



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Department of Corrections and Rehabilitation

NOTICE OF CHANGE TO HEALTH CARE REGULATIONS

Section(s): 3999.98, 3999.109, 3999.114,
3999.116, and 3999.312

Number:
24-03

Publication Date:
October 11, 2024

Effective Date:
To Be Announced

INSTITUTION POSTING AND CERTIFICATION REQUIRED

This Notice announces the proposed amendments to sections 3999.98, 3999.109, 3999.114, 3999.116, and adoption of section 3999.312 of the California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, to incorporate the CCR, provisions concerning health care committees.

IMPLEMENTATION: To Be Announced

PUBLIC COMMENT PERIOD

Any person may submit written comments about the proposed regulations to California Correctional Health Care Services, Health Care Regulations and Policy Section, P.O. Box 588500, Elk Grove, CA 95758, or by email to HealthCareRegulations@cdcr.ca.gov. All written comments must be received by the close of the public comment period, **November 25, 2024, at 5:00 p.m.**

PUBLIC HEARING INFORMATION

A virtual public hearing will be held on November 25, 2024. Go to <https://cchcs.ca.gov/health-care-regs/> for the link to join the virtual hearing, or you may call (916) 701-9994 and enter phone conference ID 433 559 56# to join by phone (audio only) between the hours of 1:30 p.m. and 2:00 p.m. on November 25, 2024.

POSTING

This Notice shall be posted immediately upon receipt at locations accessible to incarcerated persons, supervised persons, and employees in each Department facility and field office not later than five calendar days after receipt. Also, facilities shall make this Notice available for review by incarcerated persons in restricted housing who do not have access to the posted copies and shall distribute it to incarcerated person law libraries and advisory councils. CDCR 621-HC (Rev. 07/20), Certification of Posting, shall be returned to the Health Care Regulations and Policy Section electronically. See Health Care Department Operations Manual, Section 5.1.1 for posting procedures.

CONTACT PERSON

Inquiries regarding this action may be directed to R. Hart, Associate Director, Risk Management Branch, California Correctional Health Care Services (CCHCS) at California Correctional Health Care Services, P.O. Box 588500, Elk Grove, CA 95758; by telephone at (916) 691-2921; or by email at HealthCareRegulations@cdcr.ca.gov. In the event the contact person is unavailable, inquiries should be directed to A. Burrell, Staff Services Manager II, Health Care Regulations and Policy Section, CCHCS, at (916) 691-2922.

JEFF MACOMBER
Secretary
California Department of Corrections and Rehabilitation

J. CLARK KELSO
Receiver

Attachments

NOTICE OF PROPOSED REGULATORY ACTION

California Code of Regulations
Title 15, Crime Prevention and Corrections
Department of Corrections and Rehabilitation

NOTICE IS HEREBY GIVEN that the Secretary of the California Department of Corrections and Rehabilitation (CDCR), pursuant to the authority granted by Government Code (GC) section 12838.5 and Penal Code (PC) section 5055, and the rulemaking authority granted by PC section 5058, proposes to amend sections 3999.98, 3999.109, 3999.114, 3999.116, and adopt section 3999.312 of the California Code of Regulations (CCR), Title 15, Division 3, concerning Health Care Committees.

PUBLIC HEARING:

A virtual public hearing will be held on November 25, 2024. To join the virtual hearing follow this link: <https://cchcs.ca.gov/health-care-regs/>, or you may call (916) 701-9994 and enter phone conference ID 433 559 56# to join by phone (audio only) between the hours of 1:30 p.m. and 2:00 p.m. on November 25, 2024.

PUBLIC COMMENT PERIOD:

The public comment period will close on **November 25, 2024**. Any person may submit public comments in writing (by mail or by email) regarding the proposed changes. To be considered, comments must be submitted to California Correctional Health Care Services (CCHCS), Health Care Regulations and Policy Section, P.O. Box 588500, Elk Grove, CA, 95758, or by email to HealthCareRegulations@cdcr.ca.gov before the close of the comment period.

