# **OLMSTEAD ADVISORY COMMMITTEE**

# **LEGISLATION WATCH LIST**

Tuesday, October 30, 2018

The California Health and Human Services Agency (CHHS) compiles and updates a Legislation Watch List related to Olmstead implementation activities. This list is developed based on Olmstead Advisory Committee.

Committee Members are asked to submit information on bills that have a substantial impact on Olmstead implementation – whether advancing or impeding implementation – that should be included on the list.

The following Legislation Watch List helps flag bills for the Secretary of CHHS, as well as guide discussion at Committee meetings.

[**AB 550**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180AB550)  **(Reyes) State Long-Term Care Ombudsman Program: funding.**

**Status:** Mar 15, 2018 – In Committee Process

**Location:** Mar 15, 2018 – Committee, Sen Human Services

**Summary:** Existing law, as part of the Mello-Granlund Older Californians Act, establishes the Office of the State Long-Term Care Ombudsman, under the direction of the State Long-Term Care Ombudsman, in the California Department of Aging. Existing law provides for the Long-Term Care Ombudsman Program under which funds are allocated to local ombudsman programs to assist elderly persons in long-term health care facilities and residential care facilities by, among other things, investigating and seeking to resolve complaints against these facilities. Existing law requires the department to allocate federal and state funds for local ombudsman programs according to a specified distribution, but prohibits the department from allocating less than $35,000 per fiscal year, except in areas with fewer than 10 facilities and fewer than 500 beds.

This bill would increase the base allocation for local ombudsman programs to $100,000 per fiscal year in any year in which funds are made available for allocation, as specified.

[**AB 1437**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180AB1437)  **(Patterson) Care facilities: criminal record clearances.**

**Status:** Sep 29, 2018 – Vetoed

**Location:** Oct 22, 2018 – Desk, Assembly

**Summary:** (1) Existing law generally requires the State Department of Social Services to license and regulate designated types of care facilities. The department is specifically required to investigate the criminal record of certain individuals who provide services to the residents and clients of a community care facility, a residential care facility for persons with chronic life-threatening illness, a residential care facility for the elderly, or a child day care facility. Violations of the licensing requirements for these different types of care facilities are crimes.

This bill would expand who is required to comply with the requirement for obtaining a criminal record clearance by limiting an exception to this requirement and would expand a requirement for the department to maintain criminal record clearances of individuals in its active files. The bill would require, until an automated information system for tracking changes in facility associations is available, the department to permit a licensee who operates more than one of the same kind of care facility to coordinate the criminal record clearances for individuals associated with its facilities, as specified, and a licensee to update the department regarding individuals associated with its facilities at specified times and in a designated manner. By expanding the requirements for these different licensees, this bill would expand the crimes for a failure to comply with those requirements, thereby imposing a state-mandated local program.

(2) This bill would incorporate additional changes to Section 1522 of the Health and Safety Code proposed by AB 1930 to be operative only if this bill and AB 1930 are enacted and this bill is enacted last.

(3) 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 2872**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180AB2872)  **(Carrillo) In-home supportive services: peer-to-peer training.**

**Status:** Sep 29, 2018 – Vetoed

**Location:** Oct 15, 2018 – Desk, Assembly

**Summary:** Existing law establishes the county-administered In-Home Supportive Services program to provide supportive services to aged, blind, or disabled persons, as defined, who are unable to perform the services themselves and who cannot safely remain in their homes or abodes of their own choosing unless these services are provided. Existing law requires the State Department of Social Services to perform certain administrative duties in connection with the program. Existing law authorizes a county board of supervisors to contract with a nonprofit consortium, or to establish a public authority, to provide in-home supportive services and requires those entities to perform specified functions, including providing training to providers and recipients.

