CALL TO ORDER AND ROLL CALL

Commissioner Martha Knutzen called the meeting to order at 10:00 AM.

The (DAS) Commission Secretary called the roll:

Present: Martha Knutzen, Sascha Bittner, Michelle Carrington, Wanda Jung, Nelson Lum and Janet Y. Spears

Absent: Michelle Carrington and Barbara Sklar

DAS Executive Director Shireen McSpadden was present.

Rose Johns provided a presentation in honor of outgoing DAS Executive Director Shireen McSpadden.

President Martha Knutzen and the DAS Commission honored Executive Director McSpadden for her outstanding work with our San Francisco disabled and older adult communities and presented a proclamation from the honorable Mayor London Breed declaring May 2, 2021 Shireen McSpadden day in San Francisco.

Communications:

Commission Secretary Bridget Badasow provided instructions for any members of the public that would like to submit a public comment to the DAS Commission.

Sarah Jarmon from Senior and Disability Action (SDA) thanked her for all her support over the years.

Approval of Minutes:

No public comment

A motion to approve the April 7, 2021 DAS Commission meeting Minutes.

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.
EXECUTIVE DIRECTOR REPORT/Shireen McSpadden
Executive Director Shireen McSpadden began her last DAS Commission report by thanking the Commission for their incredible leadership and commitment that they provide to DAS. Ms. McSpadden reminded the Commission that she sat on the National Association of Area Agencies on Aging’s (N4A) Executive Committee and will now be stepping down from her AAA Director role which means San Francisco will lose their California board seat. That seat will now be filled by the board alternate Ms. Sharon Nevins from San Bernardino County leaving the alternate board seat open. Ms. McSpadden asked N4A as well as her California colleagues to consider San Francisco for that seat because of our close ties with Senators Diane Feinstein and Nancy Pelosi, Congresswoman Jackie Speiers and our other California representatives. At the state level, Ms. McSpadden mentioned that she has also stepped down from her leadership role as president of the California Association of Area Agencies on Aging (C4A). C4A has delegated a new president from Ventura County. The new incoming DAS Executive Director will also sit on the C4A board confirming that San Francisco has continual representation on the C4A board. Ms. McSpadden announced that the Director and C4A founder Derrell Kelch is retiring and stated that, although it is sad because Mr. Kelch has contributed greatly to C4A, it is also a time for shift and to have the organization work in lock-step with the California Department of Aging (CDA) on the Master Plan for Aging and help drive some of its elements and goals forward. At the local level, Mayor Breed is in the process of rolling out her budget and will be presenting it to the San Francisco Board of Supervisors very soon. Ms. McSpadden said that we are not expecting any huge or even minimal budget cuts which is great news for people with disabilities and older adults.

EMPLOYEE OF THE MONTH

ADVISORY COUNCIL REPORT/Diane Lawrence
President's Report to the Commission on Disability and Aging Services meeting on May 5, 2021

1) Action Item:
   a) Commissioner Spears asked about Broadband legislation; there are a number of bills regarding this topic. The Governor issued an Executive Order (N-73-20)—Broadband for All—that takes an intergenerational approach. California Broadband Council was requested to create a new State Broadband Action Plan by December 20, 2020 with annual reviews.
      i) Broadband Bills this session that we are tracking. There are 36 bills dealing with broadband.
         (1) AB 14—California Advanced Services Fund
         (2) AB 665—RCFE (Residential Care Facilities for the Elderly) Basic Services: Internet Access—MPA Goal 3
         (3) AB 1176—Communications: Universal Broadband Service: California Connect Fund

2) Membership
   a) Board of Supervisors
      (1) Work continues on filing Supervisor-appointed representatives. Personalized letters were sent to
the supervisors.

(2) One member is working with her supervisor, Supervisor Mandelman on reappointment.

(3) Districts without a Council Member are:
   (a) District 1—Chen
   (b) District 5—Preston
   (c) District 7—Melgar—unexpired term; have a possibly interested party
   (d) District 9—Ronan
   (e) District 10—Walton; Commissioner Carrington reached out to some folks for us but unfortunately to no avail.
   (f) District 11—Safai—unexpired term

b) Commission
   i) Commission renewed appointment of 2 members and appointment of another.
   ii) 3 vacancies and 2 potential members’ applications have been received.

3) Reports from the Field:
   a) Dignity Fund Update: No report in April
   b) LGBTQ Updates
      i) LGBTQ Adult Survey
         (1) The target for the survey was 500 and that goal was reached and exceeded with a diverse group of respondents.
         (2) The expected report is delayed, still working on survey results.
         (3) They are also waiting to hear about their grants.

4) Old Business and Updates:
   a) Site Visits
      i) We continue to work on this area but no update at our April meeting.
   b) Education Committee
      i) A meeting was held between Sara Hofvenberg of DAS, Dr. Marcy Adelman and myself.
      ii) We will continue to work together on training offerings.
   c) Announcements
      i) Alzheimer’s Association—Communities of Color and Alzheimers
         (1) Broadening diversity in clinical trials
         (2) African-Americans, Latino and Native Americas are not in the trials and have rates of the disease higher than the white population.
      ii) Member Reports:
         (1) Anne Warren has been working with contact tracers
            (a) A group, “VacsGroup”, calls back people who have called re vaccine appointments and they set-up the appointments
(b) There is a focus on specific neighborhoods

(2) Margaret Graf brought up the concern regarding low vaccination rates and the reasons in the Western part of the city.

(3) Dr. Marcy Adelman has been appointed to the Aging and Disability Equity Group along with Executive Director McSpadden. Dr. Adelman is also working on the Alzheimers sub group

iii) The Advisory Council paid tribute to Executive Director Shireen McSpadden and wished her well. Members paid tribute to the Director’s work over the years.

5) **Next meeting:** Wednesday, May 19, 2021.

**JOINT LEGISLATIVE COMMITTEE:**

**Key Areas:**

**6) Action Item:**

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**7) Membership**

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b) **Commission**

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10) Next meeting: Wednesday, May 19, 2021.
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| *AB 14     | Aguiar-Curry    | **Communications: broadband services: California Advanced Services Fund.**  
(1) Existing law establishes the State Department of Education in state government, and vests the department with specified powers and duties relating to the state’s public school system.  
This bill would authorize local educational agencies to report to the department their pupils’ estimated needs for computing devices and internet connectivity adequate for at-home learning. The bill would require the department, in consultation with the Public Utilities Commission, to compile that information and to annually post that compiled information on the department’s internet website.  
(2) Existing law expressly authorizes a county service area to acquire, construct, improve, maintain, and operate broadband internet access services, and requires a county service area that does so to take certain actions regarding the accessing of content on the internet by end users of that service.  
This bill would similarly authorize the board of supervisors of a county to acquire, construct, improve, maintain, or operate broadband internet access service, and any other communications service necessary to obtain federal or state support for the acquisition, construction, improvement, maintenance, or operation of broadband internet access service, and would require a board that does so to take certain actions regarding the accessing of content on the internet by end users of that service.  
(3) Existing law establishes the Governor’s Office of Business and Economic Development, known as “GO-Biz,” within the Governor’s office to serve the Governor as the lead entity for economic strategy and the marketing of California on issues relating to business development, private sector investment, and economic growth.  
This bill would require the office, on or before June 30, 2022, to develop recommendations and a model for streamlined local land use approval and construction permit processes for projects related to broadband infrastructure deployment and connectivity and to adopt, and post on its internet website, the recommendations and model, as specified.  
(4) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund (CASF) program to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and the substantial social benefits of advanced information and communications technologies. Existing law requires the commission, in approving CASF infrastructure projects, to give preference to projects in areas where only dial-up internet service is available or where no internet service is available. Existing law authorizes the commission to impose a surcharge to collect $330,000,000 for deposit into | 4/15/21 Set for hearing on 4/28/21  
4/15/21 From Com: do pass and re-refer to Com on L GOV. Re-referred to Com on L GOV  
4/15/21 Co-authors revised  
3/25/21 Set for Hearing 4/14/21  
1/11/21 Referred to Coms. On C & C and L Gov  
12/7/21 Read first time. To print. | CSL (support) |
the CASF beginning January 1, 2018, and continuing through the 2022 calendar year. Existing law establishes 4 accounts, the Broadband Infrastructure Grant Account, the Rural and Urban Regional Broadband Consortia Grant Account, the Broadband Public Housing Account, and the Broadband Adoption Account within the CASF and specifies the amount of moneys to be deposited into each account, subject to appropriation by the Legislature. Existing law specifies, among other things, eligibility criteria for grants awarded from each of those accounts. This bill would require the commission, in approving CASF infrastructure projects that provide last-mile broadband access to unserved and unserved households, to instead prioritize projects in unserved areas, as defined, where internet connectivity is available only at speeds at or below 6 megabits per second (mbps) downstream and one mbps upstream or areas with no internet connectivity, with a goal of achieving at least 100 mbps downstream and to further prioritize projects based on other specified attributes. Upon the achievement of the goal of providing broadband access to 98% of California households in each consortia region, the bill would require the commission to prioritize only middle-mile infrastructure, as provided. The bill would authorize moneys appropriated for purposes of CASF program to be used to match or leverage federal moneys for internet infrastructure and adoption, as specified. The bill would require the commission to maximize investments in new, robust, and scalable infrastructure and use CASF moneys to leverage federal and non-CASF moneys by undertaking specified activities. The bill would delete the commission’s authorization to collect $330,000,000 for deposit into the CASF beginning January 1, 2018, and continuing through the 2022 calendar year, delete the requirement that specified amounts of the surcharge revenues be deposited into those accounts, and instead authorize the commission to collect the surcharge in an amount not to exceed an unspecified percentage of an end user’s intrastate telecommunications service costs to fund the accounts within the CASF. The bill would revise, among other things, the eligibility criteria for grants awarded from the Broadband Infrastructure Grant Account, as specified. The bill would authorize the additional uses of moneys in the Rural and Urban Regional Broadband Consortia Grant Account to, among other uses, promote adoption of free, low-cost, income-qualified, or affordable home internet service offers. This bill would require that the CASF program promote remote learning and telehealth, in addition to economic growth, job creation, and the substantial social benefits of advanced information and communications technologies. The bill would repeal the requirement that moneys in the Broadband Public Housing Account not awarded by December 31, 2020, be transferred back to the Broadband Infrastructure Grant Account and would require that moneys in that account be available for grants and loans for network deployment in eligible publicly support communities, as specified. The bill would authorize the commission to require a performance metric plan to improve the administration of grants awarded from the Broadband Adoption Account. Existing law requires the commission to annually offer an existing facility-based broadband provider the opportunity
to demonstrate that it will deploy broadband or upgrade existing facilities to a delineated unserved area within 180 days. Existing law prohibits the commission from approving funding for a project to deploy broadband to a delineated unserved area if the existing facility-based broadband provider demonstrates to the commission, in response to the commission’s annual offer, that it will deploy broadband or upgrade existing broadband service throughout the project area.

This bill would repeal that requirement and prohibition.

