

**JOINT LEGISLATIVE COMMITTEE
DEPARTMENT OF DISABILITY AND AGING SERVICES
MINUTES
Wednesday, May 19, 2021, 9:00 a.m. to 10:00 am
Remote Zoom Meeting**

Call to Order:

Co-chair Diane Lawrence called the meeting to order at 9:03am

Roll Call:

Present: Diane Lawrence, Commissioner Bittner, Margaret Graf, Allegra Fortunati, Anne Warren

Absent: Commissioner Carrington, Bettye Hammond, Commissioner Lum

Staff: Cindy Kauffman and Kate Shadoan

Approval of Agenda: Members voted to approve agendas for March 17, 2021, April 21, 2021 and May 19, 2021 meetings.

Approval of Minutes: Members voted to approve minutes for the February 17, 2021, March 17, 2021, and April 21, 2021 meetings.

Legislative Reports: Staff reviewed legislation that had been amended since the previous meeting.

California Senior Legislature: Prior to the meeting, Allegra shared updates on the bills that are being sponsored and/or supported by CSL. They were emailed to committee members and incorporated into the bills being tracked.

New Business: Staff provided a brief update on the Governor's May revision of the state budget and the items relevant to the department. There was also a brief discussion of the President's infrastructure plan.

Old Business: no old business.

ANNOUNCEMENTS: no announcements.

NEXT JOINT LEGISLATIVE COMMITTEE MEETING: Wednesday, June 16, 2021

Meeting was ADJOURNED at 10:00 am

Legislative Bills 5.19.21

Item #	Sponsor	Summary	Status	Organization & Support
<p>AB 71</p>	<p>Luz Rivas</p>	<p>Homelessness Funding: Bring California Home Act</p> <p>(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.</p> <p>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.</p> <p>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. 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.</p> <p>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</p>	<p>5/13/21/ Set for Hearing on 5/20/21</p> <p>5/6/21 Set for Hearing on 5/12/21</p> <p>5/5/21 Re-referred to Com on APPR</p> <p>5/4/21 Read second time and amended</p> <p>5/3/21 From committee: amend, and do pass as amended and re-refer to Com on APPR</p> <p>4/20/21 From committee: do pass and re-refer to Com on H & CD. Re-referred to Com on H & CD</p> <p>4/8/21 Set for hearing on 4/19/21</p> <p>3/25/21 From committee chair, with author’s amendments: Amend, and re-refer to Com on Rev and Tax. Read second time and amended.</p> <p>1/15/21 Re-referred on Coms. On REV & TAX and H & CD pursuant to Assembly Rule 96.</p> <p>1/13/21 Re-referred to Com. On H & CD</p> <p>1/12/21 From committee chair, with authors amendments: amend and re-refer to Com on H & CD. Read</p>	<p>Justice in Aging – related to MPA Goal 1</p>

		<p>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.</p> <p>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.</p> <p>(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.</p> <p>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.</p> <p>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.</p>	<p>second time and amended.</p> <p>12/8/21 From printer</p>	
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AB 98	Frazier	<p>Health care: medical goods: reuse and redistribution.</p> <p>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.</p>	<p>5/13/21/ Set for Hearing on 5/20/21</p> <p>5/6/21 Set for Hearing on 5/12/21</p> <p>5/3/21 Re-referred to Com on APPR</p> <p>4/29/21 Read second time and</p>	<p>CSL sponsored</p> <p>Assembly Aging and LTC Committee Hearing 4/6/21</p>