This bill would require the department, on or before July 1, 2019, and in consultation with employee representative organizations, to adopt a process to compensate providers of in-home supportive services for conducting peer-to-peer training. The bill would require the subject areas of the training to include how to enroll as a new provider in the In-Home Supportive Services program and how to navigate the program, as specified. The bill would require a provider conducting peer-to-peer training to be compensated at the county’s prevailing wage rate for providing in-home supportive services. The bill would require the department to ensure that peer-to-peer hours are reimbursed to the employee representative organization for disbursement to the provider, no later than the 15th day of the following month. The bill would make attendance at the peer-to-peer training voluntary and would not require compensation to attendees.

By imposing new duties on counties, the bill would impose a state-mandated local program.

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

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

[**AB 3082**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180AB3082)  **(Gonzalez Fletcher) In-home supportive services.**

**Status:** Sep 30, 2018 – Chaptered

**Location:** Oct 2, 2018 – Chaptered, Secretary of State

**Summary:** Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons receive services enabling them to remain in their own homes. Existing law requires a prospective IHSS provider to complete a provider orientation at the time of enrollment that includes, among other things, the requirements to be an eligible IHSS provider, a description of the IHSS program, and the rules, regulations, and provider-related processes and procedures under the IHSS program.

This bill would require the department, in consultation with interested stakeholders, to develop, or otherwise identify, standard educational material about sexual harassment and the prevention thereof to be made available to IHSS providers and recipients and a proposed method for uniform data collection to identify the prevalence of sexual harassment in the IHSS program. The bill would require the department, on or before September 30, 2019, to provide a copy of the educational material and a description of the proposed method for uniform data collection to the relevant budget and policy committees of the Legislature.

[**AB 3088**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180AB3088)  **(Chu) Continuing care contracts: retirement communities.**

**Status:** Sep 18, 2018 – Vetoed

**Location:** Oct 15, 2018 – Desk, Assembly

**Summary:** Existing law regulates life care contracts, also known as continuing care contracts, and imposes certain reporting and reserve requirements on continuing care communities. Existing law requires each provider that has entered into a specified type of continuing care contract with an up-front entrance fee, known as a Type A contract, to submit to the Department of Social Services, at least once every 5 years, an actuary’s opinion as to the provider’s actuarial financial condition.

This bill, until January 1, 2030, would instead require all providers to file an actuary’s findings, report, and opinion with the department, and further require all providers to post a copy of that information in its facility and on its Internet Web site within 10 days of filing with the department. The bill would, on January 1, 2030, reinstate the requirement for providers that entered into Type A contracts to file an actuary’s opinion.

The bill would require each provider to conduct, at least once every 5 years, a review of the accessible areas that the provider is obligated to repair, replace, restore, or maintain within the facility, as specified. The bill would require the governing body of each provider to use the review to consider and implement necessary adjustments to its reserve account requirements. The bill would require each provider to submit to the department, at least once every 5 years, a summary of the maintenance and replacement review and the adjustments the governing body of the provider has made or plans to make as a result of the review. The bill would also require the provider to post a copy of the summary and adjustment plan in its facility and on its Internet Web site.

[**AB 3098**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180AB3098)  **(Friedman) Residential care facilities for the elderly: emergency and disaster plans.**

**Status:** Sep 11, 2018 – Chaptered

**Location:** Oct 15, 2018 – Chaptered, Secretary of State

**Summary:** Existing law provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. Existing law requires a facility to have an emergency plan that includes specified provisions and is available, upon request, to residents onsite and available to local emergency responders. Existing law exempts a facility that has obtained a certificate of authority to offer continuing care contracts from this requirement. A violation of these provisions is punishable as a misdemeanor.

This bill would repeal the above-described provision exempting a facility that has obtained a certificate of authority to offer continuing care contracts from the requirement of having an emergency plan. The bill would require the emergency and disaster plan to include additional elements, including a contact information list and at least 2 shelter locations for housing residents during an evacuation. The bill would require a facility to provide training on the emergency and disaster plan to each staff member upon hire and annually thereafter. The bill would also require a facility to review and make updates to the emergency and disaster plan annually, as specified, and to conduct a drill for various emergency situations at least once quarterly for each shift. The bill would require the facility to make the emergency and disaster plan available, upon request, to any responsible party for a resident and the local long-term care ombudsman, and would require an applicant seeking a license for a new facility to submit the emergency and disaster plan with the initial license application. The bill would require the department’s Community Care Licensing Division to confirm, during annual visits, that the emergency and disaster plan is on file at the facility and includes required content and would encourage the facility to have the plan reviewed by local emergency authorities. Because a violation of these provisions would be a crime, 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 no reimbursement is required by this act for a specified reason.

