CALL TO ORDER AND WELCOME/Vice President Janet Spears

Commissioner Janet Spears called the meeting to order.

The (DAS) Commission Secretary called the roll:

Present: Commissioners Sascha Bittner, Wanda Jung, Barbara Sklar, Janet Spears

Absent: Commissioners Michelle Carrington, Martha Knutzen, Nelson Lum

DAS Executive Director, Kelly Dearman, was present.

Communications:

Commission Secretary, Jasmine Bellow, provided instructions for any members of the public that would like to submit a public comment to the DAS Commission.

Approval of Minutes:

No public comment.

A motion to approve the June 2, 2021 and July 16, 2021 DAS Commission Meeting Minutes.

The motion was unanimously approved.

Absent: Commissioners Michelle Carrington, Martha Knutzen, Nelson Lum

EXECUTIVE DIRECTOR REPORT/Kelly Dearman

DAS Executive Director Kelly Dearman’s report addressed the initiatives at the federal, state, and local levels.

Federal Updates:

- Tuesday last week, the House passed the $3.5 trillion budget resolution approved by the Senate earlier this month.
- Now, the various Senate and House Committees will work on what is being referred to as the “human infrastructure” package within their individual jurisdictions.
The House is trying to conclude its Committee work on the legislation by September 15, with the goal of voting on the package along with the bipartisan infrastructure bill by its own September 27 deadline. The final legislation will then move through the budget reconciliation process, meaning it can pass with a simple majority in the Senate.

- USAging (formerly known as n4a) is focusing its priority within the reconciliation package on securing $400 billion for Medicaid Home and Community Based Services and shoring up the direct care workforce that provides those essential services.
- Now is the time for any advocacy efforts.

There is proposed legislation for the Elder Justice Reauthorization and Modernization Act of 2021.
- Studies estimate that one in 10 Americans over the age of 60 have experienced some form of elder abuse.
- Elder Justice Act (EJA) was originally enacted as part of the Affordable Care Act.
  - The programs designed as part of the act were created to address the need for prevention, detection, and treatment of abuse of older adults and people with disabilities, and work in tandem with Adult Protective Services (APS).
  - EJA programs have been chronically un-funded or underfunded.
  - In December 2020, Congress for the first time provided significant funding for the EJA and then invested in these programs again in the American Rescue Plan Act of 2021 (appropriating $276 million).
- The Elder Justice Reauthorization and Modernization Act of 2021 proposes dedicated funding for a range of services that the Office of Community Partnerships supports, as well as funding to support APS operations.
- Additionally, there is funding earmarked for staff who work in LTC settings.
- The legislation directly appropriates a substantial investment of $4 billion for new and existing EJA programs and activities through fiscal year (FY) 2025, including a total of:
  - $1.6 billion for a new post-acute and long-term care worker recruitment and retention program;
  - $1.4 billion for APS functions and grant programs;
  - $172.5 million for long-term care ombudsman program grants and training;
  - $500 million for supporting linkages to legal services and medical-legal partnerships (MLPs); and
  - $250 million to address social isolation and loneliness.

State Updates:
- CDA is hosting a series of webinars to gather stakeholder feedback on what they are referring to as a Hubs and Spokes model of care.
The vision is to have easily accessible “hubs” for services to provide the public with information, planning, and care coordination that’s person-centered and culturally responsive.

- “Spokes” connect people to a range of community, health, and other critical partners.
- The hope is to have “Hubs and Spokes” in every community to help people navigate and access choices in order to remain in the community.
  - There is definitely opportunity given the potential resources at the state and federal levels.
- The webinars are being hosted by CDA and the California Commission on Aging.
  - I do believe this is something Shireen originally introduced based on our own Hub model at 2 Gough.

Local Updates:
- The BIPOC work that our planning team has been doing along with many, many staff is drawing to a close.
  - The focus of the work has been to Identify areas of need within BIPOC communities, particularly in the context of consumer engagement (or not) with DAS services.
  - It has been a series of focus groups with 5 populations;
    - Asian
    - Black/African American
    - Latinx
    - Pacific Islander
    - LGBTQ+ people of color
  - The teams are finished with the listening sessions and Planning is starting to put together the report.
  - This work is really a kick-off to the Dignity Fund Community Needs Assessment which is this year.
- The City is looking at how to get supplemental shots out into the community.
  - Currently, supplemental vaccinations (3rd doses of the mRNA – Pfizer or Moderna) are only available to people who are immunocompromised and meet specific criteria.
  - The recommendation is that people should first consult with their health care provider about their medical condition and whether getting an additional dose is appropriate and safe for them.
  - San Francisco is not providing 2nd doses of the Johnson and Johnson vaccine as these have not been approved but he FDA or CDC.
    - However, San Francisco Department of Health sites are providing a dose of mRNA vaccine for patients who received a single J&J dose and whose physicians recommend it.
For the non-immunocompromised population, supplemental doses will be available after September 19.

- The recommendation for roll-out is 8 months after an individual’s first shot.
  - There is not word at the present time as to whether there will be mass sites or clinics available.
  - It is a work in progress and we will keep you posted as we hear anything.

- The City is coming back to work on Nov. 1 now that the FDA has approved the vaccine.
  - The City is requiring all CCSF employees to get vaccinated.
  - It will definitely reflect the new norm and be a hybrid model with people coming into the office at 40% time.
  - HSA held a town hall meeting last week giving staff the opportunity to voice concerns and ask questions.
    - There were over 1,000 people on the call with over 200 questions that we tried to address.
    - The focus now is on getting everyone vaccinated.
    - The feeling is that with San Francisco’s high vaccination rates with and with masking, it is safe to re-open.
    - Within San Francisco, 71% are fully vaccinated across all ages (if SF was a country we would be the 2nd most fully vaccinated in the world).
    - Each program has their own reopening plan and directors are working with their staff to answer questions and roll out their plans.

- “Save the Date” for an event happening in October.
  - As you know there have been many bills and budget items at the state level in support of the Master Plan for Aging.
  - Locally there will be a town hall event on October 26 focusing on the City prioritizing policies to end homelessness among older adults and people with disabilities and prioritizing services that help prevent homelessness within these populations.

EMPLOYEE OF THE MONTH

Executive Director Dearman and the DAS Commission honored Sara Hofverberg from the Office of Community Partnerships thanking her for her hard work and dedication.