This bill would authorize the commission, upon determining, in consultation with the State Treasurer, that doing so would be lawful, to issue bonds secured by CASF surcharge revenues in an aggregate amount up to $1,000,000,000 for broadband deployment and adoption, and provide that such bonds do not constitute a debt or liability of the state or of any political subdivision thereof, other than the commission. The bill would establish the Broadband Bond Financing and Securitization Account within the CASF and, if the commission issues bonds, would deposit the moneys received by the commission from the CASF surcharge into the account for purposes of funding costs related to broadband bond financing and securities. The bill would require each local government agency or nonprofit organization allocated moneys from this account to file specified reports with the commission. Existing law requires the commission to conduct interim and final financial and performance audits of the implementation and effectiveness of the CASF for specified purposes and to report the interim findings to the Legislature by April 1, 2020, and to report the final findings by April 1, 2023. Existing law repeals this requirement on January 1, 2027.

This bill would instead require the commission, on or before April 1, 2023, and annually thereafter, to conduct a financial audit and a performance audit of the implementation and effectiveness of the CASF for those purposes and to report those findings to the Legislature. The bill would require the commission to submit that report in perpetuity.

Existing law requires the commission, until April 1, 2023, to annually provide a report to the Legislature that includes certain information, including the remaining unserved areas in the state, the status of the California Advanced Services Fund balance, and the projected amount to be collected in each year. This bill would require the commission to submit that report in perpetuity.

This bill would authorize the commission to require each internet service provider, as defined, to report specified information regarding each free, low-cost, income-qualified, or affordable internet service plan advertised by the provider.

(5) Existing law requires the commission to require interconnected Voice over Internet Protocol service providers to collect and remit surcharges on their California intrastate revenues in support of the public purpose program funds. Existing law authorizes those providers to use certain methodologies to identify their intrastate revenues subject to the surcharge. This bill would repeal that authorization to use those methodologies.
(6) Under existing law, a violation of the Public Utilities Act or any order, decision, rule, direction, demand, or requirement of the commission is a crime.
Because a violation of a commission action implementing this bill’s requirements would be a crime, the bill would impose a state-mandated local program.
The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that no reimbursement is required by this act for a specified reason.
(7) This bill would declare that it is to take effect immediately as an urgency statute.

**Benefits: eligibility determination: inmates.**
Existing law authorizes the Employment Development Department (department) to administer the federal-state unemployment insurance program and provides for the payment of unemployment compensation benefits to eligible individuals who are unemployed through no fault of their own. Existing law establishes procedures for the filing, determination, and payment of benefit claims, and those benefits are payable from the Unemployment Fund.
Existing law requires the department to promptly pay benefits if it finds the claimant is eligible and promptly denies benefits if it finds the claimant is ineligible for benefits. Existing law requires the department to consider facts submitted by an employer in making this determination and also provides for the department to audit claims, as specified.
This bill would, beginning July 1, 2021, require the department, as part of its process for determining eligibility for unemployment insurance benefits, cross-check all claimant information with state and county correctional facility inmate data in an effort to detect fraudulent applications.
This bill would declare that it is to take effect immediately as an urgency statute.

**State bodies: meetings.**
Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.
This bill would require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting. The bill would require those writings or materials to be made available on the state body’s internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of
Homelessness Funding: Bring California Home Act

1 The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Existing federal law, for purposes of determining a taxpayer’s gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided.

This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer’s global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any regulation, standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act.

The Corporation Tax Law imposes, among other taxes, taxes according to or measured by the net income of the taxpayer for the taxable year at a rate of 8.84% or 10.84% for financial institutions, but not less than the minimum franchise tax of $800, as specified.

This bill, for taxable years beginning on or after January 1, 2022, and with respect to taxpayers with taxable income under the Corporation Tax Law greater than $5,000,000 for the taxable year, would increase these tax rates from 8.84% to 9.6%, or 10.84% to 11.6% for financial institutions, unless the minimum franchise tax is greater.

The Corporation Tax Law, when the income of a taxpayer subject to tax under that law is derived from or attributable to sources both within and without the state, generally requires that the tax be measured by the net income derived from or attributable to sources within this state, as provided. Notwithstanding this requirement, the Corporation Tax Law authorizes a qualified taxpayer, as defined, to elect to determine its income derived from or attributable to sources within this state pursuant to a water’s-edge election, as provided. Existing law requires that a water’s-edge election be made by contract with the Franchise Tax Board, with an initial term of 84 months, except as specified, and provides for annual renewal of that contract unless the taxpayer provides written notice of nonrenewal at least 90 days before the renewal date. For taxable years beginning on or after January 1, 2003, existing law requires that a water’s-edge election be made on an original, timely filed return for the year of the election, as provided, and provides for the continued effect or termination of that election.

This bill, beginning January 1, 2022, would require that a taxpayer that makes a water’s-edge election under these provisions take into account 50% of the
global intangible low-taxed income and 40% of the repatriation income of its affiliated corporations, as those terms are defined. The bill would allow a taxpayer, for calendar year 2022 only, the opportunity to revoke a water’s-edge election if the taxpayer includes global intangible low-taxed income pursuant to these provisions. The bill would prohibit the total of all business credits, as defined, and all credits allowed under specified provisions of the Corporation Tax Law, with specified exceptions, from reducing the additional tax liability added by this bill’s provisions by more than $5,000,000, as provided. The bill would exempt any regulation, standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act.

This bill would state the intent of the Legislature that any revenue resulting from the above-described changes to the Personal Income Tax Law and the Corporation Tax Law be used for purposes of the Bring California Home Act, as described below.

(2) Existing law requires the Governor to create the Homeless Coordinating and Financing Council (council). Existing law specifies the duties of the coordinating council, including creating partnerships among state agencies and departments, local government agencies, and specified federal agencies and private entities, for the purpose of arriving at specific strategies to end homelessness. Existing law requires the Governor to appoint up to 19 members of the council, including representatives from specified state agencies and departments, and a formerly homeless person and a formerly homeless youth who both live in California, and requires the Senate Committee on Rules and the Speaker of the Assembly to each appoint one member to the council from 2 different stakeholder organizations. This bill would delete the provisions relating to the appointment authority of the Governor and the Legislature, and would instead restructure the council, including requiring the council to be composed of prescribed individuals, including the directors of specified state agencies and departments, such as the State Department of Public Health. The bill would require the council to seek guidance from, and meet with, an advisory committee composed of specified individuals, including a survivor of gender-based violence who formerly experienced homelessness and a formerly homeless person who lives in California.

This bill would require the council, its technical services provider, or an entity with which the council contracts to identify, analyze, and collect various data in regards to homelessness in this state, including identifying state programs that provide housing or housing-based services to persons experiencing homelessness, as provided. The bill would require the council to report on this information to specified committees of the Legislature by July 31, 2022. The bill would require the council to seek technical assistance offered by the United States Department of Housing and Urban Development, if available, for purposes of conducting this statewide needs and gaps analysis. The bill would require a state department or agency with a member on the council to assist in data
collection for the analysis by responding to data requests within 180 days, as specified.

The bill would require the council to convene a funder’s workgroup, composed of specified individuals, including staff of the council and staff working for agencies or departments represented on the council, to accomplish prescribed goals, and would authorize that workgroup to invite philanthropic organizations focused on ending homelessness, reducing health disparities, ending domestic violence, or ensuring Californians do not exit foster care or incarceration to homelessness to participate in specific meetings. The bill would require the workgroup to perform specified duties, including collaborating with state agency staff to develop a universal application for developers, service providers, and other entities to apply to agencies and departments represented on the council for funding for homeless services and housing, and to coordinate state agencies and departments to reduce the risk of long-term homelessness by developing specific protocols and procedures that accomplish prescribed goals, such as assisting individuals reentering communities from jails and prisons with housing navigation, housing acquisition support, and obtaining permanent housing.

Existing law requires agencies and departments administering state programs to collaborate with the council to adopt guidelines to revise or adopt guidelines and regulations to incorporate core components of Housing First, as provided. Existing law defines “state programs” for these purposes to mean any programs a California state agency or department funds, implements, or administers for the purpose of providing housing or housing-based services to people experiencing homelessness or at risk of homelessness, but excludes federally funded programs with inconsistent requirements or programs that fund emergency shelters. This bill would delete the exclusion for programs that fund emergency shelters from this definition of “state programs,” thereby expanding the scope of programs required to incorporate core components of Housing First, as described above.

(3) Existing law establishes, among various other programs intended to address homelessness in this state, the Homeless Housing, Assistance, and Prevention program for the purpose of providing jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. Existing law provides for the allocation of funding under the program among continuums of care, cities, and counties in 2 rounds, the first of which is administered by the Business, Consumer Services, and Housing Agency and the second of which is administered by the coordinating council.

This bill would enact the Bring California Home Act, which would establish the Bring California Home Fund in the State Treasury and continuously appropriate moneys in that fund for the purpose of implementing that act. The bill would require the Controller to annually transfer specified
amounts, determined as provided by the Franchise Tax Board based on the above-described changes made by this bill to the Personal Income Tax Law and the Corporation Tax Law, to the Bring California Home Fund. The bill would require the council and the Department of Housing and Community Development (HCD) to jointly administer the fund pursuant to a memorandum of understanding, as provided. The bill would require that recipients and subrecipients under the program ensure that any expenditure of moneys allocated to them serve the eligible population, unless otherwise expressly provided in the bill. The bill would define various terms for these purposes.

The bill would require the council to administer allocations to counties and continuums of care that apply jointly and to large cities, and would require HCD to administer allocations to developers’ cities, as provided. The bill would require HCD to allocate $400,000,000 to developers and require the council to set aside $200,000,000 for bonus awards, as provided. Of the remaining amount in the fund, the bill would require the council to allocate 60% to counties and continuums of care applying jointly and 40% to large cities, in accordance with a specified formula and subject to certain requirements. The bill would establish eligibility criteria for a county and continuum of care or a large city to receive an allocation under these provisions and specify the eligible uses for those moneys. The bill would exempt specified activities by a large city under the program relating to the development of a low barrier interim intervention, affordable housing project, or supportive housing project from the California Environmental Quality Act. The bill, upon the request of a jointly applying county and continuum of care, would require care to request that the State Department of Social Services to act as a fiscal agent for the county and continuum of care, as provided. The bill would require HCD to allocate moneys to developers in the same manner as deferred payment loans provided under the Multifamily Housing Program, subject to certain requirements, including a requirement that HCD ensure that at least 25% of the moneys allocated under these provisions be awarded to projects located in unincorporated areas and cities that are not large cities. The bill would require that any project that uses funds received under the program for the purposes specified in connection with the allocations made by HCD be allowed as a permitted use, within the zone in which the structure is located, and not be subject to a conditional use permit, discretionary permit, or any other discretionary review or approval contract with local agencies or nonprofit organizations providing the housing and housing-based services under the program in exchange for a percentage of the allocation to the county and continuum of care for administrative costs, as provided.

The bill would require the council and HCD to allocate available funding in 2-year cycles, with the first round allocated no later than March 31, 2023, and to develop a simple application that an eligible entity may use to apply for funding, as well as common standards for recipients to monitor, report, and ensure accountability, provide services, and subsidize housing. The bill would require the council and each recipient to establish performance outcomes for the initial cycle and to establish outcome
goals before each subsequent grant cycle, as provided, and require the council to award bonus funding to a recipient, if the recipient has achieved those performance outcomes, or reduce or deny that bonus funding if the recipient has not achieved those performance outcomes.

