

AGENDA – PART B**ASSEMBLY BUDGET SUBCOMMITTEE NO. 1
ON HEALTH AND HUMAN SERVICES****ASSEMBLYMEMBER DR. JOAQUIN ARAMBULA, CHAIR****THURSDAY, MAY 24, 2018
10:30 A.M. - STATE CAPITOL, ROOM 4202**

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VOTE-ONLY CALENDAR

5180 DEPARTMENT OF SOCIAL SERVICES

ISSUE 1: DEAF ACCESS PROGRAM

BACKGROUND

This issue was heard by the Subcommittee on April 11, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$4.1 million General Fund for 2018-19 and on-going for the Deaf Access Program, with placeholder trailer bill language to alter the contracting process pertaining to the Deaf Access Program as follows:

SECTION 1. Section 10626 of the Welfare and Institutions Code is repealed.
~~10626. The department shall contract with public agencies or private nonprofit corporations for a period not to exceed one year. At the end of each contract year, the department may renegotiate the terms of the contract in accordance with allowable increase or decrease in the agency or corporation costs and their demonstrated ability to provide the specified services. The private nonprofit agency must submit a complete financial statement by a certified public accountant prior to a renewal of a contract.~~

SEC. 2. Section 10626 is added to the Welfare and Institutions Code, to read:
10626. (a) The department shall contract with public agencies or private nonprofit corporations for purposes of this chapter. Those contracts shall be competitively bid pursuant to a request for proposals, either statewide or by specific region or regions. Each contract shall have a term not to exceed five years. Before the end of each contract term, the department shall conduct a timely competitive request for proposals that allows sufficient time for execution of a subsequent contract to avoid a lapse in services.

(b) Notwithstanding any other law, contracts necessary pursuant to this section shall be exempt from the personal services contracting requirements of Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code.

(c) A private nonprofit corporation shall submit a complete financial statement for its most recent fiscal year as prepared by a certified public accountant prior to a renewal or new award of a contract.

ISSUE 2: END SSI CASHOUT WITH HOLD HARMLESS FOR CURRENT CASES**BACKGROUND**

This issue was heard by the Subcommittee on March 14, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$29 million in 2018-19, \$112 million in 2019-20, \$121 million in 2020-21, and \$118 million in 2021-22 (all General Fund) and on-going to reverse the SSI Cashout and provide a hold harmless for all cases currently in the program, so that all existing cases are grandmothered and do not see a diminishment in their overall benefit level unless they attrite from the program (e.g. income off, move to another state, pass away). Amounts approved in this action include costs for the benefit for populations held harmless and outreach, administration, and automation in order to newly enroll eligible cases into the CalFresh program.

Placeholder trailer bill language is adopted as part of this action to effectuate these changes.

This action conforms to action taken in the Senate, so this should not be a Conference issue.

ISSUE 3: STRENGTHEN AND MAKE PERMANENT CALWORKS HOME VISITING INITIATIVE**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Utilizing freed-up TANF funds (totaling a \$158 million TANF Reserve) that the Administration proposed to invest in a Home Visiting Initiative, approve a permanent, on-going Home Visiting Initiative as part of the CalWORKs program, to be awarded to counties on an annual basis according to county applications, akin to the administration of the CalWORKs Housing Support Program.

Counties will, in accordance with statutory changes as proposed in the following placeholder trailer bill language, be able to provide the Home Visiting benefit to any family that qualifies and volunteers to participate that is pregnant or parenting a child under the age of 24 months. State operations costs for administration of this program, still being determined with the Department of Social Services and the Department of Finance, are to be included as part of the following resource allocation:

- 2018-19 - \$26.7 M (TANF Reserve)
- 2019-20 - \$52.5 M (TANF Reserve)
- 2020-21 - \$52.5 M (TANF Reserve)
- 2021-22 - \$26.3 M (TANF) + \$26.2 M (Annual TANF/GF) for a total of \$52.5 M

Families will be able to receive up to \$500 in parenting support, pursuant to the trailer bill, as part of their participation in the Home Visiting program. In addition, changes to the trailer bill as approved by the Senate are approved as part of this action, yet to be incorporated formally into the draft, but intended to be included as part of this action:

- Include language that would make implicit bias training a requirement for all home visitors.
- Include additional specifics on data collection points, including child welfare referrals.
- Include an bi-annual gathering for counties and participating programs to share challenges and best practices.
- Include language that indicates preference for county applicants that include co-location of home visitors at the welfare office.
- Permit a five year longitudinal study of the children who participated in the program to assess their overall well-being.

Placeholder trailer bill language is included as follows:

SECTION 1. Article 3.4 (commencing with Section 11330.6) is added to Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 3.4. CalWORKs Home Visiting Initiative Program

11330.6. (a) (1) The Legislature hereby establishes the CalWORKs Home Visiting Initiative as a voluntary program for the purpose of supporting positive health, development, and well-being outcomes for pregnant and parenting women, families, and infants born into poverty, expanding their future educational, economic, and financial capability opportunities, and improving the likelihood that they will exit poverty.

(2) The program shall provide high-quality, evidence-based, culturally competent services to pregnant women, parents or caretaker relatives, and children for 24 months or until the child's second birthday, whichever is later, that meet the needs of at-risk assistance units, including those in underserved, rural, tribal, impoverished, and other communities.

(b) Subject to an appropriation in the annual Budget Act, the department shall award funds to participating counties for the purposes of this article in order to provide voluntary evidence-based home visiting services to any assistance unit that meets the requirements of this article. The services authorized pursuant to this section are not entitlement services. Funding awarded for the purpose of home visiting services provided under this article shall not supplant any other existing funding sources available for home visiting services. Funding appropriated may be used in combination with funding from other sources, if the entirety of services provided meet the award requirements of the program. Funding appropriated to a county may be encumbered over a three-year period.

(c) (1) Participation in the program established in this article is optional for counties, and counties that apply for, and are awarded, funds shall agree to the terms of this article. In the county's application for funding, the county shall describe all of the following:

(A) How the program's purposes, as specified in subdivision (a), will be accomplished.

(B) How the evidence-based home visiting programs coordinate with county workers to maximize the services provided to CalWORKs recipients.

(C) How the county consults with existing home visiting programs, if applicable.

(D) The county's plan to recruit and retain home visitors that reflect the population of its CalWORKs program.

(E) The voluntary population of CalWORKs applicants the county intends to serve, which shall include those populations identified in subparagraph (2).

(2) An adult eligible to voluntarily participate in the program shall either be an individual who is pregnant, or is a parent or caretaker relative of a child who is less than twenty-four months of age at the time the parent or caretaker relative voluntarily agrees to participate in the program.

(3) The county shall demonstrate in its application to the department how services will be designed and provided as specified Section 11330.7.

(d) (1) Participation in the program for eligible assistance units shall not be considered a condition of CalWORKs eligibility and this shall be explained in the document required pursuant to paragraph (3).

(2) Participation in the program shall be offered in writing to any eligible parent or caretaker relative. A document that includes a description of the program, its anticipated benefits and duration, a description of how to opt into the home visiting program, and a description of how to terminate participation shall be given to the parent or caretaker relative.

(3) An assistance unit agreeing to receive services under this article need not be eligible for, nor shall be required to participate in, the welfare-to-work program established pursuant to Article 3.2 (commencing with Section 11320). If an assistance unit does choose to participate in the welfare-to-work program, the hours participating in the home visiting program shall count toward allowable activities under a welfare-to-work plan.

(4) Participation in this program shall not affect a family's application for aid or eligibility for any other CalWORKs benefits, supports, or services, including, but not limited to, welfare-to-work exemptions pursuant to subdivision (b) of Section 11320.3, good cause for not participating pursuant to subdivision (f) of Section 11320.3, participating in housing support services pursuant to Article 3.3 (commencing with Section 11330), or participating in family stabilization pursuant to Section 11325.24.

(5) If the parent or assisted caretaker has been removed from the assistance unit or exits the CalWORKs program, voluntary home visiting services may continue until completion of the evidence-based home visiting program or until he or she terminates his or her own participation.

(e) The following definitions shall apply for purposes of this article:

(1) "Cultural competence" means the ability to interact effectively with people of different cultures.

(2) "Evidence-based home visiting" means a home visiting model approved by the department, which shall be evaluated and determined to meet the criteria developed by the United States Department of Health and Human Services for evidence-based home visiting.

(3) "Home" means a temporary or permanent residence or living space, or another location identified by the assistance unit.

11330.7. (a) A primary component of the program described in this article shall be case management and evidence-based home visiting for the purpose of family support, which shall commence upon the determination that an individual is eligible in accordance with paragraph (2) of subdivision (c) of Section 11330.6 and shall continue until the eligible individual completes the evidence-based home visiting program or terminates his or her own participation.

(b) Home visiting shall include, but not be limited to, resources and referrals relating to all of the following:

(1) Prenatal, infant, and toddler care.

(2) Infant and child nutrition.

(3) Developmental screening and assessments.

(4) Parent education, parent and child interaction, child development, and child care.

(5) Job readiness and barrier removal.

(c) Home visitors shall encourage participants to enroll their child in a high-quality, early learning setting, or participate in playgroups, or other child enrichment activities, as appropriate, and parent participation in this early learning setting shall count towards allowable activities under a welfare-to-work plan developed by the parent or caretaker relative under Section 11325.21.

(d) Home visiting services shall only be those intended to achieve the goals established in subdivision (a) of Section 11330.6 and that are provided in the home of an assistance unit or at a location agreed upon by the parent or caretaker relative and the home visitor. Home visiting services shall only be provided by a registered nurse, nurse practitioner, social worker, or other person able to provide culturally appropriate services who is trained and certified according to the criteria of the evidence-based home visiting program utilized, has completed a background check, and has completed training as specified in subdivision (f) for the purposes of implementing this article.

(e) Home visiting services and visits shall not be mandatory, random, or unannounced.

(f) (1) The county shall ensure that all home visiting providers complete core training in the following areas before providing services to a CalWORKs recipient:

(A) CalWORKs, Medi-Cal, CalFresh, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and other program eligibility, with county-specific information about how the home visiting professionals can help a parent access additional services for which he or she is eligible and troubleshoot problems with benefits or eligibility that would impact his or her access to services.

(B) Cultural competency.

(C) Strengths-based practices for working with families.

(2) A county that staffs its home visiting program solely with county staff is exempt from the requirements of paragraph (1) if the training would duplicate training already received.

(g) A home visitor, in coordination with county staff, may provide a home visiting program participant with material goods for the household related to care, health, and safety of the child and family, which shall not exceed five hundred dollars (\$500).

11330.8. (a) For the purpose of implementing this article, the department shall form and consult with a workgroup of stakeholders, including legislative staff, representatives of counties and county human services agencies, CalWORKs eligibility workers, home visitors with experience serving CalWORKs recipients, current or former CalWORKs clients, advocates for clients, local and state First 5 representatives, the State Department of Health Care Services, and the State Department of Public Health home visiting program administrators, home visiting programs experts and advocates, and other stakeholders. The workgroup shall be maintained indefinitely to provide continuous quality improvement, utilizing the data collected and received pursuant to subdivision (b), and shall biennially provide technical assistance to county home visiting programs.

(b) The department shall collect, and counties and participating home visitation organizations shall provide, as a condition of funding, data necessary to administer the program and also related to the outcomes of participants and children, including by race, ethnicity, national origin, primary and secondary language, and county. The data shall include program outcomes for the parents and children served in the program and these data components shall be developed in consultation with the stakeholder

workgroup referenced in subdivision (a), and pursuant to subdivision (c). All state, county, and other participating organizations shall protect the personal information of individuals and families collected or maintained against loss, unauthorized access, and illegal use or disclosure, consistent with applicable state and federal laws.

(c) (1) The department shall work with an independent, research-based institution to identify existing, and establish additional, outcome measurements. These measurements shall inform an evaluation report that shall be provided to the Legislature no later than January 10, 2022. The evaluation shall include program outcomes for the parents and children served in the program and measures specific to CalWORKs objectives. Notwithstanding any other law, the department may accept and expend funds from nongovernment sources for the evaluation. The report shall also include, but not be limited to, all of the following information, with respect to the period of evaluation:

(A) Rates of children receiving regular well-child check-ups and, if available, immunization rates according to the American Academy of Pediatrics Bright Futures guidelines.

(B) Rates of children receiving developmental screening and referrals for further assessment.

(C) Rates of participation in early learning programs.

(D) Service referrals by type.

(E) Services accessed by type.

(F) Number of home visits completed, including data on duration of families' enrollment in home visiting services.

(G) Parental satisfaction with their gains in parenting skills and knowledge.

(H) Food and housing stability.

(I) Workforce training, employment, and financial stability.

(J) Participation in educational programs or English as a Second Language programs, or both, as applicable.

(K) Access to immigration services and remedies.

(L) Indicators of home visiting program workforce capacity, including demographics, characteristics, composition, including employer and certification status, and future training needs of the home visiting workforce.

(M) Percentage and compensation of workforce hired from the local labor market.

(N) Additional descriptive and outcome indicators, as appropriate.

(2) A report to be submitted pursuant to paragraph (1) shall be submitted in compliance with Section 9795 of the Government Code.

(3) The requirement for submitting a report pursuant to paragraph (1) is inoperative on January 10, 2026, pursuant to Section 10231.5 of the Government Code.

SEC. 2. Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the State Department of Social Services may implement and administer this act through all-county letters or similar instructions until regulations are adopted.

ISSUE 4: CALFRESH FOOD AND VEGETABLE EBT PILOT**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$9 million General Fund for 2018-19 (one-time), to be spent across three fiscal years, with placeholder trailer bill language as follows:

This action conforms to action taken in the Senate, so this should not be a Conference issue.

SECTION 1. The Legislature finds and declares all of the following:

(a) Despite California's wealth and agricultural abundance, millions of Californians struggle daily to make ends meet and provide their families with enough food. This inequity has deep negative impacts on the health of California families, contributing to high levels of food insecurity and diet-related diseases.

(b) Clear evidence indicates that increasing consumption of fruits and vegetables can help improve health outcomes, yet millions of low-income Californians report that they cannot consistently afford to purchase fruits and vegetables.

(c) Numerous studies and evaluations have found that the CalFresh benefit amount, which is set by the federal government, is inadequate to support the purchase of nutritious foods that support a healthy diet, particularly fruits and vegetables.