ADVISORY COUNCIL REPORT/Diane Lawrence

Advisory Council President’s Report to the Commission on Aging and Adult Services on September 1, 2021.

Key Areas:
1) This report covers the Advisory Council’s July 20th and August 18th meetings.
2) **Action Item:** One from the July meeting—which supervisors have Advisory Council vacancies.
3) **Membership**

a) **Board of Supervisors**

(1) Work continues on filing Supervisor-appointed representatives. We will be following up on the personalized letters were sent to the supervisors. They were sent during their recess. We will follow up again in September.

(2) Members will be calling their supervisor’s offices to gain information:

- Who handles senior and disability issues in their offices;
- Mention the senior nutrition sites in their districts
- Open office hours, newsletters, town hall meetings—how would like us involved;
- How do we get on the agenda?
- We will send information to the supervisors via their representative on senior and disability issues, concerns
- Invite their point person to one of our meetings.
- This will no doubt be a goal for 2022.

(3) We will combine this information for the Council as a whole.

(4) on their concerns re aging and disability issues and how they would like us to communicate with them.

(5) **Action Item:** The following Supervisors have vacancies

*There are no representatives including Commission representatives.

(6) **Update**

- Follow-ups were sent to the Supervisors. This is the current status

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<thead>
<tr>
<th>District</th>
<th>Supervisor</th>
<th>Status</th>
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<tbody>
<tr>
<td>District 1</td>
<td>Connie Chan*</td>
<td>No response</td>
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<tr>
<td>District 5</td>
<td>Dean Preston</td>
<td>Response that action will be taken in Sept.</td>
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</tbody>
</table>
b) **Commission**
   i) There are two vacancies and we have possible candidates.

4) **Reports from the Field:**
   a) **Dignity Fund Update: there was a report from the July meeting.**
      i) Discussion focused on Cost of Doing Business (COB) and its impact on resource allocation.
      ii) Deputy Director Cindy Kaufman explained how the funding works and explaining that the COB dollars are applied to the Dignity Fund dollars given to an agency. And that the COB dollars for the entire agency’s work do not come from Dignity Fund dollars.
      iii) The importance of advocacy was also discussed and how this year’s advocacy made a difference in restoring funding allocations.

b) **LGBTQ Updates:**
   i) In July, there was an update on the results of the San Francisco LGBTQ+ Older Adult Community Survey which is available on the SAGE website, their resource page.
      1) Council members received copies of the report in advance of the meeting and were complimentary in their responses.
      2) Background:
         - In 2012, the LGBT Task Force produced a report with 12 recommendations; 9 of which have been implemented.
• During COVID former task force members got together to see how things were going during the pandemic
• Shanti, Openhouse and Curry Senior Center executive directors were interviewed to see what was happening on the ground.
• Unrepresented communities were experiencing stress. A survey was conducted and more than 500 people responded.
  (i) Results were not surprising but they did point out where resources were needed.
  (ii) Counseling services were the most unmet need.
• Two of the programs have been funded—$900,000. These are the areas with the largest gaps.
  • Mental Health Program with the Curry Senior Center to provide
    (i) mental health services via telehealth for BIPOC, AIDS survivors and transgender non-conforming.
    (ii) Individual and group counseling
  • Digital Divide
    (i) Providing devices such as tablets to older LGBTQ+ adults.
• In August,
  (1) DPH Audit coming of Sexual Orientation Gender Identification (SOGI) data starting in January.
    • Since 2017, collection of this data has been required from the work of Scott Wiener.
    • The only department that collects the data is DAS.
    • This data is also required at the state level.
  (2) Dr. Kathleen Sullivan has been appointed the executive director of Open House. She comes with experience in intergenerational housing in Los Angeles and Oregon. The Council will be inviting her to speak in the near future.

\[c\text{ Joint Legislative Update:}\]
  i) The Council approved sending letters of support for 3 bills moving through the legislature. See Joint Legislative Committee report below.
  ii) Members were asked to review the letters. Letters were sent to the Department for review and sending.

\[d\text{ Site Visits: members discussed where we go from here}\]
  (1) These discussions continue given the spike with the Delta variant.
  (2) We want to go slow and think working with the providers may be the way to go
    • Increase masking, health orders, indoor dining/to-go meals, what proof is
required;
(i) We would look at taking this to congregate meal sites as well. There are very few congregate meal sites are doing seated meals;

(3) Discussion followed on proof of vaccinations and what is needed.
- Some sites are updating their systems to allow clients to upload vaccination information to speed processes going forward.
- Health order defines what is necessary for proof of vaccination
  (i) Vaccination card
  (ii) Photo of the card
  (iii) Letter from a Doctor
  (iv) Religious or Medical exemption
  (v) QR codes from the state—MyVaccineRecord.cdph.ca.gov

5) Old Business and Updates:
   a) Senior Housing Ad Hoc Group Update— “If you don’t have a home, you don’t get services” Addressing the Unmet Needs of Senior and Disabled Homeless.
      i) The quote in the title came from an interviewee.
      ii) The group presented their report at the August meeting. Again, members were sent the report in advance of the meeting.
      iii) A variety of agencies were interviewed. Coalition on Homelessness (COH)'s report Stop the Revolving Door: A Street Level Framework for a New System provided insight.
      iv) The findings centered on the lack of
         1. Focus on the Aging and Disabled communities in shelters, for example, sleeping arrangements.
         2. Services in Shelters for seniors and disabled clients
         3. Training on aging and disabled persons needs and behaviors
         4. The report included the model developed by Episcopal Community Services, “Healthy Aging Model of Care” released in January 2020.
      v) The Council will be discussing the report again and are planning an additional meeting to further discuss steps forward.

b) Member Reports:
   1. CLC is emphasizing walks in different communities—focusing on getting folks outdoors.

6) Next meeting: Wednesday, September 15, 2021.
JOINT LEGISLATIVE REPORT/Diane Lawrence
Joint Legislative Report to the Commission on Aging and Adult Services on September 1, 2021.