CONTACT PERSON:

Please direct any inquiries regarding this action to:

R. Hart
Associate Director
Risk Management Branch
California Correctional Health Care Services
P.O. Box 588500
Elk Grove, CA 95758
(916) 691-2922

A. Burrell
Staff Services Manager II
Health Care Regulations and Policy Section
California Correctional Health Care Services
(916) 691-2921

AUTHORITY AND REFERENCE:

GC section 12838.5 provides that commencing July 1, 2005, CDCR succeeds to, and is vested with, all the powers, functions, duties, responsibilities, obligations, liabilities, and jurisdiction of abolished predecessor entities, such as: Department of Corrections, Department of the Youth Authority, and Board of Corrections.

PC section 5000 provides that commencing July 1, 2005, any reference to the Department of Corrections in this or any code, refers to the CDCR, Division of Adult Operations.

PC section 5050 provides that commencing July 1, 2005, any reference to the Director of Corrections, in this or any other code, refers to the Secretary of the CDCR. As of that date, the office of the Director of Corrections is abolished.

PC section 5054 provides that commencing July 1, 2005, the supervision, management, and control of the State prisons, and the responsibility for the care, custody, treatment, training, discipline, and employment of persons confined therein are vested in the Secretary of the CDCR.

PC section 5058 authorizes the Director to prescribe and amend regulations for the administration of prisons.

References cited pursuant to this regulatory action are as follows: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California; Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California; and Sections 443, 443.1, 443.2, 443.3, 443.4, 443.5, 443.6, 443.7, 443.8, 443.9, 443.10, 443.11, 443.12, 443.13, 443.14, 443.15, 443.16, 443.17, 443.18, 443.19, 443.20, 443.21, 443.215 and 443.22, Health and Safety Code.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW:

The CDCR and CCHCS propose to amend sections 3999.98, 3999.109, 3999.114, 3999.116, and adopt section 3999.312 of the CCR, Title 15, Division 3, governing health care committees. Existing regulations regarding the functions and scopes of several health care committees are outdated and do not align with current practices of the Department. Also, existing Title 15 regulations do not capture the function and scope of the Clinical Documentation and Decision Support Committee, Mortality Review and Reporting, Systemwide Pharmacy and Therapeutics (P&T) Committee, and Care Team Enhanced Conference (CTEC).

This action provides the following:

- This regulatory action aligns functions and scopes of health care committees with current Department practices and processes.
- This regulatory action also provides authority to CDCR staff for establishing and maintaining new health care committees for better patient care and outcome.
- Clarify existing mortality reporting and reviewing process and identify opportunities for improvement related to patient safety, quality of health care services, and patient outcomes.

BENEFITS ANTICIPATED BY THE PROPOSED REGULATIONS:

The Department anticipates the proposed regulations will benefit the CDCR staff and patients by ensuring the functions and scopes of health care committees align with updated practices and processes and creating standardized set of operational procedures and requirements to numerous health care committees for better patient care and outcome.

EVALUATION OF CONSISTENCY/COMPATIBILITY WITH EXISTING REGULATIONS:

Pursuant to GC section 11346.5(a)(3)(D), the Department must evaluate whether the proposed regulations are inconsistent or incompatible with existing State regulations. After conducting a review for any regulations that would relate to or affect this area, the Department has determined these proposed regulations are not inconsistent or incompatible with any existing regulations within CCR, Title 15, Division 3.

LOCAL MANDATES:

The proposed regulatory action imposes no mandates on local agencies or school districts, or a mandate which requires reimbursement pursuant to GC section 17500 — 17630.

FISCAL IMPACT STATEMENT:

- Cost or savings to any State agency: *None*
- Cost to any local agency or school district that is required to be reimbursed: *None*
- Other nondiscretionary cost or savings imposed on local agencies: *None*
- Cost or savings in federal funding to the state: *None*

EFFECT ON HOUSING COSTS:

The Department has made an initial determination that the proposed action will have no significant effect on housing costs because the proposed regulations relate strictly to health care committees, which only affects staff and patients within CDCR.

SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT ON BUSINESS:

The Department has determined that the proposed action will not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states because the proposed action relates strictly to health care committees, which only affects staff and patients within CDCR.

RESULTS OF ECONOMIC IMPACT ASSESSMENT:

The Department does not expect that the proposed regulations will have an impact on the creation or elimination of jobs within California. The proposed regulations relate strictly to health care committee updates and the mortality reporting and reviewing process, which only affects patients and staff within CDCR.

The proposed regulations will have no effect on the State’s environment as the State’s environment is not impacted by these administrative and operational changes and clarifications to the Health Care Committees. In addition, the Department has determined that the proposed regulations will have no impact on the creation of new businesses or elimination of existing businesses within California and will not affect the expansion of businesses currently doing business in California because the proposed action relates strictly to the Health Care Committees, which only affects staff and patients within CDCR.

BENEFITS ANTICIPATED BY THE PROPOSED REGULATIONS:

The Department anticipates the proposed regulations will benefit the CDCR staff and patients by ensuring the function and scope of health care committees align with updated practices and processes and creating standardized set of operational procedures and requirements to numerous

health care committees for better patient care and outcome. It also establishes and maintains the functions and scopes of the CTEC. Additionally, the proposed regulations will have no effect on the State's environment, as the State's environment is not impacted by these operational and procedural changes and clarifications.

COST IMPACTS ON REPRESENTATIVE PRIVATE PERSONS OR BUSINESSES:

The Department is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action. The proposed action relates strictly to health care committees, which only affects staff and patients within CDCR.

EFFECT ON SMALL BUSINESSES:

The Department has determined that the proposed regulations will have no significant adverse economic impact on small businesses because the proposed action relates strictly to health care committees, which only affects staff and patients within CDCR.

CONSIDERATION OF ALTERNATIVES:

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 as 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 provisions of law.

The Department has made an initial determination that the action will not have a significant adverse economic impact on business. Additionally, there has been no testimony, reasonable alternative, or other evidence provided that would alter the CDCR's initial determination to proceed with this action.

AVAILABILITY OF PROPOSED TEXT AND INITIAL STATEMENT OF REASONS:

The Department has prepared, and will make available, the proposed text and the Initial Statement of Reasons (ISOR) of the proposed regulatory action. The rulemaking file for this regulatory action, which contains those items and all information on which the proposal is based (i.e., rulemaking file) is available to the public upon request directed to the contact person listed in this Notice. The proposed text, ISOR, and Notice of Proposed Action will also be made available on CCHCS's website <https://cchcs.ca.gov> and CDCR institution law libraries.

AVAILABILITY OF THE FINAL STATEMENT OF REASONS:

Following its preparation, a copy of the Final Statement of Reasons may be obtained from the contact person listed in this Notice.

AVAILABILITY OF CHANGES TO PROPOSED TEXT:

After considering all timely and relevant comments received, the Department may adopt the proposed regulations substantially as described in this Notice. 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 calendar days before the Department adopts the regulations as revised. Requests for copies of any modified

regulation text should be directed to the contact person listed in this Notice. The Department will accept written comments on the modified regulations for 15 calendar days after the date on which they are made available.

TEXT OF PROPOSED REGULATIONS

In the following, ~~strikethrough~~ indicates deleted text and underline indicates added, amended, or moved text.

California Code of Regulations, Title 15, Division 3, Adult Institutions, Programs, and Parole

Chapter 2. Rules and Regulations of Health Care Services

Article 1. Health Care Definitions

Section 3999.98 is amended to incorporate in alphabetical order the following, and all other text within this section remains the same:

Section 3999.98. Definitions.

~~Death~~ Mortality Review means ~~a type of review analysis conducted completed~~ by a Nurse Consultant Program Review staff and a provider in which assesses the quality ~~and appropriateness~~ of nursing health care nursing practice issues, best practices, and factors that may have significantly impacted the quality of a patient care, thereby contributing received prior to the death of a patient is assessed and best practices and opportunities for improvement are identified.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California.