(d) In the past decade, programs providing supplemental benefits to CalFresh recipients piloted by numerous organizations in California and nationwide have demonstrated that when low-income families have additional money for fruits and vegetables, they buy and consume more fruits and vegetables. These programs have been funded with grants from the Specialty Crop Block Grant Program, the Nutrition Incentive Matching Grant Program, the United States Department of Agriculture's Food Insecurity Nutrition Incentive Grant Program, and private philanthropy.

(e) These supplemental benefit programs support California's farmers and agricultural sector by increasing sales of California-grown fruits and vegetables.

(f) For supplemental benefit programs to be widely available at grocery stores and farmers' markets statewide, customers and retailers need a system that is simple to use, is efficient to administer, and can be incorporated into existing retail business operations.

(g) Integrating supplemental benefits into the electronic benefit transfer (EBT) system provides a mechanism that would allow for many more retailers to easily disburse and redeem CalFresh supplemental benefits, and by extension, for many more CalFresh participants to access and afford an adequate and nutritious diet.

(h) It is the intent of the Legislature to build upon the success of existing nutrition incentive programs at various retail outlets, including, but not limited to, farmers' markets, farm stands, mobile markets, corner stores, and grocery stores, in order to support and enhance those programs and increase access to healthy food for low-income Californians.

SEC. 2. Section 10072.3 is added to the Welfare and Institutions Code, to read:

10072.3. (a) This section shall be known, and may be cited, as the California Fruit and Vegetable EBT Pilot Project.

(b) For purposes of this section, the following definitions shall apply:

(1) "Authorized retailer" means any retail establishment that is authorized to accept CalFresh benefits, including, but not limited to, grocery stores, corner stores, farmers' markets, farm stands, and mobile markets.

(2) "California-grown" means agricultural products that have been produced in the state, as specified in paragraph (1) of subdivision (a) of Section 43100 of the Food and Agricultural Code.

(3) "Fresh fruits and vegetables" means any variety of whole or cut fruits and vegetables without added sugars, fats, oils, or salt and that have not been processed with heat, drying, canning, or freezing.

(4) "Supplemental benefits" means additional funds delivered to a CalFresh recipient's EBT card upon purchase of California-grown fresh fruits and vegetables using CalFresh benefits, and to be redeemed only for purchases allowed under the CalFresh program at an authorized retailer.

(c) The department, in consultation with the Department of Food and Agriculture and stakeholders with experience operating CalFresh nutrition incentive programs, shall include within the EBT system a supplemental benefits mechanism that allows an authorized retailer to deliver and redeem supplemental benefits. The supplemental benefits mechanism shall be compatible with operational procedures at farmers' markets with centralized point-of-sale terminals and at grocery stores with integrated point-of-sale terminals. The supplemental benefits mechanism shall ensure all of the following:

(1) Supplemental benefits can be transferable across any authorized retailer.

(2) Supplemental benefits can be accrued, tracked, and redeemed by CalFresh recipients in a seamless, integrated process through the EBT system.

(3) Supplemental benefits can only be accrued by CalFresh recipients through the purchase of California-grown fresh fruits and vegetables from an authorized retailer.

(4) Supplemental benefits can only be redeemed to make eligible purchases under the CalFresh program from an authorized retailer.

(5) The supplemental benefits mechanism complies with all applicable state and federal laws governing procedures to ensure privacy and confidentiality.

(6) Authorized retailers that use EBT-only point-of-sale terminals, such as farmers' markets, and those that use integrated point-of-sale terminals, such as grocery stores, shall be able to integrate the new supplemental benefits mechanism into their existing systems, including the free state-issued hardware provided to certified farmers' markets and farmers.

(7) The supplemental benefits mechanism provides a CalFresh benefits to supplemental benefits match ratio of at least 1:1.

(8) A CalFresh household may only accrue up to a limited amount of supplemental benefits, as determined by the department.

(9) There shall be no expiration date for use of supplemental benefits, but the benefits may be expunged in accordance with federal Supplemental Nutrition Assistance Program (SNAP) regulations.

(d) There is hereby created in the State Treasury the California Fruit and Vegetable EBT Grant Fund. The fund shall consist of moneys from state, federal, and other public and private sources to provide grants pursuant to subdivision (e).

(e) Upon the deposit of sufficient moneys into the California Fruit and Vegetable EBT Grant Fund, as determined by the department, and upon the appropriation of moneys from the fund by the Legislature for this purpose, the department shall provide grants for pilot projects to implement and test the supplemental benefits mechanism in existing retail settings. The goal of the pilot project is to develop and refine a scalable model for increasing the purchase and consumption of California-grown fresh fruits and vegetables by delivering supplemental benefits to CalFresh recipients in a way that can be easily adopted by authorized retailers of various types, sizes, and locations

in the future. The department, in consultation with the Department of Food and Agriculture, shall develop and adopt guidelines for awarding the grants, which shall include, at a minimum, all of the following requirements:

(1) (A) A minimum of three grants shall be awarded to nonprofit organizations or government agencies.

(B) At least one of the grants shall provide the ability to test the supplemental benefit mechanism at farmers' markets. A farmers' market that operates a centralized point-of-sale terminal and a scrip system and that also participates as a pilot project pursuant to this section may disburse scrips for supplemental benefits and for California-grown fresh fruit and vegetables concurrently.

(2) Selection criteria shall require that grant applicants demonstrate all of the following:

(A) Previous experience and effectiveness in administering CalFresh nutrition incentive programs, or similar supplemental benefits programs.

(B) Partnership commitment from at least one existing authorized retailer that already accepts CalFresh benefits and sells fresh fruits and vegetables, including a variety of California-grown fresh fruits and vegetables, and commits to selling California-grown fresh fruits and vegetables during the pilot project period.

(C) Ability to ensure that supplemental benefits are only accrued and delivered when purchasing California-grown fresh fruits and vegetables with CalFresh benefits and will be used only to make purchases authorized under the CalFresh program.

(D) Status as a nonprofit organization or government agency.

(E) Ability to provide the minimum data deemed necessary for the department to successfully evaluate the pilot project, as described in paragraph (1) of subdivision (f).

(F) Any other criteria that the department deems necessary for successful pilot project implementation, such as the level of need in the community, the size of the CalFresh population, and the need for geographic diversity.

(3) Grantees shall be responsible for all of the following:

(A) Securing the commitment of at least one authorized retailer willing to participate in the pilot project.

(B) Conducting community outreach.

(C) Providing evaluation data to the department.

(D) Ensuring the integrity of the pilot project following guidelines adopted by the department pursuant to this subdivision.

(f) (1) The department shall evaluate the pilot projects and make recommendations to further refine and expand the supplemental benefits mechanism. The evaluation shall examine the efficacy of supplemental benefits accrual, delivery, and redemption from the perspective of CalFresh recipients, participating retailers, and state administrators. The evaluation shall also provide recommendations for further modifications that would make the mechanism easier for CalFresh recipients to use, for a variety of authorized retailer types to adopt, and for the department to administer. The department may contract with an independent evaluator to conduct this evaluation.

(2) On or before January 1, 2021, the department shall submit a report to the Legislature that includes the results of the evaluation required pursuant to paragraph (1).

(3) A report to be submitted pursuant to paragraph (2) shall be submitted in compliance with Section 9795 of the Government Code.

(g) The department shall seek any necessary federal approvals to establish this pilot project.

(h) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

ISSUE 5: CALFOOD EMERGENCY FOOD AUGMENTATION

BACKGROUND

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$12.6 million General Fund for 2018-19 and on-going.

ISSUE 6: FOOD BANK INFRASTRUCTURE ONE-TIME FUNDING**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$25 million General Fund for 2018-19 (one-time), with placeholder trailer bill language as follows:

SECTION 1. Chapter 16 (commencing with Section 18997.10) is added to Part 6 of Division 9 of the Welfare and Institutions Code, to read:

Chapter 16. California Food Bank Capacity Program

18997.10. (a) The California Food Bank Capacity Program is hereby established. The program shall be administered by the State Department of Social Services.

(b) The program shall provide grants for emergency food provider capacity development to state emergency food assistance program (EFAP) providers, members of the California Association of Food Banks, and any agency partner with which an eligible entity has established a relationship in delivering emergency food. The grants shall support one-time capacity needs of the emergency food delivery system, including, but not limited to, capital investments needed to support the collection, storage, distribution, and other systems required to adequately serve the food insecurity needs of California. The acquisition of real property or external facility expansion shall be ineligible for funding under this chapter.

(c) The department shall allow investments for the use of grant funds awarded under this chapter, including, but not limited to, the following capacity improvements:

- (1) Transportation.
- (2) Cold storage.
- (3) Warehouse equipment and supplies.
- (4) Technology.

18997.12. The department shall endeavor to ensure that funds awarded under the program support capacity improvements across the state, including in rural and remote areas that are traditionally underserved. The department shall establish minimum requirements, funding criteria, and procedures for awarding grants, taking into consideration, at a minimum, all of the following:

- (a) Demonstrated ability to administer the funds made available to an entity or its agency partners.
- (b) Potential to increase the capacity of the entity, agency partner, or both, to meet local needs for emergency food.
- (c) The likelihood that the program will continue to operate after the state grant funding ends.

18997.14. (a) The department shall award all grants by January 1, 2019, via allocation letters to participating entities.

(b) An EFAP entity may include in its grant proposal allowable investments for any local agency partner with which the entity has a contract or memorandum of understanding. An entity that is awarded funding under this chapter shall initiate all projects by July 1, 2019, and shall complete all funded projects by September 30, 2020.

(c) Upon receipt of an approved purchase order amount from a grantee, the department shall advance up to 50 percent of the purchase order to facilitate capital purchases. The remaining 50 percent of the funds shall be reimbursed to the grantee as soon as possible, but no later than 30 days, after the grantee submits receipts for project expenses to the department.

18997.16. This chapter shall remain in effect only until January 1, 2021, and as of that date is repealed.

ISSUE 7: IMMIGRATION SERVICES FOR TEMPORARY PROTECTIVE STATUS (TPS) RECIPIENTS**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$10 million General Fund for 2018-19 (one-time), with placeholder trailer bill language to amend Welfare and Institutions Code Section 13303 to authorize this funding to be available for payment to existing entities under contract pursuant to Welfare and Institutions Code Section 13303 for work on behalf of clients who are current or former recipients of federal Temporary Protected Status.

ISSUE 8: RURAL JUSTICE FELLOWS PROJECT**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$2.4 million General Fund for 2018-19 (one-time), to be spent across three fiscal years, with placeholder trailer bill language as follows:

SECTION 1. Chapter 5.7 (commencing with Section 13400) is added to Part 3 of Division 9 of the Welfare and Institutions Code, to read:

CHAPTER 5.7. CALIFORNIA RURAL JUSTICE FELLOWSHIP PILOT PROGRAM

13400. For purposes of this section, the following definitions apply:

(a) "Qualified nonprofit legal services organization" means an nonprofit that meets the requirements set forth in Section 501(c)(3) or 501(c)(5) of the Internal Revenue Code.

(b) "Disadvantaged communities" means rural and urban areas classified as low-income communities as identified in the California Communities Environmental Health Screening, also known as CalEnviroScreen, pursuant to Section 39711 of the Health and Safety Code, as specified by the department.

(c) "Rural Justice Fellow" means a participant in the program that meets the following criteria:

(1) A recipient of a law degree from a law school accredited by the American Bar Association.

(2) An attorney licensed to practice law in California that possesses less than two years of experience in the practice of law.

13401. (a) The State Department of Social Services shall establish the California Rural Justice Fellowship Pilot Program to operate for a period of three years to improve access to legal services for underserved immigrant populations in disadvantaged communities.

(b) (1) The department shall contract with qualified nonprofit legal services organizations to provide attorneys and other qualifying law school graduates limited-term placements rendering legal services to disadvantaged communities under the supervision of one or more attorneys.

(2) Legal services include the following:

(A) Services to persons residing in underserved immigrant populations in disadvantaged communities.

(B) Services to provide legal training and technical assistance.

(c) The department shall establish and convene a workgroup, by January 1, 2019, comprised of nonprofits and agencies that serve immigrant populations, legal aid entities, and institutions of higher education, including schools accredited by the American Bar Association. The workgroup shall establish contract or grant eligibility requirements.

13402. Contracts or grants awarded to a qualified nonprofit legal services organization shall fulfill all of the following:

(a) Have experience guiding and supervising the work of attorneys whom themselves do not regularly participate in this area of the law but nevertheless work pro bono serving underserved immigrant populations in disadvantaged communities, as determined by the workgroup.

(b) Be recognized and accredited by the Office of Legal Access Programs under the United States Department of Justice's Executive Office for Immigration Review

or meet the requirements to receive funding from the Trust Fund Program administered by the State Bar of California.

(c) Have experience providing legal services to individuals of underserved immigrant populations in disadvantaged communities, as determined by the workgroup.

(d) Require reporting, monitoring, or audits of services provided, as determined by the department.

(e) Maintain adequate legal malpractice insurance and to indemnify and hold the state harmless from any claims that arise from the legal services provided pursuant to this chapter.

13403. (a) (1) Contracts or grants awarded pursuant to this chapter are exempt from the personal services contracting requirements of Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code.

(2) Contracts or grants awarded pursuant to this chapter are exempt from Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code and the State Contracting Manual, and are not subject to the approval of the Department of General Services.

(b) The client information and records of legal services provided pursuant to this chapter are subject to the requirements of Section 10850 and exempt from inspection under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Part 1 of the Government Code).

(c) The state shall be immune from any liability resulting from the implementation of this chapter.

(d) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this chapter without taking any regulatory action.

(e) Notwithstanding any other law, payments shall be made by the Controller to existing entities under contract pursuant to this chapter upon receipt of written notification from the State Department of Social Services of the amounts, contractors, and timing of the payments.

13404. (a) Subject to the availability of funding in the act that added this section or the annual Budget Act, the department shall provide grants, as described in subdivision (b), to qualified nonprofit legal services organizations meeting the requirements of Section 13402.

(b) Grants provided in accordance with subdivision (a) shall be for the purpose of funding the Rural Justice Fellowship program, including, but not limited to, stipends provided to the Rural Justice Fellows.

(c) Funds available for the purposes of this section shall not be used to provide legal services to an individual who has been convicted of, or who is currently appealing a conviction for, a violent felony, as defined in subdivision (c) of Section 667.5 of the Penal Code, or a serious felony, as defined in subdivision (c) of Section 1192.7 of the Penal Code.

(d) The department shall annually update the Legislature on the following information in the course of budget hearings:

(1) The timeline for implementation and administration of this chapter, including important upcoming dates.