The bill, except as otherwise provided, would require each recipient to contractually obligate 100% of the amount allocated to it within 3 years, for the first grant cycle, or 1 year, for each subsequent cycle, and to expend the entirety of that amount within 4 years, for the first grant cycle, or 2 years, for each subsequent cycle. If a county and continuum of care or a large city recipient fails to comply with these deadlines, uses moneys allocated to it for an unauthorized purpose, or fails to apply for an allocation within the initial award cycle, the bill would require the council to either select an alternative entity to administer the recipient’s allocation in accordance with specified requirements or solely establish performance outcomes and program priorities for that recipient jurisdiction and work with local, regional, or statewide entities to administer the allocation on behalf of the recipient. If a developer fails to comply with these deadlines, the bill would require that the moneys awarded to that recipient revert to the fund.

The bill would require each recipient to annually report to the council and HCD specified information relating to allocations made under these provisions. The bill would require the council to conduct regular monitoring and audits of the activities and outcomes of recipients that are joint county-continuum of care applicants or large cities. No later than January 1, 2024, and every 5th January 1 thereafter, the bill would require the council to evaluate the outcomes of this program and submit a report, containing specified information, to specified committees of the Legislature. The bill would require the council and HCD to each establish an advisory committee to inform state and local policies, practices, and programs with respect to the experiences of specified demographic groups experiencing homelessness.

(4) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. By January 1, 2025, this bill would require the department to seek federal approval for a Medi-Cal benefit to fund prescribed services, including housing navigation and housing acquisition support services, for beneficiaries experiencing homelessness, to convene a stakeholder advisory group representing counties, health care consumers, and homeless advocates in developing this plan, to work with counties to determine an effective process for funding the state’s share of the federal medical assistance percentage, and to pursue philanthropic funding to carry out the administrative duties related to these provisions. The bill would authorize the department to use up to 20% of the county-continuum allocation from the Bring California Home Fund, as described above, to pay for the state’s federal medical assistance percentage associated with this benefit.
Health care: medical goods: reuse and redistribution. Existing law, the Mello-Granlund Older Californians Act, reflects the policy mandates and directives of the Older Americans Act of 1965, as amended, and sets forth the state’s commitment to its older population and other populations served by the programs administered by the California Department of Aging.

This bill would require the department, upon appropriation by the Legislature, to establish a comprehensive 3-year pilot program in the Counties of Contra Costa, Napa, and Solano to facilitate the reuse and redistribution of durable medical equipment and other home health supplies. The bill would require the department to contract in each county with a local nonprofit agency to oversee the program and would require the contracting nonprofit agency to, at a minimum, develop a computerized system to track the inventory of equipment and supplies available for reuse and redistribution and organize pickup and delivery of equipment and supplies.

Paid Family Leave: Weekly Benefit Amount

Existing law defines “weekly benefit amount” for purposes of both employee contributions and benefits under this program to mean the amount of weekly benefits available to qualifying disabled individuals pursuant to unemployment compensation disability law, calculated pursuant to specified formulas partly based on the applicable percentage of the wages paid to an individual for employment by employers during the quarter of the individual’s disability base period in which these wages were highest, but not to exceed the maximum workers’ compensation temporary disability indemnity weekly benefit amount established by the Department of Industrial Relations.

This bill would revise the formula for determining benefits available pursuant to the family temporary disability insurance program, for periods of disability commencing after January 1, 2022, by redefining the weekly benefit amount to be equal to 90% of the wages paid to an individual for employment by employers during the quarter of the individual’s disability base period in which these wages were highest, divided by 13, but not exceeding the maximum workers’ compensation temporary disability indemnity weekly benefit amount established by the Department of Industrial Relations.

By providing for the deposit of additional contributions in, and by authorizing an increase in disbursements from, the Unemployment Compensation Disability Fund, this bill would make an appropriation.

Office of Suicide Prevention

Existing law authorizes the State Department of Public Health to establish the Office of Suicide Prevention within
the department, and requires the office to perform specified duties, including providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and reporting on progress to reduce rates of suicide, and authorize the office to apply for and use federal, state, and foundation grants.

This bill would remove the limitation that, should the office be established, all duties and responsibilities of the office be carried out using existing staff and resources.

**Intermediate Care Facilities: COVID-19**

(1) Existing law requires the State Department of Public Health to license, inspect, and regulate intermediate care facilities (ICF) and skilled nursing facilities (SNF). Existing law generally requires an ICF or SNF to comply with certain procedures and disclosures when transferring ownership or management of the facility, as specified. Existing law imposes criminal penalties on a person who violates the requirements imposed on these facilities. This bill would prohibit an ICF or SNF, as defined, from terminating or making significant quality-of-care changes to its skilled nursing or supportive care services, or from transferring a resident to another facility, ICF or SNF, during any declared state of emergency relating to the coronavirus disease 2019 (COVID-19), except if the owner files a bankruptcy petition. The bill would authorize a resident transfer during the state of emergency only if the transfer is deemed medically necessary by a government agency, an attending physician, as specified, or the impacted resident or their representative provides written consent, as specified. The bill would require, for one year after termination of the same type of state of emergency, the owner of an ICF or SNF to issue a 6-month advance notice of any proposed sale or termination of the licensed operation of the facility to each resident and their representatives before the sale or termination goes into effect. The bill would also prohibit, during the same type of state of emergency, any changes in all conditions for the sale of assets imposed by the Attorney General, except if the owner of an ICF or SNF files a bankruptcy petition.

During the same type of state of emergency, if a resident of an ICF or SNF, or an individual temporarily transferred to an ICF or SNF, has tested positive for COVID-19 within the previous 14 calendar days, the bill would require the ICF or SNF to notify all residents and their representatives about the existence of a new case of COVID-19, as specified, subject to state and federal privacy laws. By expanding the requirements and prohibitions imposed on a licensee of an ICF or SNF, and thereby expanding the scope of a crime, this bill would impose a state-mandated local program.

The bill would repeal these provisions on January 1, 2026.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain

The California Constitution requires the state to reimburse local agencies and school districts for certain...
Veteran Services: Notice

Existing law requires every state agency that requests on any written form or written publication, or through its internet website, whether a person is a veteran, to request that information in a specified manner. This bill would delete that requirement, and would instead require specified governmental agencies to include, at their next scheduled update, questions on their intake and application forms to determine whether a person is affiliated with the Armed Forces of the United States. The bill would require those agencies, through the intake or application form, to request permission from that person to transmit their contact information to the Department of Veterans Affairs so that the person may be notified of potential eligibility to receive state and federal veterans benefits. This bill would require the agencies to electronically transmit to the Department of Veterans Affairs specified information regarding each person who has identified that they, or a family member, has served in the Armed Forces of the United States and has consented to be contacted about military, veterans, family member, or survivor benefits. By requiring community college districts to comply with these requirements, this bill would impose a state-mandated local program.

This bill would request the Regents of the University of California to comply with the above-described provisions. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.
of a patient or resident of the facility. The act defines a class “B” violation as a violation that the department determines has a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class “AA” or “A” violations. Class “B” violations are also, unless otherwise determined by the department to be a class “A” violation, any violation of a patient’s rights as set forth in specified regulations that is determined by the department to cause, or under circumstances likely to cause, significant humiliation, indignity, anxiety, or other emotional trauma to a patient. The act requires the department to prove specific elements to enforce a citation for a class “AA” violation, including the element that death resulted from an occurrence of a nature that the regulation was designed to prevent. This bill would redefine a class “AA” violation as a class “A” violation that the department determines to have been a substantial factor, as described, in the death of a resident of a long-term health care facility. The bill would increase the civil penalties for a class “A,” “AA,” or “B” violation by a skilled nursing facility or intermediate care facility, as specified. The bill would delete numerous references to the “patients” of a long-term health care facility.

**IHSS Provider Orientation**

Existing law provides for the In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons receive services enabling them to remain in their own homes. Existing law requires prospective providers of in-home supportive services to complete a provider orientation at the time of enrollment and, at the conclusion of the provider orientation, to sign a specified statement. Existing law requires the county to retain this statement indefinitely in the provider’s file. This bill would instead require the county to retain the statement in the provider’s file for a period of 7 years.

**Mental health: older adults.**

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by a majority vote. This bill would establish within the State Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of mental health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions.
subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would authorize the administrator to make the report available to the Legislature, upon request. The bill would also require the administrator to develop a strategy and standardized training for all county mental health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators. This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.

**Telehealth Patient Bill of Rights—Protection of Patient Choice in Telehealth Provider Act**

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment.

This bill would create the TeleHealth Patient Bill of Rights, which would, among other things, protect the rights of a patient using telehealth to be seen by a health care provider with a physical presence within a reasonable geographic distance from the patient’s home, unless specified exceptions apply. The bill would require a health plan, as defined, to comply with the requirements in the TeleHealth Patient Bill of Rights, and to provide written notice to patients of all their rights under the Telehealth Bill of Rights. The bill would also exempt a health care service plan or a health insurer from the existing telehealth payment parity provisions for any interaction where the health care provider is not located within a reasonable geographic distance of the patient’s home, unless that provider holds specialized knowledge not available in the patient’s region. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

This bill would enact the Protection of Patient Choice in
Telehealth Provider Act, which would require a health care service plan and a health insurer to arrange for the provision of a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider only if the service is not available to the enrollee or insured via telehealth through a contracting individual health professional, a contracting clinic, or a contracting health facility, consistent with existing timeliness standards, when specified conditions are met. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

AB 470 Carrillo

Medi-Cal: Eligibility

Existing law, the Medi-Cal Act, provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires Medi-Cal benefits to be provided to individuals eligible for services pursuant to prescribed standards, including a modified adjusted gross income (MAGI) eligibility standard. Existing law prohibits the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. Existing federal law authorizes a state to establish a non-MAGI standard for determining the eligibility of specified individuals, and existing law imposes the use of a resources test for establishing Medi-Cal eligibility for prescribed populations.

This bill would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the department to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the department to implement this prohibition by various means, including provider bulletins, without taking regulatory authority. By January 1, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition, and to update its notices and forms to delete any reference to limitations on resources or assets. Because counties are required to make Medi-Cal eligibility determinations, and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. With respect to the prohibition on resources, the bill would make various conforming and technical changes to the Medi-Cal Act.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made
pursuant to the statutory provisions noted above.

**Referral Source for RCFE: Duties**

1) The California Residential Care Facilities for the Elderly Act generally requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. The act prohibits a placement agency, as defined, from placing an individual in a licensed residential care facility for the elderly if the individual, because of a health condition, cannot be cared for within the limits of the license or requires inpatient care in a health facility. The act requires an employee of a placement agency who knows, or reasonably suspects, that a facility is improperly operating without a license to report the facility to the department, and requires the department to investigate those reports. The act further requires a placement agency to notify the appropriate licensing agency of any known or suspected incidents that would jeopardize the health or safety of residents in a facility. The act specifically makes a violation of these requirements a crime.