[**AB 3200**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180AB3200)  **(Kalra) Public social services: SSI/SSP.**

**Status:** Aug 6, 2018 – In Committee Process

**Location:** Aug 7, 2018 – Committee, Sen Appropriations

**Summary:** Existing law provides for the State Supplementary Program for the Aged, Blind and Disabled (SSP), which requires the State Department of Social Services to contract with the United States Secretary of Health and Human Services to make payments to SSP recipients to supplement Supplemental Security Income (SSI) payments made available pursuant to the federal Social Security Act.

Under existing law, benefit payments under SSP are calculated by establishing the maximum level of nonexempt income and federal SSI and state SSP benefits for each category of eligible recipient, with an annual cost-of-living adjustment, effective January 1 of each year. Existing law prohibits, for each calendar year, commencing with the 2011 calendar year, any cost-of-living adjustment from being made to the maximum benefit payment unless otherwise specified by statute, except for the pass along of any cost-of-living increase in the federal SSI benefits. Existing law continuously appropriates funds for the implementation of SSP.

This bill would reinstate the cost-of-living adjustment beginning January 1 of the 2019 calendar year, subject to the appropriation of funds for this purpose in the annual Budget Act.

[**SB 115**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180SB115)  **(Committee on Budget and Fiscal Review) Health and human services.**

**Status:** Jan 4, 2018 – In Committee Process

**Location:** Jan 4, 2018 – Committee, Asm Budget

**Summary:** (1) Existing law establishes the county-administered In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes and avoid institutionalization. Under existing law, a county board of supervisors may elect to contract with a nonprofit consortium to provide for the delivery of in-home supportive services, or establish, by ordinance, a public authority to provide for the delivery of in-home supportive services. Existing law requires, until January 1, 2020, a specified mediation process to be held if a public authority or nonprofit consortium fails to reach agreement on a bargaining contract with its in-home supportive services workers by January 1, 2018.

This bill would clarify that the specified mediation process is required if a public authority or nonprofit consortium and the employee organization have not reached an agreement on a bargaining contract with in-home supportive services workers by January 1, 2018.

Existing law requires the state and counties to share the annual cost of providing in-home supportive services and requires all counties to have a County IHSS Maintenance of Effort (MOE) commencing July 1, 2017, as prescribed. Existing law requires that a portion of IHSS costs that are the counties’ responsibility to be offset using a combination of General Fund moneys appropriated in the annual Budget Act and redirected 1991 Realignment Vehicle License Fee growth revenues, as specified.

Existing law requires the Controller to deposit into the Caseload Subaccount of the Sales Tax Growth Account of the Local Revenue Fund, from revenues deposited into the Sales Tax Growth Account, an amount determined by the Department of Finance that is sufficient to fund the net cost for the realigned portion of the county or city and county share of growth in social services caseloads and any share of growth from the previous year or years for which sufficient revenues were not available in the Caseload Subaccount, and requires the Controller to allocate funds to counties based on those calculations. Existing requires the Controller, for the 2015–16 fiscal year and fiscal years thereafter and after satisfying the above-mentioned obligation to deposit revenues into the Caseload Subaccount from the Sales Tax Growth Account, to deposit into the County Medical Services Program Growth Subaccount 4.027% of the amounts remaining and unexpended in the Sales Tax Growth Account, as specified.

This bill, for the 2016–17 fiscal year, would instead require the Controller to allocate to the social services account of each county and city and county the amount that would otherwise have been deposited into the County Medical Services Program Growth Subaccount, as specified.