(2) The participating organizations awarded contracts or grants, the number of Rural Justice Fellows selected, and the aggregate amounts awarded for each service described in subdivision (b).

(3) The number of applications submitted, and the aggregate amounts requested for each service described in subdivision (b).

(4) The number of clients served.

(5) The types of services provided and in what language or languages.

(6) The regions served.

(7) The ethnic communities served.

(8) The identification of further barriers and challenges to the provision of services described in subdivision (b).

13405. This chapter shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.

ISSUE 9: REVOLVING IMMIGRATION BOND FUND

BACKGROUND

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$5 million General Fund for 2018-19 (one-time), with placeholder trailer bill language as follows:

An act to add Chapter 5.7 (commencing with Section 13400) to Part 3 of Division 9 of the Welfare and Institutions Code, relating to immigrants, and making an appropriation therefor.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Chapter 5.7 (commencing with Section 13400) is added to Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Chapter 5.7. Revolving Immigration Bond Fund

13400. (a) There is hereby established in the State Treasury the Revolving Immigration Bond Fund.

(b) Moneys in the fund shall be continuously appropriated to the State Department of Social Services for the purposes described in Section 13401.

13401. (a) An eligible organization may apply to the Department of Social Services for a competitive recoverable immigration bond grant on a form prescribed by the department.

(b) The grant application required by subdivision (a) shall include, but not be limited to, the following information:

(1) The amount of funding requested.

(2) The amount of matching funds the applicant has, or expects to secure, to implement a bond program, and the sources of these funds.

(3) The applicant's plan for reaching individuals who are detained and in need of bond assistance, including any existing partnerships with community and legal services organizations.

(4) The applicant's plan for connecting detained immigrants to community and legal support services upon securing their release.

(5) The applicant's plan for ensuring that refunded bonds are returned to the applicant.

(c) In awarding grants pursuant to this section, the department shall:

(1) Attempt to provide coverage to all areas of the state with significant immigrant populations.

(2) Not use the number of persons released on bond or expected to be released on bond as criteria for determining the strength of the application.

(d) As used in this section, an "eligible organization" is an organization that meets all of the following criteria:

(1) Is a nonprofit organization described in Section 501(c)(3) of the Internal Revenue Code of 1954, which is exempt from income tax under Section 501(a) of that code.

(2) Has a demonstrated commitment to supporting California communities.

(3) Has an established partnership, or a commitment to partner, with one or more non-profit legal or community service providers.

(4) Has a system for pairing clients with legal and community services upon release and for securing refunds of bonds.

(5) Has capacity to implement auditable systems to effectively manage and report a bond program.

13402. (a) An organization that receives a grant pursuant to Section 13401 shall only use the moneys received for payment of immigration bonds on behalf of individuals in custody of the Department of Homeland Security.

(b) Moneys received pursuant to Section 13401 shall only be used for posting bonds and shall not be used for any purpose other than that authorized in subdivision

(a). Nonpermitted uses include, but are not limited to, operating costs, overhead costs, staffing, or any other expense incurred in providing bonds.

(c) Bonds that are refunded or returned to the organization at the conclusion of a released person's proceedings, including any interest paid on those bonds, shall be treated as grant moneys and shall only be used as permitted by subdivisions (a) and

(b).

(d) One calendar year after an award of grant moneys and annually thereafter, a grant recipient shall submit to the department an accounting of all bonds paid by grant moneys and all refunds, including interest payments, received.

(e) Three calendar years after an award of grant moneys and every three years thereafter, a grant recipient shall remit to the department any balance of grant funds, including refunds and interest, in excess of one hundred thousand dollars (\$100,000) held by the organization at that time.

(f) If an organization terminates its bond program at any time or has its program terminated by the department, that organization shall remit to the state all grant moneys in their possession, including refunds and interest, and shall assign to the department any outstanding bonds.

13403. The department shall deposit any grant money returned to it pursuant to subdivision (e) or (f) of Section 13402 or any refunds, including interest, of any bonds assigned to the department pursuant to subdivision (f) of Section 13402 into the Revolving Immigration Bond Fund.

ISSUE 10: IMMIGRATION COURT REPRESENTATION

BACKGROUND

The need for representation for detained non-citizens was expressed to the Subcommittee at its April 4, 2018 hearing.

Currently most individuals that go before federal immigration courts are not represented by legal counsel. The State currently offers some assistance with community-based organization legal assistance funded through the Immigration Services Funding, also called One California, program, but this effort lacks the capacity to fully meet the need. Recently some California jurisdictions have assigned public employees with legal expertise to provide legal assistance to some of these individuals. However, since federal courts draw individuals from across California, there are often individuals that need assistance but reside outside the participating jurisdictions.

Recommended Subcommittee Action:

To aid in these efforts, approve \$24 million General Fund in 2018-19 (one-time) to Los Angeles County and the City and County of San Francisco to help cover public employee expenses associated with providing legal representation at the State's two largest immigration courts. Of this amount, \$15 million is for San Francisco and \$9 million is for Los Angeles for three years of services at both court locations. Placeholder Budget Bill Language is adopted to effectuate this appropriation.

ISSUE 11: FAMILY URGENT RESPONSE SYSTEM

BACKGROUND

This issue was heard by the Subcommittee on April 11, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$15 million General Fund for 2018-19 and \$30 million on-going, with placeholder trailer bill language as follows:

SECTION 1. Chapter 5.4 (commencing with Section 16526) is added to Part 4 of Division 9 of the Welfare and Institutions Code, to read:

CHAPTER 5.4. FAMILY URGENT RESPONSE SYSTEM FOR CAREGIVERS AND CHILDREN OR YOUTH

16526. For purposes of this chapter, the following definitions apply:

(a) "Caregiver" means an individual responsible for meeting the daily care and supervision needs of a current or former foster child or youth.

(b) "Crisis" means an event involving the caregiver and current or former foster child or youth that causes emotional, physical, or behavioral distress and that, without immediate supports, creates a risk of disruption to the current living situation.

(c) "Current or former foster child or youth" includes a child or youth adjudicated under Section 300, 601, or 602 and who is served by a county child welfare agency or probation department, and a child or youth who has exited foster care to reunification, guardianship, or adoption. A current or former foster child or youth shall be eligible for services under this chapter until he or she attains 21 years of age.

(d) "Department" means the State Department of Social Services.

(e) "Family Urgent Response System" means a coordinated statewide, regional, and county-level system designed to provide collaborative, timely, in-home, in-person mobile response for purposes of stabilizing the living situation, mitigating the distress of the caregiver, child, or youth, and connecting the caregiver and child or youth to the existing array of local services.

(f) "In-home" means where the child or youth and caregiver are located, preferably in the home, or at some other mutually agreeable location.

16527. (a) The department shall establish a statewide hotline as the entry point for the Family Urgent Response System, which shall be available 24 hours a day, seven days a week, to respond to calls from a caregiver or current or former foster child or youth when a crisis arises. Both of the following shall be available through this hotline:

(1) Hotline workers who are trained in techniques for deescalation and conflict resolution telephone response specifically for children impacted by trauma.

(2) Referrals to a county-based Family Urgent Response System, established pursuant to Section 16529, for further support and in-person response. Referrals shall occur as follows:

(A) A warm hand-off whereby the hotline worker establishes direct and live connection through a three-way call that includes the caregiver, child, or youth and the county contact.

(B) If a direct communication cannot be established pursuant to subparagraph (A), a referral directly to the community- or county-based service and a followup call to ensure a connection to the caregiver, child, or youth occurs.

(C) The hotline worker shall contact the caregiver, child, or youth within 24 hours after the referral required under subparagraph (A) or (B) to offer additional support if needed.

(b) The statewide hotline shall maintain contact information for all county-based Family Urgent Response Systems, based on information provided by counties, for

referrals to local services, including, but not limited to, county-based mobile response and stabilization teams.

(c) The department shall ensure that data are collected regarding individuals served through the statewide hotline and shall publish a report on the department's Internet Web site by January 1, 2020, and annually by January 1 thereafter, in consultation with stakeholders, including, but not limited to, the County Welfare Directors Association of California and the County Behavioral Health Directors Association of California, to include all of the following information:

(1) The number of caregivers served through the hotline, separated by placement type and status as a current or former foster caregiver.

(2) The number of current and former foster children or youth served through the hotline, separated by county agency type, current or former foster care status, age, gender, race, and whether the call was made by the caregiver or the child or youth.

(3) The disposition of each call, including, but not limited to, whether mobile response and stabilization services were deployed or a referral was made to other services.

(4) Deidentified, aggregated outcome data, including, but not limited to, placement stability, return into foster care, movement from child welfare to juvenile justice, and timeliness to permanency.

(d) The department may meet the requirements of this section through contract with an entity with demonstrated experience in working with populations of children who have suffered trauma and with capacity to provide 24-hour-a-day, seven-day-a-week response.

(e) The department, in consultation with stakeholders, shall do all of the following:

(1) Develop methods and materials for informing the caregivers and current or former foster children or youth about the statewide hotline.

(2) Establish protocols for triage and response.

(3) Establish minimum education and training requirements for the hotline workers.

(4) Consider expanding the statewide hotline to include communication through electronic means, including, but not limited to, text messaging or by email.

(f) The statewide hotline shall be operational no later than July 1, 2019.

16528. (a) No later than October 1, 2018, the department, in collaboration with the State Department of Health Care Services, and in consultation with the County Behavioral Health Directors Association of California and the County Welfare Directors Association, child welfare advocates, providers, current or former foster children or youth, and caregivers, shall issue all necessary guidance for county-based Family Urgent Response Systems for purposes of this chapter, including, but not limited to, data tracking and claiming of federal funding.

(b) No later than October 1, 2018, the State Department of Health Care Services, in consultation with the department, the County Behavioral Health Directors Association of California, and the County Welfare Directors Association, shall submit any Medicaid State Plan, if deemed necessary to maximize federal financial participation, based on research of other state systems with mobile response capacity.

16529. (a) County child welfare, probation, and behavioral health agencies, in each county or region of counties as specified in subdivision (d), shall establish a joint

county-based Family Urgent Response System that includes a mobile response and stabilization team for the purpose of providing stabilization services for caregivers and current or former foster children or youth who are experiencing a crisis.

(b) In each county or region of counties as specified in subdivision (d), the county child welfare, probation, and behavioral health agencies shall submit a single, coordinated plan to the department no later than April 1, 2019, that describes how the county-based Family Urgent Response System shall meet the requirements described in subdivision (c). The plan shall also describe all of the following:

- (1) How the county, or region of counties, will track and monitor calls.
- (2) Data collection efforts, consistent with guidance provided by the department.
- (3) Transitions from mobile response and stabilization services to ongoing services.

- (4) Process for identifying if the child or youth has an existing child and family team and for coordinating with the child and family team to address the crisis and for ongoing care.

- (5) Process and criteria for determining response.

- (6) Composition of the responders, including efforts to include peer partners and those with lived experience in the response team whenever possible.

- (7) Both existing and new services that will be used to support the mobile response and stabilization services.

- (8) Response for protocols for the child or youth in family-based and other congregate care settings based on guidelines developed by the department with input from stakeholders pursuant to Section 16258.

- (9) Process for identifying whether the child or youth has an existing crisis plan and for coordinating response consistent with the plan.

(c) A county-based Family Urgent Response System shall include all of the following:

- (1) Phone response at the county level that facilitates entry of the caregivers and current or former foster children or youth into mobile response services.

- (2) A process for determining when a mobile response and stabilization team will be deployed, or when other services will be used, based on the urgent and critical needs of the caregiver, child, or youth.

- (3) A mobile response and stabilization team available 24 hours a day, seven days a week.

- (4) Ability to provide immediate, in-person, face-to-face response preferably within one hour, but not to exceed three hours in extenuating circumstances for urgent needs, or same-day response within 24 hours for nonurgent situations.

- (5) Utilization of responders with specialized training in trauma of children and the foster care system. Efforts should be made to include peer partners and those with lived experience in the response team, whenever possible.

- (6) Provision of in-home crisis deescalation, stabilization, and support, including all of the following:

- (A) Establishing in-person, face-to-face contact with the child or youth and caregiver.

- (B) Identifying the underlying causes of, and precursors to, the behavior.

- (C) Identifying the caregiver interventions attempted.

- (D) Observing the child and caregiver interaction.

(E) Diffusing the immediate situation.

(F) Coaching and advising the caregiver in order to maintain the child in the current living situation.

(G) Establishing connections to other county- or community-based supports and services to ensure continuity of care.

(H) Following up after the initial face-to-face response, for up to 72 hours, to determine if additional supports or services are needed.

(I) Identifying any additional support or ongoing stabilization needs for the family and making a plan for, or referral to, appropriate community services within the county.

(7) A process for communicating with the county of jurisdiction and the county mental health plan regarding the service needs of the child or youth and caregiver provided that the child or youth is currently under the jurisdiction of either the county child welfare or the probation system.

(d) (1) Each county shall establish a Family Urgent Response System no later than July 1, 2019.

(2) The county agencies described in subdivisions (a) and (b) may implement this section on a per-county basis or by collaborating with other counties to establish regional, cross-county Family Urgent Response Systems. For counties implementing this section pursuant to a regional approach, a single plan, as described in subdivision (b), signed by all agency representatives, shall be submitted to the department and a lead county shall be identified.

(3) Funds expended pursuant to this act shall be used to supplement, and not supplant, other existing funding for mobile response services.

(4) A county or region of counties may receive an extension, but not to exceed six months, to implement beyond July 1, 2019, upon submission of a written request, in a manner to be prescribed by the department, that includes a demonstration of actions to implement and progress towards implementation.

(e) The creation and implementation of the Family Urgent Response System shall not infringe on entitlements or services provided pursuant to Title IV-E of the federal Social Security Act (Section 670 et seq. of Title 42 of the United States Code) or the federal Early and Periodic Screening, Diagnosis and Treatment services (Section 1396d(r) of Title 42 of the United States Code).

ISSUE 12: CALWORKS INDIAN HEALTH CLINICS**BACKGROUND**

This issue was heard by the Subcommittee on April 11, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$2.15 million General Fund for 2018-19 and on-going. This action conforms to action taken in the Senate, so this should not be a Conference issue.