This bill would recast the requirements on a placement agency and its employees to instead be requirements on a referral source, defined to mean a person or entity that provides a referral to a residential care facility for the elderly, as specified. The bill would prohibit a referral source from, among other things, referring a person to a residential care facility for the elderly in which the referral source has an ownership or management interest without a waiver. The bill would require a referral source, before sending a compensated referral to a residential care facility for the elderly, to provide a senior or their representative with specific written, electronic, or verbal disclosures that include, among others, the referral source’s privacy policy. The bill would additionally require a compensated referral source to comply with additional requirements that include, among others, maintaining a minimum amount of liability insurance coverage. The bill would impose criminal penalties and civil penalties for a violation of these provisions, as specified. By expanding the existing crime under the act and specifying new criminal penalties, this bill would impose a state-mandated local program.

2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Guardians ad litem: mental illnesses**

Existing law authorizes a court, on its own motion or on request of certain specified persons, to appoint a guardian ad litem in a probate proceeding, as specified, to represent the interests of certain persons, including a minor or an incapacitated person. Existing law prohibits the appointment of a public guardian as a guardian ad litem in a probate proceeding, unless the court finds that no other qualified person is willing to act as a guardian ad litem. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely...
disabled. Existing law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Existing law, for the purposes of involuntary commitment and conservatorship, defines “gravely disabled,” among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the person’s basic personal needs for food, clothing, or shelter.

This bill would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency. The bill would authorize certain persons to petition the court for the appointment of a guardian ad litem under these provisions, and would establish the procedures that would govern the filing of a petition, its notice provisions, and court procedures. Under certain circumstances, the bill would require the court to appoint the public defender or private counsel to represent a person who is the subject of a petition.

**Emergency Services: Vulnerable Populations**

Existing law, the California Emergency Services Act, establishes, within the office of the Governor, the Office of Emergency Services (OES) under the supervision of the Director of Emergency Services. Existing law makes OES responsible for addressing natural, technological, or manmade disasters and emergencies, including activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property.

Existing law requires OES to establish a standardized emergency management system for use by all emergency response agencies. Existing law requires the director to appoint representatives of the disabled community to serve on pertinent committees related to that system, and to ensure that the needs of the disabled community are met within that system by ensuring certain committee recommendations include the needs of people with disabilities.

This bill instead would require the director to appoint representatives of the access and functional needs population, provided a majority of appointees are from specified groups, to serve on those committees and to ensure the needs of that population are met within that system.

Under existing law, political subdivisions, as defined, have full power during a local emergency to provide mutual aid to any affected area in accordance with local ordinances, resolutions, emergency plans, or agreements. Existing law defines “emergency plan” for these purposes to mean official and approved documents that describe the principles and methods to be applied in carrying out emergency operations or rendering mutual aid during emergencies. Existing law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan and to include representatives from the access and functional needs population, as defined, regarding that integration.

This bill would require a county to send a copy of its
emergency plan to OES on or before March 1, 2022, and
upon any update to the plan after that date. By creating a
new duty for counties, this bill would impose a state-
manded local program. The bill would require OES, in
consultation with representatives of people with a variety
of access and functional needs, to review the emergency
plan of each county to determine whether the plans are
consistent with certain best practices and guidance, as
specified. The bill would require OES to report to the
Legislature and to post on its internet website the results of
its reviews. The bill would require OES to provide
technical assistance to a county in developing and revising
its emergency plan to address the issues that the office
identified in its review.
Existing law, on or before July 1, 2019, requires OES, in
consultation with specified groups and entities, including
the disability community, to develop guidelines for alerting
and warning the public of an emergency, as specified, and
to provide each city and county with a copy of the
guidelines. Existing law requires OES, within 6 months of
making those guidelines available and at least annually, to
develop an alert and warning training that includes
information regarding certain emergency alert systems and
the alert and warning guidelines.
This bill, instead, would require OES to develop those
guidelines on or before July 1, 2022, would include the
access and functional needs community, instead of the
disability community in the list of
groups that OES is required to consult, and would require
OES to develop the alert and warning training with
involvement of representatives of the access and functional
needs community.
Existing law requires OES, in cooperation with involved
state and local agencies, to complete an after-
action report
within 180 days after each declared disaster that reviews
public safety response and disaster recovery activities.
This bill would require OES to include conclusions and
recommendations based on findings in the report, and to
disseminate annually guidance that summarizes those
conclusions and recommendations.
The California Constitution requires the state to reimburse
local agencies and school districts for certain costs
mandated by the state. Statutory provisions establish
procedures for making that reimbursement.
This bill would provide that, if the Commission on State
Mandates determines that the bill contains costs mandated
by the state, reimbursement for those costs shall be made
pursuant to the statutory provisions noted above.

Appointed legal counsel
The Guardianship-Conservatorship Law authorizes the
court to appoint private legal counsel for a ward, a
proposed ward, a conservatee, or a proposed conservatee
in any proceeding under its provisions if the court
determines the person is not otherwise represented by legal
counsel and that the appointment would be helpful to the
resolution of the matter or is necessary to protect the
person’s interests. The law requires the court to appoint
the public defender or private counsel to represent the interest
of a conservatee, proposed conservatee, or person alleged
to lack legal capacity for assistance in particular
proceedings that include, among others, proceedings to

AB 596
Nguyen

2/18/21 Referred to
Com on Jud
2/12/21 From printer.
May be heard in
committee March 14
2/11/21 Read first
time. To print.
establish a conservatorship or to remove the conservator. This bill would require an attorney, who is appointed under these provisions and determines that a conservatee or proposed conservatee is unable to communicate, to report the nature of that inability to the court, and would require the court, upon a determination of the inability to communicate, to discharge the appointed attorney and appoint a guardian ad litem. The bill would specifically require an attorney who is appointed under these provisions to represent a conservatee, a proposed conservatee, or person alleged to lack legal capacity to act as an advocate for the client, and would prohibit the attorney from substituting their own judgment for that of the client’s expressed interests.

Financial Abuse of Elder or Dependent Adults
Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes procedures and requirements for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law makes specified reports, including reports of known or suspected financial abuse of an elder or dependent adult, confidential. Existing law requires information relevant to the incident of elder or dependent adult abuse to be given to specified investigators, including investigators from an adult protective services agency, a local law enforcement agency, and the probate court. This bill would also authorize information relevant to the incident of elder or dependent adult abuse to be given to a federal law enforcement agency charged with the investigation of elder or dependent adult abuse or to a local code enforcement agency for the sole purpose of investigating a property where the health and safety of an elder or dependent adult resident is at risk.

RCFE: Basic Services: Internet Access
Existing law provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. A violation of these provisions is a misdemeanor. Existing law requires a licensed residential care facility for the elderly to provide specified basic services, including, but not limited to, care and supervision, and helping residents gain access to appropriate supportive services.

The California Residential Care Facilities for the Elderly Act (act) requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. The act enumerates specific rights and liberties for residents that are to be posted inside the facility and personally provided to each resident. These rights include, among others, being granted a reasonable level of personal privacy in accommodations, medical treatment, personal care and assistance, visits, communications, telephone conversations, use of the internet, and meetings of resident and family groups.

This bill would add to basic services required for a licensed residential care facility for the elderly, by requiring a facility that has internet service for business administration or entertainment purposes to provide at least one common...
internet access tool with microphone and camera functions, to enable residents to participate in virtual visits or meetings in a manner that allows for discussion of personal or confidential information, those rights the right to have available at least one internet access tool with videoconference technology as part of the equipment and supplies provided to meet the requirements of the facility’s activity program, consistent with a specified regulation. Because a violation of the bill would be a misdemeanor, the bill would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Elder and Dependent Adults

Existing law authorizes, in certain circumstances, an elder or dependent adult to be taken into temporary emergency protective custody.

For the purposes of the above-described provisions, existing law defines an elder as a person who is 65 years of age or older and a dependent adult as an adult between 18 and 64 years of age who has specific limitations.

This bill would instead define an elder as a person who is 60 years of age or older and a dependent adult as a person who is between 18 and 59 years of age and has those specific limitations. The bill would also specifically identify that a person in that age range with traumatic brain injuries or cognitive impairments is a dependent adult. By requiring counties to provide services under the above described provisions for additional individuals, and by expanding the scope of a crime under the Elder Abuse and Dependent Adult Civil Protection Act, this bill would impose a state-mandated local program.

The bill would authorize a local adult protective services agency, local law enforcement agency, and the Department of Business Oversight to disclose to a mandated reporter of suspected financial abuse of an elder or dependent adult or their employer, upon request, the general status or final disposition of any investigation that arose from a report made by that mandated reporter of suspected financial abuse of an elder or dependent adult.

(2) Existing law establishes the Home Safe Program, which requires the State Department of Social Services to award grants to counties, tribes, or groups of counties or tribes, that provide services to elder and dependent adults who experience abuse, neglect, and exploitation and otherwise meet the eligibility criteria for adult protective services, for the purpose of providing prescribed housing-related supports to eligible individuals. This bill would expand the list of housing-related supports and services to include services to support housing transitions.

Existing law requires counties that receive grants under the Home Safe Program to provide matching funds. This bill would provide that, on and after the effective date of the bill, grantees are not required to match any funding provided that is above the base level of funding provided in the Budget Act of 2020.

4/20/21 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 20). Referred to Com. on APPR

4/12/21 Re-referred to Com on Aging & LTC

4/8/21 From committee chair, with author’s amendments: Amend, and re-refer to Com on Aging & LTC. Read second time and amended. 3/10/21 In committee: Set first hearing. Hearing canceled at the request of author. 3/2/21 Set for hearing on 4/6/21 9am

2/25/21 Referred to Com on Aging & LTC

2/17/21 From printer. May be heard in committee March 19. 2/16/21 Read first time. To print.

CWDA; Justice in Aging – related to MPA

goal 1
(3) The Elder Abuse and Dependent Adult Civil Protection Act requires, as part of the procedures described in paragraph (1), each county to establish an adult protective services program that includes to include specific policies and procedures, including provisions for emergency shelter or in-home protection. Existing law applies the definitions of the act on provisions relating to the county adult protective services program. For purposes of the act, existing law defines an “elder” as a person who is 65 years of age or older and a “dependent adult” as an adult between 18 and 64 years of age who has specific limitations. This bill would also additionally require the policies and procedures to include provisions for homeless prevention and longer term housing assistance and support through the Home Safe Program. The bill would authorize a county that receives grant funds under the Home Safe Program to, as part of providing case management services to elder or dependent adults who require adult protective services, provide housing assistance to those who are homeless or at risk of becoming homeless. If an elder or dependent adult comes to the attention of adult protective services because they are homeless, and an investigation indicates that they are homeless because they have a serious mental illness or substance use disorder, the bill would require the county to refer the adult to the appropriate state or local agency to receive services and supports. By imposing additional duties on counties in the administration of their adult protective services programs, this bill would impose a state-mandated local program.

For the purposes of investigating or providing services under an adult protective services program, this bill would instead define an “elder” as a person who is 60 years of age or older and a “dependent adult” as a person who is between 18 and 59 years of age, inclusive, and has those specific limitations. The bill would also specifically identify that a person in that age range with traumatic brain injuries or cognitive impairments is a dependent adult. By requiring counties to provide services to additional individuals, and by expanding the scope of a crime under the Elder Abuse and Dependent Adult Civil Protection Act, this bill would impose a state-mandated local program.