Existing law requires the Controller, for the 2013–14 fiscal year and every fiscal year thereafter, to allocate a specified amount to the Mental Health Account and health account of each county, city, or city and county from the General Growth Subaccount of the Sales Tax Growth Account based on a schedule provided by the Department of Finance.

This bill, for the 2016–17 fiscal year, would instead require the Controller to allocate to the social services account of each county and city and county the amount that would otherwise have been deposited into the Mental Health Account and health account of each county, or city and county, as specified.

Existing law defines “growth” for these purposes to mean the increase in the actual caseload expenditures for the prior fiscal year over the actual caseload expenditures for the fiscal year preceding the prior fiscal year for costs from specified social services programs, including the County IHSS MOE in effect on June 30, 2017. Commencing with the caseload growth calculation for the 2017–18 fiscal year and each fiscal year thereafter, “growth” includes the County IHSS MOE costs to counties commencing on July 1, 2017, for the current fiscal year over the County IHSS MOE costs to counties for the prior fiscal year, less specified amounts.

This bill would revise these factors used to calculate the caseload growth, by changing the definition of “growth” to exclude the County IHSS MOE in effect on June 30, 2017, and by including offsets provided by General Fund moneys and redirected 1991 Realignment Vehicle License Fee growth revenues, and, for the 2016–17 fiscal year, the redirected sales tax growth revenues, as specified above, in the calculation of the County IHSS MOE costs. The bill would also require the State Controller, commencing with the caseload growth calculation for the 2017–18 fiscal year, to annually post on its Internet Web site the total amount of unfunded caseload growth by county.

(2)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.

This bill would appropriate $5,884,000 from the Federal Trust Fund to the State Department of Health Care Services in the 2017–18 fiscal year for the purpose of providing supplemental reimbursements to specific hospitals that provide trauma care to Medi-Cal beneficiaries.

(2) Existing law requires the State Department of Social Services to provide grants to qualifying nonprofit organizations for purposes of providing services that include, among other things, services relating to the application process for initial or renewal requests of deferred action under the Deferred Action for Childhood Arrivals policy with the United States Citizenship and Immigration Services.

This bill would appropriate $20,000,000 to the department for immigration services funding to be available for payment to existing entities under contract pursuant to those provisions for work on behalf of clients involved in, applying for, or subject to, federal Deferred Action for Childhood Arrivals status.

(3) Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. Among other requirements, these provisions generally require skilled nursing facilities to have a minimum number of nursing hours per patient day of 3.2 hours, and effective July 1, 2018, requires skilled nursing facilities, except as specified, to have a minimum number of direct care service hours, as defined, of 3.5 hours per patient day. Existing law requires the department to adopt regulations to create a waiver of the direct care service hour requirements.

Existing law requires the State Department of Health Care Services, in connection with its administration of the Medi-Cal program, to develop the Skilled Nursing Facility Quality and Accountability Supplemental Payment System, and requires the system to be utilized to, among other things, assign quality and accountability payments or penalties relating to direct care staffing levels at a skilled nursing facility, including the nursing hours or direct care service hours per patient per day requirements. Existing law establishes the Skilled Nursing Facility Quality and Accountability Special Fund in the State Treasury, which is a continuously appropriated fund that contains moneys from the assessment of specified administrative penalties and setasides of General Fund moneys, for the purposes of making the quality and accountability payments.

Existing law, to a specified extent, provides that a skilled nursing facility shall remain eligible to participate in the supplemental payment program so long as the facility meets applicable nursing hours per patient per day requirements that would have applied in the absence of the direct care service hour requirements described above. Existing law, to a specified extent, prohibits using compliance with the direct care service hour requirements to determine facility qualification for supplemental payments and instead requires the department to apply the nursing hour requirements for purposes of administering the supplemental payments until the performance period beginning in the 2019–20 fiscal year.