ISSUE 13: DIAPER BANK INVESTMENT**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$10 million General Fund for 2018-19 (one-time), with placeholder trailer bill language as follows:

SECTION 1. Chapter 14.6 (commencing with Section 18995.5) is added to Part 6 of Division 9 of the Welfare and Institutions Code, to read:

CHAPTER 14.6. DIAPER BANK SUPPORT INITIATIVE

18995.5. The Legislature finds and declares all of the following:

(a) Insufficient supply of clean diapers, referred to as “diaper need,” is experienced by one in three families nationwide.

(b) Over 42,000 cases of diaper dermatitis, urinary tract infection, and the related bacterial infection candidiasis were seen throughout California in 2015. More than 75 percent of these medical visits took place in an emergency room. These preventable and stressful ailments cause additional expenses for families and the health care system, including Medi-Cal.

(c) Incidences of diaper rash decline 33 percent among children whose families received supplies of clean diapers, and babies experience 77 percent fewer days of diaper rash, while millions of dollars in medical costs are avoided.

(d) Diaper need also creates a barrier between parents and gainful employment. Child care providers often require a full day’s supply of diapers from the parent. More than half— 56 percent— of parents using child care to be able to go to work have missed work because of an inability to supply and adequate supply of diapers. Parents unable to access child care because of a lack of diapers missed work or school on average four days per month.

(e) Community-based nonprofit organizations in California working to address diaper need provide a critical safety net for low-income families. Assistance in accessing clean diapers allows parents to pursue and maintain employment and ensure the health and well-being of their children.

(f) Other states across the nation have continued to make diaper assistance increasingly accessible to low-income families and have found that their investment not only advanced families towards self-sufficiency, but also proved cost-efficient for the state. In Connecticut, every \$10,000 of assistance from a diaper bank resulted in the total personal income of all diaper recipients in 2016 to have increased by approximately \$114,000. Additionally, personal income taxes increased \$3,700 in Connecticut that year, and state sales tax collected from 2016 diaper recipients combined increased by \$2.7 million.

18995.6. (a) The Diaper Bank Support Initiative is hereby established to temporarily reduce unmet diaper need among low-income families throughout the state with infants or toddlers.

(b) Upon an appropriation of funds by the Legislature for these purposes, the State Department of Social Services shall contract with all of the following organizations to provide diapers to low-income families with infants or toddlers:

- (1) Community Food Bank located in the City of Fresno.
- (2) The Jacobs and Cushman San Diego Food Bank.
- (3) Los Angeles Regional Food Bank.
- (4) San Francisco Marin Food Bank.

(c) If an organization specified in subdivision (b) is unable to participate in the initiative, the department may contract with another organization that has the ability to participate in the initiative.

(d) Of the moneys appropriated for the implementation of this chapter, the department may use an amount not to exceed 5 percent or one hundred thousand dollars (\$100,000), whichever is less, for administrative costs associated with the implementation of this chapter, and shall distribute the rest equally among the four contracts provided for in this section.

(e) An organization with a contract pursuant to this section shall spend the moneys provided through the contract by no later than June 30, 2021. This section does not require the organization to provide products or services beyond those products or services that are provided with the funding allocated under the initiative.

18995.7. (a) Notwithstanding any other law, contracts awarded pursuant to this chapter shall be exempt from the personal services contracting requirements of Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code.

(b) Notwithstanding any other law, contracts awarded pursuant to this chapter shall be exempt from the Public Contract Code and the State Contracting Manual, and shall not be subject to the approval of the Department of General Services.

(c) The state shall be immune from any liability resulting from the implementation of this chapter.

(d) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this chapter without taking any regulatory action.

18995.8. This chapter shall remain in effect only until January 1, 2022, and as of that date is repealed.

ISSUE 14: YOUTH AND FAMILY CIVIC ENGAGEMENT INITIATIVE**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$2 million General Fund for 2018-19 (one-time), with placeholder trailer bill language as follows. This action conforms to action taken in the Senate, so this should not be a Conference issue.

SECTION 1. Chapter 5.7 is added to Part 3 of Division 9 of the Welfare and Institutions Code, to read:

CHAPTER 5.7 Youth and Family Civic Engagement

13400. (a) The department shall establish and maintain the Youth and Family Civic Engagement Program in accordance with this chapter.

(b) Subject to an appropriation in the annual Budget Act, the department shall contract with The Martin Luther King Jr Freedom Center and the Dolores Huerta Foundation to provide all of the following:

(1) Opportunities for young people to acquire leadership and academic skills.

(2) Participation in meaningful civic engagement, public speaking, and cultural leadership exchanges.

(3) Statewide dissemination of the benefits and merits of youth civic engagement and non-violence and information to support youth participation in regional events, community and public benefit settings.

(4) Training or opportunities for young people to secure internships and employment opportunities.

(c) Contracts awarded pursuant this section shall require reporting, monitoring, or audits of services provided, as determined by the department. This report shall minimally include:

(1) the numbers of youth and families served;

(2) the numbers and descriptions of activities provided for the youth and families to include, home visits, classes, full-day trainings, civic engagement, and (local and statewide) public speaking events;

(3) metrics measuring statewide dissemination of civic engagement information; and,

(4) the numbers of training and employment opportunities secured.

(d) Of the funds appropriated pursuant to subdivision (b), up to five percent of such funding or \$100,000, whichever is lesser, may be used for state operations to administer this section.

13401. Notwithstanding any other law:

- (a) Contracts awarded pursuant to this chapter shall be exempt from the personal services contracting requirements of Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code.
- (b) Contracts awarded pursuant to this chapter shall be exempt from the Public Contract Code and the State Contracting Manual, and shall not be subject to the approval of the Department of General Services.
- (c) The client information and records of services provided pursuant to this chapter shall be subject to the requirements of Section 10850 and shall be exempt from inspection under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Part 1 of the Government Code).
- (d) The state shall be immune from any liability resulting from the implementation of this chapter.
- (e) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this chapter without taking any regulatory action.

ISSUE 15: CHAFEE GRANT FOSTER YOUTH SUPPORT**BACKGROUND**

This issue was heard by the Subcommittee on April 25, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$4 million General Fund for 2018-19 and on-going, with placeholder trailer bill language as follows:

SECTION 1. Section 69519 of the Education Code is amended to read:

69519. (a) The commission, through an interagency agreement with the State Department of Social Services, currently operates a federally funded scholarship program that provides grant aid to provide access to California's current and former foster youth to postsecondary education. Funds provided through an appropriation by the Legislature shall be supplemental to funds provided by the federal government, and are designated to ensure program availability in the absence of and prior to the annual receipt of federal funds for this purpose.

(b) Funds provided for this program shall be used to assist students who are current and former foster youth, for career and technical training or traditional college courses. The commission shall operate this program in accordance with the program instructions provided by the federal Department of Health and Human Services, Administration for Children and Families, and the program guidelines developed by the State Department of Social Services.

(c) The total amount of funding and the amount of individual awards shall depend upon the amount of federal funding provided in addition to state funding. The commission, in conjunction with the State Department of Social Services, shall determine the individual award amounts and total number of students awarded on an annual basis as the amount of total annual funding is determined.

(d) Commencing with the ~~2017-18~~ 2018-19 award year, the commission shall make a new Chafee grant award to a student only if the student ~~attends either~~ meets both of the following conditions:

(1) Will not be 26 years of age or older by December 31 of the award year.

(2) Attends either of the following institutions:

~~(1)~~

(A) A qualifying institution that is eligible for participation in the Cal Grant Program pursuant to Section 69432.7.

~~(2)~~

(B) An institution that is not located in California that satisfies the provisions of subparagraphs (C) and (F) of paragraph (3) of subdivision (I) of Section 69432.7.

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ISSUE 16: PARITY IN BENEFITS FOR WAIVER OF PERSONAL CARE SERVICES PROVIDERS**BACKGROUND**

This issue was heard by the Subcommittee on March 14, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$2.8 million General Fund for 2018-19 and on-going to establish an employer of record and provide health benefits for WPCS providers, with placeholder trailer bill language, as include in Attachment 1 of this agenda. This action conforms to action taken in the Senate, so this should not be a Conference issue.

ISSUE 17: PROVIDER ENROLLMENT ADVOCACY PROPOSAL**BACKGROUND**

This issue was heard by the Subcommittee on March 14, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$2.7 million General Fund for 2018-19 and on-going, with placeholder trailer bill language as follows. This action conforms to action taken in the Senate, so this should not be a Conference issue.

**Welfare and Institutions Code Section
12301.24.**

(a) Effective November 1, 2009, all prospective providers must complete a provider orientation at the time of enrollment, as developed by the department, in consultation with counties, which shall include, but is not limited to, all of the following:

- (1) The requirements to be an eligible IHSS provider.
- (2) A description of the IHSS program.
- (3) The rules, regulations, and provider-related processes and procedures, including timesheets.
- (4) The consequences of committing fraud in the IHSS program.
- (5) The Medi-Cal toll-free telephone fraud hotline and Internet Web site for reporting suspected fraud or abuse in the provision or receipt of supportive services.
- (6) The applicable federal and state requirements regarding minimum wage and overtime pay, including paid travel time and wait time, and the requirements of Section 12300.4.

(b) In order to complete provider enrollment, at the conclusion of the provider orientation, all applicants shall sign a statement specifying that the provider agrees to all of the following:

- (1) He or she will provide to a recipient the authorized services.
- (2) He or she has received a demonstration of, and understands, timesheet requirements, including content, signature, and fingerprinting, when implemented.
- (3) He or she shall cooperate with state or county staff to provide any information necessary for assessment or evaluation of a case.
- (4) He or she understands and agrees to program expectations and is aware of the measures that the state or county may take to enforce program integrity.
- (5) He or she has attended the provider orientation and understands that failure to comply with program rules and requirements may result in the provider being terminated from providing services through the IHSS program.

(c) Between November 1, 2009, and June 30, 2010, all current providers shall receive the information described in this section. Following receipt of this information, a provider shall submit a signed agreement, consistent with the requirements of this section, to the appropriate county office.

(d) The county shall indefinitely retain this statement in the provider's file. Refusal of the provider to sign the statement described in subdivision (b) shall result in the provider being ineligible to receive payment for the provision of services and participate as a provider in the IHSS program.

(e) Beginning no later than April 1, 2015, all of the following shall apply:

(1) The orientation described in subdivision (a) shall be an onsite orientation that all prospective providers shall attend in person.

(2) Prospective providers may attend the onsite orientation only after completing the application for the IHSS provider enrollment process described in subdivision (a) of Section 12305.81.

(A) Prospective providers shall be able to attend onsite orientation at an accessible location within a reasonable distance no later than 14 calendar days after completing and submitting the application for the IHSS provider enrollment process described in subdivision (a) of Section 12305.81.

(3) Any oral presentation and written materials presented at the orientation shall be translated into all IHSS threshold languages in the county.

(4) Representatives of the recognized employee organization in the county shall be permitted to make a presentation of up to 30 minutes at the orientation. Prior to implementing the orientation requirements set forth in this subdivision, counties shall provide at least the level of access to, and the ability to make presentations at, provider orientations that they allowed the recognized employee organization in the county as of September 1, 2014.

12305.81.

(a) Notwithstanding any other law, a person shall not be eligible to provide or receive payment for providing supportive services for 10 years following a conviction for, or incarceration following a conviction for, fraud against a government health care or supportive services program, including Medicare, Medicaid, or services provided under Title V, Title XX, or Title XXI of the federal Social Security Act or a violation of subdivision (a) of Section 273a of the

Penal Code, or Section 368 of the Penal Code, or similar violations in another jurisdiction. The department and the State Department of Health Care Services shall develop a provider enrollment form that each person seeking to provide supportive services shall complete, sign under penalty of perjury, and submit to the county. ***The county shall mail a provider enrollment packet containing all the necessary provider enrollment documents, including but not limited to the SOC 846, SOC 426 and SOC 426A, and all background check documents to each prospective provider, postmarked no later than three business days, after the prospective provider has contacted the county to request to become eligible to provide in-home supportive services.*** Submission of the form shall include the photocopying by the county of original documentation verifying the provider's identity, and shall be considered as an application to render services under the Medi-Cal program consistent with subdivision (c) of Section 14043.1. A provider shall submit the form to the county in person, and the county shall retain the form and a copy of the identification documentation in the file of the provider. The form shall contain statements to the following effect:

- (1) A person who, in the last 10 years, has been convicted for, or incarcerated following conviction for, fraud against a government health care or supportive services program is not eligible to be enrolled as a provider or to receive payment for providing supportive services.
 - (2) An individual who, in the last 10 years, has been convicted for, or incarcerated following conviction for, a violation of subdivision (a) of Section 273a of the Penal Code or Section 368 of the Penal Code, or similar violations in another jurisdiction, is not eligible to be enrolled as a provider or to receive payment for providing supportive services.
 - (3) A statement declaring that the person has not, in the last 10 years, been convicted or incarcerated following conviction for a crime involving fraud against a government health care or supportive services program.
 - (4) A statement declaring that he or she has not, in the last 10 years, been convicted for, or incarcerated following conviction for, a violation of subdivision (a) of Section 273a of the Penal Code or Section 368 of the Penal Code, or similar violations in another jurisdiction.
 - (5) The person agrees to reimburse the state for any overpayment paid to the person as determined in accordance with Section 12305.83, and that the amount of any overpayment, individually or in the aggregate, may be deducted from any future warrant to that person for services provided to any recipient of supportive services, as authorized in Section 12305.83.
- (b) The department shall include the text of subdivision (a) of Section 273a of the Penal Code and Section 368 of the Penal Code on the provider enrollment form.
- (c) A public authority or nonprofit consortium that is notified by the department or the State Department of Health Care Services that a supportive services provider is ineligible to receive payments under this chapter or under Medi-Cal law shall exclude that provider from its registry.
- (d) A public authority or nonprofit consortium that determines that a registry provider is not eligible to provide supportive services based on the requirements of subdivision (a) shall report that finding to the department.

ISSUE 18: FOSTER PARENT RETENTION, RECRUITMENT, AND SUPPORT (FPRS)**BACKGROUND**

This issue was heard by the Subcommittee on April 11, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$21.6 million General Fund for 2018-19 and \$43.3 for 2019-20 and on-going, with placeholder trailer bill language as follows:

W&I Code 16003.5 is amended as follows:

(a) Any state funding allocated to counties for the purpose of recruiting, retaining, and supporting foster parents, relative caregivers, and resource families shall be used to increase the capacity and use of home-based family care and the provision of services and supports to such caregivers. Allowable expenditures of those funds shall include, but not be limited to, and shall be used to supplement and not supplant, resources used by a county for any of the following purposes:

(1) Staffing to provide and improve direct services and supports to licensed foster family homes, approved resource families, and relative caregivers, and to remove any barriers in those areas defined as priorities in the county implementation plan and subsequent reports on outcomes.