JOINT LEGISLATIVE COMMITTEE:
1) In July, we discussed the bills that are highlighted.
   a) AB 71-Homelessness Funding: Bring California Home Act:
      i) 6/18/2021 CWDA stated it will become a two-year bill although it is moving through budget.
   b) AB 279-Intermediate Care Facilities
      i) Added acute care hospital to the language and language very specific to Covid.
   c) AB 305 -Veteran’s Services: Notice
      i) The language was tightened so that if the information on the veteran’s status existed, no change was needed.
   d) AB 383-Mental Behavioral health: older adults
      i) Change the name of the bill
   e) AB 457-Protection of Patient Choice in Telehealth Provider Act
      i) This was set for a hearing on July 15, 2021.
      ii) Clarified the rights of the enrollees and consideration for services to be considered in network.
   f) AB 499-Referral Source for RCFE: Duties
      i) Broaden language of referral source
   g) AB 636-Financial Abuse of Elder or Dependent Adults
      i) Adds “unlicensed care facility” to the bill’s language.
   h) AB 665-Care Facilities: internet access
      i) Adds real time interactive capabilities to the bill’s language
   i) AB 695-Elder and Dependent Adults
      i) Redefines age for APS
      ii) Adds greater flexibility for the Home Safe program
   j) AB 849-Skilled Nursing Facilities: Intermediate Care Facilities: Liability
      i) Changes violation impacts
   k) AB 1243-Protective Orders: Elder and dependent Abuse
      i) Fine tuning of the Welfare and Institutions Code;
      ii) If violations are repeated, debts may be incurred
      i) This bill was totally gutted and amended
ii) Appropriations by legislators for training,
iii) Requires using a validation tool
m) SB 221-Health Care Coverage: Timely access to Care
  i) Clarifies language and doesn’t limit coverage to once every 10 days.
n) SB 380-End of Life
  i) Reduces barriers to people getting end of life medication
     (1) Changes timeframe from 2 attestations 15 days apart
     (2) Eliminates final attestation
     (3) Deletes the sunset date of the law and makes it permanent.
  ii) There is a lot of debate on this bill
2) We cancelled our August meeting due to lack of activity but an update was provided to the Committee
a) SB 258 was chaptered on July 23, 2021. This bill added HIV status to the list of noneconomic factors that determine “greatest social need” for services under the Older Californians Act.
b) Work is still being done on the reauthorization of the Elder Justice Act which is important to DAS and Community Based Organizations.
  i) The bill includes new proposed funding for programs that the Office of Community Partnership supports plus funding for Adult Protective Services (APS) operations.
  ii) There is also funding earmarked for staff that work in Long Term Care (LTC) facilities.
  iii) Specific proposed funding in the Elder Justice Act—$4 billion for new and existing programs activities through fiscal year 2025
     (1) $1.6 billion for new post-acute and long-term care worker recruitment and retention program;
     (2) $1.4 billion for APS functions and grant programs;
     (3) $172.5 million for long-term care ombudsman program grants and training;
     (4) $500 million for supporting linkages to legal services and medical-legal partnerships (MLPs); and
     (5) $250 million to address social isolation and loneliness.
c) CSL updated us in August. That much activity has occurred re legislation.
d) September 10 is the last day to pass legislation for this year.
<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Sponsor</th>
<th>Summary</th>
<th>Status</th>
<th>Organization &amp; Support</th>
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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 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, to coordinate with other relevant state and local agencies and national organizations to explore ways to facilitate streamlining of local land use approvals and construction permit processes for projects related to broadband infrastructure deployment and connectivity.  
(3) 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 broadband services. | 6/2/21 Read third time. Urgency clause adopted, Ordered to Senate.  
5/24/21 Read second time. Ordered to third reading.  
5/20/21 From committee: do pass  
5/13/21/ Set for Hearing on  
5/20/21  
5/6/21 Set for Hearing on  
5/12/21  
4/29/21 From committee: Do pass and re-refer to Com on APPR. Re-referred to Com on APPR  
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 | CSL (support); A number of changes at the CPUC; $1 billion in bonds. CWDA is tracking all broadband bills and has no position. |
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 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 repeal 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
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.

<table>
<thead>
<tr>
<th>AB 23</th>
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<tr>
<td>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 to promptly deny benefits if</td>
<td>CSL Support</td>
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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.

| AB 29 | Cooper | **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 |
| 5/13/21 | Set for Hearing on 5/20/21 4/15/21 Set for hearing on 4/21/21 4/12/21 From committee: do pass and re-refer to Com on APPR. Re-referred to Com on APPR 1/11/21 Referred to Com. On GO 12/8/21 From Printers. 12/7/20 Read first time. To print. | CSL Support |
materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier. The bill would prohibit a state body from discussing those writings or materials, or from taking action on an item to which those writings or materials pertain, at a meeting of the state body unless the state body has complied with these provisions.

<table>
<thead>
<tr>
<th>AB 71</th>
<th>Luz Rivas</th>
<th>Homelessness Funding: Bring California Home Act</th>
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<tr>
<td>6/3/21 Ordered to inactive file at the request of Assembly Member Luz Rivas</td>
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6/18/2021
CWDA stated it will become a two-year bill although it is moving through budget. Justice in Aging – related to MPA Goal 1 Moved to inactive file but it will come right back next year; could be added to a trailer bill language and then it would go away;
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.

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 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 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, as provided. The bill would 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 authorize a jointly applying county and continuum of care to request that the State Department of Social Services 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 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 the 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 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.
The bill would require each recipient to annually report to the council 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 to 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.

(5) This bill would declare that it is to take effect immediately as an urgency statute.

| AB 98 | Frazier | 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. 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... | 6/9/21 Referred to Coms on Human services and Health. 5/28/21 In Senate. Read first time. To Com on Rls for assignment. 5/27/21 Read third time. Ordered to Senate. 5/24/21 Read second time. Ordered to third reading. 5/20/21 From committee: do pass. 5/13/21/ Set for Hearing on 5/20/21 5/6/21 Set for Hearing on 5/12/21 5/3/21 Re-referred to Com on APPR 4/29/21 Read second time and amended 4/21/21 Set for Hearing on 4/27/21 | CSL sponsored Assembly Aging and LTC Committee Hearing 4/6/21 MPA Goal 2 |
The bill would repeal its provisions on January 1, 2030.