This bill would require the department to convene a workgroup to develop recommendations to create or establish a statewide adult protective services case management or data warehouse system. The bill would require the department to submit the recommendations to the Legislature by November 1, 2022.

The bill would establish the Adult Protective Services Grant Program, to be administered by the department, for the purpose of awarding grants to counties to create, enhance, and maintain a FAST or forensic center. The bill would define, for these purposes, a FAST as a team that handles cases involving financial abuse and a forensic center as a cross-disciplinary group of professionals who collectively review, make recommendations, and provide assistance on the most complex cases of elder and dependent adult abuse and neglect.

(4) The California Constitution requires the state to
reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for specified reasons.

**Senior Legal Services**

Existing law requires the California Department of Aging to establish a task force of certain members to study and make recommendations to the Legislature on the improvement of legal services delivery to senior citizens in California by exploring specified matters, including ways to ensure uniformity in the provision of legal services throughout the state and the possible establishment of a statewide legal hotline for seniors. Existing law requires the task force to report and make its recommendations to the Legislature on or before September 1, 2002. This bill would require the department to establish a similar task force to assess the implementation of the recommendations made pursuant to the above-mentioned provisions, make additional recommendations by exploring the same matters explored by the initial task force, and to report the assessment and make its recommendations to the Legislature on or before September 1, 2023.

**AB 848**  Calderon

**Medi-Cal: Long Term Care: Personal Needs Allowance**

Increases the personal needs allowance from $35 to $80 per month and annually adjusts the allowance by the same percentage as the Consumer Price Index.

3/24/21 From committee: Do pass and re-refer to Com on APPR with recommendation: To consent calendar. Re-referred to Com on Health

3/15/21 Set for Hearing 3/23/21

2/25/21 Referred to Com on Health

2/18/21 From printer. May be heard in committee March 20.

2/17/21 Read first time. To print.

**AB 849**  Reyes

**Skilled Nursing Facilities: Intermediate Care Facilities: Liability**

Existing law authorizes a current or former resident or patient of a skilled nursing facility or intermediate care facility, as defined, to bring a civil action against the licensee of a facility who violates any of specified rights of the resident or patient or any other right provided for by federal or state law or regulation. Existing law makes the licensee liable for up to $500.

This bill would make the licensee liable for up to $500 per violation.

4/13/21 From committee. Do Pass (Ayes 8. Noes 3)

4/5/21 Set for hearing 4/13/21

3/25/21 Re-referred to Com on Jud pursuant to Rule 96

2/25/21 Referred to Com on Health

2/18/21 From printer. May be heard in committee March 20.

2/17/21 Read first time. To print.

**AB 911/SB 515**  Nazarian/Pan

**Long-Term Services and Supports (LTSS) Benefit Task Force**

Existing law, contingent upon the appropriation of funds for that purpose by the Legislature, establishes the Aging and Disability Resource Connection (ADRC) program, to be administered by the California Department of Aging, to
provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level.

By executive order, the Governor has ordered that a master plan for aging be developed and issued to serve as a blueprint to implement strategies and partnerships that promote healthy, aging and prepare the state for upcoming demographic changes. The executive order requires the Secretary of California Health and Human Services to convene a Master Plan for Aging Stakeholder Advisory Committee, which includes a Long-Term Care Subcommittee.

Existing law requires the secretary, in coordination with the Director of the California Department of Aging, to lead the development and implementation of the master plan established pursuant to that executive order. Existing law requires the secretary and the director, with the assistance of the workgroup, to work with specified agencies, as needed, to identify policies, efficiencies, and strategies necessary to implement the master plan. Existing law requires the workgroup to solicit input and gather information to assist with the implementation of the master plan.

This bill would establish the California Long-Term Services and Supports Benefits Board (LTSS Board), to be composed of 10 specified members, including, among others, the Treasurer as chair, the Secretary of California Health and Human Services as vice chair, and 3 members to be appointed by the Governor. The bill would require the LTSS Board to manage and invest revenue deposited in the California Long-Term Services and Supports Benefits Trust Fund (LTSS Trust), which the bill would create in the State Treasury, to, upon appropriation, finance long-term services and supports for eligible individuals. The bill would require the Long-Term Supports and Services Subcommittee of the Master Plan on Aging to provide ongoing advice and recommendations to the board.

This bill would require the department to establish an LTSS Benefit Task Force, or utilize an existing board, commission, committee, or task force, to focus on LTSS benefit needs in the State of California. The bill would require the department to report to the Legislature by July 1, 2023, on the specified findings and recommendations of the LTSS Benefit Task Force.

Senior Affordable Housing: Nursing Pilot Program

This bill would require the Department of Aging to establish and administer the Housing Plus Services Nursing Pilot Program in the Counties of Los Angeles, Orange, Riverside, Sacramento, and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purposes of hiring one full-time registered nurse to work at 3 senior citizen housing developments in each county to provide health education, navigation, coaching, and care to residents. The bill would require the department to submit a report to specified legislative committees and state agencies on or before January 1, 2026, and would repeal amendments. Amend and re-refer to Com on Aging & LTC. Read second time and amended.

3/2/21 Set for hearing on 4/6/21 9am
2/25/21 Referred to Coms on Aging & LTC and Human Services
2/18/21 From printer. May be heard in committee March 20
2/17/21 Read first time. To print.
Communications: Universal Broadband service: California Connect Fund

This bill would establish the California Connect Fund in the State Treasury, subject to the conditions and restrictions applicable to the existing universal service funds described above. The bill would, until January 1, 2031, require the commission to develop, implement, and administer the California Connect Program to ensure that high-speed broadband service is available to every household in the state at affordable rates. The bill would require the commission, or before January 1, 2023, to adopt rules to implement the program, including rules that establish eligibility criteria for the program and the amount of, and requirements for, subsidies under the program. The bill would require the commission to perform outreach to increase program participation, to coordinate with relevant state agencies and departments to increase program participation and increase the efficacy of enrollment, and to collect data on existing affordable internet service plans that may meet program criteria. The bill would require the commission to annually report to the Legislature on the status of the program, including its success and any recommendations for modifications to the program, as provided.

Existing law, the Emergency Telephone Users Surcharge Act, imposes a surcharge on each telecommunication access line for each month or part thereof for which a service user subscribes with a service supplier in an amount determined by the Office of Emergency Services, as specified.

This bill would require the commission to ensure that each service supplier remits to the commission revenues from a monthly surcharge not to exceed $0.23 per month per access line for deposit into the California Connect Fund. This bill would include a change in state statute that would result in a taxpayer paying a higher tax within the meaning of Section 3 of Article XIII A of the California Constitution, and thus would require for passage the approval of 2/3 of the membership of each house of the Legislature.

Under existing law, a violation of the Public Utilities Act or any order, decision, rule, direction, demand, or requirement of the commission is a crime. Because a violation of a commission action implementing this bill’s requirements would be a crime, the bill would impose a state mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Physician Orders for Life Sustaining Treatment Forms: Registry

Existing law defines a request regarding resuscitative measures as a written document, signed by an individual with capacity, or a legally recognized health care provider, and with instructions to remove or withdraw any life-sustaining treatment or procedure. The bill would require the Department of Public Health to establish a registry to provide a means by which a person may identify a request or a request for a person with whom the person has a legally recognized relationship or who is the person’s legal representative, as provided.

This bill would establish the California Connect Fund in the State Treasury, subject to the conditions and restrictions applicable to the existing universal service funds described above. The bill would, until January 1, 2031, require the commission to develop, implement, and administer the California Connect Program to ensure that high-speed broadband service is available to every household in the state at affordable rates. The bill would require the commission, or before January 1, 2023, to adopt rules to implement the program, including rules that establish eligibility criteria for the program and the amount of, and requirements for, subsidies under the program. The bill would require the commission to perform outreach to increase program participation, to coordinate with relevant state agencies and departments to increase program participation and increase the efficacy of enrollment, and to collect data on existing affordable internet service plans that may meet program criteria. The bill would require the commission to annually report to the Legislature on the status of the program, including its success and any recommendations for modifications to the program, as provided.

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Under existing law, a violation of the Public Utilities Act or any order, decision, rule, direction, demand, or requirement of the commission is a crime. Because a violation of a commission action implementing this bill’s requirements would be a crime, the bill would impose a state mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.
decisionmaker, and the individual’s physician, directing a health care provider regarding resuscitative measures. Existing law defines a Physician Orders for Life Sustaining Treatment form, which is commonly referred to as a POLST form, and provides that a request regarding resuscitative measures includes a POLST form. Existing law requires that a POLST form and the medical intervention and procedures offered by the form be explained by a health care provider. Existing law distinguishes a request regarding resuscitative measures from an advance health care directive. Under existing law, an advance health care directive or substantially similar instrument executed in another state or jurisdiction is valid and enforceable to the same extent as an advance care directive validly executed in this state, as specified, and authorizes a physician or other health care provider to presume that an advance care directive or similar document is valid in the absence of knowledge to the contrary.

This bill would establish similar provisions relating to the validity and enforceability of POLST forms and would allow an electronic signature to be used for the purposes of an advance health care directive and POLST form.

The bill would enact the California POLST eRegistry Act, which would require the California Health and Human Services Agency to create a statewide electronic POLST registry system for the purpose of collecting a patient’s POLST information received from a health care provider or the provider’s designee and disseminating the information therein to an authorized user, as defined. The bill would require the agency to promulgate regulations necessary for the operation of the POLST eRegistry, as specified, and set timelines for implementation. The bill would allow an electronic representation of a POLST form and the electronic communication of the information contained in a POLST form to have the same legal standing as a paper hardcopy of a POLST form.

AB 1243 Blanca Rubio

Protective Orders: Elder and dependent Abuse
This bill would require an action seeking a protective order to be heard in the probate or family division of the superior court. The bill would include within the definition of protective order an order enjoining a party from isolating an elder or dependent adult. The bill would require certain requirements to be met for that order to be issued, including a showing by a preponderance of the evidence that the respondent’s past act or acts of isolation of the elder or dependent adult prevented contact with the interested party and that the elder or dependent adult desires contact with the interested party. The bill would also include within the definition of protective order an order that specific debts were incurred as the result of financial abuse of the elder or dependent adult.

AB 1300 Voepel

Residential Care Facilities for the Elderly: Electronic Monitoring
This bill would enact the Electronic Monitoring in Residential Care Facilities for the Elderly Act to authorize
the use of electronic monitoring devices either inside a resident’s room by a resident or in certain areas of a facility by the facility under specified conditions. For the use of a personal electronic monitoring device inside a resident’s room by a resident, the bill would require, among other things, the resident or the resident’s representative, as defined, to provide the facility with a completed notification and consent form, as specified, that includes the consent of the resident’s roommate, if any. The bill would also require the resident or the resident’s representative to post a sign at the entrance to the resident’s room stating that the room is monitored electronically. For the use of a facility electronic monitoring device, the bill would require the facility to, among other things, post signage at all entrances and exits that provides notice of electronic monitoring, archive the electronic monitoring digital data for 365 days, and provide the department access to the data upon 24 hours’ notice. By expanding the duties of licensed facilities under the act with regard to authorizing residents and facilities to conduct electronic monitoring under these conditions, the bill would expand an existing crime, thereby imposing a state-mandated local program.