		<p>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. <i>The bill would require the department, on or before January 1, 2026, to submit a report to the Assembly Committee on Aging and Long-Term Care, the Assembly Committee on Health, and the Senate Committee on Health that includes an evaluation of the success of the pilot program and challenges in implementation, among other things. The bill would repeal its provisions on January 1, 2030.</i></p>	<p>amended</p> <p>4/21/21 Set for Hearing on 4/27/21</p> <p>4/20/21 From committee: do pass and re-refer to Com on Health with recommendation: to consent calendar. Re-referred to Com on Health</p> <p>4/12/21 Set for Hearing on 4/20/21.</p> <p>3/2/21 Set for hearing on 4/6/21 9am</p> <p>1/11/21 Referred to Coms. On AGING & LTC and HEALTH</p> <p>1/11/21 Read first time.</p> <p>12/9/20 Introduced. To Print.</p>	MPA Goal 2
<p>AB 279</p> <p>Amended twice</p>	<p>Muratsuchi</p>	<p>Intermediate Care Facilities: COVID-19</p> <p>(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.</p> <p>This bill would prohibit an ICF or SNF, as defined, from terminating or making significant <i>quality-of-care</i> 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 <i>Besides the exception of a bankruptcy petition, the</i> bill would authorize a resident transfer <i>during the state of emergency</i> 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.</p> <p>The bill would require, for one year after termination of the same type of state of emergency, the</p>	<p>5/13/21 In Senate. Read first time. To Com. on RLS. for assignment.</p> <p>5/13/21 Read third time. Urgency clause adopted. Passed. Ordered to the Senate. (Ayes 58. Noes 1.).</p> <p>4/29/21 Read second time. Ordered to third reading</p> <p>4/28/21 From committee: Do pass</p> <p>4/22/21 Set for Hearing on 4/28/21</p> <p>4/19/21 Re-referred to Com on APPR</p> <p>4/15/21 Read second time and</p>	<p>AA Advocates for Nursing Home Reform</p> <p>MPA Goal 2</p>

		<p>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.</p> <p>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.</p> <p>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.</p> <p>The bill would repeal these provisions on January 1, 2026.</p> <p>(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.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason.</p> <p>(3) This bill would declare that it is to take effect immediately as an urgency statute.</p>	<p>amended</p> <p>4/14/21 From committee: amen, and do pass as amended and re-refer to Com on APPR</p> <p>3/25/21 From committee chair, with author's amendments: Amend. And re-refer to Com on Health. Read second time and amended.</p> <p>1/28/21 Referred to Com. on HEALTH.</p> <p>1/22/21 From printer. May be heard in committee February 21.</p> <p>1/21/21 Read first time. To print.</p>	
AB 383	Salas	<p>Mental health: older adults.</p> <p>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.</p> <p>This bill would establish within the State Department of Health Care Services an Older Adult</p>	<p>5/13/21/ Set for Hearing on 5/19/21</p> <p>4/26/21 Re-referred to Com on APPR</p> <p>4/22/21 Read second time and amended.</p> <p>4/21/21 From committee: amend and do pass as amended and re-refer to Com on APPR with recommendation:</p>	<p>CSL Sponsored</p> <p>MPA Goal 2</p>

		<p>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 <i>require the report to be posted on the department's internet website.</i> 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.</p> <p>This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.</p>	<p>to consent calendar.</p> <p>4/8/21 Set for hearing 4/20/21</p> <p>4/7/21 From committee: Do pass and re-refer to Com on Health. Re-referred to Com on Health</p> <p>3/2/21 Set for hearing on 4/6/21 9am</p> <p>2/12/21 Referred to Coms. On AGING & LTC and Health</p> <p>2/3/21 From printer. May be heard in committee March 5.</p>	
<p>AB 457</p> <p>Amended twice</p>	<p>Santiago</p>	<p>Protection of Patient Choice in Telehealth Provider Act</p> <p>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-pers on diagnosis, consultation, or treatment.</p> <p>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. <i>provider, as defined, only if specified notice conditions are met and the enrollee or insured, once notified as specified, elects to receive</i></p>	<p>5/13/21/ Set for Hearing on 5/20/21</p> <p>5/6/21 Set for Hearing on 5/12/21</p> <p>4/28/21 Re-referred to Com on APPR</p> <p>4/27/21 Read second time and amended</p> <p>4/26/21 From committee" amend, and do pass as amended and re-refer to Com on APPR</p> <p>4/12/21 Re-referred to Com on Health. Read second time and amended.</p> <p>4/8/21 Set for hearing on 4/20/21</p>	<p>Advisory Council</p> <p>(Self Sufficiency Tracking)</p>

