



# LONG-TERM CARE PATIENT REPRESENTATIVE PROGRAM (LTCPRP)

Program Overview, Request for PPR Process, and HSC 1418.8 Requirements for Notices and Data Reporting

January 19, 2023

1

## Learning Environment



- Schedule
- Webinar recording
- Q&A

2



## Agenda



- Long-Term Care Patient Representative Program (LTCPRP) history, role, and relationship to Health and Safety Code (HSC) 1418.8
- Public patient representative roles and responsibilities
- Notices that facilities are required to provide to residents, resident representatives, and the LTCPRP
- Process for requesting public patient representative services from the LTCPRP
- Data that facilities are required to report to LTCPRP quarterly

3

## The Long-Term Care Patient Representative Program (LTCPRP) – Introduction



- A new program within the California Department of Aging (CDA)
- Trained public patient representatives available to participate in interdisciplinary team (IDT) reviews held pursuant to Health and Safety Code (HSC) section 1418.8
- Serves long-term care residents who may need medical treatment but lack the capacity to make health care decisions and have no legal surrogate decision-maker or family or friend to participate as a patient representative.
- Effective January 27, 2023

4



## The Long-Term Care Patient Representative Program (LTCPRP)



### *History and Roles and Relationship to Health and Safety Code 1418.8*

5

## LTCPRP - History (1 of 3)

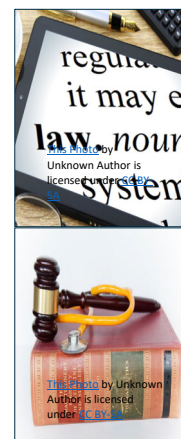


**1992** - Health and Safety Code (HSC) 1418.8 enacted (AB 3209, *Epple*).

- WHAT can the Interdisciplinary Team (IDT) do and for WHOM
- WHO must be on the IDT

**1994** - HSC 1418.8 amended (AB 1139, *Epple*; *Rains v. Belshe*).

- Defined lack of capacity
- Added language that the IDT shall include, where practicable, *a patient representative*.



6



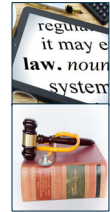
## LTCPRP – History (2 of 3)



### 2021 - HSC 1418.8 amended: New requirements and clarification

#### Facilities must:

- Provide specified oral and written notices to the resident, patient representative, and the LTCPRP.
- Include a patient representative unaffiliated with the facility at every IDT convened pursuant to HSC 1418.8
- Provide specified data to the California Department of Aging (CDA), Office of the Long-Term Care Patient Representative (OLTCPR)



#### The IDT may:

- Authorize the use of antipsychotic medications
- Make decisions regarding POLSTs, DNRs, or election of comfort or hospice care.

***Effective January 27, 2023***

7

## LTCPRP – History (3 of 3)



### 2021- AB 135 was enacted.

- Added California Welfare and Institutions Code (WIC) Sections 9260 - 9295
- Established Long-Term Care Patient Representative Program (LTCPRP) within CDA as an ongoing program supported by the General Fund.
- **WIC 9260:** LTCPRP will provide trained public patient representatives for residents who may need medical treatment but lack capacity to provide informed consent, have no legal surrogate to make decisions on their behalf, and have no friend or relative who can represent them on an IDT.

8



## LTCPRP - Roles and Responsibilities



Recruit and maintain trained staff  
to perform public patient  
representative duties

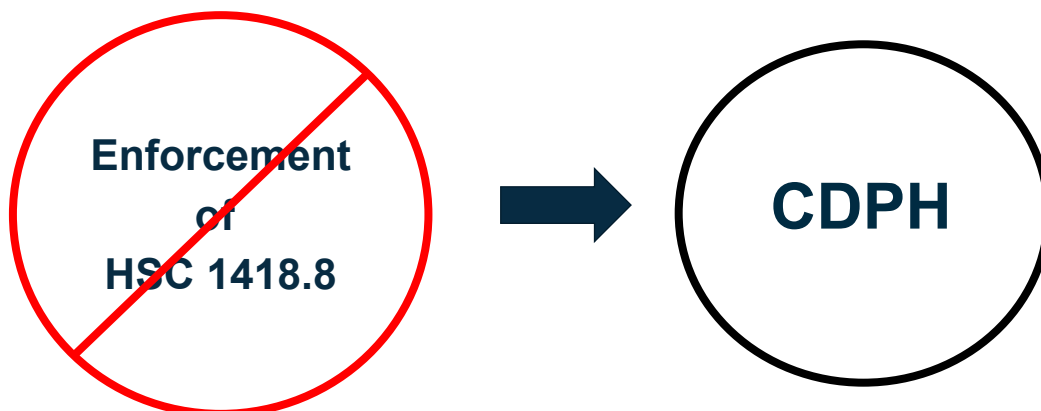
Refer residents who seek judicial  
review to appropriate legal services  
upon request

