

## REQUIRED FOR INTERDISCIPLINARY TEAM (IDT) REVIEW NOTICES (HSC 1418.8)

### REQUIREMENTS APPLY TO:

- Licensed Skilled Nursing Facilities (SNFs) and Intermediate Care Facilities (ICFs) convening interdisciplinary team (IDT) reviews required by Health and Safety Code section 1418.8.

### REQUIREMENTS FOR NOTICES

- Notices given to the resident and the patient representative must be provided both verbally and in writing. *[(HSC 1418.8(m)(1))]*
- Notices given to the resident in writing must be in the resident's primary or preferred language, if known. If timely written translation services are not available, verbal notice must be provided in the resident's primary or preferred language, and written notice may be provided in English. *[(HSC 1418.8(m)(1))]*
- If the resident is hearing or vision impaired, the facility must provide notices in an accessible format. *[(HSC 1418.8(m)(1))]*
- A copy of specified written notices, including, where applicable, a second copy translated into English, must be concurrently provided to the resident's patient representative. If the patient representative cannot be readily contacted, the notice must be concurrently provided to the Long-Term Care Patient Representative Program (LTCPRP). *[(HSC 1418.8(m)(2))]*

*Note: IDT review meetings cannot be held without a patient representative being present.*

- A copy of all written notices, including, where applicable, a second copy translated into English, must be entered into the resident's record. *[(HSC 1418.8(m)(3))]*
- The required notices may be drafted using standardized templates provided by the LTCPRP or custom forms. In both cases, facilities must provide sufficient detail to meet all notice requirements. *[(HSC 1418.8(d)(4))]*

### CONTACT INFORMATION FOR THE LONG-TERM CARE PATIENT REPRESENTATIVE PROGRAM

- The Office of the Long-Term Care Patient Representative Program will provide, and update as needed, contact information for all patient representative providers. This information will be available on the [program's website](#).

### LEGAL AUTHORITY

- California Health and Safety Code section 1418.8

## REQUIRED FOR INTERDISCIPLINARY TEAM (IDT) REVIEW NOTICES (HSC 1418.8)

### 1. Notice of Interdisciplinary Team Review of Proposed Medical Treatment (HSC 1418.8(d))

#### CASE/SITUATION

The attending and surgeon of a resident in a SNF or ICF prescribes or orders a medical treatment or intervention that requires informed consent but is unable to obtain the informed consent because the resident has been determined to lack capacity to provide informed consent.

#### Additional considerations:

- ✓ The resident will not suffer harm or severe and sustained emotional distress if the prescribed medical intervention is delayed at least five days.
- ✓ In the event that the attending 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, an IDT review may occur earlier if notice is provided to the resident and the patient representative at least 24 hours prior to conducting the IDT review. The attending physician must document and provide the basis for this determination in the resident's medical record.
- ✓ The medical intervention does not include the application of:
  - Physical restraints, or
  - Chemical restraints

#### REQUIREMENTS

Notice must include all the following:

- ✓ The physician's determination that the resident lacks capacity to provide informed consent and the reasons for the determination.
- ✓ That a legal decision-maker is not available.
- ✓ A description of the proposed medical intervention that has been prescribed or ordered.
- ✓ The name and telephone number of the physician or surgeon who ordered the medical intervention.
- ✓ The name and telephone number of the medical director of the facility.
- ✓ That an IDT will convene and decide on whether to proceed with the medical intervention.
- ✓ An explanation of the IDT review process for administration of medical interventions.
- ✓ A statement that -
  - The resident has a right to have a patient representative participate in the IDT review process.
  - If the resident does not have a representative, a public patient representative from the Long-Term Care Patient Representative Program (LTCPRP) will be assigned.

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### REQUIREMENTS (continued)

- ✓ The date, time, and location of the IDT review meeting.
- ✓ The name and contact information of the individual identified by the facility as the patient representative, **or** that a public patient representative from the LTCPRP will be assigned.
- ✓ The name, mailing address, email address, and telephone number of:
  - The LTCPRP provider and designated local contact of the LTCPRP provider.
  - Local office of the Long-Term Care Ombudsman Program.
  - The agency responsible for the protection and advocacy of individuals with developmental disabilities or mental disorders.
- ✓ A statement that the resident has the right to judicial review to contest the physician and surgeon's determinations, the use of an IDT review and administer medical treatment, or the decisions made by the IDT.
- ✓ The name of the individual who provided the notice in writing to the resident and the date the written notice was provided.
- ✓ The name of the individual who provided the notice verbally to the resident in the resident's primary or preferred language and the date the verbal notice was provided.
- ✓ The name of the patient representative to whom the notice was provided, by whom, and the date the notice was provided.

