

CALIFORNIA DEPARTMENT OF AGING**Division of Home and Community Living/Office of Long-Term Care Patient Representative**

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**NOTICE OF PROPOSED REGULATORY ACTION
TITLE 22, CALIFORNIA CODE OF REGULATIONS****QUARTERLY REVIEWS
Notice Published October 3, 2025**

Notice is hereby given that the California Department of Aging (CDA), is proposing the regulation described below related to the timing of quarterly reviews conducted by the interdisciplinary team for medical interventions. This notice of proposed rulemaking commences to make the regulations permanent after considering all comments, objections, and recommendations regarding the regulation.

PUBLIC PROCEEDINGS

CDA is conducting a 45-day written public proceeding during which time any interested person or such person's duly authorized representative may present statements, arguments or contentions (hereinafter referred to as comments) relevant to the action described in the Informative Digest/Policy Statement Overview section of this notice.

To request copies of the regulatory proposal in an alternate format, please write or call: Selamaria Nua, California Department of Aging, 2880 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833 at (916) 928-3327 or email to selamaria.nua@aging.ca.gov.

PUBLIC HEARINGS

A public hearing regarding this proposed regulatory action is not scheduled. However, CDA will conduct a public hearing if a written request for a public hearing is received from any interested person, or their authorized representative, no later than (15) days prior to the close of the written comment period, pursuant to Government Code section 11346.8.

Assistive Devices

CDA is committed to providing assistive services for individuals with disabilities. Available services include converting written materials into alternative formats such as Braille, large print, audiocassette, and computer disk. For public hearings, assistive services may also include sign language interpretation, real-time captioning, note-taking, and reading or writing assistance.

To request these services, please contact Yarin Ascencio at (279) 667-3776, email yarin.ascencio@aging.ca.gov, or write to CDA at the address listed above.

Please note: The availability of certain services may be limited if requests are made fewer than 10 business days before the public hearing.

WRITTEN COMMENT PERIOD

Any interested person, or their authorized representative, may submit comments in writing about the proposed regulatory action. All written comments pertaining to this proposal, regardless of the method of transmittal, must be received by **November 17, 2025**, which is hereby designated as the close of the written period. Comments received after this date will not be considered timely.

Written comments must be submitted as follows:

1. By email to regulations@aging.ca.gov . It is requested transmission of comments, particularly those with attachments, contain the regulation package identifier “CDA-2025-OPR-001” in the subject line to facilitate timely identification and review of the comment.
2. By fax transmission to (916) 928-2506.
3. By postal service or hand delivery to:

California Department of Aging
Division of Home and Community Living
2880 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
Attention: Selamaria Nua.

All comments, including email or fax transmission, should include the regulation package identifier “CDA-2025-OPR-001” along with your name and your mailing address or email address for CDA to provide copies of any notices for proposed changes to the regulation text on which additional comments may be solicited.

AUTHORITY AND REFERENCE

CDA proposes to adopt the proposed regulation under the authority by the California Health and Safety Code, Section 131200, which empowers the department to adopt and enforce regulations for the execution of its duties and responsibilities. This proposal implements, interprets, makes specific, or clarifies section 1418.8(e) and (g) of the Health and Safety Code, pursuant to the decision of *California Advocates for Nursing Home Reform v. Smith* (2019) 38 Cal. App. 5th 838 and Notice of Entry of Judgement in *California Advocates for Nursing Home Reform v. Sonia Angel* (2022) Alameda County Superior Court Case No. RG13700100. The *California Advocates for Nursing Home Reform v. Sonia Angel* (2022) Alameda County Superior Court Case No. RG13700100 is the same case on remand after the decision in *California Advocates for Nursing Home Reform v. Smith* (2019) 38 Cal.App.5th 838.

Additionally, Welfare and Institution Code Section 9260 and 9295 establishes that the Office of the Long-Term Care Patient Representative, which is responsible for coordinating and overseeing the statewide provisions of public patient representative services.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Summary of Proposal

This proposed regulatory action implements, interprets, and makes specific Health and Safety Code (HSC) § 1418.8 (g) concerning the evaluation of prescribed medical interventions in skilled nursing or intermediate care facilities. The statute mandates that interdisciplinary teams conduct quarterly reviews of all prescribed interventions but does not account for the nature of specific treatments. This proposed regulation clarifies: the frequency of evaluations for one-time procedures, which may not require quarterly reviews; the types of medical interventions subject to review; and the potential for more flexible scheduling based on clinical need. This regulatory action aims to reduce unnecessary administrative burdens, ensure resources are allocated effectively, and better align evaluation practices with the clinical needs of residents.

Additionally, in accordance with the requirements set forth in Government Code §§ 11343 and 11346.2 et al., CDA will ensure proper notice is provided to stakeholders, including public notifications and opportunities for comment, as part of the regulatory process. This will ensure transparency and compliance with established procedures for regulatory changes.