The bill would make it a misdemeanor to knowingly hamper, obstruct, tamper with, or destroy a personal electronic monitoring device or a facility electronic monitoring device or the recordings made therefrom, except as provided. The bill would make it a felony to knowingly hamper, obstruct, tamper with, or destroy a personal electronic monitoring device or a facility electronic monitoring device or the recordings made therefrom in the commission of, or in the attempt to conceal the commission of, a felony. By creating new crimes, the bill would impose a state-mandated local program.

Dementia and Alzheimer’s disease.

(1) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements, including, for certain general internists and family physicians, prescribed hours in a course in the field of geriatric medicine or the care of older patients.

This bill would require all general internists and family physicians to complete at least 4 hours of mandatory continuing education on the special care needs of patients with dementia.

(2) Existing law, the Physician Assistant Practice Act, authorizes the Physician Assistant Board (PAB) to require a licensee to complete not more than 50 hours of continuing education every 2 years as a condition of license renewal. This bill would require the PAB to adopt regulations to require each person renewing their license, as a condition of license renewal, to complete at least 4 hours of continuing education on the special care needs of patients with dementia.

(3) Existing law, the Clinical Social Worker Practice Act, provides for the licensure and regulation of clinical social workers by the Board of Behavioral Sciences (BBS). The act prohibits renewal of a license unless the applicant

SB 48 Limon

Dementia and Alzheimer’s disease.

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This bill would require all general internists and family physicians to complete at least 4 hours of mandatory continuing education on the special care needs of patients with dementia.

(2) Existing law, the Physician Assistant Practice Act, authorizes the Physician Assistant Board (PAB) to require a licensee to complete not more than 50 hours of continuing education every 2 years as a condition of license renewal. This bill would require the PAB to adopt regulations to require each person renewing their license, as a condition of license renewal, to complete at least 4 hours of continuing education on the special care needs of patients with dementia.

(3) Existing law, the Clinical Social Worker Practice Act, provides for the licensure and regulation of clinical social workers by the Board of Behavioral Sciences (BBS). The act prohibits renewal of a license unless the applicant
certifies to the BBS that the license has completed not less than 36 hours of approved continuing education in, or relevant to, the field of social work in the preceding 2 years. This bill would require the BBS, by regulation, to require the continuing education requirement under the act to include at least 4 hours of continuing education on the special care needs of patients with dementia. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program.

(4) Existing law authorizes the establishment of diagnostic and treatment centers for Alzheimer’s disease. Existing law also establishes a grant program for the purpose of research into the causes, treatment, cure, strategies for coping with, prevention, incidence, and prevalence of Alzheimer’s disease and related disorders. This bill would state the intent of the Legislature to enact legislation to ensure that individuals living with dementia and Alzheimer’s disease receive a timely diagnosis through, among other things, the training of medical providers and leveraging available federal resources.

(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Medi-Cal: eligibility.
Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.

Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, and extends eligibility for full-scope Medi-Cal benefits to individuals under 25 years of age, and who are otherwise eligible for those benefits but for their immigration status. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director’s determination, and requires the department to maximize federal financial participation for purposes of implementing the requirements. Existing law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing
those individuals full scope Medi-Cal benefits.
This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. The bill would delete provisions delaying implementation until the director makes the determination described above. The bill would require the department to seek federal approvals to obtain federal financial participation to implement these requirements. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.
The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

1/29/21 Chaptered by Secretary of State
1/29/21 Approved by Governor
1/28/21 Enrolled and presented to Governor
1/28/21 Assembly amendments concurred
1/28/21 In Senate. Concurrence in Assembly amendments pending

SB 91 Weiner
Com Budget & Fiscal Review

CalFresh.
Existing federal law provides for the Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law requires the State Department of Social Services, in conjunction with the State Department of Public Health and appropriate stakeholders, to develop and submit to the Legislature a community outreach and education campaign to help families learn about, and apply for, CalFresh.
This bill would require the State Department of Social Services, in order to increase client access and retention within CalFresh, to participate in the Elderly Simplified Application Project, a demonstration project operated by the United States Department of Agriculture, Food and Nutrition Service. The bill would require the department, on or before January 1, 2023, to develop a CalFresh user-centered application for seniors 60 years of age or older and for people with disabilities who are eligible to be enrolled in the Elderly Simplified Application Project.
Existing law requires each county welfare department, to the extent permitted by federal law, to exempt a household from complying with face-to-face interview requirements

3/22/21 From committee: be ordered to second reading pursuant to Senate rule 28.8
3/12/21 Set for hearing on 3/22/21
3/10/21 From committee: Do pass and re-refer to Com on APPR. Re-referred to APPR
2/23/21 Set for Hearing march 9
2/18/21 From committee with authors amendments. Read second time and amended. Re-referred to Co on Human Services
1/28/21 referred to Com. On Human S.
1/11/21 Read first time.

CSI Support
MPA Goal 5

SB 107 Weiner

3/12/21 Set for hearing on 3/22/21
3/10/21 From committee: Do pass and re-refer to Com on APPR. Re-referred to APPR
2/23/21 Set for Hearing march 9
2/18/21 From committee with authors amendments. Read second time and amended. Re-referred to Co on Human Services
1/28/21 referred to Com. On Human S.
1/11/21 Read first time.
for the purpose of determining eligibility at initial application and recertification.
This bill would, to the extent permitted by federal law, give an individual the option to apply, report, and recertify for CalFresh in person, by mail, online, or by telephone, and permit an individual to complete the interview requirement and client signature by telephone. The bill would authorize counties to implement any method of telephonic or electronic signature that is supported by county business practice and technology. The bill would require the department, with the input of stakeholders, to develop and execute a plan of support for counties that have not already implemented a telephone-based application and renewal process and to provide technical assistance and resources. The bill would require the application process to satisfy specified criteria, including simple, user-friendly language and instructions. The bill would require certain counties to comply with these provisions beginning on or before January 1, 2023, and require the remaining counties to comply with the provisions beginning on or before January 1, 2024. By imposing new duties on counties, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Health Care Coverage: Timely access to Care
This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards. If a health care service plan is operating in a service area that has a shortage of providers and the plan is not able to meet the geographic and timely access standards for providing mental health or substance use disorder services with an in-network provider, the bill would require the plan, including a Medi-Cal Managed Care Plan, to arrange coverage outside the plan’s contracted network. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs.
mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that no reimbursement is required by this act for a specified reason.

SB 256 Medi-Cal covered benefits—California Advancing and Innovating Medi-Cal.
Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Under existing law, health care services are provided under the Medi-Cal program pursuant to a schedule of benefits, and those benefits are provided to beneficiaries through various health care delivery systems, including fee-for-service and managed care.
Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a Medi-Cal managed care plan. Existing law imposes various requirements on Medi-Cal managed care plan contractors, and requires the department to pay capitations rates to health plans participating in the Medi-Cal managed care program using actuarial methods and methods. Existing law authorizes the department to establish health plan and county-specific rates, as specified. Existing law requires the department to utilize, and requires the department to utilize, health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts, and requires those developed rates to include identified specified information, such as health-plan-specific encounter and claims data.
Existing law, the Medi-Cal 2020 Demonstration Project Act, requires the department to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program, the Whole Person Care pilot program, and the Dental Transformation Initiative, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project.
Existing federal law authorizes specified managed care entities that participate in a state’s Medicaid program to cover, for enrollees, services or settings that are in lieu of services in lieu of services and settings otherwise covered under a state plan.
This bill would require those mandatorily developed health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts to include in lieu of services and settings provided by the Medi-Cal managed care plan. The bill would require each Medi-Cal managed care plan to disclose the availability of in lieu of services on its internet website and its beneficiary handbook, and to disclose to the department specified information on in lieu of services that are plan specific, including the number of people receiving those services. The bill would require the
department to publish that information on its internet website.

This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, expand the schedule of benefits under the Medi-Cal program to include enhanced care management if the service is provided to a beneficiary and, at a minimum, the service includes coordinating primary, acute, behavioral, oral, and long-term services and supports for that person. The bill would authorize the department to implement these provisions by various means, including all-county letters or provider bulletins, without taking regulatory action. The bill would require the department to adopt, by July 1, 2024, regulations on these provisions, and, commencing January 1, 2023, to provide a status report to the Legislature on a semianual basis until regulations are promulgated. The bill would make technical, nonsubstantive changes to provisions on the Medi-Cal schedule of benefits.

This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative, and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation. To implement the CalAIM initiative, the bill would authorize the department to enter into exclusive or nonexclusive contracts, or amend existing contracts, and to implement these provisions by various means, including provider bulletins.

For purposes of the CalAIM initiative, this bill would additionally authorize the department to standardize those populations that are subject to mandatory enrollment in a Medi-Cal managed care plan across aid code groups and Medi-Cal managed care models. Commencing January 1, 2023, the bill would require the department to implement the Population Health Management Program under the Medi-Cal managed care delivery system to improve health outcomes, care coordination, and efficiency through application of standardized health management requirements. The bill would require the department to require each Medi-Cal managed care plan to develop and maintain a beneficiary-centered population health management program that meets specified standards, including identifying and mitigating social determinants of health and reducing health disparities or inequities. The bill would require the department to consult with specified stakeholders, including the State Department of Public Health, to establish requirements for the population health management program, as specified, and, beginning January 1, 2024, would require the department to annually develop and issue a public report, which includes prescribed information, on this program.

Under the CalAIM initiative, this bill would require the department to implement an enhanced care management benefit designed to address the clinical and nonclinical needs on a whole-person-care basis for certain target populations of Medi-Cal beneficiaries enrolled in Medi-
Cal managed care plans, as specified. The bill would require Medi-Cal managed care plans to consult and collaborate with county mental health plans for the delivery of enhanced care management services for beneficiaries with certain health conditions, including serious mental illness, to maximize federal reimbursement and minimize duplication of services, and would require the department to require those plans to report specified information related to this benefit.

As part of the CalAIM initiative, and commencing January 1, 2022, this bill would require the department to authorize Medi-Cal managed care plans to elect to cover those services or settings approved by the department as cost effective and medically appropriate in the comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. The bill would provide that in lieu of services include specified services, such as housing transition navigation services, recuperative care, and asthma remediation. The bill would require the department to establish metrics for, and conduct an annual evaluation of, the utilization and effectiveness of in lieu of services, and to publicly report, as prescribed, the evaluation and conduct the evaluation in a specified manner.

Commencing January 1, 2022, this bill would require the department to make incentive payments available to qualifying Medi-Cal managed care plans that meet predefined milestones and metrics associated with implementation of applicable components of the CalAIM initiative, and to consult with specified entities, including Medi-Cal managed care plans, to establish the methodology pursuant to prescribed standards.

This bill would authorize the department to establish capitation rates to contracted health plans on a regional basis in lieu of health plan and county-specific rates, and would require the department to consult with affected entities and individuals, included consumer representatives. Before the implementation of a regional-based capitation rate, the bill would require the department to report to the Legislature on specified matters, including how these rates are to be established. This bill would make its provisions severable and would make other legislative findings and declarations.