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<tr>
<th>Bill Number</th>
<th>Author</th>
<th>Description</th>
<th>Status Notes</th>
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<tbody>
<tr>
<td>AB 123</td>
<td>Gonzalez</td>
<td><strong>Paid Family Leave: Weekly Benefit Amount</strong>&lt;br&gt;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.&lt;br&gt;&lt;br&gt;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.&lt;br&gt;&lt;br&gt;By providing for the deposit of additional contributions in, and by authorizing an increase in disbursements from, the Unemployment Compensation Disability</td>
<td>6/10/21 Set for Hearing on 6/21/21 6/9/21 Referred to Com L, PE and R.&lt;br&gt;5/28/21 In Senate. Read first time. Referred to Com on Rls for assignment.&lt;br&gt;5/27/21 Read third time. Ordered to Senate.&lt;br&gt;5/24/21 Read second time. Ordered to third reading.&lt;br&gt;5/20/21 From committee: do pass.&lt;br&gt;5/13/21/ Set for Hearing on 5/20/21 4/29/21 Set for Hearing on 5/5/21 4/15/21 From committee. Do pass and re-refer to Com on APPR. Re-referred to Com on APPR 3/23/21 Set for hearing 4/15/21 1/11/21 Referred to Com on Insurance 1/11/21 Read first time</td>
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<td>Bill</td>
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| AB 234 | Ramos      | **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. | 5/13/21 Set for Hearing on 5/20/21 4/8/21 Set for hearing on 4/14/21 3/24/21 From committee: do pass and re-refer to Com on APPR with recommendation: to consent calendar. Re-referred to Com on APPR 3/15/21 Set for Hearing 3/23/2 | Advisory Council                             |
| AB 279 | Muratsuchi | **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 ICF or SNF, during any declared state of emergency relating to the | 6/8/21 From committee chair with author’s amendments: amend, and re-refer to committee. Read second time, amended, and re-referred to Com on Health. 6/3/21 Set for hearing on 6/16/21 5/27/21 Referred to Com on Health 5/13/21 In Senate. Read first time. To Com. on RLS. for assignment. | AA Advocates for Nursing Home Reform MPA Goal 2 Added Department of Veterans Affairs |
coronavirus disease 2019 (COVID-19), except if the owner files a bankruptcy petition. Besides the exception of a bankruptcy petition, the bill would authorize a resident transfer during the state of emergency only if the transfer is deemed medically necessary by 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 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. (3) This bill would declare that it is to take effect immediately as an urgency statute.

| AB 305 | Maienschein | **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 their spouse, legal partner, parent, or child, 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. | 1/21/21 Read first time. To print. | 6/9/21 Referred to Coms on GO and M and VA 6/2/21 In Senate. Read first time. Referred to Com on Rls for assignment. 6/1/21 Read third time. Passed. Ordered to Senate. 5/25/21 Read second time. Ordered to third reading. 5/24/21 Read second time and amended. Ordered returned to second reading. 5/20/21 From committee: do pass. Read second time. Ordered to third reading. 5/13/21 Set for Hearing on 5/20/21 5/6/21 Set for Hearing on 5/12/21 4/29/21 From committee: Do pass and re-refer | Corrected the definition of “family member” |
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.

| AB 323 | Kalra | **Long-term health facilities.** The Long-Term Care, Health, Safety, and Security Act of 1973 generally requires the State Department of Public Health to license and regulate long-term health care facilities and to establish an inspection and reporting system to ensure that long-term health care facilities are in compliance with state statutes and regulations. The term “long-term health care facility” includes, among other types of facilities, a skilled nursing facility and intermediate care facility. The act defines a class “A” violation as a violation that the department determines presents either (1) imminent danger that death or serious harm to the patients or residents of the long-term health care facility would result therefrom, or (2) substantial probability that death or serious physical harm to patients or residents of the long-term health care facility would result therefrom. The act defines a class “AA” violation as a class “A” violation that the department determines to have been a direct proximate cause of death 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.

<table>
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<tr>
<th>AB 344</th>
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<td><strong>IHSS Provider Orientation</strong>&lt;br&gt;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</td>
<td>2/12/21 Referred to Com on Human services&lt;br&gt;1/29/21 From printer&lt;br&gt;1/28/21 Read first time. To print</td>
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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.

AB 383  Salas  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.

| AB 457 | Santiago | **Protection of Patient Choice in Telehealth Provider Act**  
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 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 with recommendation: to consent calendar. | 6/9/21 Referred to Com on Health.  
5/28/21 In Senate. Read first time. Referred to Com on Rls for assignment.  
5/27/21 Read third time. Ordered to Senate.  
5/24/21 Read second time. Ordered to third reading.  
5/20/21 From committee: do pass.  
5/13/21/ Set for Hearing on  
5/20/21  
5/6/21 Set for Hearing on  
5/12/21  
4/28/21 Re-referred to Com on APPR | Advisory Council  
(Self Sufficiency Tracking)  
Various healing arts with Department of Veterans Affairs; additional language allows for Internet use. |
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<th>Bill</th>
<th>Author</th>
<th>Description</th>
<th>History</th>
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<tr>
<td>AB 470</td>
<td>Carrillo</td>
<td><strong>Medi-Cal: Eligibility</strong>&lt;br&gt;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 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. As defined, only if specified notice conditions are met and the enrollee or insured, once notified as specified, elects to receive 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. 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.</td>
<td>4/27/21 Read second time and amended&lt;br&gt;4/26/21 From committee” amend, and do pass as amended and re-refer to Com on APPR&lt;br&gt;4/12/21 Referred to Com on Health. Read second time and amended.&lt;br&gt;4/8/21 Set for hearing on 4/20/21&lt;br&gt;4/8/21 From committee chair, with author’s amendments: Amend and re-refer to Com on Health. Read second time and amended.</td>
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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

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<td>5/24/21</td>
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<td>4/22/21</td>
<td>Set for Hearing on 4/28/21</td>
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<td>3/22/21</td>
<td>Referred to Com on Health</td>
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<tr>
<td>3/18/21</td>
<td>From committee chair with author's amendments: Amend, and re-refer to Com. On Health. Read 2nd time and amended.</td>
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<tr>
<td>3/18/21</td>
<td>Referred to Com on Health</td>
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<tr>
<td>2/9/21</td>
<td>From printer. May be heard in committee March 11</td>
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| **AB 499** | **Rubio** | **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 | **2/8/21 Read first time. To print.** | **6/9/21 Referred to Coms on Human services and Jud.**  
| **5/28/21 In Senate. Read first time. Referred to Com on Rls for assignment.** | **5/27/21 Read third time. Ordered to the Senate.**  
| **5/24/21 Read second time. Ordered to third reading.** | **5/20/21 From committee: do pass**  
| **5/13/21/ Set for Hearing on 5/20/21**  
| **4/29/21 Set for Hearing on 5/5/21**  
| **4/20/21 From committee: do pass and re-refer to Com onAPPR. Re-referred to Com on APPR**  
| **4/12/21 Set for Hearing on 4/20/21**  
| **4/8/21 From committee: Do** |
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.

