

a. AB 200 – Patterson. State veterans cemeteries: Hmong veterans.

This bill would authorize California residents who became U.S. citizens under the Hmong Veterans' Naturalization Act of 2000 to be buried in a California Veterans' Cemetery. The bill would allow enable Hmong Veterans who served with the U.S. Military between February 1961 and September 1978 and were honorably discharged to be buried in a California Veterans Cemetery, along with their spouses and eligible dependent children. The bill specifies that burial fees for these veterans not exceed the reasonable costs to the department for interment in the cemetery.

b. AB 229 – Nazarian. In-home supportive services: written content translation.

Existing law requires the Department of Social Services to translate certain notices into all languages spoken by a substantial number of the public receiving in-home supportive services, as specified.

This bill would clarify that the department is required to provide translations of written content, including any required informational notice, notice of action, timesheet, or form intended for IHSS providers, in languages spoken by a substantial number of IHSS providers. The bill would permit the department to work with counties and the County Welfare Directors Association to repurpose existing, county-produced translations of written content.

c. AB 316, as introduced, Ramos. Medi-Cal: benefits: beneficiaries with special dental care needs.

Existing law establishes the Medi-Cal program, and provides for a schedule of benefits that includes certain dental services known as Denti-Cal and dental managed care plans.

This bill would require the department to implement a payment adjustment to Denti-Cal providers ("payment adjustment" means the additional reimbursement provided to a Medi-Cal provider for treating a beneficiary with special dental care needs. This payment is an adjustment to compensate for the extra time needed to render dental services to a Medi-Cal beneficiary with special dental care needs that would not otherwise have been expended on a Medi-Cal beneficiary without special dental care needs.) The bill would not limit the provision or scope of Medi-Cal benefits covered under existing law. The bill would require the department to seek any necessary approvals from CMS to implement the payment adjustments and would authorize the department to implement these provisions, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, and would require the department to subsequently adopt regulations, as specified, by July 1, 2022. The bill would require the department, commencing January 1, 2020, to provide the Legislature with semiannual status reports to the Legislature until regulations have been adopted.

(from the CDC – December 2006)

[www.cdc.gov/oralhealth/publications/factsheets/adult\\_oral\\_health/adult\\_older.htm](http://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm)

“Many older Americans do not have dental insurance. Often these benefits are lost when they retire. The situation may be worse for older women, who generally have lower incomes and may never have had dental insurance.

Medicaid, the jointly-funded Federal-State health insurance program for certain low-income and needy people, funds dental care for low income and disabled elderly in some states, but reimbursements for this care are low. Medicare, which provides health insurance for people over age 65 and people with certain illnesses and disabilities, was not designed to provide routine dental care.”

**Justification as outlined in the bill: “SECTION 1.**

“(c) It is widely recognized that people with significant and chronic medical, physical, mental, behavioral, or developmental conditions or disabilities have greater challenges obtaining dental services and maintaining good oral health than other individuals. Providing care for these individuals very often requires providers to spend additional time and furnish other resources to deliver dental services. Denti-Cal’s current reimbursement structure is based on a healthier population, and does not acknowledge the additional costs of providing care for persons with special dental care needs, and inhibits providers’ ability to receive proper payment for their care. With regard to medical health care, as seen in Medicaid, Medicare, and other payers, payment adjustments can be used to compensate providers that treat higher need patients for the extra time and resources needed to complete these patients’ care. There is currently no such payment adjustment in Denti-Cal for providers that treat patients with special dental care needs.

(d) For purposes of improving access to dental care for Medi-Cal beneficiaries with special dental care needs, it is the intent of the Legislature to provide a payment adjustment to Medi-Cal providers who render dental services to reimburse for the extra time needed to treat patients with special dental care needs, as described in this section.”

**d. AB 318 – Chu. Medi-Cal materials: readability.**

This bill would require the Department of Health Care Services and managed care plans, commencing January 1, 2020, to require field testing of all translated materials released by the department or the managed care plans to Medi-Cal beneficiaries, in order to determine the translated materials’ accuracy, cultural appropriateness, and readability.

The bill would also require the department to establish a readability workgroup to identify at least 10 documents released by the department to Medi-Cal beneficiaries and to designate a readability expert to revise those documents, as specified. The bill would require the readability expert and workgroup to provide the department with specific recommendations for revising the selected documents to improve the readability of the documents. The bill would require the department to rerelease the documents with revisions based on those recommendations and would require the translation and field

testing of those documents. The bill would require the implementation of these provisions no later than January 1, 2021.

e. [AB 341, as introduced, Maienschein. CalHEERS: application for CalFresh.](#)

This bill would require the Health & Human Services Agency's Office of Systems Integration to ensure that the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) transfers an individual's application for health care benefits to the applicant's county of residence if that individual is determined by CalHEERS to be potentially eligible for CalFresh benefits and the individual wants to apply for CalFresh benefits. The bill would require the county, upon receipt of the application received from CalHEERS, to treat the application as an application for CalFresh benefits and to process the application, as specified.

f. [AB 453 – Chau. Emergency medical services: EMT-P training.](#)

Under existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating regulations for the training and scope of practice for emergency medical technician-paramedics (EMT-P).