Background

Chapter 3.6 (beginning with Section 9260) of Division 8.5 of the California Welfare and Institutions Code established the Long-Term Care Patient Representative Program within the California Department of Aging. This program ensures the availability of a public patient representative when a family member, friend or authorized individual is unable to participate in an interdisciplinary team review, as required by Section 1418.8(e) of the Health and Safety Code (HSC).

An interdisciplinary team review is used to determine the appropriateness of prescribed medical interventions for residents deemed by their attending physician to lack the capacity to provide informed consent. Previously, participation by a patient representative in these reviews was optional. However, following the court rulings in *California Advocates for Nursing Home Reform v. Smith* (2019) 38 Cal.App.5th 838 and the Notice of Entry of Judgement in *California Advocates for Nursing Home Reform v. Sonia Angell* (2022) Alameda County Superior Court Case No. RG13700100, facilities are now required to include a patient representative whenever an interdisciplinary team is convened for healthcare decisions requiring informed consent. This requirement took effect on January 27, 2023, and the Office of the Long-Term Care Patient Representative Program serves as the operative representative when no family member, friend or authorized person is available.

Problem Statement

The current statute in HSC § 1418.8(g) requires quarterly evaluations of prescribed medical interventions in skilled nursing and intermediate care facilities, but it does not account for the varying nature of treatments and/or interventions. Some interventions, such as one-time procedures, may not require such frequent reviews, and the regulation lacks clarity on which interventions should be reviewed. This inflexibility creates unnecessary administrative burdens and may not align with the best clinical interests of residents, potentially diverting resources from more critical care needs.

Objectives (Goals) of the Regulation

The objectives of this proposed regulatory action are to:

- Enhance regulatory clarity and effectiveness by improving the framework and reducing confusion or misinterpretation.
- Align evaluation schedules with clinical needs by differentiating review frequencies for various medical interventions, ensuring timely monitoring for critical treatments and reducing unnecessary evaluations for one-time procedures.
- Optimize patient care and healthcare resources through tailored evaluation schedules that focus on appropriate treatments and minimize administrative burdens.
- Support resident well-being by ensuring more efficient, relevant care practices and strengthening safety measures in long-term care facilities.

Anticipated Benefits

The expected benefits of this proposed regulatory action include:

- Greater clarity and precision in the regulatory framework.
- Differentiated review schedules that align evaluation frequencies with clinical needs.
- Less frequent evaluations for one-time medical interventions that don't require quarterly check-ups.
- More appropriate monitoring for critical treatments and certain medications.
- Reduced confusion and misinterpretation of the regulation.
- Optimization of patient care through more tailored evaluation schedules.
- Efficient use of healthcare resources by avoiding unnecessary evaluations.
- Enhanced safeguarding of residents' well-being in long-term care facilities.

Evaluation as to Whether the Proposed Regulations are Inconsistent or Incompatible with Existing State and Federal Regulations

CDA has reviewed relevant state regulations and determined that these are the only regulations addressing the frequency of interdisciplinary reviews. As a result, this action

is consistent with and compatible with existing state regulations. Additionally, there are no comparable federal statutes or state regulations.

FORMS INCORPORATED BY REFERENCE (Identified in the Informative Digest)

None.

MANDATED BY FEDERAL LAW OR REGULATIONS

None.

OTHER STATUTORY REQUIREMENTS

None.

LOCAL MANDATE

The Department has determined that this regulatory action does not mandate local agencies or school districts and incurs no costs requiring state reimbursement under Part 7, beginning with Section 17500 of Division 4 of the Government Code.

DISCLOSURES REGARDING THE PROPOSED ACTION

FISCAL IMPACT ESTIMATES

Cost to any local agencies or school districts that must be reimbursed pursuant to Section 17561 of Government Code:

The Department has determined that the proposed regulatory action does not mandate any local agencies or school districts.

The cost or savings to any state agency:

The Department does not anticipate any fiscal impact, as the proposed regulation will not alter the number of reviews conducted. Instead, it clarifies language and defines the scope of services provided by the Office of the Long-Term Care Patient Representative Program. Since the regulation does not introduce new requirements or expand service obligations, it will not impose additional administrative or economic burdens on businesses.

Other Nondiscretionary Cost or Savings Imposed on Local Agencies:

The Department has determined that the proposed regulation will not impact local government.

Cost or Savings in Federal Funding to the State:

The Department has determined that the proposed regulation will not affect federal funding.

HOUSING COSTS

The Department has determined that the proposed regulation would not have an impact on housing costs.