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<th>AB 574</th>
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<tr>
<td><strong>Guardians ad litem: mental illnesses</strong></td>
<td><strong>2/18/21 Referred to Coms on Health and Jud</strong></td>
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<td>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</td>
<td><strong>2/12/21 From printer. May be heard in committee March 14</strong></td>
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<td><strong>2/11/21 Read first time. To print.</strong></td>
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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.

<table>
<thead>
<tr>
<th>AB 580</th>
<th>Rodriguez</th>
<th>Emergency Services: Vulnerable Populations</th>
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<tr>
<td></td>
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<td>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,</td>
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5/27/21 Referred to Com on G.O.
5/13/21 In Senate. Read first time. To Com. on RLS. for assignment.
5/13/21 Read third time.
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-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.

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, as provided, 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.

AB 596

Nguyen

**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
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.

**AB 636** Maienschein

**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

| 6/8/21 From committee: do pass and re-refer to Com on Jud with recommendation: to consent calendar. Re-referred to Com on Jud. 5/26/21 Set for Hearing on 6/8/21 5/12/21 Referred to Coms. on PUB. S. and JUD. 4/12/21 In Senate. Read first time. To Com on Rules for assignment | CWDA sent support letter 6/4/21 |
health and safety of an elder or dependent adult resident is at risk.

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<td><strong>Residential care facilities for the elderly:</strong> <strong>resident rights:</strong> internet access. 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. Requires these facilities to provide certain basic services to residents and to recognize certain resident rights, as specified. This bill would add to 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. Require a residential care facility for the elderly with existing internet service to make available at least one internet access tool with videoconference technology, to enable residents to participate in virtual visits or meetings, as specified. Because a violation of the bill would be a misdemeanor, the bill would create a state-mandated local program.</td>
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MPA Goal 3 Changed back to service rather than right; one tool allows for video conference with microphones; all licensed facilities through community care licensing; 6 beds facilities are not excluded.
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.

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<th>AB 695</th>
<th>Arambula</th>
<th>Elder and Dependent Adults</th>
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<td>5/24/21 Read second time. Ordered to third reading.</td>
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<td>5/20/21 From committee: Do pass</td>
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<td>5/13/21/ Set for Hearing on 5/20/21</td>
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<td>5/6/21 Set for Hearing on 5/12/21</td>
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<td>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 4/12/21 Re-referred to Com on Aging &amp; LTC 4/8/21 From committee chair, with author’s amendments: Amend, and re-refer to Com on Aging &amp; LTC.</td>
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Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. The act prescribes damages in a civil action for abuse of an elder or dependent adult, and authorizes protective orders in those cases. Among other things, existing law requires a mandated reporter of suspected financial abuse of an elder or dependent adult to report financial abuse in a specified manner. Existing law makes it a crime for a mandated reporter, as specified, to fail to make a report under the act.

Existing act. Existing law requires each county welfare department to establish and support a system of protective services for elderly and dependent adults who may be subjected to neglect, abuse, or exploitation or who are unable to protect their own interests. Existing law requires each county to establish an adult protective services program. 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.
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.

(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 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.

The 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 FAST/Forensic Center 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.

<table>
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<tr>
<th>AB 774</th>
<th>Voepel</th>
<th>Senior Legal Services</th>
<th>3/2/21 Set for hearing on 4/6/21 9am 2/25/21 Referred to Com on Aging &amp; LTC 2/17/21 From printer. May be heard in committee March 19. 2/16/21 Read first time. To print.</th>
<th>MPA Goal 3</th>
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</table>
|       |        | 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. |

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<tr>
<th>AB 848</th>
<th>Calderon</th>
<th>Medi-Cal: Long Term Care: Personal Needs Allowance</th>
<th>5/13/21/ Set for Hearing on 5/20/21 4/22/21 Set for hearing on 4/28/21</th>
<th>CSL Sponsored MPA Goal 2</th>
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<tr>
<td></td>
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<td>Increases the personal needs allowance from $35 to $80 per month and annually adjusts the allowance by</td>
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<td>Bill</td>
<td>Author</td>
<td>Description</td>
<td>Action Dates</td>
<td>MPA Goal</td>
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<td>AB 849</td>
<td>Reyes</td>
<td>Skilled Nursing Facilities: Intermediate Care Facilities: Liability</td>
<td>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</td>
<td>MPA Goal 2</td>
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<td>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.</td>
<td>6/8/21 Set for hearing on 6/22/21. 5/12/21 Referred to Com. on JUD. 4/27/21 In Senate. Read first time. To Com. on RLS. for assignment. 4/26/21 Read third time. Ordered to Senate</td>
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<td>AB 911/SB 515</td>
<td>Nazarian/Pan</td>
<td>Long-Term Services—Long-Term Services and Supports (LTSS) Benefit Task Force</td>
<td>4/13/21 Re-referred to Com on Aging &amp; LTC</td>
<td>MPA Goal 2</td>
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<td>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</td>
<td>4/12/21 From committee chair with author’s amendments. Amend and re-refer to Com on Aging &amp; 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 &amp; LTC and Human Services</td>
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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.

| AB 1083 | Nazarian | **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 the program as of January 1, 2027. | 5/13/21/ Set for Hearing on 5/20/21  
4/22/21 Set for hearing on 4/28/21  
4/20/21 From committee: do pass and re-refer to Com on APPR with recommendation: to consent calendar. Re-referred to Com on APPR  
3/9/21 Set for Hearing on 4/20/21 | LeadingAge CA MPA Goal 1 |

| AB 1176 | Garcia & Santiago | **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, 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 | 5/12/21 In committee: Set, first hearing. Referred to APPR. suspense file.  
5/6/21 Set for Hearing on 5/12/21  
4/29/21 From committee: Do pass and re-refer to Com on APPR. Re-referred to Com on APPR  
4/20/21 Re-referred to Com on C & C |  
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 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. 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.

| AB 1234 | Arambula | **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 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 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.**

| 4/12/21 Re-referred to Com on Health. 4/8/21 From committee with author’s amendments. Amen and re-refer to Com on Health. Read second time and amended 3/4/21 Referred to Coms on Health and Jud. 2/22/21 Read first time. 2/20/21 From printer. May be heard in committee March 22. 2/19/21 Introduced. To print. | MPA Goal 2 |
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
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.