		<p><i>the service via telehealth through a third-party corporate telehealth provider. For an enrollee or insured that is currently receiving specialty telehealth services for a mental or behavioral health condition, the bill would require that the enrollee or insured be given the option of continuing to receive that service with the contracting individual health professional, a contracting clinic, or a contracting health facility.</i> 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.</p> <p>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.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason.</p>	<p>4/8/21 From committee chair, with author's amendments: Amend and re-refer to Com on Health. Read second time and amended</p> <p>2/18/21 Referred to Com on Health</p> <p>2/9/21 From printer. May be heard in committee March 11</p> <p>2/8/21 Read first time. To print.</p>	
AB 580	Rodriguez	<p>Emergency Services: Vulnerable Populations</p> <p>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.</p> <p>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.</p> <p>This bill instead would require the director to appoint representatives of the access and functional needs population <i>population, provided a majority of appointees are from specified groups</i>, to serve on those committees and to ensure the needs of that population are met within that system.</p> <p>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</p>	<p>5/13/21 In Senate. Read first time. To Com. on RLS. for assignment.</p> <p>5/13/21 Read third time. Passed. Ordered to the Senate. (Ayes 75. Noes 0.)</p> <p>5/6/21 Read second time. Ordered to Consent Calendar.</p> <p>5/5/21 From committee: Do pass. To consent calendar.</p> <p>4/29/21 set for Hearing on 5/5/21</p> <p>4/20/21 From committee: do pass. To consent calendar</p> <p>4/13/21 Set for Hearing on 4/19/21</p> <p>4/13/21 Re-referred to Com on EM</p> <p>4/12/21 From committee chair with</p>	

	<p>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.</p> <p>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-mandated 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.</p> <p>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.</p> <p>This bill, instead, would require OES to develop those guidelines on or before July 1, 2022, would include the access and functional needs community <i>community, as provided</i>, 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.</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>author's amendments: Amend and re-refer to Com on EM. Read second time and amended.</p> <p>4/6/21 Re-referred to Com on EM</p> <p>4/5/21 from committee chair with author's amendments. Amend, and re-refer to Com on EM. Read second time and amended.</p> <p>2/23/21 Set for hearing on 4/5/21</p> <p>2/18/21 Referred to Com on E.M.</p> <p>2/12/21 From printer. May be heard in committee March 14</p> <p>2/11/21 Read first time. To print.</p>	
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		<p>reimbursement.</p> <p>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.</p>		
AB 665	Garcia	<p>RCFE: Basic Services: Internet Access</p> <p>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.</p> <p><i>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.</i></p> <p>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. <i>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.</i> Because a violation of the bill would be a misdemeanor, the bill would create a state-mandated local program.</p> <p>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</p>	<p>5/13/21/ Set for Hearing on 5/20/21</p> <p>4/29/21 Set for Hearing on 5/5/21</p> <p>4/22/21 From committee: do pass and re-refer to Com on APPR with recommendation: to consent calendar. Re-referred to Com on APPR</p> <p>4/13/21 Re-referred to Com on Human Services</p> <p>4/12/21 Set for hearing on 4/21/21.</p> <p>4/12/21 From committee chair with author's amendments: Amend and re-refer to Com on Human Services. Read second time and amended.</p> <p>2/25/21 Referred to Com on Human services</p> <p>2/13/21 From printer. May be heard in committee March 15.</p> <p>2/12/21 Read first time. To print.</p>	MPA Goal 3