Collect required data

25

9

## Not the role of the LTCPRP > Whose then?



26

10



## The Public Patient Representative (PPR)



### *Roles and Responsibilities*

11

## WIC 9275 – The PPR shall: (1 of 3)



(a) Confirm that all criteria are met as required by HSC 1418.8 to:

- ✓ Convene an IDT for the resident
- ✓ Have a PPR be assigned to the case
- ✓ Initial IDT review notice to resident and patient representative

(b) Meet, and if possible, interview the resident **prior to all** IDT meetings *pursuant to HSC 1418.8.*

(c) Review resident's medical and clinical records.

(d) Review facility policies and procedures relevant to IDT process outlined in HSC 1418.8 and AFL 20-83.2.

12



## WIC 9275 – The PPR shall: (3 of 3)



- (e) Participate in IDT review of the proposed intervention, considering the factors required by HSC 1418.8.
- (f) Articulate the resident's preferences, if known, or a best approximation of those preferences. Per HSC 1418.8, except in the case of emergency, the proposed medical intervention shall not be administered **unless all IDT members agree and reach a consensus.**
- (g) Identify and report any concerns regarding abuse or neglect of the resident to the appropriate agencies.
- (h) Refer a resident who seeks judicial review to appropriate legal services.

13

## WIC 9270 - Scope of PPR Responsibility



- (a) PPR shall not participate in IDT review of a decision that would directly and inexorably lead to death.
- (b) PPR may participate in IDT review to create or revise:
  - Physician Orders for Life Sustaining Treatment
  - Do Not Resuscitate (DNR) orders
  - Comfort care orders
  - Elections of hospice care

14



## Not the role of the PPR > Whose then?



Serve as decision-maker for resident's:  
 > Fiduciary matters  
 > Admission  
 > Placement

> Conservator/guardian  
 > Representative payee  
 > Power of attorney  
 > AHCD agent  
 > Family/Friend

Serve as Case Manager

> Conservator/guardian  
 > Representative of other agencies

Provide community resource referral to residents and their families

> Facility social worker

Investigate elder or dependent adult abuse and/or neglect; Resolve care issues

> Long-Term Care Ombudsman  
 > CDPH  
 > Disability Rights California  
 > Other investigative or enforcement agencies

15

## Required Notices (*Pursuant to HSC 1418.8*)



- ***The four required notices***
- ***Statutory requirements***
- ***Notice criteria***

16



## The 4 Required Notices (1 of 3)



1. An initial notice providing details about the proposed medical intervention and upcoming IDT review
2. A follow-up notice explaining the IDT review's outcome
3. A notice following an emergency intervention that explains the intervention and states when the IDT review of that intervention will take place
4. A notice of failure to conduct a timely IDT review following an emergency medical intervention.



[https://www.aging.ca.gov/Providers\\_and\\_Partners/Office\\_of\\_the\\_Long\\_Term\\_Care\\_Patient\\_Representative/](https://www.aging.ca.gov/Providers_and_Partners/Office_of_the_Long_Term_Care_Patient_Representative/)

17

17

## The 4 Required Notices (2 of 3)



**The Office of the Long-Term-Care Patient Representative**

The Office of the Long-Term-Care Patient Representative, a new program within the California Department of Aging, will soon begin providing trained representatives for specified long-term care residents who may need medical treatment but lack the capacity to make health care decisions and have no legal surrogate authorized to make decisions on their behalf.

**Background**

Under state law (Health and Safety Code section 1418.8), skilled nursing and intermediate care facilities may convene an interdisciplinary team to make medical decisions for residents who lack capacity and have no legal surrogate. These teams include the resident's physician, a registered nurse responsible for the resident's care, and other appropriate staff. In the past, the teams also sometimes included patient representatives, but this was not required. As the result of a court case, skilled nursing and intermediate care facilities will be required to include a patient representative when they convene an interdisciplinary team. The new requirement will take effect January 27, 2023.