Subchapter 1. Health Care Governance and Administration

Article 2. Health Care Program Governance

Section 3999.109 is amended to read:

3999.109. Clinical Documentation and Decision Support Guidelines Committee.

(a) The ~~California Department of Corrections and Rehabilitation (CDCR) Department~~ shall maintain a Clinical Documentation and Decision Support Guidelines Committee responsible for overseeing the research and development or the adaptation of existing evidence-based standards of care, facilitating the dissemination of updated clinical guidance, and monitoring and evaluating implementation of standards of care that promotes specific guidelines in the application of proven prevention, diagnosis and treatment strategies, and the overall practice of evidence-based medicine.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California.

Section 3999.114 is amended to read:

Section 3999.114. ~~Death~~ Mortality Reporting and Review.

(a) The California Department of Corrections and Rehabilitation shall maintain a ~~Death Mortality Review and Reporting process that ensures Program responsible for completing~~ and independent review of every ~~patient~~ death of individuals in its custody.

~~(b) The Department shall maintain a Death Review Committee which shall discuss all reports and the listed findings; make referrals to the appropriate peer review committees; vote on preventability; determine causes of death; and provide notifications to headquarters programs /committees.~~

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California.

Section 3999.116 is amended to read:

3999.116. Systemwide Pharmacy and Therapeutics Committee.

(a) The California Department of Corrections and Rehabilitation's (CDCR) Systemwide Pharmacy and Therapeutics (P&T) Committee responsible for providing oversight to Pharmacy Services at all CDCR institutions and the approval of policies and procedures related to all aspects of medication use within the Department including, but not limited to:

(1) Approving medications including standardizing the strengths and dosage forms for medications used across institutions.

(2) Reviewing procurement and medication selection processes to ~~ensure~~ promote cost-effective management.

(3) Conducting regular therapeutic category reviews for medications.

~~(4)~~ Ensuring that pharmacy services ~~meet~~ address the medical and security needs of the institution.

~~(5)~~ Reviewing and monitoring ~~drug~~ medication usage and therapeutic use of medications.

~~(6)~~ Evaluating medication use and promoting safe medication practices.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California.

Subchapter 3. Health Care Operations

Article 1. Complete Care Model

New section 3999.312 is adopted to read:

3999.312. Care Team Enhanced Conference.

(a) The California Department of Corrections and Rehabilitation (CDCR) shall make available Care Team Enhanced Conference (CTEC) interdisciplinary forums to facilitate collaborative development of individualized patient care, treatment, and coordination plans. It shall serve as an optional secondary intervention in establishing treatment plans for complex patients after institutional interdisciplinary teams perform an assessment or elevate the case to an institution designated Standing Improvement Committee (e.g., Institution Utilization Management

Committee or Medical Program Committee), which reports to the local Quality Management Committee.

(b) A CTEC may be requested by any person advocating on behalf of the patient by emailing the HQ Complex Care Team at CCHCSCComplexCare@cdcr.ca.gov.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California.

INITIAL STATEMENT OF REASONS

The California Department of Corrections and Rehabilitation (CDCR) proposes to amend sections 3999.98, 3999.109, 3999.114, 3999.116, and adopt section, 3999.312 of the California Code of Regulations (CCR), Title 15, Division 3, Chapter 2, regarding health care committee updates.

Summary of the Proposal

Problem Statement:

Existing regulations in the CCR, Title 15, regarding the functions and scopes of several health care committees are outdated and do not align with current practices of CDCR. Existing Title 15 regulations do not capture the function and scope of the Care Team Enhanced Conference. Existing regulations regarding the mortality reporting and review process do not align with current practices. Lastly, the existing regulations require amendment to update language regarding the responsibilities of the Statewide Pharmacy and Therapeutics Committee.

Objective:

This regulatory action aligns functions and scopes of health care committees with current Department practices and processes. This regulatory action also provides authority to CDCR staff for establishing and maintaining new health care committees.

