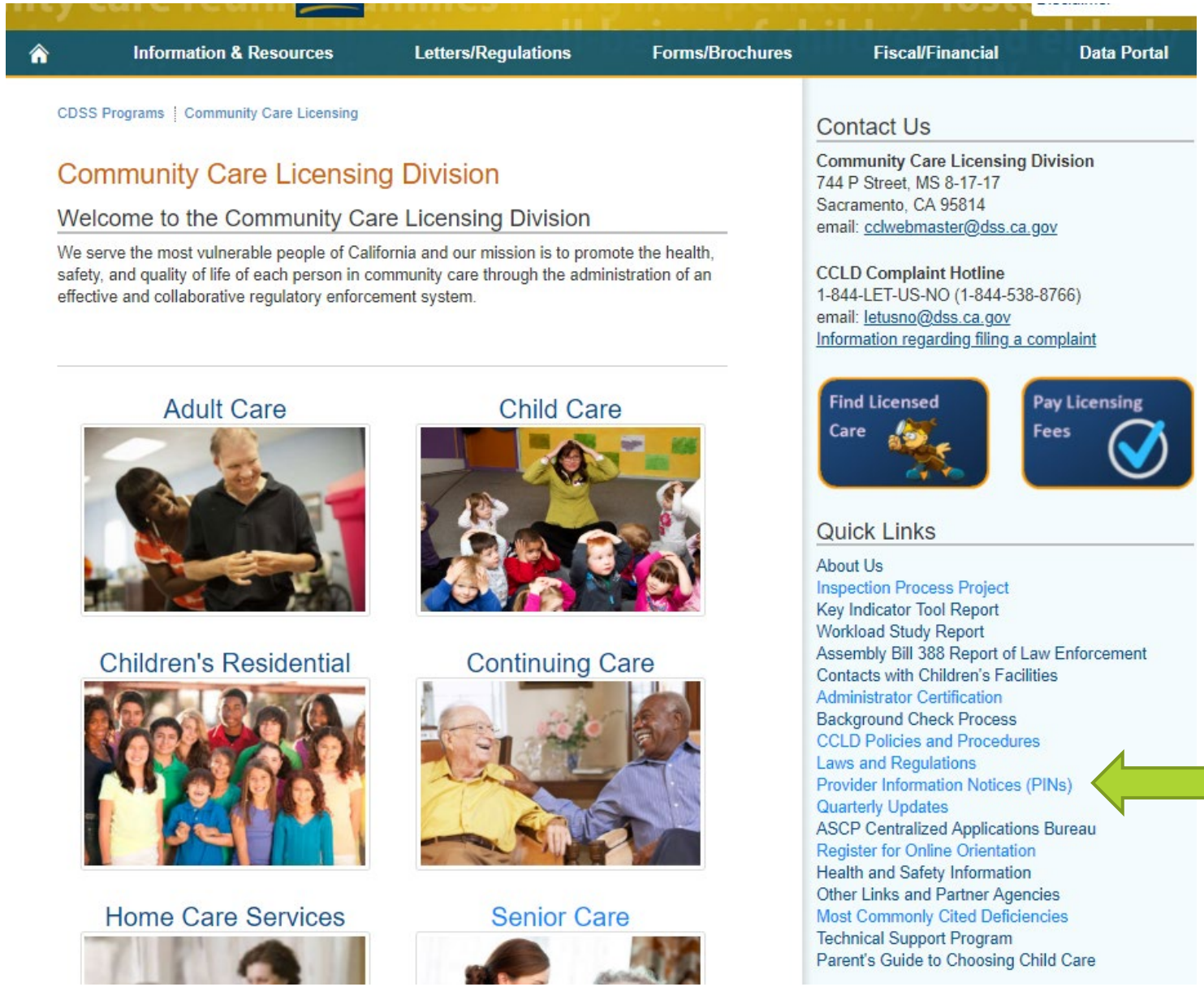
Note the increased fees on this form.

The SOC 341 and 341A Forms

The SOC 341 form is to be completed when there is suspected or known abuse. Updated in February, 2024.

The SOC 341A form is to be completed by all incoming employees. This used to be 3 pages – now it is 4. Updated in February, 2024.

Do you *need* to have all current employees sign a new SOC 341A form? No – just new employees.


Information & Resources
Letters/Regulations
Forms/Brochures
Fiscal/Financial
Data Portal
CDSS Programs | Community Care Licensing
Community Care Licensing Division
Welcome to the Community Care Licensing Division
We serve the most vulnerable people of California and our mission is to promote the health, safety, and quality of life of each person in community care through the administration of an effective and collaborative regulatory enforcement system.
Adult Care
Child Care
Children's Residential
Continuing Care
Home Care Services
Senior Care
Contact Us
Community Care Licensing Division
744 P Street, MS 8-17-17
Sacramento, CA 95814
email: cclwebmaster@dss.ca.gov
CCLD Complaint Hotline
1-844-LET-US-NO (1-844-538-8766)
email: letusno@dss.ca.gov
Information regarding filing a complaint
Find Licensed Care
Pay Licensing Fees
Quick Links
About Us
Inspection Process Project
Key Indicator Tool Report
Workload Study Report
Assembly Bill 388 Report of Law Enforcement Contacts with Children's Facilities
Administrator Certification
Background Check Process
CCLD Policies and Procedures
Laws and Regulations
Provider Information Notices (PINs)
Quarterly Updates
ASCP Centralized Applications Bureau
Register for Online Orientation
Health and Safety Information
Other Links and Partner Agencies
Most Commonly Cited Deficiencies
Technical Support Program
Parent's Guide to Choosing Child Care

2025 PIN's

PIN’s

Sign up with DSS to receive these PIN’s when they are released:

ccldpolicynotification@dss.ca.gov

Additional Sources

DSS website:
https://www.cdss.ca.gov/inforesources/community-care-licensing

California Assisted Living Association:
http://caassistedliving.org/

California Legislative Information :
https://leginfo.legislature.ca.gov/

Conclusion

Assisted Living Education thanks you for attending this Course.

We look forward to seeing you again at another of our Courses!