This bill would require EMT-P standards established pursuant to the above provision to include a training component that would require a minimum of 2 hours of dementia-specific training for EMT-P licensure and recertification.

g. [AB 480 – Salas. Mental health: older adults.](#)

California's Mental Health Services Act (MHSA), enacted by the voters as Proposition 63 in November 2, 2004, 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 reserved to the department from the Mental Health Services Fund. The bill would also state the intent of the Legislature to include provisions in the bill that, among other things, increase service integration for older adults receiving mental health services funded by the Mental Health Services Fund.

**h. AB 715 – Arambula. Medi-Cal: program for aged and disabled persons.**

Current requires an Medi-Cal beneficiary to satisfy certain financial eligibility requirements, including, among other things, that the individual’s countable income does not exceed 100% of the federal poverty level, plus an income disregard of \$230 for an individual, or \$310 in the case of a couple, except that the income standard determined shall not be less than the SSI/SSP payment level for a disabled individual or couple, as applicable.

This bill would instead require, upon receipt of federal approval, all countable income over the federal poverty level, up to 138% of the federal poverty level, to be disregarded, after taking all other disregards, deductions, and exclusions into account for those persons eligible under the program for aged and disabled persons. The bill would require that provision to be implemented after the Director of Health Care Services determines and communicates that determination in writing to the Department of Finance, that systems have been programmed for implementation of that provision, but no sooner than January 1, 2020.

The bill would require the department to implement, interpret, or make specific the above-described program for aged and disabled persons by means of all-county letters, plan or provider bulletins, or similar instructions until regulations are adopted, and would require the department to adopt regulations by July 1, 2023. The bill would require the department to provide a status report on a semiannual basis to the Legislature until regulations are adopted. The bill would require the implementation of the program only if and to the extent that any necessary federal approvals have been obtained.

**i. AB 1042 – Wood. Medi-Cal: beneficiary maintenance needs: home upkeep allowances: transitional needs funds.**

Existing law requires the Department of Health Care Services to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy Medi-Cal beneficiary to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes, among other things, an amount providing for the upkeep and maintenance of the person’s home. This amount is also referred to as the home upkeep allowance.

Existing law requires that the maintenance of need amount provide for personal and incidental needs in an amount not less than \$35 for a person in a medical institution or nursing facility, or for a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization.

Existing law authorizes the Director of Health Care Services to adopt, amend, or repeal reasonable rules and regulations to carry out the purposes and intent of the Medi-Cal program, that are not inconsistent with any state statute. The department has adopted

regulatory requirements relating to the determination of the home upkeep allowance described above.

This bill would establish eligibility and other requirements for providing the home upkeep allowance or a transitional needs fund to Medi-Cal patients residing in a long-term care facility, as specified. The bill would prescribe both general and specific requirements for both facility residents who intend to leave the facility and return to an existing home, who would receive the home upkeep allowance, and for residents who do not have a home but intend to leave the facility and establish a new home, who could establish a transitional needs fund for the purpose of meeting the transitional costs of establishing a home.

The bill would, subject to federal approval and federal financial participation, require the department to implement these provisions by means of various instructions, including provider bulletins, to adopt regulations within 5 years of implementation of these provisions, and to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. The bill would require the department to inform appropriate long-term care facility residents and notify specified personnel and healthcare facilities of the existence and availability of the home upkeep allowance and the transitional needs fund.

**j. AB 1088 – Wood. Medi-Cal: eligibility.**

Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income individuals receive healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to exercise its option under federal law to implement a program for aged and disabled persons, as described and requires an individual under these provisions to satisfy certain financial eligibility requirements. Existing law requires the department, to the extent required by federal law, to implement for Medi-Cal recipients who are qualified Medicare beneficiaries, the payment of Medicare premiums, deductibles, and coinsurance for elderly and disabled persons whose income does not exceed the federal poverty level or 200% of a specified Supplemental Security Income program standard.

This bill would provide that an aged, blind, or disabled individual who would otherwise be eligible for Medi-Cal benefits, as described, would be eligible for Medi-Cal without a share of cost if their income and resources otherwise meet eligibility requirements. The bill would authorize the department to implement this provision by provider bulletins or similar instructions until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2021, and to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

k. AB 1118 – Rubio, Blanca. Land use: general plan: livability issues for older adults. This bill would require the Governor’s Office of Planning and Research, at the State General Plan Guideline revision after January 1, 2020, to amend the guidelines to include elements of the domains of livability developed by the World Health Organization that specifically address livability issues for older adults.

l. AB 1287 – Nazarian. Universal Assessment: No Wrong Door.