6/3/21 Referred to Coms on Jud
and Appr
5/25/21 In Senate. Read first
time. To Com on RLS for
assignment
5/24/21 Read
third time.
Passed. Ordered
to Senate.
5/5/21 Read
second time.
Ordered to third
reading.
5/4/21 From
committee: Do
pass

MPA Goal 3
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 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.

<table>
<thead>
<tr>
<th>AB 1300</th>
<th>Voepel</th>
<th>Residential Care Facilities for the Elderly: Electronic Monitoring</th>
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<tr>
<td></td>
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<td>This bill would enact the Electronic Monitoring in Residential</td>
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<td>Care Facilities for the Elderly Act to authorize the use of</td>
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<td>electronic monitoring devices either inside a resident’s room</td>
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<td>by a resident or in certain areas of a facility by the facility</td>
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<td>under specified conditions. For the use of a personal electronic</td>
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<td>monitoring device inside a resident’s room by a resident, the</td>
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<td>bill would require, among other things, the resident or the</td>
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<td>resident’s representative, as defined, to provide the facility</td>
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<td>with a completed notification and consent form, as specified,</td>
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<td>that includes the consent of the resident’s roommate, if</td>
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4/29/21 Referred to Com on Jud
4/27/21 Referred to Com on Jud
4/26/21 From committee chair, with author’s amendments: Amend, and re-refer to Com on Jud. Read second time and amended
4/20/21 Set for hearing on 5/4/21
4/7/21 Set for hearing on 4/20/21
3/4/21 Referred to Com Jud.

3/22/21 Set for hearing 4/7/21
3/4/21 Referred to Coms on Human Services and P. and C.P.
2/22/21 Read first time.
2/20/21 From printer. May be heard in committee March 22.
2/19/21 Introduced. To print.

MPA Goal 2
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.

**SB 48**

**Limon**

**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

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<td>6/1/21</td>
<td>Read second time. Ordered to third reading.</td>
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<td>5/28/21</td>
<td>Ordered to second reading.</td>
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**CSL Support**

**MPA Goal 2**
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. This bill would permit general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older to satisfy their prescribed continuing education hours through a course that addresses 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. This bill would permit a licensee to satisfy continuing education requirements through courses that address the special care needs of patients with dementia.

(3) 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.

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<th>SB 56</th>
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<td><strong>Medi-Cal: Eligibility</strong>&lt;br&gt;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.&lt;br&gt;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 requires the department to implement those provisions.</td>
<td>6/2/21 In Assembly. Read first time. Held at Desk.&lt;br&gt;6/2/21 Read third time. Passed. Ordered to Assembly.&lt;br&gt;5/25/21 Read second time and amended. Ordered to third reading.&lt;br&gt;5/24/21 From committee: do pass as amended.&lt;br&gt;5/13/21/ Set for Hearing on 5/20/21&lt;br&gt;3/11/21 set for Hearing on March 22&lt;br&gt;3/11/21 From committee: Do pass and re-refer to Com on APPR. Re-referred to Com. On APPR&lt;br&gt;3/1/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Health&lt;br&gt;2/17/21 Set for hearing March 10&lt;br&gt;1/28/21 Referred to Com. On Health</td>
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using state funds appropriated for that purpose.

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 with 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, and would require that state-only funds be used for those benefits if federal financial participation is unavailable. 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.

Existing law authorizes the department, in implementing the above provisions, to contract, as necessary, on a bid or nonbid basis, and establishes an accelerated process for issuing contracts pursuant to the above provisions. Existing law authorizes those contracts
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.

### SB 91
**Com Budget & Fiscal Review**

**Extend eviction moratorium until June 30, 2021.** Provide rental assistance for tenants facing financial hardship due to COVID.

- **1/29/21** Chaptered by Secretary of State
- **MPA Goal 1**

### SB 107
**Weiner**

**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

- **6/1/21** Ordered to inactive file
- **on request of Senator Wiener.**
- **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
- **MPA Goal 5**
- **Inactive by Senator Weiner, may come up in budget language.**
- **CSL (support)**
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 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.

<table>
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<th>SB 221</th>
<th>Weiner</th>
<th>Health Care Coverage: Timely access to Care</th>
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<td>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</td>
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<td>6/1/21 Read third time. Passed. Ordered to the Assembly. 5/24/21 Read second time. Ordered to third reading. 5/20/21 From committee: do pass as amended. Read second time and amended. Ordered to second reading. 5/13/21/ Set for Hearing on 5/20/21 3/22/21 Read second time and amended. Re-referred to Com on Appr 3/18/21 From committee: Do pass as amended and re-refer to Com. on APPR 3/9/21 From committee with author’s amendments.</td>
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| SB 256 | Pan | **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 |
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requires the department to pay capitations 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.

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 and settings otherwise covered under a state plan. 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 (ECM) 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 ECM services for beneficiaries with certain health conditions, including serious mental illness, to maximize federal reimbursement and minimize duplication of services. The bill would require the department to require those plans to report specified information related to this benefit, 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.