Benefit:

The proposed regulations will:

- Benefit the patients and CDCR staff by aligning the functions and scopes of health care committees with updated practices and processes.
- Ensure the Department establishes and maintains functions and scopes of the Care Team Enhanced Conference for better patient care and outcomes.
- Clarify existing mortality reporting and reviewing process and identify opportunities for improvement related to patient safety, quality of health care services, and patient outcomes.

ECONOMIC IMPACT ASSESSMENT

In accordance with Government Code (GC) section 11346.3(b), the Department has made the following assessments regarding the proposed regulation:

1. **Creation or Elimination of Jobs within the State of California**

The Department does not expect that the proposed regulations will have an impact on the creation of new or the elimination of existing jobs within the State of California. The proposed regulations relate strictly to health care committee updates and the mortality reporting and reviewing process which only affects patients and staff within CDCR.

2. Creation of New or Elimination of Existing Businesses within the State of California

The Department does not expect that the proposed regulations will have an impact on the creation of new or the elimination of existing businesses within the State of California. The proposed regulations relate strictly to health care committee updates and the mortality reporting and reviewing process which only affects patients and staff within CDCR.

3. Expansion of Businesses Currently Doing Business within the State of California

The Department does not expect that the proposed regulations will have an impact on the expansion of businesses currently doing business within the State of California. The proposed regulations relate strictly to health care committee updates and the mortality reporting and reviewing process which only affects patients and staff within CDCR.

4. Benefits of the Regulation to the Health and Welfare of California Residents, Worker Safety, and the State's Environment

The proposed regulations will protect public health and safety, worker safety, and benefit CDCR staff and patients by aligning functions and scopes of health care committees with updated practices and processes, ensuring the Department establishes and maintains the functions and scopes of the Care Team Enhanced Conference for better patient care and outcomes and clarifying the mortality reporting and reviewing process.

The proposed regulations will have no effect on the State's environment as the State's environment is not impacted by these administrative and operational changes and clarifications.

Statement of Determinations

Reasonable Alternatives

In accordance with GC section 11346.5(a)(13), the Department has determined that no reasonable alternative considered or that has otherwise been identified and brought to the attention of the Department would be more effective in carrying out the purpose for which this action is proposed, would be as 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 provisions of law.

Local Mandates

The Department has determined that this action imposes no mandates on local agencies or school districts, or a mandate which requires reimbursement pursuant to GC sections 17500 - 17630.

Significant Adverse Economic Impact

The Department has made an initial determination that the proposed regulations will not have a significant statewide adverse economic impact directly affecting business, including the ability of

California businesses to compete with businesses in other states because this regulatory action relates strictly to health care committee updates and the mortality reporting and reviewing process, which only affects patients and staff within CDCR.

Based on the economic impact assessment, the Department has determined that the regulation will not significantly affect the following:

1. The creation or elimination of jobs within the State of California.
2. The creation of new businesses or the elimination of existing businesses within the State of California.
3. The expansion of businesses currently doing business within the State of California.

The economic impact assessment shows that the proposed regulatory action will benefit the health and welfare of California residents, worker safety, and/or the State's environment.

Reports, Studies and Documents Relied Upon

1. Not applicable

SPECIFIC PURPOSE AND RATIONALE FOR EACH REGULATION PROPOSED FOR AMENDMENT, ADOPTION, OR REPEAL

Non-substantive grammar and punctuation changes are made throughout the following regulatory sections for accuracy and readability.

Chapter 2. Rules and Regulations of Health Care Services

Article 1. Health Care Definition

Section 3999.98. Definitions.

Section 3999.98 is amended to include a definition for the following terms:

The definition for "Mortality Review" is amended to replace the term "death" with the term "mortality" and "patient" with the term "individual in the custody". This is necessary to ensure a standard definition of the term "Mortality Review" for the purpose of Title 15, Division 3, Chapter 2, Rules and Regulations of Health Care Services.