Existing law, including, among others, the Mello-Granlund Older Californians Act, provides various programs to assist older adults and people with disabilities. These programs include the Aging and Disability Resource Connection program established 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.

This bill would state the intent of the Legislature to enact legislation to establish the Master Plan for an Aging California that responds to population needs in a comprehensive manner. The bill would further state the intent of the Legislature to enact legislation to develop a plan and strategy for a phased statewide implementation of the No Wrong Door system assisting older adults and people with disabilities obtain accurate information and timely referrals to appropriate community services and supports. The bill would make legislative findings and declarations in support of its intent

m. SB 10, Beall. Mental health services: peer, parent, transition-age, and family support specialist.

The Mental Health Services Act (MHSA), enacted through 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. The act also requires funds to be reserved for the costs of the State Department of Health Care Services, the California Behavioral Health part of the state’s comprehensive mental health and substance use disorder delivery system and the Medi-Cal program.

This bill would require the State Department of Health Care Services to establish, no later than July 1, 2020, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state’s comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialist, transition-age youth peer support specialist, family peer support specialist, and parent peer support specialist. The certification program’s components would include, among others, defining responsibilities and practice guidelines, determining curriculum and core competencies, specifying training and continuing education requirements, establishing a code of ethics, and determining a certification revocation process. The bill would require an applicant for the certification as a peer, parent, transition-age, or family support specialist to meet

specified requirements, including successful completion of the curriculum and training requirements.

This bill would require the department to consult with OSHPD and other stakeholders in implementing the certification program, including requiring quarterly stakeholder meetings. The bill would authorize the department to use funding provided through the MHSA, upon appropriation, to develop and administer the certification program, and would authorize the use of these MHSA funds to serve as the state's share of funding to claim federal financial participation under the Medicaid program.

This bill would authorize the department to establish a certification fee schedule and to require remittance of fees as contained in the schedule, for the purpose of supporting the department's activities associated with the ongoing administration of the certification program.

## 2. BUDGET

### New Requests

a. **Public Administrator/Public Conservator/Public Guardian (PA/PC/PG) – request for \$68 million for program administration.**

County PA/PG/PC programs work collaboratively with county and community medical, social and criminal justice service providers to protect the health, psychiatric well-being and assets of the most vulnerable adult. Agencies such as Adult Protective Services, Psychiatric Emergency Services, acute care psychiatric hospitals, community hospitals, law enforcement and criminal courts depend upon the county PA/PG/PC to create and manage the legal authority that allows for emergency interventions in crisis situations. Psychiatric and medical treatment providers, the criminal courts and the community at large depend upon PA/PG/PC services to provide long-term coordination of care, stabilization and asset management for this vulnerable population.

County PA/PG/PC programs have exceeded maximum capacity and are struggling to meet the growing demand for their core safety net services. Most individuals served by PAPGPC programs are dependent upon Medi-Cal for psychiatric and/or medical care; and/or have impaired cognition; and/or have been the victim of abuse or neglect; and/or have no other person willing or able to act to protect their assets. Currently, the average PA/PC/PG office operates with 20% fewer staff than necessary and struggles to keep up with growing caseloads.

The PA/PC/PG is the only state mandated social service that receives NO dedicated state funding. Approval of this GF request will enable counties to increase direct services to the target populations identified in current law with the goals of decreasing caseload sizes per worker through expanded staffing and improving services.

**b. Community Based Adult Services (CBAS) Medi-Cal Rate Relief**

CBAS is a Medicaid waiver program providing an alternative, community-based approach to long-term services and supports in California. Currently 248 licensed and certified CBAS centers operate in 32 counties through contracts with Medi-Cal Managed Care Organizations (MMCO). CBAS centers are daytime health facilities serving eligible frail elders and other adults with disabling qualifying conditions who would otherwise be at risk for nursing home placement. Working as an interdisciplinary team, centers apply a person-centered approach to each participant and their caregiver to help stabilize complex chronic conditions over time while improving quality of life, thereby reducing unnecessary use of higher cost settings such as emergency departments, hospitals and nursing homes. Participants are enrolled in and authorized by a MMCO to access CBAS. An analysis by the State of California showed that the annual Medi-Cal expense per beneficiary was \$7,655 for CBAS care as compared to \$32,406 for skilled nursing facility care.

The CBAS program is requesting the lifting of a 10% Medi-Cal reimbursement rate cut from 1997 and that a 15% cost-of-living increase (as provided in the Medi-Cal Provider Manual) be applied to reflect today's costs of providing services. The program requests that the new CBAS provider reimbursement rate would become the new "floor" for Medi-Cal beneficiaries receiving CBAS care through the state's managed care contracts.