This bill, instead, would specify that for performance periods in the 2017–18 and 2018–19 fiscal years, a skilled nursing facility shall remain eligible to participate in the supplemental payment program so long as the facility meets applicable nursing hours per patient per day requirements. The bill would, for performance periods beginning in the 2019–20 fiscal year and each fiscal year thereafter, provide that a skilled nursing facility that is granted a waiver of the direct care service hour requirements shall remain eligible to participate in the supplemental payment program so long as the facility meets the applicable nursing hour requirements that would have applied in the absence of the direct care service hour requirements described above for the duration of time for which the waiver is granted. By expanding the number of facilities that would be eligible to participate in the supplemental payment program and therefore expanding the payments from a continuously appropriated fund, the bill would make an appropriation.

(4) The Budget Act of 2017 appropriated a specified sum to the State Department of Social Services for local assistance relating to the CalWORKs program and other assistance payments.

This bill would require the department to allocate $5,400,000 from the General Fund moneys in the above-described appropriation to the City of San Jose for purposes of assisting homeless and low-income individuals displaced by the Coyote Creek flooding that occurred in February 2017, and, as a condition of receiving these funds, the bill would require the City of San Jose to provide quarterly reports to the department, as specified.

(5) This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

[**SB 399**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180SB399)  **(Portantino) Health care coverage: pervasive developmental disorder or autism.**

**Status:** Sep 29, 2018 – In Floor Process

**Location:** Oct 2, 2018 – Floor, Unfinished Business

**Summary:** Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes, to include, among other things, autism.

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 also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines “behavioral health treatment” to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a “qualified autism service provider” to refer to a person who is certified or licensed and a “qualified autism service professional” to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Existing law defines a “qualified autism service paraprofessional” to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider.

Existing law also requires a qualified autism service provider to design, in connection with the treatment plan, an intervention plan that describes, among other information, the parent participation needed to achieve the plan’s goals and objectives, as specified.

This bill, among other things, would expand the definition of a “qualified autism service professional” to include behavioral service providers who meet specified educational and professional or work experience qualifications. The bill would revise the definition of a “qualified autism service paraprofessional” by deleting the reference to an unlicensed and uncertified individual and by requiring the individual to comply with revised educational and training, or professional, requirements. The bill would also revise the definitions of both a qualified autism service professional and a qualified autism service paraprofessional to include the requirement that these individuals complete a background check.

This bill would require the intervention plan designed by the qualified autism service provider, when clinically appropriate, to include parent or caregiver participation that is individualized to the patient and takes into account the ability of the parent or caregiver to participate in therapy sessions and other recommended activities. The bill would specify that the lack of parent or caregiver participation shall not be used to deny or reduce medically necessary services and that the setting, location, or time of treatment not be used as the only reason to deny medically necessary services. Because a willful violation of the bill’s provisions by a health care service plan would be a crime, it would impose a state-mandated local program.

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

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

[**SB 1004**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180SB1004)  **(Wiener) Mental Health Services Act: prevention and early intervention.**

**Status:** Sep 27, 2018 – Chaptered

**Location:** Oct 4, 2018 – Chaptered, Secretary of State

**Summary:** Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters by 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 by imposing a tax of 1% on annual incomes above $1,000,000. The MHSA establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified. Under the MHSA, funds are distributed to counties to be expended pursuant to a local plan for specified purposes, including, but not limited to, prevention and early intervention. Existing law specifies that prevention and early intervention services include outreach, access, and linkage to medically necessary care, reduction in stigma, and reduction in discrimination. The MHSA permits amendment by the Legislature by a 23 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA.

This bill would require the commission, on or before January 1, 2020, to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The bill would require the commission to establish a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives, metrics, data collection, and reporting strategy. The bill would amend the Mental Health Services Act by requiring the portion of the funds in the county plan relating to prevention and early intervention to focus on the priorities established by the commission. The bill would authorize a county to include other priorities, as determined through the stakeholder process, either in place of, or in addition to, the established priorities. If the county chooses to include other programs, the bill would require the plan to include a description of why those programs are included and metrics by which the effectiveness of those programs are to be measured. The bill would authorize counties to act jointly to meet specified requirements. The bill would require the commission to review the plans and approve them if they meet specified requirements. This bill would declare that its provisions further the intent of the MHSA.