		<p>reimbursement.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason.</p>		
AB 695	Arambula	<p>Elder and Dependent Adults</p> <p>Existing law authorizes, in certain circumstances, an elder or dependent adult to be taken into temporary emergency protective custody.</p> <p>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.</p> <p>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.</p> <p><i>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.</i></p> <p>(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.</p> <p>This bill would expand the list of housing-related supports and services to include services to support housing transitions.</p>	<p>5/13/21/ Set for Hearing on 5/20/21</p> <p>5/6/21 Set for Hearing on 5/12/21</p> <p>4/20/21 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 20). Re-referred to Com. on APPR</p> <p>4/12/21 Re-referred to Com on Aging & LTC</p> <p>4/8/21 From committee chair, with author's amendments: Amend, and re-refer to Com on Aging & LTC. Read second time and amended.</p> <p>3/10/21 In committee: Set first hearing. Hearing canceled at the request of author.</p> <p>3/2/21 Set for hearing on 4/6/21 9am</p> <p>2/25/21 Referred to Com on Aging & LTC</p> <p>2/17/21 From printer. May be heard in committee March 19.</p> <p>2/16/21 Read first time. To print.</p>	<p>CWDA; Justice in Aging – related to MPA goal 1</p>

	<p>Existing law requires counties that receive grants under the Home Safe Program to provide matching funds.</p> <p>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.</p> <p>(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 county's adult protective services program that includes to include specific policies and procedures, including provisions for emergency shelter or in-home protection. <i>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.</i></p> <p>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.</p> <p><i>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.</i></p>		
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<p>AB 911/SB 515</p>	<p>Nazarian/Pan</p>	<p>Long-Term Services and Supports <i>Long-Term Services and Supports (LTSS) Benefit Task Force</i></p> <p>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.</p> <p>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.</p> <p>Existing law requires the secretary, in coordination with the Director of the California Department</p>	<p>4/13/21 Re-referred to Com on Aging & LTC</p> <p>4/12/21 From committee chair with author's amendments. Amend and re-refer to Com on Aging & LTC. Read second time and amended.</p> <p>3/2/21 Set for hearing on 4/6/21 9am</p> <p>2/25/21 Referred to Coms on Aging & LTC and Human Services</p> <p>2/18/21 From priner. May be heard in committee March 20</p>	<p>MPA Goal 2</p>

		<p>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.</p> <p>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.</p> <p><i>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.</i></p>	2/17/21 Read first time. To print.	
AB 1176	Garcia & Santiago	<p>Communications: Universal Broadband service: California Connect Fund</p> <p>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, on 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 <i>participation, to coordinate with relevant state agencies and departments to increase program participation and increase the efficacy of enrollment,</i> and to collect data on</p>	<p>5/12/21 In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p>5/6/21 Set for Hearing on 5/12/21</p> <p>4/29/21 From committee: Do pass and re-refer to Com on APPR. Re-referred to Com on APPR</p> <p>4/20/21 Re-referred to Com on C & C</p>	

		<p>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.</p> <p><i>Existing law, the Emergency Telephone Users Surcharge Act, imposes a surcharge on each telecommunications 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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason.</p>	<p>4/19/21 From committee chair with author's amendments: Amend and re-refer to Com on C & C. Read second time and amended</p> <p>4/14/21 In committee: set first hearing. Hearing canceled at request of author</p> <p>4/8/21 Set for hearing on 4/28/21</p> <p>3/4/21 Referred to Com on C & C</p> <p>2/19/21 From printer. May be heard in committee March 21</p> <p>2/18/21 Read first time. To print</p>	
<p>AB 1234</p>	<p>Arambula</p>	<p>Physician Orders for Life Sustaining Treatment Forms: Registry</p> <p>Existing law defines a request regarding resuscitative measures as a written document, signed by an individual with capacity, or a legally recognized health care 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</p>	<p>4/12/21 Re-referred to Com on Health.</p> <p>4/8/21 From committee with author's amendments. Amen and re-refer to Com on Health. Read second time and</p>	<p>MPA Goal 2</p>