**Training**

Register for Training Webinar  
January 19, 2023  
2:00-3:30 p.m. PT  
[Register here](#)

**Identifying Patient Representatives**

Under the new requirements, facilities are responsible for identifying a friend, relative, or someone else to serve as a patient representative when an interdisciplinary team is convened. If the facility is unable to identify a representative, the Office of the Long-Term Care Patient Representative will provide a public patient representative who has completed required training and passed a criminal background check.

**Opening**

The Office of the Long-Term Care Patient Representative will open its doors no later than January 27, 2023.

**Contact**

For questions about the new program, email [OPR@aging.ca.gov](mailto:OPR@aging.ca.gov).

FAQs

Forms

Policies

Data and Reports

Facility Login

18



## The 4 Required Notices (3 of 3)



Form Name	Issue Date
1. OLTCPRP Initial Notice	01/03/2023
2. OLTCPRP Notice of IDT Outcome	01/03/2023
3. OLTCPRP Emergency Intervention Notice	01/03/2023
4. OLTCPRP Failure to Conduct Timely IDT Review	01/03/2023
5. OLTCPRP Request for IDT Participation (For CDA/Contractor use only)	01/03/2023
6. OLTCPRP Request for Certification (For CDA/Contractor use only)	01/03/2023
7. OLTCPRP Request for Decertification (For CDA/Contractor use only)	01/03/2023
8. OLTCPRP Continuing Ed. Security Aware. Verification (For CDA/Contractor use only)	01/03/2023

All facilities conducting IDT reviews pursuant to HSC 1418.8 are required to provide the specified notices and information beginning **January 27, 2023.**

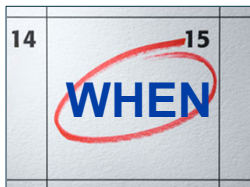
19

19

## Statutory Requirements for Notices (1 of 2)



Each notice must have sufficient detail to meet HSC 1418.8 requirements



20

20



## Statutory Requirements for Notices (2 of 2)



- Must be provided both orally and in writing to the resident - in the resident's primary or preferred language, if known
  - **If timely written translation services are not available**, oral notice must be provided in the resident's primary or preferred language, and the written notice may be provided in English.
  - **If the resident is hearing or vision impaired**, notices must be provided in an accessible format.
- Copy of written notice must be provided to resident's patient representative (private and public)
- Copy of all written notices must be entered into the resident's record

21

## 1) Initial Notice of IDT Review of Proposed Treatment



- **When must the notice be provided?**
  - **At least five days prior** to the IDT review
  - If exception criteria is met, then **at least 24 hours prior** to the IDT review
- **To whom and how must the notice be provided?**
  - **Resident** - Orally and in writing, and
  - **Patient representative** - In writing
- **What information must the notice include?**
  - IDT is being convened – Why, What, When, Where, Who
  - Statement regarding resident's rights to have a patient representative and to judicial review



22



## 2) Notice of Outcome of IDT Review



- **When must the notice be provided?**
  - Must allow resident “*reasonable opportunity to seek judicial review*”
- **To whom and how must the notice be provided?**
  - **Resident** - Orally and in writing, and
  - **Resident’s Patient representative** - In writing
- **What information must the notice include?**
  - The decision reached by the IDT
  - Date of implementation of the medical intervention, if applicable
  - Statement regarding the resident’s right to judicial review



23

## 3) Notice of IDT Review of Emergency Intervention



- **When is the notice used and when must it be provided?**
  - Used in cases where a medical intervention was administered prior to an IDT review to address an emergency
  - Must be provided **within 24 hours of the intervention**
- **What must the notice include?**
  - Details of the medical intervention or treatment
  - Details of the required post-intervention IDT review
  - Resident’s rights to have a patient representative and to seek judicial review

24



### 3) Notice of IDT Review of Emergency Intervention (2 of 2)



- **To whom must the notice be provided?**
  - The resident and the resident's patient representative
  - Copy of the notice must be submitted to the LTCPRP if *the emergency intervention involved* -
    - ✓ *Treatment of severe and sustained emotional distress,*
    - ✓ *Application of physical restraints, or*
    - ✓ *Application of chemical restraints.*
    - ✓ **NOTE:** This applies even if a friend or relative has agreed to serve as the patient representative during the IDT.