By requiring counties to include additional information in their local plans, 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.

[**SB 1026**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180SB1026)  **(Jackson) Older adults and persons with disabilities: fall prevention.**

**Status:** Aug 16, 2018 – In Committee Process

**Location:** Sep 17, 2018 – Committee, Asm Appropriations

**Summary:** Existing law, the Mello-Granlund Older Californians Act, finds and declares that one in 3 Americans over 65 years of age suffers a fall each year, often in the home, which can cause serious injury and depression. The act establishes the California Department of Aging, and sets forth its duties and powers, including, among other things, entering into a contract for the development of information and materials to educate Californians on the concept of “aging in place” and the benefits of home modification.

Existing law also establishes the Senior Housing Information and Support Center within the department for the purpose of providing information and training relating to available innovative resources and senior services, and housing options and home modification alternatives designed to support independent living or living with family.

This bill would repeal those provisions relating to the department’s provision of information on housing and home modifications for seniors.

Existing law establishes the Program for Injury Prevention in the Home Environment, under which the department, through the Senior Housing and Information Support Center, is required to award grants to eligible local level entities for injury prevention information and educational programs and services.

This bill would repeal those provisions and would instead establish the Dignity at Home and Fall Prevention Program, which would require the department to provide grants to area agencies on aging for injury prevention information, education, and services for the purpose of enabling older adults and persons with disabilities to live independently in the home environment for as long as possible, as specified. The bill would require the department, in consultation with specified experts knowledgeable in injury prevention for older adults and persons with disabilities, to develop a grant application process, specific performance measures for which grant recipients would be required to report, and training materials for the implementation of these provisions. The bill would require the application process to include the submission of a plan that includes, among other things, the projected number of clients to be served and the array of services to be provided. The bill would provide that funding of these grants is subject to the appropriation of funds by the Legislature in the Budget Act or another statute.

[**SB 1040**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180SB1040)  **(Dodd) In-home supportive services: natural disaster.**

**Status:** Sep 26, 2018 – Chaptered

**Location:** Sep 27, 2018 – Chaptered, Secretary of State

**Summary:** (1) Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with supportive services, as defined, in order to permit them to remain in their own homes. The California Emergency Services Act authorizes the Governor to declare a state of emergency under specified conditions and requires a county, including a city and county, to update its emergency plan to address, among other things, how the access and functional needs population, as defined, is served by emergency communications, evacuation, and sheltering.

This bill would require a county to use a void and reissue warrant process for any provider who lost or had damaged an uncashed warrant because of a natural disaster resulting in a state of emergency. The bill would require a county, including a city and county, at the next update to its emergency plan, to integrate and require the assessment and provision of supportive services to IHSS recipients.

(2) Existing law establishes the Predevelopment Loan Fund for the purpose of making predevelopment loans and land purchase loans to eligible sponsors, as defined, for assisted housing for occupancy primarily by persons of low income. Existing law requires the Department of Housing and Community Development to award those funds to provide disaster relief in communities subject to a natural disaster, if the funds have been made available for that purpose. Existing law requires those funds to be used for housing persons of low income and moderate income, with first priority given to funding housing for persons of low and moderate income.

This bill would require first priority for those funds in providing disaster relief to also be given to fund housing for IHSS recipients.

(3) Existing law requires a county welfare department to establish an IHSS recipient’s weekly authorized number of hours of services, pursuant to a specified formula. Under existing law, the county welfare department may temporarily adjust the authorized weekly hours of a recipient at the request of the recipient to accommodate unexpected extraordinary circumstances.

This bill would specify that the extraordinary circumstance may include a situation arising out of a natural disaster.

(4) By increasing the duties of counties, this bill would impose a state-mandated local program.