SB 258 Laird

Aging

Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. Existing law requires the department, in allocating specified state and federal funding to area agencies on aging, to ensure that priority consideration is given to criteria that reflect the state’s intent to target services to those in greatest economic or social need. Existing law defines “greatest social need” to mean the need caused by noneconomic factors, including physical and mental disabilities, that restrict an individual’s ability to perform normal daily tasks or that threaten the individual’s capacity to live independently.

This bill would revise this definition to include human immunodeficiency virus (HIV) status as a specified

4/20/21 Read second time. Ordered to third reading.
4/19/21 From committee: be ordered to second reading pursuant to Senate Rule 28.8
4/8/21 Set for hearing on 4/19/21
3/10/21 From committee: Do pass and re-refer to Com on APPR. Re-referred to APPR
2/23/21 Set for Hearing March 9
noneconomic factor.

Medi-Cal: California Community Transitions Program
This bill would require the DHCS to provide those services, consistent with Money Follows the Person Rebalancing Demonstration transitions, for individuals who have not resided in the facility for at least 60 days, and would make conforming changes. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days, and would make conforming changes. The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement prescribed services, and to administer those services in a manner that attempts to maximize federal financial participation if those services are not reauthorized or if there are insufficient funds. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030. This bill would require the department to implement and administer the California Community Transitions program to provide services for qualified beneficiaries who have resided in the facility for 60 days or longer. The bill would require a lead organization to provide services under the program. The bill would require program services to include prescribed services, such as transition coordination services. The bill would authorize a Medi-Cal beneficiary to participate in this program if the Medi-Cal beneficiary meets certain requirements, and would require eligible Medi-Cal beneficiaries to continue to receive program services once they have transitioned into a qualified residence. The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement this program, and to administer the program in a manner that attempts to maximize federal financial participation if that program is not reauthorized or if there are insufficient funds. The bill would repeal these provisions January 1, 2030. This bill would declare that it is to take effect immediately as an urgency statute.

End of Life
Existing law, the End of Life Option Act, until January 1, 2026, authorizes an adult who meets certain qualifications, and who has been determined by their attending physician to be suffering from a terminal disease, as defined, to make a request for an aid-in-dying drug for the purpose of ending their life. Existing law establishes the procedures for making these requests, including that two oral requests be made a minimum of 15 days apart, specified forms to request an aid-in-dying drug be submitted, under specified circumstances, and a final attestation be completed. Existing law requires specified information to be

SB 380
Eggman with
Cooper, Wood,
Aguirar-Cury,
Bonta, Frazier,
Garcia, Rivas

2/22/21 Joint Rule 55 suspended.
(Ayes 32. Noes 4)
2/22/21 Art. IV Sec. 8(a) of the Constitution dispensd with
2/3/21 Referred to Com. on Human Services
4/20/21 Set for hearing on 5/3/21
3/18/21 Read second time and amended.
Re-referred to Com. on APPR.
3/17/21 From committee: Do pass as amended and re-refe to Com. on APPR with recommendation: To consent calendar.
3/3/21 From committee with author's amendments. Read second time and amended. Re-referred to Com. on Health
3/2/21 Set for hearing on 3/17/21 1pm
2/22/21 Joint Rule 55 suspended.
2/22/21 Art. IV Sec 8(a) of the Constitution dispensd with.
2/22/21 Referred to Com. on Health
2/2/21 From printer. May be acted upon or after March 4
documented in the individual’s medical record, including, among other things, all oral and written requests for an aid-in-dying drug.

This bill would allow for an individual to qualify for aid-in-dying medication by making two oral requests, regardless of the period between oral requests, and a written request when a physician has determined, within reasonable medical judgment, that the individual will die from their terminal illness in 15 days or less 2 oral requests a minimum of 48 hours apart. The bill would eliminate the requirement that an individual who is prescribed and ingests aid-in-dying medication make a final attestation. The bill would require that the date of all oral and written requests be documented in an individual’s medical record and would require that upon a transfer of care, that record be provided to the qualified individual. The bill would extend the operation of the act indefinitely, thereby imposing a state-mandated local program by extending the operation of crimes for specified violations of the act.

Existing law requires that an individual seeking aid-in-dying medication be subject to specific findings by their attending physician, a consulting physician, and, if determined to be necessary, a licensed psychologist or psychiatrist.

This bill would allow for a mental health professional other than a licensed psychologist or psychiatrist to conduct a mental health exam for the purpose of qualifying an individual for aid-in-dying medication.

Existing law makes participation in activities authorized pursuant to the act voluntary, and makes individual health care providers immune from liability for refusing to engage in activities authorized pursuant to its provisions, including providing information about the act or referring an individual to a provider who prescribes aid-in-dying medication.

This bill would redefine those activities that are considered “participation” for these purposes to exclude diagnosis of an individual with a terminal illness, prognosis of an individual’s illness, determination of an individual’s capacity to make medical decisions, provision of information regarding the act, and referral to a medical provider who will participate in the activities under the act. The bill would state that failure to provide information about medical aid in dying to an individual who requests it, or failure to refer the individual, upon request, to another health care provider or health care facility that is willing to provide the information, is considered a failure to obtain informed consent for subsequent medical treatments.

This bill would require a health care provider who is unable or unwilling to participate in activities authorized by the act to inform the individual seeking an aid-in-dying medication that they do not participate, document the date of the individual’s request and the provider’s notice of their objection, and transfer their relevant medical record upon request.

Existing law authorizes a health care provider to prohibit its employees, independent contractors, or other persons or entities, including other health care providers, from participating in activities under the act, including acting as a consulting physician, while on the premises owned or under the management or direct control of that prohibiting
health care provider, or while acting within the course and scope of any employment by, or contract with, the
prohibiting health care provider.

This bill would instead authorize health care facilities to prohibit employees and contractors, as specified, from
prescribing aid-in-dying drugs while on the facility premises or in the course of their employment. The bill would prohibit a health care provider or health care facility from engaging in false, misleading, or deceptive practices relating to their willingness to qualify an individual or provide a prescription for an aid-in-dying medication to a qualified individual. The bill would require a health care facility to post its current policy regarding medical aid in dying on its internet website.

Under existing law, it is a felony to knowingly alter or forge a request for drugs, to end an individual’s life without their authorization, to conceal or destroy a withdrawal or rescission of a request for a drug, if it is done with the intent or effect of causing the individual’s death, to knowingly coerce or exert undue influence on an individual to request a drug for the purpose of ending their life, or to destroy a withdrawal or rescission of a request, or to administer an aid in dying drug to an individual without their knowledge or consent.

This bill would add a definition of “coercion or undue influence” that includes deception and would create civil liability for anyone who obstructs an individual’s request for aid-in-dying medication. The bill would prohibit a medical facility or provider from making false or misleading statements as to their willingness to participate, as defined, in activities under the act and requires that medical facilities post their policy regarding participation in the act on their internet website.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Health Care Workforce Training Programs: Geriatric Medicine

Existing law establishes the Office of Statewide Health Planning and Development in the California Health and Human Services Agency, which oversees various scholarship programs to improve access to health care, including the Steven M. Thompson Physician Corps Loan Repayment Program, which provides for the repayment of educational loans obtained by a physician and surgeon who practices in a medically underserved area of the state.

Existing law requires the office to maintain a Health Professions Career Opportunity Program tasked with supporting and encouraging minority health professionals in training to practice in health professional shortage areas of California, among other duties.

Existing law provides that in administering the National Health Service Corps State Loan Repayment Program in accordance with federal law and regulations, the office is required to strive, whenever feasible, to equitably distribute loan repayment awards between eligible urban and rural program sites, after taking into account the availability of health care services in the communities to

4/20/21 Set for Hearing 5/3/21
4/8/21 From committee: Do pass and re-refer to Com on Appr with recommendation: To consent calendar. Re-referred to Com on Appr
3/22/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Health
3/19/21 Set for Hearing on 4/7/21
2/25/21 Referred to Com on Health
2/22/21 Joint Rule 55
be served and the number of individuals to be served in each program site.

This bill would require the office to include students and professionals with training in geriatrics in administering the Health Professions Career Opportunity Program, National Health Service Corps State Loan Repayment Program, and the Steven M. Thompson Physician Corps Loan Repayment Program. The bill would also state the intent of the Legislature to provide geriatricians practicing in underserved areas access to existing loan repayment programs offered by the state, encouraging more geriatric care providers to practice in federally designated health provider shortage areas and addressing the state’s shortage of geriatricians.

Existing law, the Song-Brown Health Care Workforce Training Act, provides for specified training programs for certain health care workers, including family physicians, registered nurses, nurse practitioners, and physician assistants. Existing law establishes a state medical contract program with accredited medical schools, hospitals, and other programs and institutions to increase the number of students and residents receiving quality education and training in specified primary care specialties and maximize the delivery of primary care and family physician services to underserved areas of the state.

This bill would add geriatric medicine to the list of specified primary care specialties under the program. The bill would add training in geriatric medicine to the definition of a “family physician” as that term is used in the act.


This bill would create the Office of the Patient Representative in the Department of Aging to train, certify, provide, and oversee patient representatives to protect the rights of nursing home residents, as specified. The bill would, among other things, require the office to establish appropriate eligibility, training, certification, and continuing education requirements for patient representatives and to convene a group of stakeholders to advise the office regarding the eligibility requirements. The bill would, among other things, require the office to collect and analyze data, including the number of residents represented, the number of interdisciplinary team meetings attended, and the number of cases in which judicial review was sought and to present that data in an annual public report delivered to the Legislature and posted on the office’s internet website. The bill would require patient representatives to perform various duties including reviewing the determinations that the resident lacks decision-making capacity, as defined, to make decisions and no surrogate decisionmaker is available, as specified.

Existing law requires the attending physician and surgeon of a resident in a skilled nursing facility or intermediate care facility that prescribes or orders a medical intervention of a resident that requires the informed consent of a resident who lacks capacity to provide that consent and who does not have a person with legal authority to make those decisions on behalf of the resident
to inform the skilled nursing facility or intermediate care facility. Existing law requires the facility to conduct an interdisciplinary team review of the prescribed medical intervention prior to the administration of the medical intervention, subject to specified proceedings. Existing law authorizes a medical intervention prior to the facility convening an interdisciplinary team review in the case of an emergency, under specified circumstances. Existing law imposes civil penalties for a violation of these provisions. This bill would require the physician and surgeon to document the determination that the resident lacks capacity, as defined, in the resident’s medical record, and would require the skilled nursing facility or intermediate care facility to identify, or use due diligence to search for, a surrogate decisionmaker, as defined. The bill would require, among other things, if the resident lacks capacity and there is no surrogate decisionmaker, the skilled nursing facility or intermediate care facility to provide written notice to the resident and to the Office of the Patient Representative, as specified. The bill would require a copy of the notice to be included in the resident’s records and to include specified information, including notice that the resident has the right to a patient representative. The bill would require the Office of the Patient Representative to designate someone to serve as the patient’s representative if no family member or friend is available to serve in that capacity, and would prohibit a patient representative from being, among others, an employee or former employee of the facility, as specified.

Long-Term services and Supports
Existing law, contingent upon the appropriation of funds for that purpose by the Legislature, establishes the Aging and Disability Resource Connection (ADRC) program, to be administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level.