25

### 4) Notice of Failure to Conduct Timely IDT Review



- **When is the notice used?**
  - When a facility fails to conduct an IDT review within one week of an emergency medical intervention for any reason.
- **To whom must the notice be submitted?**
  - LTCPRP **only.** *This applies even if a friend or relative has agreed to serve as the patient representative during the IDT review.*
- **What must the notice include?**
  - Name of resident and prescribing physician.
  - Details of the emergency medical intervention, including the date administered.
  - Reason(s) why the IDT review was not conducted within the time frames required by law.

26



## Requesting PPR Services



- **Facility responsibilities prior to requesting for PPR services**
- **California Patient Representative Information System (CAPRIS)**

27

## Facility Responsibilities Prior to IDT Review: Non-Emergency Cases (1 of 3)



### Facility receives from the attending physician

- Order for medical intervention that requires informed consent **and**
- The determination that resident lacks capacity to make healthcare decisions.  
(Ensure physician's documentation is in the resident's records.)

### Non-Emergency Medical Intervention/Treatment

Per HSC 1418.8, facility shall

1. Promptly identify
  - a) A legal decision maker, or if no legal decision maker is identified,
  - b) A family member or friend to serve as patient representative to participate in an IDT review.

➤ **If facility is not able to identify a private patient representative within 72 hours, contact LTCPRP to request a PPR.**

28



## Facility Responsibilities Prior to IDT Review: Non-Emergency Cases (2 of 3)



### 2. At least five days prior to an IDT review

- Provide initial notice of IDT review to the resident and patient representative.
- **If requesting LTCPRP services**, submit with the Request for PPR:
  - ✓ All the resident's medical records and other information needed to prepare for and participate in the IDT review.
  - ✓ Copy of the required initial notice of the IDT review.
  - ✓ Facility policies and procedures relevant to the IDT process for review.

### 3. At least 48 hours prior to the IDT review

- Ensure availability of the medical director/prescribing physician to discuss the medical intervention with the resident and the patient representative.
- **If LTCPRP is involved**, arrange for the PPR's meeting(s) with the resident prior to the IDT review. Meeting(s) may be in-person or virtual.

29

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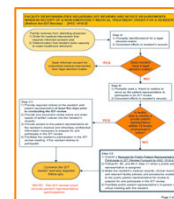
## Facility Responsibilities Prior to IDT Review: Non-Emergency Cases (3 of 3)



### Exception:

If the physician determines that the **resident will suffer harm or severe and sustained emotional distress** if the prescribed medical intervention is **delayed at least five days**,

- The IDT review may occur sooner
- Facility must provide notice to the resident **and** the patient representative **at least 24 hours prior** to the IDT review.



**\* Document in resident's medical records!**

30

30



## Facility Responsibilities Prior to IDT Review – Emergency Cases (1 of 3)



### Emergency Medical Intervention/Treatment

- HSC 1418.8(a)(1): Medical intervention is immediately necessary to
    - ✓ Preserve life,
    - ✓ Prevent serious bodily harm, or
    - ✓ Alleviate severe physical pain or severe and sustained emotional distress.
  - Facility may administer the proposed medical intervention prior to
    - Issuing the notice of proposed medical intervention/treatment and
    - Convening an IDT review.
- \* *Must be documented in resident's medical records!***

31

## Facility Responsibilities Prior to IDT Review – Emergency Cases (2 of 3)



### **1. Within 24 hours of the emergency intervention,**

- Provide the resident and patient representative notice of the intervention and the resident's right to judicial review.
- **If the emergency medical intervention is to treat severe and sustained emotional distress, or involves the application of physical or chemical restraints,** notify the LTCPRP of the intervention even if an alternative patient representative is available.
- **If facility is not able to identify a private patient representative,**
  - ✓ Submit a request for PPR and
  - ✓ Necessary information for the PPR to prepare for their participation in the IDT review.

32



## Facility Responsibilities Prior to IDT Review – Emergency Cases (3 of 3)



**2. Within one week of the emergency intervention,**

- Convene the IDT review to evaluate the emergency intervention.