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, subject to appropriation, 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, including 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  
(Coauthors: Senators Atkins, Eggman, and Wiener)  
(Coauthors: Assembly Members Cervantes, Lee, Low)  
| 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 | 5/6/21 In Assembly. Read first time. Held at Desk  
5/6/21 Read third time. Passed. Ordered to Assembly  
4/26/21 Ordered to second reading  
4/26/21 Read third time and amended | CWDA  
MPA Goal 3 |
and Ward) 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 noneconomic factor.

| SB 281    | Dodd          | **Medi-Cal: California Community Transitions Program**
|-----------|---------------|--------------------------------------------------
|           |               | 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 and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 90 consecutive days. Existing law requires the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. |
|           |               | 4/20/21 Read second time. Ordered to third reading. |
|           |               | 6/7/21 set for hearing on 7/6/21 5/10/21 In Assembly. Read first time. Held at desk. 5/4/21 From committee: Be ordered to second reading pursuant to Senate Rule 28.8 and ordered to consent calendar. 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-refer to Com. on APPR with recommendation: To consent calendar. 3/3/21 From committee with (Self Sufficiency tracking) MPA Goal 2 |
Existing law repeals these provisions on January 1, 2025. 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 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.

**SB 380**

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<th>Eggman with Cooper, Wood, Aguiar-Cury, Bonta, Frazier.</th>
<th>End of Life</th>
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<td>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</td>
<td>6/10/21 Set for Hearing on 6/22/21 6/3/21 Referred to Coms. On Health and Jud</td>
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Garcia, Rivas

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.

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.

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 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

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<td>From committee: do pass. Read second time. Ordered to third reading.</td>
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<td>Read second time and amended. Re-referred to Com on Jud</td>
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<td>3/25/21</td>
<td>From committee: Do pass as amended and re-refer to Com on Jud</td>
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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.

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 441 | Hurtado | Health Care Workforce Training Programs: Geriatric Medicine | 6/8/21 From committee: do pass and re-refer | CWDA Sent support letter |
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 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.

| SB 460 | Pan | SB 460, as amended, Pan. **Office of the Patient —– Representative.** **Long-term health facilities: patient representatives.** 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 5/26/21 Ordered to inactive file on request of Senator Pan. 5/24/21 Ordered to special consent calendar. 5/20/21 From committee: do pass. Read second time. Ordered to third reading. 5/13/21 Set for Hearing on 5/20/21  | 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 suspended 2/22/21 Art. IV. Sec. 8(a) of the Constitution dispensed with | Might be moving to trailer bill **Coming out of CDA which is working on this with gust; looking at facilities; not conservatorship; oversight on how decisions are made.** |
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 decisionmaking 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 decision 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 decisionmaking capacity, as defined, to make decisions and no surrogate decisionmaker is available, as specified.

4/20/21 Set for hearing on 5/3/21
4/14/21 From committee: Do pass and re-refer to Com. on APPR with recommendation: To consent calendar. (Ayes 11. Noes 0.)
(April 14). Re-referred to Com. on APPR.
4/8/21 Set for hearing on 4/14/21
4/6/21 Set for Hearing 4/21/21
3/24/21 From committee: Do pass and re-refer to Com on Health with recommendation: To consent calendar. Re-referred to Com on Health
3/16/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Human Services
3/9/21 Set for Hearing March 23
2/25/21 Referral to Com on Jud rescinded because of the limitations placed
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.

| SB 515 | Pan | 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 4/12/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Human services. 4/5/21 set for hearing 4/20/21 3/11/21 Set for Hearing April 6 3/4/21 March 9 set for first hearing canceled at request of author 3/1/21 Set for hearing March 9 | on committee hearings due to ongoing health and safety risks of COVID-19 2/25/21 Referred to Coms on Human Services and Health and Jud |
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.
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
| SB 591 | Becker | **Senior Citizens: Intergenerational Housing Developments**
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 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. 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% of the occupied dwelling units in an intergenerational housing development to be occupied by at least one senior citizen, as specified, and up 6/10/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Jud 6/9/21 Set for Hearing on 6/22/21.
6/9/21 From committee: do pass and re-refer to Com on Jud. Re-referred to Com on Jud. 5/27/21 Set for Hearing on 6/8/21
5/20/21 Referred to Coms on Health and Jud.
5/10/21 In Assembly. Read first time. Held at desk. 5/10/21 Read third time. Passed. Ordered to Assembly. 5/3/21 Read second time and amended. Ordered to consent calendar 4/29/21 From committee: Do pass as amended. Ordered to consent calendar. | MPA Goal 1
**Amendment to legal language**

to 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. 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.

<table>
<thead>
<tr>
<th>SB 648</th>
<th>Hurato</th>
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<td>Care Facilities</td>
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<td>Existing law, the California Community Care Facilities Act, generally 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 law, the California Residential Care Facilities for the Elderly Act, generally provides for the licensure and regulation of residential care facilities for the elderly by the department. A violation of those provisions is a crime. A person who violates these acts, or who willfully or repeatedly violates any rule or regulation adopted under those acts, is guilty of a crime.</td>
<td>6/3/21 Ordered to inactive file on request of Senator Hurato</td>
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<td>MPA Goal 2 Removes $150,000 to cover costs; an amount in the bill limits growth; pilot—get at an end by attrition. All SF patches are General Fund dollars and doesn’t limit using money from patches.</td>
<td>4/22/21 Set for hearing on 4/29/21</td>
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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 create, to the extent the Legislature makes an appropriation for these provisions, 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, monthly stipends to facilities that provide residential care to specific types of residents and to distribute those stipends for the pilot program. The bill would require facilities that receive a stipend to report to the department specified information, including a brief description of how the stipend was used to benefit residents. By expanding the duties of these facilities, the bill would expand an existing crime applicable to those facilities, thereby imposing a state-mandated local program. The bill would require the department to evaluate the program, as specified, program using specified criteria and to report that information to the relevant policy committees of the Legislature. The bill would require the department to implement these provisions in order to maximize federal funding and would authorize the department to implement the provisions through an all-

The bill would provide for the termination of the pilot program on June 30, 2026, as specified. By expanding the scope of an existing crime, the bill would impose a state-mandated local program. The bill would appropriate $150,000,000 from the General Fund to the department to provide stipends and cover administrative costs, as specified.

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.

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The bill would require the monthly tax payment to be allocated among the county, cities, special districts, and school entities in proportion to the amounts of ad valorem property tax revenue otherwise allocated among these entities. Revenues received by the county from property tax payments pursuant to the bill’s provisions to be distributed in the same manner and time as all other property tax apportionments pursuant to applicable state law and related procedures and agreements established by the county auditor. The bill would exclude from its provisions property for which an escrow account is established, as provided.