(2) Exceptional child needs not covered by the caregiver-specific rate that would normalize the child's experience, stabilize the placement, or enhance the child's well-being.

(3) Child care, including respite child care, for licensed foster parents, pending or approved resource families, and relative caregivers.

(4) Intensive relative finding, engagement, support and navigation efforts.

(5) Emerging technological, evidence-informed, or well-supported practices, or other innovative or targeted nontraditional approaches to recruitment and outreach to potential foster family homes, resource families, and relatives.

(6) Evidence-based or well-supported recruitment and retention practices and programs, including but not limited to, resource family mentor or coaching programs, resource family support groups, and resource family liaisons or specialists.

(b) (1) The department shall provide available funding to counties based upon its approval of plans submitted by each county pursuant to subdivision (c) that requests funding described in subdivision (a). Each county plan shall be submitted by September 1 of any year in which funding is available. Each county plan shall include all of the following:

(A) A definition of the specific goal or goals related to increasing the capacity and use of home-based family care and the provision of services and supports to such caregivers that the county intends to achieve.

(B) A description of the strategy or strategies the county proposes to pursue to address the goal or goals identified in subparagraph (A).

(C) An explanation or rationale for the proposed strategy or strategies relative to the goal or goals identified in subparagraph (A) and how those strategies reflect the supports requested by families supporting and caring for foster youth and how caregiver input was gathered.

(D) A list or description of the outcomes and unduplicated expenditures that shall be reported pursuant to subdivision (c), including baseline data for those outcomes.

(2) The department shall develop, following consultation with the County Welfare Directors Association of California and the Chief Probation Officers of California, criteria for the approval of county plans submitted pursuant to paragraph (1).

(c) As a condition for receiving funding, counties shall submit a recruitment, retention and support plan to the department on a three-year cycle beginning in fiscal year 2018-19. For years two and three of the plan cycle, counties are required to submit any updates or changes to the plan that differ from the initial funding plan with reasoning for the changes, which may include but are not limited to, initial plan not producing the desired outcomes, changing support needs of families or caregivers, or other changes in circumstances.

(d) As a condition of accepting state funding described in subdivision (a), counties receiving that funding shall, by September 30 of the year following the end of the fiscal year in which the funding was available, report to the department the **expenditures and** outcomes achieved through the use of that funding and the activities that contributed to those outcomes. This report from each receiving county shall be made in a manner prescribed by the department, following consultation with the County Welfare Directors Association of California and the Chief Probation Officers of California. Using these reports, the department shall share best practices among counties and shall periodically update the Legislature.

(d) Funding for the purposes of this section shall be subject to an appropriation by the Legislature.

(Added by Stats. 2015, Ch. 773, Sec. 107. (AB 403) Effective January 1, 2016.)

ISSUE 19: EXTENDED FOSTER CARE DEFINITIONS FOR ENTRANCE AND RE-ENTRY

BACKGROUND

This issue was heard by the Subcommittee on April 11, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$1 million General Fund for 2018-19 and on-going, with placeholder trailer bill language. (Please contact Subcommittee staff for a draft copy of this trailer bill, it is extensive and technical, therefore was not included as an attachment to this agenda, but is available upon request.)

This action conforms to action taken in the Senate, so this should not be a Conference issue.

ISSUE 20: HOLOCAUST SURVIVOR ASSISTANCE PROGRAM**BACKGROUND**

This issue was heard by the Subcommittee on April 25, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$3.6 million General Fund for 2018-19 (one-time), with placeholder trailer bill language as follows:

SECTION 1. Chapter 4 (commencing with Section 8150) is added to Division 8 of the Welfare and Institutions Code, to read:

CHAPTER 4. CALIFORNIA HOLOCAUST SURVIVOR ASSISTANCE PROGRAM

8150. For purposes of this chapter, the following definitions shall apply:

(a) "Department" means the State Department of Social Services.

(b) "Eligible individual" means an individual who can provide any of the following types of evidence to establish that the individual is a survivor of the Holocaust:

(1) Tattooed numbers on the forearm.

(2) Tattoo reading "KL" instead of numbers.

(3) Scar on forearm consistent with the surgical removal of a tattoo specified in paragraph (1) or (2).

(4) An award letter or other correspondence from the German government under the indemnification procedures providing payments to some survivors who filed within required time frames.

(5) A copy of depositions made to apply for indemnification from the German government after the cut-off dates.

(6) A copy of depositions made in connection with the prosecution of war criminals.

(7) Documents identifying the bearer as a displaced person or an inmate of a concentration camp or work camp.

(8) Identification papers issued by Nazi Germany or occupation authorities identifying the person as Jewish, including passports issued by Germany stamped with a large red "J."

(9) Proof of residence in a country and time period identified in the United States Social Security Administration's GN 00302.336.

(10) Information from the records of a survivor study organization or an organization aiding survivors, as specified in the United States Social Security Administration's GN 00302.337.

(11) Information from a German consulate or other diplomatic office.

(12) Evidence from foreign sources authorized in the United States Social Security Administration's GN 00302.340.

(c) "Eligible organization" means a California-based organization that is exempt from federal income taxation pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986 or a public agency that partners with a California-based nonprofit organization that has demonstrated expertise providing direct services to Holocaust survivors, and meets both of the following criteria:

(1) The entity has provided services to a meaningful number of Holocaust survivors in each of the last five years.

(2) The entity uses person-centered, trauma informed service practices.

(d) "Program" means the California Holocaust Survivor Assistance Program established pursuant to this chapter.

8151. (a) To the extent funds are expressly appropriated in the annual budget act for the purposes of this chapter, the department shall create and administer a program to award grants to eligible organizations for the purpose of providing specialized services to eligible individuals and their caregivers that help the eligible individuals remain independent and safe in their communities, address the consequences of trauma, and facilitate healing.

(b) This section does not create an entitlement for assistance. Assistance shall be provided at the discretion of an eligible organization as a service to eligible individuals.

(c) It is the intent of the Legislature that assistance provided pursuant to this chapter utilize person-centered, trauma informed service practices and interventions.

(d) An eligible organization may be awarded grants to provide services in one or more of the following categories:

(1) Companion services, including nonmedical care, supervision, and socialization provided to an eligible individual. Companions may assist or supervise the individual with daily living activities, including, but not limited to, bathing, meal preparation, laundry, light housekeeping, and shopping. Companion services are typically provided in an eligible individual's home, but may also be provided while individuals are in institutional settings, including a hospital, rehabilitation facility, or assisted living facility, and may include time spent accompanying eligible individuals to access services outside of the home.

(2) Home health care or health maintenance care, including in-home assistance that addresses medical needs, including administering medications and physical therapy.

(3) Culturally appropriate case management that provides multilingual, trauma informed case management and service navigation for eligible individuals, taking into consideration the unique physical, social, emotional, and psychological pain and discomfort they may experience as they age.

(4) Providing additional home-delivered meals, congregate meals, or access to groceries.

(5) Providing financial assistance towards dental care costs incurred for the maintenance of natural teeth and other services needed to maintain an eligible individual's ability to chew and eat food.

(6) Providing housing-related supports to eligible individuals, including, but not limited to, rental assistance, security deposit assistance, and utility payments.

(e) The department, in consultation with Jewish Family Services agencies and other appropriate stakeholder experts in the provision of specialized care to eligible individuals, shall develop all of the following:

(1) The criteria by which eligible organizations may be awarded grant funds to provide assistance to eligible individuals pursuant to this chapter.

(2) Tracking and reporting procedures for the program.

(3) A process for evaluating program data, including, but not limited to, all of the following:

(A) The number of individuals determined eligible for the program.

(B) The number of individuals receiving assistance from the program.

(C) The types of assistance received by eligible individuals.

8152. The department, in consultation with Jewish Family Services agencies and other appropriate stakeholders, may use a portion of the funds generally appropriated

for the program to enter into a contract with an independent evaluation and research entity to evaluate the impacts of the program, which may include, but are not limited to, the following:

(a) The most needed types of interventions.

(b) The reduction or delay of institutionalization, including hospitalization and skilled nursing home care, for recipients of services pursuant to the program.

(c) Other program impacts, costs, and benefits.

8153. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall implement this chapter without taking regulatory action.

8154. The director of the department may enter into contracts on a bid, nonbid, or negotiated basis to provide or arrange for services provided under this chapter. Contracts entered into or amended pursuant to this chapter shall be exempt from the provisions of Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code and Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, and shall be exempt from the review and approval of any division of the Department of General Services.

ISSUE 21: CMIPS II BACKLOG

BACKGROUND

This issue was heard by the Subcommittee on March 14, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$2.5 million General Fund for 2018-19 (one-time) to assist with clearing the backlog, with placeholder trailer bill language as follows:

Section 12317.01 of the Welfare and Institutions Code is added to read:

- (a) The Department of Social Services and Office of Systems Integration shall provide a seat on all governance bodies of the Case Management and Information Payrolling System (CMIPS) for a County Welfare Directors Association of California representative and shall support and provide necessary accommodation for the stationing of county representatives at the project site.

ISSUE 22: RESTORE SINGLE ALLOCATION REDUCTION**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$23.5 million General Fund for 2018-19 (one-time) to backfill the May Revision reduction to the employment services portion of the CalWORKs Single Allocation, holding it harmless until the new methodology is established.

ISSUE 23: RESTORE CCR COUNTY ADMINISTRATION**BACKGROUND**

This issue was heard by the Subcommittee on April 11 and May 16, 2018. Please review those agendas for details on this proposal.

Recommended Subcommittee Action:

Approve \$49.1 million General Fund for county administration costs related to CCR in 2018-19, including \$6.3 million General Fund (one-time) for Resource Family Approval, \$4.8 million General Fund (on-going) for Level of Care Assessments, and \$38 million General Fund (on-going) for the CANS Assessment.

ISSUE 24: RESTORE IHSS COUNTY ADMINISTRATION**BACKGROUND**

This issue was heard by the Subcommittee on March 14 and May 16, 2018. Please review those agendas for details on this proposal.

Recommended Subcommittee Action:

Approve \$20 million General Fund for 2018-19 as a placeholder amount for IHSS county administrative costs, pending continuing conversations between counties and the Administration.

ISSUE 25: IMPROVING OUTCOMES FOR OLDER YOUTH IN SHELTERS/GROUP HOMES**BACKGROUND**

Issues in Child Welfare Services/Foster Care were heard by the Subcommittee on April 11, 2018.

Recommended Subcommittee Action:

Approve \$5 million General Fund for 2018-19 and on-going as placeholder funding, with placeholder trailer bill language to be developed, to create a state intervention to assist with law enforcement referrals from group homes and remaining shelters, with the goal of improving outcomes for adolescents and older youth.

ISSUE 26: TBL ON IHSS SICK LEAVE/PROVIDER BACK-UP SYSTEM DEVELOPMENT STAKEHOLDER PROCESS**BACKGROUND**

The UDW and AFSCME Local 3930 and the SEIU request that the Administration develop a comprehensive provider back-up system, and trailer bill language that does the following: 1) Requires the Department of Social Services to convene a stakeholder workgroup no later than September 1, 2018; 2) Requires the work of the stakeholder workgroup be completed by June 30, 2019; and 3) Requires that each county have an operational provider backup system no later than when the state minimum wage reaches \$13 an hour (currently in 2020). This issue was discussed at the March 14, 2018 hearing, please also see that agenda for details.

Recommended Subcommittee Action:

Approve trailer bill language as placeholder.

This action conforms to action taken in the Senate, so this should not be a Conference issue.

ISSUE 27: TBL ON CALWORKS WELFARE TO WORK STUDY TIME**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve the following trailer bill language as placeholder:

Amend Welfare and Institutions Code Section 11325.23 (a)(3)(C) as follows:

If participation in educational or vocational training, as determined by the number of hours required for classroom, laboratory, *study time provided for by an educational or training institution*, or internship activities, is not at least 30 hours, or if subparagraph (B) of paragraph (1) of subdivision (a) of Section 11322.8 applies, 20 hours, the county shall require concurrent participation in work activities pursuant to subdivisions (a) to (j), inclusive, of Section 11322.6 and Section 11325.22.

ISSUE 28: TBL ON CALSAWS STAKEHOLDER WORKGROUP**BACKGROUND**

This issue was heard by the Subcommittee on April 25, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve the following trailer bill language as placeholder. This action conforms to action taken in the Senate, so this should not be a Conference issue.

Section 1.

The Legislature finds and declares:

- (a) Through the Statewide Automation Welfare System (SAWS) consortia, the state and counties provide health and human services to over 13 million Californians.
- (b) The state is currently working in partnership with the federal government to consolidate the existing consortia systems and functionality into one single CalSAWS. This consolidation will heavily leverage the existing LEADER Replacement System, rather than building a new system.
- (c) California, its counties, and stakeholders have a decades-long partnership and commitment to excellence in service delivery for its health and human service programs. This partnership is a relationship built on effective communication, transparency and a shared vision of service to millions of low-income and vulnerable Californians.
- (d) The CalSAWS will be the primary automation system for delivering benefits for several decades.
- (e) The CalSAWS development process will be improved through meaningful stakeholder, client, and advocate input on elements that impact service delivery.

Section 2.

It is the intent of the Legislature that representatives from the California Department of Social Services (CDSS), the Department of Health Care Services (DHCS), the Office Of System Integration (OSI), the SAWS consortia, and the counties meet with advocates, clients, and other stakeholders no less than quarterly to review the development status of the CalACES and CalSAWS projects. This process shall include meaningful participation in the planning, review, and analysis of the system to prevent potential defects and to provide input during the development of any and all enhancements of the system that have operational impacts on those applying for and receiving public benefits. Meeting agendas shall be established based on input from all parties, who may indicate their priorities for discussion. DSS, DHCS, OSI, and the SAWS consortia shall engage with stakeholders to discuss current and planned functionality changes, system demonstrations, and advocates' identification of areas of concern, especially with system functionality that impacts eligibility, enrollment, benefit maintenance, and consumer protection processes, including the design of public facing elements and other areas that directly

impact clients. These meetings will commence in the summer of 2018 and will continue at least quarterly through development, implementation and maintenance.

Section 3.