By executive order, the Governor has ordered that a master plan for aging be developed and issued to serve as a blueprint to implement strategies and partnerships that promote healthy aging and prepare the state for upcoming demographic changes. The executive order requires the Secretary of the California Health and Human Services Agency to convene a Master Plan for Aging Stakeholder Advisory Committee, which includes a Long-Term Care Subcommittee.

Existing law requires the secretary, in coordination with the Director of the California Department of Aging, to lead the development and implementation of the master plan established pursuant to that executive order. Existing law requires the secretary and the director, with the assistance of the workgroup, to work with specified agencies, as needed, to identify policies, efficiencies, and strategies necessary to implement the master plan. Existing law requires the workgroup to solicit input and gather information to assist with the implementation of the master plan.
plan.
This bill would establish the California Long-Term Services and Supports Benefit Board (LTSS Board), to be composed of 10 specified members, including among others, the Treasurer as chair, the Secretary of California Health and Human Services as vice chair, and 3 members to be appointed by the Governor. The bill would require the LTSS Board to manage and invest revenue deposited in the California Long-Term Services and Supports Benefits Trust Fund (LTSS Trust), which the bill would create in the State Treasury, to, upon appropriation, finance long-term services and supports for eligible individuals. The bill would require the Long-Term Supports and Services Subcommittee of the Master Plan on Aging to provide ongoing advice and recommendations to the board.

This bill would require the department to establish an LTSS Benefit Task Force, or utilize an existing board, commission, committee, or task force, to focus on LTSS benefit needs in the State of California. The bill would require the department to report to the Legislature by July 1, 2023, on the specified findings and recommendations of the LTSS Benefit Task Force.

Senior Citizens: Intergenerational Housing Developments
This bill would, among other things, permit the covenants, conditions, and restrictions to permit would authorize the establishment of an intergenerational housing development that includes senior citizens along with caregivers and transition age youth, if specified conditions are satisfied. The bill would require that the covenants, conditions, and restrictions and other documents or written policy for the development set forth the limitations on occupancy, residency, or use. The bill would define, among other terms, prescribe definitions for “senior citizen” to mean a person 55 years of age or older and “transition age youth” for these purposes. The bill would permit the establishment of an intergenerational housing development if (1) require at least 80 percent of the occupied dwelling units are in an intergenerational housing development to be occupied by at least one senior citizen, as specified, and up to 20 percent of the occupied dwelling units are in the development to be occupied by at least one caregiver or transition age youth, as defined, and (2) as specified. The bill would require the development is an affordable rental housing development, as defined, and has received an allocation of low-income housing tax credits from the California Tax Credit Allocation Committee, to lower income households. The bill would prescribe an optional process to be applied if a unit ceases to house a caregiver or transition age youth. The bill would prohibit the eviction or lease termination of a family with children in order to comply with the senior citizen occupancy requirement described above. The bill would make a conforming change in provisions regarding subdivided lands.
This bill would prohibit a housing facility or community from exiting or terminating the lease of a family with children in order to comply with the requirement that at least 80 percent of the occupied units be occupied by at least one senior citizen.
Care Facilities
Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, as defined, by the State Department of Social Services. Existing regulation includes an adult residential facility, as defined, as a community care facility for those purposes. Existing law also provides for the licensure and regulation of residential care facilities for the elderly by the department. A violation of those provisions is a crime.
Existing law also establishes the In-Home Supportive Services (IHSS) program, administered by the department and counties, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes. Existing law states the intent of the Legislature to authorize an assessment on home care services, including IHSS. This bill would provide that a resident in an adult residential facility or a residential care facility for the elderly in which at least 75 percent of the residents receive benefits pursuant to the State Supplementary Program for the Aged, Blind, and Disabled is also eligible to receive IHSS following an assessment for IHSS. The bill would authorize an adult residential facility or residential care facility to receive up to 60 hours of IHSS a week and would require an adult residential facility or residential care facility that receives benefits pursuant to those provisions to use the savings derived from IHSS towards certain expenses, including, among others, facility upkeep or upgrades. May receive Enriched Care Adult Residential Facility pilot program payments, as specified. The bill would provide for the termination of the pilot program on June 30, 2026, as specified. The bill would, among other things, require the county to distribute a stipend of $1,000 per resident, per month, to be used for auxiliary services, as defined, when it determines that the facility meets specified criteria. The bill would require facilities that receive the stipend to report to the county specified information, including the description of the auxiliary services provided. The bill would require the State Department of Social Services to evaluate the program, as specified, and to report that information to the relevant policy committees. The bill would require the State Department of Social Services to implement these provisions in order to maximize federal funding and would authorize the department to implement the provisions through all-county letter or similar instruction. By imposing additional administrative duties on local officials administering the IHSS program and by expanding the scope of an existing crime, the bill would impose a state-mandated local program.
The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.
With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state,
reimbursement for those costs shall be made pursuant to
the statutory provisions noted above.

SB 675  Bogh

Property Taxation: Automated Clearing House Payments

This bill would state that the Legislature encourages every board of supervisors to establish payment systems authorizing homeowners to pay their real property taxes in monthly installments with an Automated Clearing House Payment system.

This bill would authorize a county board of supervisors to adopt a resolution or ordinance to implement a monthly property tax payment program, which would authorize a homeowner to pay, in monthly installments, their real property taxes on their principal residence, as defined.

3/18/21 Re-referred to Com on Gov and F
3/10/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on RLS
3/3/21 Referred to Com on RLS
2/22/21 Joint Rule 55 suspended
2/22/21 Art. IV. Sec. 8(a) of the Constitution dispensed with
2/22/21 Read first time

CASE REPORT/Ms. Fiona Hinze

New DAS Executive Director

• CASE Thanks Shireen for her tireless service to the community and long-standing Partnership with CASE. We look forward to working with her in her new role.
• CAS put together this e-card for Shireen. You can see the heartfelt messages from our members.
• A letter from CASE regarding our thoughts on the new Executive Director is included in Communications for the May meeting.

CASE Writing project

• As an update to previous reports, We have hired a Writing Project Coordinator, someone who will really manage all aspects of the project.
• We will release a questionnaire to our membership to solicit the agencies and programs that we will profile as part of this project.
• CASE thanks SF reserve and DAS for their partnership so far in helping us get to this point with this project.

CASE budget asks
• See link here for the CASE budget asks as referenced in my report.

GENERAL PUBLIC COMMENT

No public comment.

OLD BUSINESS

No old business.

NEW BUSINESS
A. The Department of Disability and Aging Services (DAS) requests authorization to enter into new grant agreements with multiple providers for the provision of Case Management and Clinical Collaborative Service to older adults and adults with disabilities for the time period beginning July 1, 2021 and ending June 30, 2023 in the combined amount of $6,832,862, plus a 10% contingency for a total not to exceed amount of $7,516,144. (Melissa McGee presented the item).

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<td>$6,832,862</td>
<td>$683,282</td>
<td>$7,516,144</td>
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PUBLIC COMMENT

No public comment
A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

B. Requesting authorization to renew the existing grant agreement with Hansine Fisher and Associates for the provision of time study services for Human Service Agency’s Department of Disability and Aging Services (HSA-DAS) and San Francisco Department of Homelessness and Supportive Housing (SF-HSH) service providers during the period of July 1, 2021 to June 30, 2023, in the amount of $40,000 plus a 10% contingency for a total grant amount not to exceed $44,000. (Reanna Albert presented the item)

PUBLIC COMMENT

No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

C. Requesting authorization to modify the existing grant agreement with SELF HELP FOR THE ELDERLY for the provision of Congregate Nutrition Meal Program for Older Adults during the period of May 1, 2021 through June 30, 2021; in the additional amount of $239,180 plus a 10% contingency for a total amount not to exceed of $1,988,538. (Staff: Tiffany Kearney presented the item).

PUBLIC COMMENT

No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

D. Requesting authorization to enter into a new grant agreement with Glide Foundation for the provision of the Free Meals & Snack Bag program during the period of July 1, 2021 through June 30, 2025; in the amount of $6,669,784 plus a 10% contingency for a total not to exceed $7,336,763. (Staff: Tiffany Kearney presented the item).
E. Requesting authorization to renew the grant agreement with Edgewood Center for Children & Families for the provision of the Kinship Family Caregiver Support program during the period of July 1, 2021 through June 30, 2022; in the amount of $58,853 plus a 10% contingency for a total not to exceed $64,738. (Staff: Ofelia Trevino presented the item).

PUBLIC COMMENT

No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

F. Requesting authorization to modify the existing grant with YMCA of San Francisco – Richmond for the provision of the Community Services program during the period of January 1, 2021 through June 30, 2023; in the amount of $50,000 plus a 10% contingency for a revised total not to exceed $272,179. (Staff: Paulo Salta presented the item).

PUBLIC COMMENT

No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

G. Requesting authorization to modify the existing grant agreement with Felton Institute for the provision of Community Services to older adults and adults with disabilities during the period of January 1, 2021 through June 30, 2021; in the additional amount of $50,000 plus a 10% contingency for a total amount not to exceed $504,969. (Reanna Albert presented the item).

PUBLIC COMMENT

No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.
No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

H. Requesting authorization to modify the existing grant agreement with Kimochi Inc. for the provision of congregate meals nutrition services to older adults for the period of November 1, 2020 thru June 30, 2021; in the additional amount of $71,810 plus a 10% contingency for a total amount not to exceed $662,071. (Sarah Chan presented this item).

PUBLIC COMMENT

No public comment.

I. Requesting authorization to modify the existing grant agreement with Community Living Campaign for the provision of digital literacy training to older adults and adults with disabilities in the SF Connected Program for the period of January 1, 2021 thru June 30, 2023; in the additional amount of $334,579 plus a 10% contingency for a total amount not to exceed $971,099. (Paulo Salta presented this item).

PUBLIC COMMENT

No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

J. Requesting authorization to modify the existing grant agreement with Community Living Campaign for the provision of technical support for the SF Connected Program for the period of January 1, 2021 thru
June 30, 2023; in the additional amount of $47,197 plus a 10% contingency for a total amount not to exceed $319,068. (Paulo Salta presented this item).

PUBLIC COMMENT

No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

14. POSSIBLE CLOSED SESSION REGARDING NOMINATION FOR APPOINTMENT- DAS EXECUTIVE DIRECTOR:

A. Public Comment on all matters pertaining to Item14., including public comment on whether to hold the item 14(C) in closed session.

B. Vote on whether to hold item 14(C) in closed session.

PUBLIC COMMENT

No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

C. Public employee nomination for appointment-DAS Executive Director. This item may be held in closed session pursuant to California Government Code Section 54957(b)(1) and San Francisco Administrative Code Section 67.10(b)

DAS COMMISSION MOVED TO CLOSED SESSION

D. Vote on whether to disclose information from closed session. (San Francisco Administrative Code Section 67.12(a)

PUBLIC COMMENT

50
No public comment

A motion to approve

The motion was unanimously approved.

Absent: Michelle Carrington and Barbara Sklar.

E. Report any action taken in closed session, as specified in California Government Code Section 54057.(a)(5).

The DAS Commission voted to recommend a candidate for the Executive Director DAS leadership role.

**ANNOUNCEMENTS:**
No announcements.

**MOTION TO ADJOURN,**

The motion was unanimously approved

Meeting adjourned 1:35 PM

Respectfully submitted,

Bridget Badasow
Commission Secretary