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

This bill would provide that, 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 1191**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180SB1191)  **(Hueso) Crimes: elder and dependent adult abuse: investigations.**

**Status:** Sep 18, 2018 – Chaptered

**Location:** Oct 4, 2018 – Chaptered, Secretary of State

**Summary:** Existing law makes it a crime for a person entrusted with the care or custody of any elder or dependent adult to willfully cause him or her to be injured or permit him or her to be placed in a situation in which his or her person or health is endangered. Existing law also authorizes county adult protective services agencies and local long-term care ombudsman programs to investigate elder and dependent adult abuse, but grants law enforcement agencies the exclusive responsibility for criminal investigations.

This bill would require local law enforcement agencies, as defined, and long-term care ombudsman programs to revise or include in their policy manuals, as defined, specified information regarding elder and dependent adult abuse.

By requiring local agencies to revise their policy manuals, 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.

[**SB 1274**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180SB1274)  **(McGuire) Developmental services: data exchange.**

**Status:** Sep 17, 2018 – Chaptered

**Location:** Sep 18, 2018 – Chaptered, Secretary of State

**Summary:** (1) Existing federal law provides for allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Existing law generally requires a recipient of CalWORKs benefits to participate in welfare-to-work activities as a condition of eligibility for aid. Existing federal law also provides for the federal 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. Under existing law, the State Department of Social Services is charged with state administration of both of these programs.

Existing law generally prohibits county welfare departments and the State Department of Social Services from disclosing records and information concerning the administration of public social services for which grants-in-aid are received from the United States government, such as CalWORKs and CalFresh, and requires that those records and information be kept confidential, except as prescribed.

Existing law establishes the Employment First Policy, which is the policy that opportunities for integrated, competitive employment be given the highest priority for working-age individuals with developmental disabilities, regardless of the severity of their disabilities. Existing law requires various state agencies to disclose specified information to the State Department of Developmental Services to assist the department in the implementation of this policy.

This bill would, notwithstanding the general prohibition above, require the State Department of Social Services to provide the eligibility and enrollment data for the CalWORKs and CalFresh programs to the State Department of Developmental Services for the purposes of monitoring and evaluating employment outcomes to determine the effectiveness of the Employment First Policy, as specified, to the extent permitted under federal law and regulations.

(2) Existing law provides that all information and records obtained by the State Department of Developmental Services in the course of providing intake, assessment, and services to persons with developmental disabilities are confidential and may only be disclosed under specified circumstances.

This bill would authorize disclosure of this information as necessary to authorized employees of the State Department of Social Services to enable the State Department of Developmental Services to obtain the CalWORKs and CalFresh eligibility and enrollment data described above.

(3) This bill would incorporate additional changes to Section 4514 of the Welfare and Institutions Code proposed by SB 1190 to be operative only if this bill and SB 1190 are enacted and this bill is enacted last.

[**SB 1457**](https://las.dss.ca.gov/CHHSA/20172018/#!/bills/201720180SB1457)  **(Hernandez) Medicare supplement insurance.**

**Status:** Aug 27, 2018 – In Floor Process

**Location:** Sep 18, 2018 – Floor, Inactive

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law regulates Medicare supplement contracts, including, among other things, prohibiting an issuer of a Medicare supplement contract from advertising, soliciting, or issuing for delivery a Medicare supplement contract before it has been filed with and approved by the director, and requiring an issuer to secure the director’s review of a Medicare supplement contract by submitting specified information not less than 30 days before any proposed advertising or other use of the contract. Existing law requires an outline of coverage for a Medicare supplement contract sold on or after June 1, 2010, to include specified items set forth in the National Association of Insurance Commissioners (NAIC) Minimum Standards Model Act, as adopted by NAIC in 2008.

This bill would require the director to require an issuer of a Medicare supplement contract to annually complete and submit the National Association of Insurance Commissioners Medicare supplement experience exhibit. The bill would express the intent of the Legislature that the department participate in proceedings of NAIC’s Senior Issues Task Force that relate to Medicare supplement insurance.