The California Department of Social Services, the Department of Health Care Services, and the Office of System Integration shall develop, in consultation with CWDA, the SAWS consortia, and stakeholders, a formal process for health and human services advocates and clients to provide meaningful input into the planning and development of CalACES and CalSAWS. This shall include all aspects of eligibility, enrollment, and case management; process, timelines, and training curricula; public portals; mobile applications; notices; certain ancillary services; and inter-county transfers. This process may include focus groups, user-centered design sessions, and/or User Acceptance Testing. The process shall also include regular updates on the upcoming work to analyze, prioritize, and implement corrections to defects and proposed enhancements; to monitor screening; and to build in flexibility for future improvements.

ISSUE 29: TBL ON FILE CLEARANCE PROCESS CODIFICATION

BACKGROUND

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve the following trailer bill language as placeholder:

Section XXXXX is added to the Welfare and Institutions Code:

XXXXX. (a) (1) The Department of Social Services (CDSS) shall require counties to execute a file clearance process for all CalWORKs and CalFresh applicants in order to verify identity, prevent receipt of duplicate aid, as required by Section 10831 (a), and obviate the need for applicants to provide verification for items deemed to have been verified as a result of the file clearance process. This file clearance process shall include, at a minimum, review of the following data elements:

- (A) Receipt of current aid in another California county as recorded in Medi-Cal Eligibility Determination System (MEDS).
- (B) Identity, citizenship, and social security numbers through interfaces with the Social Security Administration, United States Citizenship and Immigration Services, and the California Department of Public Health, facilitated through MEDS.
- (C) Assignment of a unique Client Identification Number produced by the Statewide Client Index (SCI).
- (D) Public assistance program records within the county of application's Statewide Automated Welfare System (SAWS).
- (E) Wage, unemployment, and disability benefits from the Employment Development

Department, Social Security and Supplemental Security Income benefits from the Social Security Administration, lawful status for non-citizens from the Systematic Alien Verification for Entitlements Program, and interest and dividends from the Franchise Tax Board through the Applicant Income and Eligibility Verification System (Applicant IEVS) process.

(2) Any discrepancies that are found during the file clearance process shall be reconciled. Reconciliation steps shall include any or all of the following, as appropriate:

- (A) Confirmation of the accuracy of the information on the application with the applicant and correction of any errors on the application, including data entry errors.
- (B) Confirmation of a change of address between counties and initiation of an Inter-County Transfer to coordinate benefits and prevent receipt of duplicate aid if the applicant is already receiving aid in another county, and has moved.
- (C) Obtaining additional paper or electronic verifications in order to resolve the discrepancy and establish the correct data to proceed with the eligibility determination process.
- (D) Consolidation of duplicate records and correction of any mismatched data across or within MEDS or SAWS.
- (E) Utilization of the MEDS reconciliation process and MEDS alerts to resolve discrepant information and correct data entry errors.

(3) The MEDS, SCI, and SAWS file clearances must be completed, and any discrepancies reconciled, prior to the issuance of both emergency and regular benefits, except in the case of system outages that would prevent otherwise eligible families from receiving timely benefits.

(4) The Applicant IEVS clearance shall be requested prior to finalizing the eligibility determination for regular benefits. The Applicant IEVS clearance is not required prior to the issuance of CalFresh expedited services pursuant to Section 18914 and CalWORKs Immediate Need pursuant to Section 11266 . When the Applicant IEVS clearance cannot be completed prior to the completion of the eligibility determination, it shall be completed as soon as practicable thereafter.

(5) The CDSS shall promulgate regulations for the file clearance process, and issue instructions to the counties, including what electronic matches from the file clearance process can be considered verifications, and the process for resolution for specific types of discrepancies.

(6) The CDSS shall pursue improvements to the file clearance process as part of MEDS Modernization. Such improvements shall include, at a minimum, enhancements to the electronic matching of individuals and family/household groupings to increase the efficiency and accuracy of file clearance and the implementation of real time error messaging between MEDS and SAWS.

(b) The legislature hereby finds and declares that the enumeration of the databases in Section XXXXX (a) (1) (A through E) is not intended to preclude the modernization of these systems nor the enhancement of electronic matching that will improve customer service, accuracy, and timely determination of eligibility.

ISSUE 30: SRL ON FOOD FOR ALL STAKEHOLDER WORKGROUP**BACKGROUND**

This issue was heard by the Subcommittee on April 4, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve the following supplemental report language as placeholder. This action conforms to action taken in the Senate, so this should not be a Conference issue.

The California Department of Social Services (CDSS) shall convene relevant stakeholders, including, but not limited to, immigrant advocates and food security advocates to identify how the state and local entities can improve current programs and coordinate linkages to community services to strengthen California's food assistance safety net for all low-income Californians, and work to remove barriers that exclude immigrant Californians from the state's food assistance safety net. Stakeholders shall be convened by September 30, 2018 and shall meet at least four times before July 1, 2019.

ISSUE 31: SRL ON APPLICATION HUB**BACKGROUND**

This issue was heard by the Subcommittee on April 25, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve the following supplemental report language as placeholder:

Item 5180-001-0001—Department of Social Services

State Hub Roadmap Project. The California Department of Social Services (DSS) is engaged in an effort to address existing challenges with the eligibility verification process for CalFresh and CalWORKs. Specifically, the programs' current reliance on paper documentation to verify identity can create a burden on clients and delay application processing. In some instances where electronic verifications of identity are available, they can fail to provide the most current data, creating an application processing delay. In an effort known as the State Hub Roadmap Project, DSS is using the assistance of a contractor to identify electronic options to streamline and modernize the processes for obtaining required verifications for CalFresh and CalWORKs eligibility. The objective of the project is to make the eligibility verification process fast, accurate, and efficient for both clients and program staff. The DSS shall submit the contractor's final report, including the contractor's findings and recommendations, to the Legislature and stakeholders. This final report shall be known as the roadmap.

The DSS shall provide a briefing to the Legislature and stakeholders beginning July 2018 and quarterly thereafter, on the status of the State Hub Roadmap Project. The briefing shall include but not be limited to (1) the progress of the contractor and DSS in the development of the roadmap, (2) any of the contractor's findings and recommendations from the State Hub Roadmap Project, including but not limited to short-, medium-, and long-term recommendations on how to improve the verification process, and (3) provide opportunities for the Legislature and stakeholders, including county representatives and program advocates to provide feedback. Upon completion of the roadmap, DSS shall report to the Legislature and stakeholders on its intended next step, as informed by the roadmap, including schedule and cost information.

ISSUE 32: SRL ON MEDS MODERNIZATION**BACKGROUND**

This issue was heard by the Subcommittee on April 25, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve the following supplemental report language as placeholder:

Item 0530-001-9745—California Health and Human Services Agency

Item 4260-001-0001—Department of Health Care Services

Item 5180-001-0001—Department of Social Services

MEDS Modernization and File Clearance. No later than April 1, 2019, the Department of Health Care Services, Department of Social Services, and the California Health and Human Services Agency shall jointly report to the Legislature and stakeholders, including county representatives and advocates, on options for improving the “file clearance process” for CalWORKs and CalFresh in the Medi-Cal Eligibility Data System (MEDS). Specifically, the report shall identify (1) opportunities for improving the file clearance process within the current scope of the MEDS Modernization Project (if no opportunities are available within the current scope, please describe opportunities that would be available if the scope were to be expanded) and (2) what additional opportunities for improving the file clearance process will be available once the MEDS Modernization Project is complete. For each of the opportunities identified, the report shall include the total estimated cost and estimated completion date for implementing the option.

ISSUE 33: TBL ON CCR PLACEMENT CONTINGENCY PLAN**BACKGROUND**

CCR issues and county concerns were expressed to the Subcommittee at the April 11 and May 16, 2018 hearings.

Recommended Subcommittee Action:

Approve the following trailer bill language as placeholder. This action is intended to conform to action taken in the Senate, so this should not be a Conference issue.

Amend WIC 11462.04 as follows:

(a) Notwithstanding any other law, commencing January 1, 2017, no new group home rate or change to an existing rate shall be established pursuant to the Rate Classification Level (RCL) system.

(b) Notwithstanding subdivision (a), the department may grant an exception as appropriate, on a case-by-case basis, when a written request and supporting documentation are provided by a county placing agency, including a county welfare or probation director, that absent the granting of that exception, there is a material risk to the welfare of children due to an inadequate supply of appropriate alternative placement options to meet the needs of children.

(c) For group homes being paid under the RCL system, and those granted an exception pursuant to paragraph (b), group home rates shall terminate on December 31, 2016, unless granted an extension under the exception process in subdivision (d).

(d) A group home may request an exception to extend its rate as follows:

(1) The department may grant an extension for up to two years, through December 31, 2018, except as provided in paragraph (2), on a case-by-case basis, when a written request and supporting documentation are provided by a county placing agency, including a county welfare or probation director, that absent the granting of that exception, there is a material risk to the welfare of children due to an inadequate supply of appropriate alternative placement options to meet the needs of children. The exception may include time to meet the program accreditation requirement or the mental health certification requirement.

(i) The department may grant an additional extension to a group home beyond December 31, 2018, upon a county child welfare department submitting a written request on behalf of a provider and providing documentation in a format to be determined by the department pursuant to subparagraph (ii). If granted, these extension requests shall be provided in increments up to six months and may be renewed by the director if the documentation is provided.

(ii) In order to be eligible to maintain placement of place foster youth in a group home receiving an extension pursuant to subparagraph (i), the county child welfare agency, in partnership with the county mental health plan, must submit a plan to the department by August 15, 2018. This plan shall:

- (A) Describe the agency's plan to transition all foster youth under the jurisdiction of the county residing in group homes into a home-based placement, or, if determined by the Interagency Placement Committee, to a licensed short-term residential therapeutic program (STRTP) within the extension period.
 - (B) Address the need, availability, and capacity of STRTPs and other therapeutic placement options for the youth under the jurisdiction of the county and document prior and ongoing efforts taken to solicit or develop needed STRTP capacity.
 - (C) Develop and document child specific transition plans that include intensive family-finding and engagement for every child lacking an identified home-based caregiver including those youth identified for STRTP transition; child and family team-driven case plans that identify and respond to barriers to home based placement and; documentation of the trauma-informed and permanency competent specialty mental health services to be provided, including wraparound, collateral, ICC and IHBS and TBS.
 - (D) Document efforts to expand or establish Intensive Services Foster Care and Therapeutic Foster Care programs, and other home-based services that provide timely access to trauma-informed care, in conjunction with the county behavioral health department.
 - (E) Detail any barriers to achieving items (A) through (D) that have led the county to support such an extension.
 - (F) Identify solutions to such barriers, including needed action from partner agencies such as county boards of supervisors, county behavioral health, the state Department of Social Services, the state Department of Health Care Services, STRTPs, foster family agencies or other local agencies including but not limited to regional centers and special education agencies, that would aid the county child welfare agency in delivering appropriate services to foster youth.
- (iii) The department shall require a provider on whose behalf an extension is being sought pursuant to subparagraph (i) to document its efforts to convert to a short-term residential therapeutic program.
- (2) Pursuant to Section 11462.041, after the expiration of the extension afforded in paragraph (1), the department may grant an additional extension to a group home beyond December 31, 2018, upon a provider submitting a written request and the county probation department providing documentation stating that absent the granting of that extension, there is a significant risk to the safety of the youth or the public, due to an inadequate supply of short-term residential therapeutic programs or resource families necessary to meet the needs of probation youth. The extension granted to any provider through this section may be reviewed annually by the department if concerns arise regarding that provider's facility. Pursuant to subdivision (e) of Section 11462.041, the final report submitted to the Legislature shall address whether or not the extensions are still necessary.
- (3) The exception shall allow the provider to continue to receive the rate under the prior ratesetting system.
- (4) A provider granted an extension pursuant to this section shall continue to operate and be governed by the applicable laws and regulations that were operative on December 31, 2016.
- (5) If the exception request granted pursuant to this subdivision is not made by the host county, the placing county shall notify and provide a copy to the host county.

(e) (1) The extended rate granted pursuant to either paragraph (1) or (2) of subdivision (d) shall be provisional and subject to terms and conditions set by the department during the provisional period.

(2) Consistent with Section 11466.01, for provisional rates, the following shall be established:

(A) Terms and conditions, including the duration of the provisional rate.

(B) An administrative review process for provisional rate determinations, including denials, reductions, and terminations.

(C) An administrative review process that includes a departmental review, corrective action, and a protest with the department. Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), this process shall be disseminated by written directive pending the promulgation of regulations.

(f) Upon termination of an existing group home rate under the RCL system, a new rate shall not be paid until an application is approved and a rate is granted by the department pursuant to Section 11462 as a short-term residential therapeutic program or, effective January 1, 2017, the rate set pursuant to Section 11463 as a foster family agency.

(g) The department shall, in the development of the new rate structures, consider and provide for placement of all children who are displaced as a result of reclassification of treatment facilities.

[(h) ACL authority to implement.]

(Amended by Stats. 2017, Ch. 732, Sec. 68. (AB 404) Effective January 1, 2018.)

ISSUE 34: TBL ON CCR TRUE-UP ON RECONCILIATION**BACKGROUND**

CCR issues and county concerns were expressed to the Subcommittee at the April 11 and May 16, 2018 hearings. CWDA proposes trailer bill language that would codify the true-up process for the state and county costs and savings associated with the CCR. Under the Constitutional terms of Proposition 30, the state is required to fund the net cost increases associated with mandated child welfare activities and costs enacted after 2011 Realignment was adopted. CWDA and the current Administration have worked together to develop a detailed calculation to reconcile state and county costs and savings on a monthly basis in the county cost claim, including those related to reduced SCIs, for CCR-related assistance costs. Reduced assistance costs due to the implementation of the CCR are then to be used to offset state General Fund investments for CCR administration, including but not limited to, CFTs, LOC protocol work, and the CANS assessment. Codification of the CCR true-up calculation will ensure that all relevant costs and savings are reflected on an ongoing basis and that counties that do experience net costs related to CCR will have those costs covered.

Recommended Subcommittee Action:

Approve placeholder trailer bill language for a CCR true-up reconciliation process. This action is intended to conform to action taken in the Senate, so this should not be a Conference issue.

ISSUE 35: MR - HOME SAFE PROGRAM (ISSUE 411)**BACKGROUND**

The May Revision requested that Item 5180 151-0001 be increased by \$15 million to reflect one-time funding to pilot a new Home Safe Program within Adult Protective Services. The funding will be available to participating counties over a three-year period to provide housing-related supports to seniors experiencing homelessness or at risk of becoming homeless. This includes requested Budget Bill Language on an extended encumbrance period, until June 30, 2021, and trailer bill language.