SIGNIFICANT STATEWIDE ADVERSE IMPACT ON BUSINESS:

The Department has made an initial determination that the proposed regulation is not expected to have a significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. This provision primarily addresses medical decision-making for residents in long-term care facilities who lack decision-making capacity and do not have a legal representative.

The regulation is focused on patient rights and care standards within healthcare settings rather than imposing new financial or operational burdens on businesses. Since it does not introduce additional costs, fees, or compliance requirements beyond existing healthcare regulations, it is unlikely to create a competitive disadvantage for California businesses. Moreover, long-term care facilities are already subject to comprehensive state and federal regulations governing patient care. As a result, this provision aligns with existing industry standards rather than imposing significant new obligations that could adversely impact businesses.

ECONOMIC IMPACT ASSESSMENT (EIA):

The Department has assessed the potential economic impact of the proposed regulation concerning quarterly reviews of medical intervention evaluations in skilled nursing and intermediate care facilities. Based on this assessment, the Department has determined the following:

- A. The creation or elimination of jobs within the State of California: The proposed regulatory action will not create or eliminate jobs in California. It solely revises evaluation procedures in healthcare settings without affecting overall employment dynamics.
- B. The creation of new businesses or the elimination of existing businesses within the State of California: The proposed regulation will not affect business creation or closure in California. It only updates administrative procedures in existing healthcare facilities without impacting the broader business environment.
- C. Impact on Business Expansion: The proposal will not impact the expansion of businesses in California, as it only affects healthcare facility operations and does not influence broader business activities or market conditions.
- D. Benefits to Health, Welfare, Worker Safety, and Environment: The proposed regulation improves healthcare for residents in skilled nursing and intermediate care facilities by aligning medical intervention evaluations with individual health

needs. While it enhances patient care and safety, it does not directly affect worker safety or the environment, as it applies only to internal healthcare procedures.

The Department recognizes that small businesses in healthcare settings must comply with the proposed regulation; however, the economic impact is expected to be minimal. These administrative changes are designed to enhance healthcare quality without imposing significant new burdens on small businesses.

COST IMPACTS ON REPRESENTATIVE PERSON OR BUSINESS:

The Department is not aware of any necessary costs that a private individual or business would incur to reasonably comply with the proposed action.

BUSINESS REPORTING REQUIREMENTS

None.

EFFECT ON SMALL BUSINESS

The Department has determined that the proposed regulatory action will have a minimal impact on small businesses in skilled nursing and intermediate care facilities, as they must comply with its requirements. However, the effect is not expected to be significant since the regulation primarily involves administrative procedures for medical decision-making. It aims to enhance healthcare quality without imposing substantial financial or operational burdens on small businesses.

SPECIFIC TECHNOLOGIES OR EQUIPMENT

None.

ALTERNATIVE CONSIDERED

The Department must determine that no reasonable alternative it considered or that has otherwise been identified and brought to its attention would be more effective in carrying out the purpose for which the action is proposed, would be more effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

CONTACT PERSON

For any inquiries or comments regarding the proposed rulemaking action, please contact:

Selamaria Nua, Policy Manager

California Department of Aging
Regulation and Policy Development
2880 Gateway Blvd, Ste. 200
Sacramento, CA 95833
Phone: (916) 928-3327
Email: regulations@aging.ca.gov

In the event the contact person is unavailable, please direct inquiries to:

Yarin Ascencio, Health Program Manager II
Division of Home and Community Living
Phone: (279) 667-3776

For all inquiries or written comments, please reference the Department regulation package identifier: CDA-2025-OPR-001.

AVAILABILITY STATEMENTS

The Department has prepared the text of the proposed regulation, and Initial Statement of Reasons (ISOR), and all the information upon which the proposal is based for public review. The designated contact person in this notice serves as the custodian of public records, including reports, documentation, and other materials related to the rulemaking file.

In order to request that a copy of this public notice, the regulation text, and the Initial Statement of Reasons or alternate formats for these documents be mailed to you, please send an email to regulations@aging.ca.gov or write to the designated contact person at the address previously noted. Upon request, the document can be provided in an alternative format or another language as a disability-related accommodation.

If the Department makes modifications which are sufficiently related to the originally proposed text, it will make the modified text, with the changes clearly indicated, available to the public for at least 15 days before it adopts the regulation as revised. Please send requests for copies of any modified text to the attention of Selamaria Nua using the contact information above. The Department will accept written comments on the modified text for 15 days after the date on which it is made available.

Final Statement of Reasons

A copy of the final statement of reasons (when prepared) will be available upon request from the Department.

INTERNET ACCESS

The Notice of Proposed Action, Initial Statement of Reasons, and proposed regulation text are available on the Office of the Long-Term Care Patient Representative homepage: https://www.aging.ca.gov/Providers_and_Partners/Office_of_the_Long-Term_Care_Patient_Representative