		<p>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. <i>Under existing law, an advance 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.</i></p> <p>This bill would <i>establish similar provisions relating to the validity and enforceability of POLST forms and would</i> allow an electronic signature to be used for the purposes of an advance health care directive and POLST form.</p> <p>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.</p>	<p>amended</p> <p>3/4/21 Referred to Coms on Health and Jud.</p> <p>2/22/21 Read first time.</p> <p>2/20/21 From printer. May be heard in committee March 22.</p> <p>2/19/21 Introduced. To print.</p>	
AB 1243	Blanca Rubio	<p>Protective Orders: Elder and dependent Abuse</p> <p>Existing law authorizes an elder or dependent adult who has suffered abuse, or another person who is legally authorized to seek that relief on behalf of that elder or dependent adult, to seek a protective order and governs the procedures for issuing that order. Existing law defines protective order for purposes of these provisions to include an order enjoining a party from specified forms of abuse, including attacking, stalking, threatening, or harassing an elder or dependent adult, an order excluding a party from the elder or dependent adult’s residence, or an order enjoining a party from specified behavior that the court determines is necessary.</p> <p>This 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</p>	<p>5/4/21 From committee: Do pass</p> <p>4/29/21 Re-referred to Com on Jud</p> <p>4/27/21 Re-referred to Com on Jud</p> <p>4/26/21 From committee chair, with author’s amendments: Amend, and re-refer to Com on Jud. Read second time and amended</p> <p>4/20/21 Set for hearing on 5/4/21</p>	MPA Goal 3

		<p>party and that the elder or dependent adult desires contact with the interested party. The bill would authorize the order to specify the actions to be enjoined, including enjoining the respondent from preventing an interested party from in-person or remote online visits, including telephone and online contact, with the elder or dependent adult. The bill would also include within the definition of protective order after notice and a hearing, a finding that specific debts were incurred as the result of financial abuse of the elder or dependent adult, as specified. The bill would require the Judicial Council to revise or promulgate forms as necessary to effectuate those changes on or before January 1, 2023.</p>	<p>4/7/21 Set for hearing on 4/20/21</p> <p>3/4/21 Referred to Com Jud.</p> <p>2/22/21 Read first time.</p> <p>2/20/21 From printer. May be heard in committee March 22.</p> <p>2/19/21 Introduced. To print.</p>	
SB 256	Pan	<p>California Advancing and Innovating Medi-Cal</p> <p>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.</p> <p>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 capitation rates to health plans participating in the Medi-Cal managed care program using actuarial methods. Existing law authorizes the department to establish, 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 information, such as health-plan-specific encounter and claims data.</p> <p>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</p>	<p>5/11/21 From committee with author's amendments. Read second time and amended. Re-referred to Com on APPR</p> <p>5/6/21 Set for Hearing on 5/17/21</p> <p>4/29/21 Set for Hearing 5/10/21</p> <p>4/29/21 From committee: do pass and re-fer to Com on APPR. Re-referred to Com on APPR</p> <p>4/15/21 From committee with author's amendments. Read second time and amended. Re-referred to Com on Health</p> <p>4/14/21 Set for hearing on 4/28/21</p> <p>2/22/21 Joint Rule 55 suspended.</p> <p>2/22/21 Art. IV. Sec 8(a) of the</p>	<p>(Self Sufficiency tracking)</p> <p>MPA Goal 2</p>