Subchapter 1. Health Care Governance and Administration

Article 2. Health Care Program Governance

Section 3999.109. Clinical Documentation and Decision Support Committee.

Section 3999.109(a) is amended to replace the term "Department" with the terms "California Department of Corrections and Rehabilitation (CDCR)." This is necessary for consistency of reference. The term "Guidelines" in the committee's name is also replaced with the terms

“Documentation and Decision Support.” This is necessary for consistency of reference as the committee’s name has changed to “Clinical Documentation and Decision Support Committee.” Additionally, the phrase “which is responsible for overseeing the research and development or the adaptation of existing evidence-based standards of care, facilitating the dissemination of updated clinical guidance, and monitoring and evaluating implementation of standards of care” replaces the phrase, “that promotes specific guidelines in the application of proven prevention, diagnosis and treatment strategies, and the overall practice of evidence-based medicine.” This is necessary to introduce and expand the committee’s responsibilities.

Section 3999.114. Mortality Review and Reporting.

Section 3999.114 is amended to rename the section title from “Death Reporting and Review” to “Mortality Reporting and Review.” This is necessary for consistency of reference and accuracy.

Section 3999.114(a) is amended to replace the term “death” with “mortality.” This is necessary for consistency of reference and accuracy. This section is also amended to add the phrases “process responsible to” and “of individuals in the custody of the” and remove the phrases “Program responsible for”, “patient” and “which occurs within”. This is necessary for clarity and accuracy.

Section 3999.114(b) is repealed to remove references to criteria for maintaining a Death Review Committee (DRC). This is necessary for accuracy as the Department no longer utilizes a DRC in the mortality reporting and review process.

Section 3999.116. Systemwide Pharmacy and Therapeutics Committee.

Sections 3999.116(a) – (b) are unchanged.

Section 3999.116(b)(1) is amended to establish CDCR shall maintain a formulary of medications, including standardizing the strengths and dosage forms for medications used across institutions. This is necessary to ensure a standardized process for formulary of medications. Additionally, this is necessary for consistency and continuity of care.

Section 3999.116(b)(2) is amended to replace the term “ensure” with the term “promote.” This is necessary to accurately reflect the Statewide Pharmacy and Therapeutic Committee's role for the cost management of procurement and medication selection.

Section 3999.116(b)(3) is adopted to ensure that CDCR is conducting regular therapeutic category reviews for medications. This is necessary to ensure staff accountability and patient safety, health, and improve patient outcome.

Section 3999.116(b)(3) is renumbered as new section 3999.116(b)(4) and is amended to replace the term “meet” with the term “address.” This is necessary for consistency of reference and accuracy.

Section 3999.116(b)(4) is renumbered as new section 3999.116(b)(5) and is amended to replace the term “drug” with the term “medication.” This is necessary for consistency of reference and accuracy.

Section 3999.116(b)(5) is renumbered as new section 3999.116(b)(6) but is otherwise unchanged.

Subchapter 3. Health Care Operations

Article 1. Complete Care Model

New section 3999.312. Care Team Enhanced Conference.

New section 3999.312(a) is adopted to ensure that CDCR shall make available Care Team Enhanced Conference (CTEC) interdisciplinary forums to facilitate collaborative development of individualized patient care, treatment, and coordination plans and shall serve as an optional secondary intervention in establishing treatment plans for complex patients after institutional interdisciplinary teams perform an assessment or elevate the case to an institution designated Standing Improvement Committee, which reports to the local Quality Management Committee. This is necessary for better patient care and health outcome and to minimize disruption to treatment and services.

New section 3999.312(b) is adopted to establish that a CTEC may be requested by any person advocating on behalf of the patient by emailing the HQ Complex Care Team at CCHCSCComplexCare@cdcr.ca.gov. This is necessary to ensure patients and their advocates have access to request a CTEC. This is also necessary for appropriate receipt and processing of CTEC requests.

Specific Purpose and Rationale for Each Form Proposed for Amendment, Adoption, or Repeal

Not applicable