The Home Safe proposal was heard by the Subcommittee on March 14, 2018 and the Governor's May Revision proposal was heard on May 16, 2018.

Recommended Subcommittee Action:

Approve the May Revision proposal for Home Safe, with the following placeholder trailer bill language that responds to advocate's feedback as follows:

SECTION 1. Chapter 14 (Commencing with Section 15767) is added to Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Chapter 14. Home Safe Program

15767. For purposes of this chapter, the following definitions shall apply:

- (a) "Adult protective services" has the same meaning as defined in Section 15610.10.
- (b) "Eligible individual" means any individual that, at a minimum, meets all of the following conditions:
 - (1) Is an adult protective services client.
 - (2) Is homeless or at imminent risk of homelessness as a result of elder or dependent abuse, neglect, self-neglect, or financial exploitation, as determined by the adult protective services agency.
 - (3) Voluntarily agrees to participate in the program.
- (c) "Homeless or at risk of homelessness" means any of the following:
 - (1) Lacking a fixed or regular nighttime residence and either of the following:
 - (A) Having a primary nighttime residence that is a supervised publicly or privately operated shelter, hotel, or motel, designed to provide temporary living accommodations.
 - (B) Residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
 - (2) In receipt of a judgment for eviction, as ordered by the court.
 - (3) In receipt of a pay rent or quit notice or who will otherwise imminently lose their primary nighttime residence, provided that all of the following are true:
 - (A) Their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance, or there is credible evidence they are at imminent risk of receiving a termination notice, as documented in their APS case plan.
 - (B) No subsequent residence has been identified or secured, including, but not limited to, individuals exiting medical facilities, long-term care facilities, prisons, and jails.
 - (C) The individual lacks the resources or support networks, including, but not limited to, family, friends, faith-based or other social networks, needed to obtain other permanent housing.
 - (4) Having a primary nighttime residence or living situation directly associated with a substantiated report of abuse, neglect, or financial exploitation that poses an imminent health and safety risk, and the individual lacks the resources or support networks needed to obtain other permanent housing.
- (d) "Multidisciplinary personnel team" has the same meaning as defined in Section 15610.55.
- (e) "Permanent housing" means a place to live without a predetermined limit on the length of stay subject to landlord-tenant laws pursuant to Chapter 2 (commencing with Section 1940) of Title 5 of Part 4 of Division 3 of the Civil Code.
- (f) "Program" means the Home Safe Program established pursuant to this chapter.
- (g) "Supportive housing" has the same meaning as defined in paragraph (2) of subdivision (b) of Section 50675.14 of the Health and Safety Code, except that the program is not restricted to serving only projects with five or more units.

15767.1. (a) Subject to an appropriation of funds for this purpose in the annual Budget Act, the department shall award grants to counties or tribes, or groups of either, 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 housing-related supports to eligible individuals.

(b) Notwithstanding subdivision (a), this section does not create an entitlement to housing-related assistance, which is to be provided at the discretion of the grantee as a service to eligible individuals.

(c) (1) It is the intent of the Legislature that housing-related assistance provided pursuant to this article utilize evidence-based practices in homeless assistance and prevention, including housing risk screening and assessments, housing first, rapid rehousing, and supportive housing.

(2) Housing-related supports and services available to participating individuals may include, but not be limited to, all of the following:

(A) An assessment of each individual's housing needs, including a plan to assist them in meeting those needs, consistent with the case plan as developed by the Adult Protective Services agency. To the extent feasible, this plan shall be developed in coordination with a multi-disciplinary team that may include housing program providers, mental health providers, local law enforcement, legal assistance providers, and others as deemed relevant by the APS agency.

(B) Navigation or search assistance to recruit landlords and assist individuals in locating affordable or subsidized housing.

(C) Enhanced case management including motivational interviewing and trauma-informed care, to help the individual recover from elder abuse, neglect, and/or financial exploitation.

(D) Housing-related financial assistance, including rental assistance, security deposit assistance, utility payments, moving cost assistance, and interim housing assistance while housing navigators are actively seeking permanent housing options for the individual.

(E) Housing stabilization services, including ongoing landlord engagement, case management, public systems assistance, legal services, tenant education, eviction protection, credit repair assistance, life skills training, heavy cleaning, and conflict mediation with landlords, neighbors, and families.

(F) If the individual requires supportive housing, referral to the local homeless Continuum of Care for long-term services promoting housing stability.

(G) Mental health assistance, as necessary or appropriate.

(d) The department shall provide grants to counties and tribes according to criteria and procedures developed by the department, in consultation with the County Welfare Directors Association, tribes, the California Elder Justice Coalition, and the California Commission on Aging. These criteria shall include, but are not limited to, all of the following:

(1) The criteria by which applicant counties or tribes, or groups of either, may be awarded funds to provide housing-related assistance to eligible individuals pursuant to this chapter.

(2) Eligible sources of funds and in-kind contributions for the match to the grant described in paragraph (1) of subdivision (e).

(3) The proportion of funding to be expended on reasonable and appropriate administrative activities, in order to minimize overhead and maximize services.

(4) Tracking and reporting procedures for the program, which shall be conducted as a condition of receiving funds, including, but not limited to, collecting disaggregated data on:

(A) Number of people determined eligible for Home Safe.

(B) Number of people receiving Home Safe assistance, and the duration of such assistance.

(C) Types of housing assistance received by recipients.

(D) Housing status six months and one year after receiving Home Safe assistance.

(E) Number of substantiated adult protective services reports six months and one year after receiving Home Safe assistance.

(e) Grants shall be subject to all of the following requirements:

(1) Grantees shall match that funding on a dollar-for-dollar basis, which may be met by cash or in-kind.

(2) Grantees shall demonstrate the extent to which they will attempt to leverage county mental health services for participating individuals, and any barriers to leveraging these funds.

(3) Grantees shall agree to actively cooperate with tracking, reporting, and evaluation efforts.

- (4) Grantees shall coordinate with the local homeless continuum of care network.
- (f) Funding pursuant to this section shall supplement, and not supplant, the level of county or tribal funding spent on these purposes in the 2017-18 state fiscal year.
- (g) Utilizing the funds appropriated for purposes of this chapter, the department shall, in consultation with County Welfare Directors Association, tribes, the California Elder Justice Coalition, and the California Commission on Aging, enter into a contract with an independent evaluation and research agency to evaluate the impacts of Home Safe, which may include, but are not limited to:
- (1) the likelihood of future homelessness and housing instability among recipients.
 - (2) the likelihood of future instances of abuse and neglect among recipients.
 - (3) program costs and benefits.
- (h) Notwithstanding the rulemaking provisions of the Administrative Procedures Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this chapter through all-county letters without taking any regulatory action.

ISSUE 36: CONTINUUM CARE REFORM: CAREGIVER EMERGENCY ASSISTANCE PAYMENTS AND TRAILER BILL LANGUAGE: LONG-TERM FUNDING SOLUTION

BACKGROUND

The Governor's budget proposes an increase of \$13.4 million federal Temporary Assistance for Needy Families (TANF) funds for counties to provide emergency assistance (EA) payments to families prior to their approval as resource families. Beginning July 1, 2018, the EA support would be provided for up to six months. Up to three months of EA payments would be provided beginning July 1, 2019. Due to the fact that the resource family approval (RFA) process was taking much longer than the goal of 90 days, many families were going unpaid.

The Legislature and the Administration included a shortterm fix for families in an urgency bill, AB 110 (Committee on Budget), Chapter 8, Statutes of 2018. This provides at least 90 days of payments to caregivers who already have a child placed in their homes on an emergency basis while RFA approval is pending. The Administration intends to continue using EA TANF payments, similar to those used under AB 110, for the purposes of paying families while they wait for RFA approval. This proposal differs from the AB 110 approach, however, with respect to the use of Approved Relative Caregiver (ARC) funding for relative caregivers and non-related extended family members (NREFMs).

With this proposal, the state will pick up the EA cost share for federally ineligible relative caregivers and NREFMs. The language also includes a provision for a caregiver, who is currently receiving interim funding pursuant to AB 110, to continue such payments, for a period no longer than a combined total of six months, or until the RFA application is approved or denied.

The Subcommittee heard and discussed this item during its May 16, 2018 hearing and took no action. Trailer bill language was not yet available for review by the public, stakeholders, and Legislative staff.

Advocates raise concerns that this language does not address what happens to a family if the family is still not approved within the timelines outlined, and the county can no longer access EA funds. Counties raise concerns about how this language may impact the “discount rate”, which is a calculation that determines how much federal Title IV-E funds are reduced based on the amount of kids considered federally ineligible. Because this language allows for federally ineligible cases to be considered eligible while paid for with EA TANF funds, counties are concerned that this will drive up the discount rate and ultimately provide less funding for counties. Counties also raise concerns about the amount of manual work needed to provide data to the department on this issue.

Approve funding as placeholder and approve trailer bill language as placeholder with the following modifications: 1) Adds language that addresses concerns about families who aren’t approved beyond the six-month or three-month timelines and 2) Adds language that considers the impact on counties regarding the discount rate issue; and 3) Adds language that the department will work with the counties to determine the data available for reporting that minimizes additional manual work in advance of the data being available through automation.

Recommended Subcommittee Action:

Approve funding as placeholder and approve trailer bill language as placeholder with the following modifications: 1) Adds language that addresses concerns about families who aren’t approved beyond the six-month or three-month timelines and 2) Adds language that considers the impact on counties regarding the discount rate issue; and 3) Adds language that the department will work with the counties to determine the data available for reporting that minimizes additional manual work in advance of the data being available through automation.

This action is intended to conform to action taken in the Senate, so this should not be a Conference issue.

ISSUE 37: DSS GOVERNOR'S BUDGET CHANGE PROPOSALS, SPRING FINANCE LETTERS, AND MAY REVISION PROPOSALS

All actions below should conform to other actions specifically addressed in this agenda.

	Issue	Prior Hearing Date	Reco for Action
A	Budget Change Proposal (BCP) for In-Depth Monitoring of the IHSS Program. requests a total of six permanent positions (one Staff Services Manager I (SSM I) and five Associate Governmental Program Analysts (AGPAs) and \$780,000 (\$390,000 General Fund) in 2018-19 and \$712,000 (\$356,000 General Fund) annually thereafter to provide in-depth monitoring and technical assistance to help improve county administration of the IHSS program.	3/14	Approve as Budgeted
B	BCP for Child Welfare Services Case Reviews Oversight Assistance. The Governor's Budget proposes 9.0 positions and \$1,131,000 to increase safety, permanency, and well-being outcomes for children and families with the probation, foster care, and child welfare system. According to the Administration, the requested resources will enable DSS to increase coordination with and provide technical assistance to counties to develop or improve county mental and physical health services for vulnerable children ages 0-5 and their families; and to conduct required qualitative case reviews for rural child welfare and probation agencies who have been unable to conduct their own reviews.	4/11	Approve as Budgeted
C	BCP for Psychotropic Medication Oversight in Foster Care. The Governor's budget proposes two years of funding, \$702,000 per year, to support the equivalent of 6 positions. The Administration states that the requested funding is necessary in order to meet the mandate of SB 484 (Chapter 540, Statutes of 2015) and ensure the increased oversight of psychotropic medication continues.	4/11	Approve as Budgeted
D	BCP for Resources for Disaster Preparedness. The Governor's Budget proposes 3.0 positions and \$428,000 to support catastrophic planning and strengthen California's mass care and shelter capabilities. DSS has been assigned by the California Governor's Office of Emergency Service (Cal OES) in the State Emergency Plan as the lead for mass care and shelter in California.	4/11	Approve as Budgeted

	Issue	Prior Hearing Date	Reco for Action
E	BCP for Private Alternative Boarding Schools and Outdoor Program Oversight and Policy Development. The Governor's Budget proposes 12.5 positions authority and \$1,041,000, total funds, to permanently support licensing of private alternative boarding schools and private alternative outdoor programs. Of the total amount, \$591,000 General Fund is requested ongoing in order to implement SB 524 (Lara), Chapter 864, Statutes of 2016, which established Private Alternative Boarding Schools and Private Alternative Outdoor Programs as two new subcategories of Group Homes to be overseen by the department. Specifically, the positions requested are eight full-time Licensing Program Analysts (LPAs), one Licensing Program Manager (LPM), one and a half Office Assistant positions, and one Associate Governmental Program Analyst (AGPA). The Information Systems Division also requests \$450,000 for contracts to make updates to the Licensing Information System.	4/11	Approve as Budgeted
F	BCP for Appeals Case Management System Implementation. The Governor's Budget proposes 4.0 positions and \$493,000 to be a critical and essential part of the State's development and support team for the Appeals Case Management System.	4/11	Approve as Budgeted
G	BCP for Federal Medicaid Managed Care Final Rule Hearings and Increased Appeals Workload. The Governor's Budget proposes 16.0 positions and \$3,228,000 to process the increased workload associated with: 1) the implementation of the Medicaid Managed Care Centers for Medicare and Medicaid Services (CMS) Final Rule that changes the CDSS State Hearings Division hearing process for managed care service denials, and 2) significant increase in existing workload due primarily to the ongoing impact of the implementation of the Affordable Care Act (ACA). The requested resources will allow the Department to provide timely due process for the affected population across all programs and mitigate penalties for late decisions.	4/11	Approve as Budgeted

	Issue	Prior Hearing Date	Reco for Action
H	May Revision Proposal (MR) - Caseload Adjustments (Issues 401, 402, 403, and 404). Proposes a net increase of \$245,550,000 (increase of \$178,908,000 reimbursements, \$98,144,000 General Fund, \$10,000 State Children's Trust Fund, and \$2,000 Child Health and Safety Fund, partially offset by a decrease of \$31,514,000 Federal Trust Fund) primarily resulting from updated caseload estimates since the Governor's Budget.	5/16	Adopt updated estimates, conforming to other actions
I	MR - CalWORKs Single Allocation (Issue 406). It is requested that Item 5180-101-0890 be increased by \$55,823,000 to reflect additional costs associated with a new budgeting methodology for county administration of the eligibility determination process for CalWORKs, includes a \$23.5 M reduction to CW employment services.	5/16	Adopt updated estimates, conforming to other actions
J	MR CalWORKs Housing Support Program (Issue 405). It is requested that Item 5180-101-0001 be increased by \$24,163,000 to reflect an augmentation to the CalWORKs Housing Support Program, which assists CalWORKs families in obtaining and retaining permanent shelter. The Administration plans to invest an additional \$24.2 million in fiscal year 2019-20 to bring total program funding to \$95 million on an on-going basis from that fiscal year forward.	5/16	Approve as Budgeted
K	SFL on In-Home Supportive Services (IHSS) Collective Bargaining and State Administration	4/25	Approve as Budgeted
L	MR - Increase CalWORKs Homeless Assistance Program Payment Rate (Issue 413). It is requested that Item 5180 101 0001 be increased by \$7,640,000 and Item 5180-141-0001 be increased by \$500,000 to reflect a proposed increase to the daily payment rate from \$65 to \$85 for temporary shelter support in the CalWORKs Homeless Assistance Program, effective January 1, 2019. Trailer bill language is requested to effectuate this rate increase.	5/16	Adopt MR proposal, with placeholder TBL. Conform to Assembly Sub. 4 "Housing Plan" action to approve the elimination of the "consecutive" restriction on the 16 days of temporary Housing