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<td>Joint Rule 55 suspended.</td>
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<td>Set for hearing May 17.</td>
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<td>5/6/21</td>
<td>May 10 Hearing cancelled at request of author</td>
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CASE REPORT/Daniel Gallagher
CASE Report to Commission on Aging Wednesday, September 1, 2021

CASE Study Writing Project
- The Writing Oversight Committee have selected the following organizations to be profiled in the select area:
  - Food Security: Bayanihan (non-English subtheme), IT Bookman: Food security/access and assistance for vaccinations, testing.
  - Health Disparities: SteppingStone (serving disability subtheme)
  - The Digital Divide: Community Tech Network
  - Reframing Aging: Community Music Center (isolation subtheme)
  - Isolation: 30th Street and Self Help (non-English subtheme)
  - Diverse Umbrella Services: Community Living Campaign

DAS/CASE Collaborative Webinar on Reopening
- The Department of Disability and Aging Services (DAS) and the Coalition of Agencies Serving the Elderly (CASE) held a joint event on July 23 discussing the reopening of community programs for older adults and adults with disabilities in San Francisco in support of San Francisco’s re-opening plans.
- The event was geared for program and operations staff who oversee implementation of practices for the re-opening of centers. The webinar focused on community centers and programs serving older adults and adults with disabilities and included a discussion of current reopening guidelines, DAS funded program expectations, and presentations from two community organizations on their reopening plans - Curry Senior Center and 30th Street/On Lok.
CASE programming
- August – Advocacy Campaign
- September – Aging and HIV
- October – Training on Ableism.

Service Provider Workgroup recommendations
- Recovering from effects of the pandemic, such as severe Social Isolation.
- Programming to address the fear of coming out of our homes, trusting the vaccines, etc.
- Subsidies to keep people from dire poverty and consequences, such as being evicted.
- Digital Divide: Service providers having to develop ongoing hybrid models (virtual and in-person); Support for access, devices, and training - needs lots more funding.
- Transportation, addressing new needs because of the pandemic, whether it is from reduction of public transportation lines, or other.

**Emerging Needs** - jointly sponsor a Service Provider Work Group meeting
- The continuing and increasing needs in support of remote learning and telehealth.
- The challenges of hybrid work environments for both staff and participants.
- The increasing urgency of vaccinations and readily available testing.
- The service delivery suspensions and the challenges to plan for the future.
- Staffing challenges - need help with recruitment to maintain staffing levels and replace staff who are leaving. Vaccine requirements are making staffing even more of a challenge.
- Transportation - already not enough para transit drivers for former demands. Increased distancing, vaccination requirements further increasing the problem.
- Social isolation is having a continuing impact on participants and staff as the prospects for normalcy erode.
- Mental health issues on the rise - perhaps support to get back to basics with wellness calls and more proactive support.
- The digital divide and the lack of resources and unified planning.
- The need for more case management.

**Dignity Fund Community Needs Assessment**
- DAS/Service Provider Working Group meeting
  - Collaboratively plan outreach and agenda

**GENERAL PUBLIC COMMENT**

A. Jessica Lehman, Senior and Disability Action

“Hi everyone. This is Jessica Lehman with Senior Disability Action. I had a couple of comments. One is I just wanted to add my appreciation for Sara, with whom I’ve been delighted to work with over the last two years. She really understands senior and disability issues, and particularly as DAS works to understand disability and ageism better. Sara brings so much knowledge and experience and insight to that. I was really glad to see you all honor her today. The other thing I wanted to mention
was that so many more disabled people and seniors have actually been able to participate in city meetings and commissions because of remote options, either by video or phone. We know not being able to come in person is a challenge, and the lack of digital access has made it hard for some people to participate that way. It is amazing to see our own F.D.A. Members, and seniors, get on zoom and start to learn how to use computers because of the necessity. For so many disabled people and seniors, in which it is really hard to come out because home care or transportation or medical appointments or whatever, being able to just log in from one's home and share input has been huge for increasing our community's participation. And so not only we from the Senior and Disability Action, but a group of folks with CADA, are going to be sending a letter to the City today, and we'll CC you on that, really asking for continued video and phone options for participation in all city and county commissions' hearings and meetings so we can continue to make sure that seniors and people with disabilities are heard. We hope that you all will support this effort, and we look forward to working with you as the city figures out how to do hybrid options so that we can all be heard. Thank you.”

OLD BUSINESS

B. None.

NEW BUSINESS
ITEMS A through D ARE ACTION ITEMS AND REQUIRE A VOTE BY THE COMMISSION.

A. Requesting authorization to enter into a new contract agreement with Resource Development Associates for the provision of Dignity Fund Comprehensive Needs Assessment; during the period of September 1, 2021 through June 30, 2022; in the amount of $249,955 plus a 10% contingency for a total amount not to exceed of $274,950. (Melissa McGee presented the item).

PUBLIC COMMENT

No public comment.

A motion to approve.

The motion was unanimously approved.

Absent: Commissioners Michelle Carrington, Martha Knutzen, Nelson Lum

B. Review and approval of FY 2021-22 California Department of Aging Supplemental Nutrition Assistance Program-Education (SNAP-Ed) contract SP 2022-06 with the amount of $126,817 and all subsequent amendments; Approval of modification of Community Services Grant with Self-Help for the Elderly to include SNAP-ED funding and activities. (Tiffany Kearney presented the item).
C. Requesting authorization to modify the existing grant with Southwest Community Corporation for the provision of the Community Services program during the period of July 1, 2021 through June 30, 2023; in the additional amount of $125,280 plus a 10% contingency for a revised total not to exceed $1,027,022. (Lauren McCasland presented the item).

PUBLIC COMMENT

No public comment.

A motion to approve.

The motion was unanimously approved.

Absent: Commissioners Michelle Carrington, Martha Knutzen, Nelson Lum

D. Review and approval of FY21-22 CDA Area Plan Budget, associated contract AP-2122-06, and all subsequent amendments. (Mike Zaugg presented the item).

PUBLIC COMMENT

No public comment.

A motion to approve.

The motion was unanimously approved.

Absent: Commissioners Michelle Carrington, Martha Knutzen, Nelson Lum

Announcements

None.

Adjournment

Meeting adjourned by Vice President Spears.