	<p>2020 demonstration project.</p> <p>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 and settings otherwise covered under a state plan.</p> <p>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.</p> <p>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.</p> <p>Under the CalAIM initiative, this bill would require the department to implement an enhanced care management (<i>ECM</i>) 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 <i>ECM</i> services for beneficiaries with certain health conditions, including serious</p>	<p>Constitution dispensed with.</p> <p>2/3/21 Referred to Com on Health</p> <p>1/27/21 From printer. May be acted upon on or after Feb 26.</p>	
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		<p>mental illness, to maximize federal reimbursement and minimize duplication of services, and services. <i>The bill</i> would require the department to require those plans to report specified information related to this benefit. <i>the ECM benefit and would require the department to annually publicly report on the utilization of ECM in a manner that allows for an analysis of demographic populations, as specified.</i></p> <p>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.</p> <p>Commencing January 1, 2022, this bill would require the department <i>department, subject to appropriation,</i> 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.</p> <p>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 <i>including</i> 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.</p> <p>This bill would make its provisions severable and would make other legislative findings and declarations.</p>		
SB 258	Laird	<p>Aging</p> <p>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</p>	<p>5/6/21 In Assembly. Read first time. Held at Desk</p> <p>5/6/21 Read third time. Passed.</p>	<p>CWDA</p> <p>MPA Goal 3</p>

		<p>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.</p> <p>This bill would revise this definition to include human immunodeficiency virus (HIV) status as a specified noneconomic factor.</p>	<p>Ordered to Assembly</p> <p>4/26/21 Ordered to second reading</p> <p>4/26/21 Read third time and amended</p> <p>4/20/21 Read second time. Ordered to third reading.</p> <p>4/19/21 From committee: be ordered to second reading pursuant to Senate Rule 28.8</p>	
SB 380	Eggman with Cooper, Wood, Aguiar-Cury, Bonta, Frazier, Garcia, Rivas	<p>End of Life</p> <p>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 2 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 documented in the individual’s medical record, including, among other things, all oral and written requests for an aid-in-dying drug.</p> <p>This bill would allow for an individual to qualify for aid-in-dying medication by making 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.</p> <p>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</p>	<p>5/6/21 Set for Hearing on 5/17/21</p> <p>4/29/21 Set for Hearing on 5/10/21</p> <p>4/12/21 Set for hearing 4/20/21.</p> <p>4/22/21 Read second time and amended. Re-referred to Com on APPR</p> <p>4/21/21 From committee: Do pass as amended and re-refer to Com on APPR</p> <p>4/5/21 Read second time and amended. Re-referred to Com on Jud3/25/21 From committee: Do pass as amended and re-refer to Com on Jud</p>	

		<p>authorized pursuant to its provisions, including providing information about the act or referring an individual to a provider who prescribes aid-in-dying medication.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason.</p>	<p>3/16/21 Set for Hearing March 24</p> <p>2/22/21 Joint Rule 55 suspended. (Ayes 32. Noes 4)</p> <p>2/22/21 Art. IV Sec. 8(a) of the Constitution dispensed with</p> <p>2/17/21 Referred to Coms on Health and Jud</p> <p>2/11/21 From printer. May be acted upon or after March 13</p> <p>2/10/21 Introduced. Read first time. To Com on RLS for assignment. To print</p>	
SB 515	Pan	<p>Long-Term services and Supports</p> <p>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.</p>	<p>4/12/21 From committee with author's amendments. Read second time and amended. Re-referred to Com on Human services.</p> <p>4/5/21 set for hearing 4/20/21</p>	

		<p>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.</p> <p>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.</p> <p>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.</p> <p><i>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.</i></p>	<p>3/11/21 Set for Hearing April 6</p> <p>3/4/21 March 9 set for first hearing canceled at request of author</p> <p>3/1/21 Set for hearing March 9</p> <p>2/25/21 Referred to Com on Human services</p> <p>2/22/21 Joint Rule 55 suspended</p>	
<p>SB 591</p>		<p>Senior Citizens: Intergenerational Housing Developments</p> <p>Existing law requires the covenants, conditions, and restrictions or other documents or written policy of a senior citizen housing development to set forth the limitations on occupancy, residency, or use on the basis of age. Existing law requires that the limitations on age require, at a minimum, that the persons commencing any occupancy of a dwelling unit include a senior citizen who intends to reside in the unit as their primary residence on a permanent basis. Existing law defines “senior citizen housing development” for these purposes as a residential development for senior citizens</p>	<p>5/10/21 In Assembly. Read first time. Held at desk.</p> <p>5/10/21 Read third time. Passed. Ordered to Assembly.</p> <p>5/3/21 Read second time and</p>	<p>MPA Goal 1</p>