**RESEARCH DESIGN** is the **methodology** or **approach** to **research** that **guides** the **design** of an **experiment** or an **observational** **study**, **including** **hypotheses** to **be** **tested** and **the** **methods** to **collect** **and** **analyze** **data**.

One **task** **before** **the** **study** **is** **to** **define** **the** **research** **question** **and** **the** **hypotheses** **to** **be** **tested**.

**Research** **designs** **are** **classified** **into** **two** **main** **types**:

- 1. **Experimental** **designs** **are** **used** **to** **test** **hypotheses** **about** **the** **causal** **relationships** **between** **variables**.
- 2. **Observational** **designs** **are** **used** **to** **describe** **the** **relationships** **between** **variables** **in** **natural** **settings**.

The **choice** **of** **research** **design** **depends** **on** **the** **research** **question** **and** **the** **hypotheses** **to** **be** **tested**.

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33

## Requesting for a PPR and what happens next...



- Submit a Request for PPR and resident information related to the IDT review.
- Assigned PPR will follow-up with the facility.
- If the Office of the Long-Term Care Patient Representative is unable to meet the request for a PPR, your facility shall apply to the superior court
  - For the appointment of a conservator, a health care decision maker, or a public guardian, pursuant to Probate Code Section 2920, or
  - For an order of medical treatment, pursuant to Probate Code Section 3200.

34



## California Patient Representative Information System (CAPRIS) (1 of 2)



35

## California Patient Representative Information System (CAPRIS) (2 of 2)




- Developed by CDA-OLTCPR and CDA Information Technology Bureau (ITB)
- Standardized data management system
  - **Facility staff** – To initiate Requests for LTCPRP services and information upload
  - **Public patient representatives** – Preparation for IDT review and case management
  - **OLTCPR staff** – program oversight and data management
- Secured web—based system requiring two-factor authentication (email address and passphrase)

36



## D f f h w l q j F D S U I V l q i r u p d w l r q



▶ **The Office of the Long-Term-Care Patient Representative**

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**Background**

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**Contact**

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FAQs

📄

Forms

📋

Policies

📊

Data and Reports

👤

Facility Login

User manual and recorded trainings are available on the CDA – OLT CPR webpage:

<https://www.aging.ca.gov/Providers and Partners/Office of the Long Term Care Patient Representative/>

37

## Registering for CAPRIS for New Facility Users





OLT CPR Registering for CAPRIS for New Facility Users Video

38



## Quarterly Data Reporting



- *Required data elements*
- *Reporting period*

39

## Required Data Elements (1 of 3)



Health and Safety Code 1418.8 requires facilities to submit the following data to LTCPRP:

- 1) The **total number** of interdisciplinary reviews conducted.
- 2) The **number of unique** residents who have had an interdisciplinary team review conducted.
- 3) The **total number** of emergency medical interventions authorized pursuant to HSC section 1418.8(h).
- 4) The **number of unique** residents who have had an emergency medical intervention authorized.

40



## Required Data Elements (2 of 3)



**Example:** During the quarter, the facility convened an IDT review for a resident. In this IDT review, the resident's daughter was unable to participate as her representative, so the facility submitted a request for a public patient representative from the LTCPRP. The IDT authorized a non-emergency medical intervention. The facility conducted a second IDT review for the same resident. This time, the resident's daughter participated as the patient representative and the IDT authorized an emergency medical intervention. Count and report the following data to the LTCPRP -

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41

## Required Data Elements (3 of 3)



### Additional Required data:

- 5) A tabulation of medical interventions authorized by type.
- 6) A tabulation of the outcomes of the interdisciplinary team reviews.
- 7) A tabulation of instances when judicial review was sought.
- 8) A tabulation of emergency medical interventions where the interdisciplinary team failed to meet within the time required by HSC section 1418.8(h), including the causes of the delay and the number of days after the intervention that the interdisciplinary team finally met.

42



## Data Submission Deadlines



Facilities will submit the required data to LTCPRP by the following quarterly deadlines:

QUARTER	DEADLINE
Quarter 1: July 1–September 30	October 31
Quarter 2: October 1–December 31	January 31
Quarter 3: January 1–March 31	April 30
Quarter 4: April 1–June 30	July 31

43

## Reporting Required Data



- OLTCPR is developing a process for submitting the required data
- Updates and guidance will be provided...*Stay tuned!*

44



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<https://www.surveymonkey.com/r/JFWTW37>

45



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46