### NOTICE TIMELINE

Notice must be provided **at least five days prior to conducting the IDT review.**

*See Additional Consideration in Case/Situation section for exception.*

### NOTICE RECIPIENT(S)

- Resident **and**
- Patient representative (private or public)

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### 2. Notice of Outcome of Interdisciplinary Team Review of Proposed Medical Treatment (HSC 1418.8(f))

<b>CASE/SITUATION</b>	After the IDT review of a proposed non-emergency medical treatment or intervention
<b>REQUIREMENTS</b>	<ul style="list-style-type: none"> <li>• Must be provided whether the IDT reached consensus on proceeding with the prescribed medical intervention.</li> <li>• Notice must clearly explain: <ul style="list-style-type: none"> <li>✓ The outcome of the IDT review.</li> <li>✓ The resident's right to judicial review.</li> </ul> </li> </ul> <p><b>NOTE:</b> The facility must provide the resident reasonable opportunity to seek judicial review prior to implementing the IDT's decisions. If the resident seeks judicial review, the facility <b>may not</b> administer the proposed intervention until a final determination is made by a court, except in emergencies. (HSC 1418.8(i)(1))</p>
<b>NOTICE TIMELINE</b>	Notice must be provided <b>prior to the administration of the prescribed treatment or intervention.</b>
<b>NOTICE RECIPIENTS</b>	<ul style="list-style-type: none"> <li>• Resident <b>and</b></li> <li>• Patient representative (private or public)</li> </ul>

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### 3. Notice of Interdisciplinary Team Review of Administered Emergency Medical Treatment (HSC 1418.8(h)(1))

<b>CASE/SITUATION</b>	<p>Facility administered <u>emergency</u> treatment or intervention that required informed consent and was ordered by a physician and surgeon as necessary.</p> <p><b>NOTE:</b> The facility must conduct an IDT review <u><b>within one week of the emergency</b></u> for an evaluation of the intervention. The IDT must include a patient representative.</p>
<b>REQUIREMENTS</b>	<p>Notice must include all of the following:</p> <ul style="list-style-type: none"> <li>✓ An explanation of the emergency medical intervention.</li> <li>✓ Identify whether the emergency medical intervention involved: <ul style="list-style-type: none"> <li>○ Treatment of severe and sustained emotional distress,</li> <li>○ Application of physical restraints, and/or</li> <li>○ Application of chemical restraints</li> </ul> </li> <li>✓ The dates the intervention was ordered and administered.</li> <li>✓ The resident's right to judicial review.</li> <li>✓ The date, time, and location of the required post-intervention IDT review.</li> </ul>
<b>NOTICE TIMELINE</b>	<p>Notice must be provided <b>within 24 hours of the intervention</b>.</p>
<b>NOTICE RECIPIENTS</b>	<ul style="list-style-type: none"> <li>• Resident <b>and</b></li> <li>• Patient representative (private or public) *</li> </ul> <p style="margin-left: 40px;">* A copy of the notice must be submitted to the LTCPRP (through CAPRIS) even if an alternative patient representative is available.</p>

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### 4. *Notice of Failure to Conduct Timely Interdisciplinary Team Review Following an Emergency Medical Intervention (HSC 1418.8(h)(3))*

CASE/SITUATION	All situations where the facility administered emergency treatment or intervention that required informed consent and was ordered by a physician and surgeon as necessary <b>and</b> failed to conduct an IDT review within the required timeline.
REQUIREMENTS	<p><b>Notice must be sent if the facility fails to conduct an IDT review within the required timelines listed below:</b></p> <ol style="list-style-type: none"> <li>1. The facility must conduct an IDT review <b>within one week</b> of an emergency medical intervention, <b>or</b></li> <li>2. In cases involving an emergency medical intervention to treat severe and sustained emotional distress <b>or</b> the application of physical or chemical restraints, the facility must make prompt efforts to conduct the IDT review <b>within three days but no later than one week</b> of the administration of the intervention.</li> </ol> <p>Notice must include all of the following:</p> <ul style="list-style-type: none"> <li>✓ The name of the resident to whom the emergency medical treatment was administered.</li> <li>✓ A description of the emergency medical intervention administered and the name of the physician who ordered the treatment.</li> <li>✓ The dates when the emergency medical intervention was ordered and administered.</li> <li>✓ Whether the emergency treatment was ordered to treat severe and sustained emotional distress or involved the application of physical or chemical restraints.</li> <li>✓ Other emergency interventions administered, if applicable.</li> <li>✓ The reason for not conducting the IDT review within the time frames required by law.</li> <li>✓ The name and signature of the IDT representative providing the notice and the date of the notice.</li> </ul>
NOTICE TIMELINE	Notice timeline depends on the emergency situation; see notice requirements.
NOTICE RECIPIENT	LTCPRP, <i>even if an alternative patient representative is available.</i>