		<p>that has at least 35 dwelling units. Existing law defines “qualifying resident” or “senior citizen” to mean a person 62 years of age or older, or 55 years of age or older in a senior citizen housing development.</p> <p>This bill 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 prescribe definitions for “senior citizen” and “transition age youth” for these purposes. The bill would require at least 80 percent 80% of the occupied dwelling units in an intergenerational housing development to be occupied by at least one senior citizen, as specified, and up to 20 percent 20% of the occupied dwelling units in the development to be occupied by at least one caregiver or transition age youth, as specified. The bill would require the development to be affordable 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. <i>The bill would create a state policy supporting intergenerational housing for senior citizens, caregivers, and transition age youth and would permit developers that have certain funds or tax credits designated for affordable rental housing to restrict occupancy to senior citizens, caregivers, and transition age youth, as specified.</i></p>	<p>amended. Ordered to consent calendar</p> <p>4/29/21 From committee: Do pass as amended. Ordered to consent calendar.</p> <p>4/22/21 Set for hearing on 4/29/21</p> <p>4/21/21 From committee: do pass and re-refer to Comon Housing with recommendation: To consent calendar. Re-referred to Com on Housing</p> <p>4/12/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Jud</p> <p>4/6/21 Set for Hearing 4/20/21</p> <p>4/5/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Jud</p> <p>4/5/21 Set for hearing 4/13/21</p>	
SB 648	Hurato	<p>Care Facilities</p> <p>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</p>	<p>5/11/21 From committee with author's amendments. Read second time and amended. Re-referred to Com. on APPR.</p> <p>5/7/21 Set for hearing May 17.</p> <p>5/6/21 May 10 Hearing cancelled</p>	MPA Goal 2

		<p>those provisions is a crime.</p> <p>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.</p> <p>This bill would provide that an adult residential facility or a residential care facility for the elderly 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. <i>create the Enriched Care Adult Residential Facility pilot program, to be administered by the department. The bill would require the department to distribute up to 4,000 monthly stipends of \$1,000 per resident to facilities that meet specified criteria. The bill would require the department to, among other things, establish guidelines for the distribution of the stipends, as specified.</i> The bill would require facilities that receive the stipend to report to the county <i>department</i> specified information, including the description of the auxiliary services provided. <i>a brief description of how the stipend was used to benefit residents.</i> The bill would require the State Department of Social Services <i>department</i> 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 <i>department</i> to implement these provisions in order to maximize federal funding and would authorize the department to implement the provisions through <i>an</i> all-county letter or similar instruction. By imposing additional administrative duties on local officials administering the IHSS program and by <i>The bill would provide for the termination of the pilot program on June 30, 2026, as specified. By</i> expanding the scope of an existing crime, the bill would impose a state-mandated local program.</p> <p>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.</p>	<p>at request of author</p> <p>5/6/21 Set for Hearing on 5/17/21</p> <p>4/29/21 Set for Hearing on 5/10/21</p> <p>4/21/21 From committee: do pass and re-refer to Com on APPR with recommendation: to consent calendar. Re-referred to Com on APPR</p> <p>4/14/21 From committee with author's amendments. Read second time and amended. Re-referred to Com on Human services</p> <p>4/13/3/21 Referred to Com on Human services 2/22/21 Joint Rule 55 suspended.</p> <p>2/22/21 Art, IV. Sec. 8(a) of the Constitution dispensed with.</p> <p>2/22/21 Read for the first time</p> <p>2/22/21 From printer. May be acted upon or after March 24.</p>	
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