	Issue	Prior Hearing Date	Reco for Action
			Assistance provided under HAP.
M	MR - IHSS County Administration Adjustment (Issue 407). It is requested that Item 5180 111 0001 be increased by \$23,996,000 and reimbursements be increased by \$23,298,000 to reflect revised workload assumptions for county and public authority administrative activities associated with the IHSS Program. The workload assumptions and budgeting methodology will be reexamined as part of the 2020-21 Budget.	5/16	Adopt updated estimates, conforming to other actions
N	MR - Increased AB 85 Savings (Issue 415). It is requested that Item 5180-101-0001 be decreased by \$247,194,000 to reflect an increase in AB 85 realignment funds available to offset General Fund costs in the CalWORKs program.	5/16	Adopt updated estimates, conforming to other actions
O	MR - Continuum of Care Reform: Resource Family Approval Backlog (Issue 416). It is requested that Item 5180-151-0001 be increased by \$3,161,000 and Item 5180-151-0890 be increased by \$1,463,000 to provide one-time funding to address county backlog of Resource Family applications	5/16	Adopt MR proposal, conforming to other actions
P	MR - Continuum of Care Reform: Caregiver Emergency Assistance Payments (Issue 417). It is requested that Item 5180-101-0890 be increased by \$13,363,000 for counties to support up to six months of emergency assistance (EA) payments prior to resource family approval, beginning July 1, 2018, and up to three months of EA payments beginning July 1, 2019. This proposal requires trailer bill language.	5/16	Adopt MR proposal, conforming to other actions

	Issue	Prior Hearing Date	Reco for Action
Q	MR - Continuum of Care Reform: Level of Care Assessment Tool (Issue 418). It is requested that Item 5180-151-0001 be increased by \$1,206,000, Item 5180-151-0890 be increased by \$633,000, and Item 5180-153-0001 be increased by \$1,285,000 to support increased workload for county social workers and probation officers associated with implementation of the Level of Care Protocol Assessment Tool developed for use with the Home-Based Family Care rate structure.	5/16	Adopt MR proposal, conforming to other actions
R	MR - Continuum of Care Reform: Revised Group Home Caseload Projections (Issue 419). It is requested that Item 5180-101-0001 be increased by \$21,857,000, Item 5180-101-0890 be increased by \$7,472,000, and Item 5180-153-0001 be increased by \$17,883,000 to reflect increased costs associated with revised group home caseload projections based on actual caseload movement.	5/16	Adopt MR proposal, conforming to other actions
S	MR - Continuum of Care Reform: Specialized Care Increment Savings Adjustment (Issue 420). It is requested that Item 5180-101-0001 be increased by \$8,927,000, Item 5180-101-0890 be increased by \$3,052,000, and Item 5180-153-0001 be increased by \$7,304,000 to reflect a technical correction related to assumed county savings associated with Specialized Care Increments (SCIs) provided in addition to the basic foster care rate.	5/16	Adopt MR proposal, conforming to other actions
T	MR - Tribal Title IV-E: Start-up Administration Costs (Issue 414). It is requested that Item 5180-151-0001 be increased by \$87,000 to provide start-up funds for tribes with existing federal Title IV-E agreements and to assist tribes in establishing a Title IV-E child welfare program.	5/16	Adopt MR proposal, conforming to other actions, and related MR TBL as placeholder
U	MR - Budget Bill Language: Children's Programs Reappropriations (Issue 421). It is requested that Item 5180-492 be added for the purpose of reappropriating the unexpended balances from funds appropriated in the 2017 Budget Act for various child welfare services programs.	5/16	Adopt MR proposal, conforming to other actions

	Issue	Prior Hearing Date	Reco for Action
V	MR - Disaster Assistance (Issue 412). It is requested that Item 5180-101-0001 be increased by \$200,000 for the State Supplemental Grant Program to assist victims of the 2017 wildfires and 2018 Southern California mudslides.	5/16	Approve as Budgeted
W	MR TBL - Home-Based Family Rate Clarification. The Administration proposes trailer bill language to clarify state statute regarding the non-applicability of the Home-Based Family Care (HBFC) rate structure for Adoption Assistance Program (AAP), Kin-GAP, and Non-Related Legal Guardian (NLRG) cases that went to permanency on or before December 31, 2016.	5/16	Adopt TBL as placeholder; direct DOF to address advocate concerns raised regarding clarity that families be able to re-negotiate their AAR or KinGAP rate into the new rates system based on the needs of the child
X	MR TBL - Federal Compliance: Indian Child Welfare Act Child Custody Proceedings. The Administration proposes to align state law with the minimum standards of the Federal Indian Child Welfare Act's (ICWA) Final Rule, which among other things, specify a tribe's exclusive jurisdiction over child custody proceedings involving an Indian child and clarify notification requirements.	5/16	Adopt TBL as placeholder
Y	Electronic Visit Verification - Subcommittee heard the overall issues and MR Request for \$243,000 (\$122,000 General Fund) on a two-year limited-term basis to reflect funding equivalent of 2.0 positions to support planning activities, such as coordinating stakeholder meetings, developing policies and procedures, drafting county letters, and providing progress reports.	5/16	Approve as Budgeted, conforming to BBL action taken under the Agency-wide item in 0530

4300 DEPARTMENT OF DEVELOPMENTAL SERVICES

ISSUE 38: BRIDGE FUNDING FOR REGIONAL CENTER SERVICES**BACKGROUND**

This issue was heard by the Subcommittee on March 7, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$50 million General Fund for 2018-19 (one-time) to provide bridge rate support for providers facing fiscal distress due to local minimum wage increases, until a new rate system can go into effect as a result of the pending Rate Study. Placeholder trailer bill language corresponding to this action is as follows:

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. (a) The Legislature reaffirms its commitment to the Lanterman Developmental Disabilities Services Act and its intent to enable people with developmental disabilities to live productive and integrated lives, and to have access to high-quality services and supports available in the community.

(b) The Legislature intends to provide temporary supplemental funding through rate increases to vendors providing services in high-cost areas of the state, which include areas with higher labor costs. The purpose of the supplemental funding is to help reduce the potential number of program closures and service-level reductions, resulting from rates that have not kept pace with rising labor costs. The Legislature recognizes that vendors across the state are currently dealing with staffing and program challenges, such as high turnover rates, but that these challenges are particularly acute in areas with higher labor costs.

(c) The Legislature expects the State Department of Developmental Services to submit a rate study to the appropriate fiscal and policy committees of the Legislature on or before March 1, 2019, as required by Section 4519.8 of the Welfare and Institutions Code. Pending the review of this rate study and implementation of any recommendations, the Legislature intends for supplemental funding to be appropriated to sustain high-quality services and supports in high-cost areas of the state for a period of two years beginning on July 1, 2018.

SEC. 2. Section 4691.12 is added to the Welfare and Institutions Code, to read:

4691.12. (a) Notwithstanding any other law or regulation, commencing July 1, 2018, the department shall provide supplemental funds to vendors for the purpose of temporarily increasing rates paid to the vendors for the purchase of services in high-cost areas of the state to alleviate labor costs associated with providing direct services to consumers, including filling existing, but vacant positions.

(b) For purposes of this section, the following definitions apply:

(1) "Direct services" means services, supports, care, supervision, or assistance provided by staff directly to a consumer to address the consumer's needs, as identified in the individual program plan, and includes staff participation in training and other activities directly related to providing consumer services.

(2) "Supplemental funds" or "supplemental funding" means temporary funding provided to vendors through increased rates and intended to alleviate high labor costs for a period of two years, beginning on July 1, 2018, and continuing through June 30, 2020.

(c) The department may use up to two hundred and fifty thousand dollars (\$250,000) during the 2018–19 fiscal year from the appropriation made in this section to pay for its administrative costs associated with this section.

(d) Supplemental funding shall be requested by, and apportioned to, vendors seeking that funding, as follows:

(1) A vendor requesting a temporary rate increase shall, within 60 days of the effective date of this section, provide information as of July 1, 2018, about its minimum wage direct services staff positions, both filled and unfilled, according to its approved program design and state regulations. For each position, the request shall include the anticipated average number of hours to be worked each month and the hourly cost difference between the applicable local minimum wage and state minimum wage on

July 1, 2018. The amount requested for each direct services staff position shall be the number of anticipated average hours to be worked each month multiplied by the hourly cost difference between the applicable local minimum wage and state minimum wage. The vendor's total request shall be the sum of the individual amounts.

(2) The vendor shall also submit to the department a succinct, yet sufficiently comprehensive, narrative description justifying the need for a temporary rate increase. The narrative description shall provide specific data and other information about how higher labor costs have adversely affected direct services staffing and program operations. The data and other information may include, but are not limited to, the number of positions that the vendor has been unable to fill and for how long, how often positions turn over on average, the number of staff whom the vendor has laid off, the number of programs that it has closed, the number of consumers whom it could serve according to its approved program design and the number it currently serves, whether it is at risk of closing down altogether, and whether, and how, any of the aforementioned issues are a result of its current rate. The narrative shall also describe how a temporary rate increase may help to alleviate future program reductions.

(3) When submitting its request, the vendor shall certify that the dollar amount of the request and the data and other information provided to justify the request are true and correct, and contain no material omissions of fact to the best knowledge and belief of the vendor.

(4) Within 60 days after the 60-day period set forth in paragraph (1), the department shall allocate the fifty million dollars (\$50,000,000) appropriated by subdivision (f), plus any associated matching funds, and less any departmental administrative costs authorized by subdivision (c), among all vendors that submitted valid documentation pursuant to paragraphs (1), (2), and (3). Funding shall be apportioned based on the relative dollar amount of individual vendors' total requests and shall be retroactive to July 1, 2018. Supplemental funding shall be provided to vendors through a temporary rate increase, which shall be in place from July 1, 2018, through June 30, 2020.

(5) By October 1, 2020, any vendor that received a temporary rate increase pursuant to this section shall submit to the department relevant records along with a narrative description of how the temporary rate increase helped to alleviate any of the challenges that it described in its original request, including, for example, information about whether the vendor was able to better recruit and retain staff, and whether the vendor was able to serve more consumers or avoid shutting down programs.

(e) The rate increase shall apply only to services for which rates are set by the department or through negotiations between the regional center and service provider, and to the rates paid for supported employment services, as specified in subdivisions (a) and (b) of Section 4860, and vouchered community-based training services, as specified in paragraph (7) of subdivision (c) of Section 4688.21. This section does not apply to services for which rates are determined by other entities, including, but not limited to, the State Department of Health Care Services or the State Department of Social Services, or that are usual and customary.

ISSUE 39: GOVERNOR'S PROPOSALS ON UNIFORM HOLIDAY SCHEDULE AND HALF DAY BILLING**BACKGROUND**

This issue was heard by the Subcommittee on March 7, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Reject the Governor's proposal to implement the 14-day Uniform Holiday Schedule, approving \$19.5 million in General Fund for 2018-19 and on-going for this purpose, with placeholder trailer bill language to effectuate this action.

Additionally, repeal the Half Day Billing statute, WIC Code Section 4690.6, which the Administration states will cost \$1.4 million General Fund in 2018-19 and on-going.

ISSUE 40: RESTORATION OF SOCIAL RECREATION AND CAMP PROGRAM SERVICES**BACKGROUND**

This issue was heard by the Subcommittee on March 7, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$14.2 million General Fund for 2018-19, allowing a ramp up period to occur as regional centers review and update Individual Program Plans (IPPs) to identify the need for and authorize social recreation services, and to identify and develop providers to offer these services. The annualized cost of the restoration is \$25.2 million in 2019-20 and on-going, with placeholder trailer bill language to effectuate this action.

This action conforms to action taken in the Senate, so this should not be a Conference issue.

ISSUE 41: SAFETY NET AUGMENTATION AND SUPPLEMENTAL REPORT LANGUAGE**BACKGROUND**

This issue was heard by the Subcommittee on March 7, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

This action has two parts:

1. Approve \$5.6 million General Fund for 2018-19 (one-time) to develop additional safety net services and the adoption of placeholder trailer bill language to direct how those funds will be spent, focusing on the following areas of Safety Net support:
 - Mobile crisis services in each regional center catchment area.
 - Comprehensive, individual assessment, planning and tailored services for individuals in crisis to provide continuity of treatment and supports, intensive monitoring and case management with reduce service coordinator caseloads.
 - Development of intensive wrap-around services for persons with co-occurring developmental disabilities and mental health needs. These services will allow individuals to successfully prevent the admission of individuals in highly restrictive settings.

This action conforms to action taken in the Senate, so this should not be a Conference issue.

2. Adopt Supplemental Report Language pursuant to the following:

ITEM 4300-001-0001—DEPARTMENT OF DEVELOPMENTAL SERVICES

Community-Based Safety Net and Crisis Services. Existing law requires DDS to provide quarterly updates to the appropriate fiscal and policy committees of Legislature on closure activities for developmental centers (DCs) and on the “steps foreseen, planned, and completed in the development” of community-based safety net and crisis services. Statute requires the department to provide quarterly updates on the safety net and crisis services through December 2020.

Beginning with the first quarterly update of 2018-19, the quarterly updates on community-based safety net and crisis services shall include written materials provided in tandem with the quarterly packets of DC closure materials. The information on safety net and crisis services shall include as much specific information as practicable that the department believes will assist the Legislature in understanding whether current safety net and crisis services are adequately meeting the demands of the DDS community-based consumer population.

ISSUE 42: TRAILER BILL IMPROVEMENTS IMPACTING THE DD SYSTEM**BACKGROUND**

Recommendations for trailer bill improvements from client's rights and DD family advocates were heard by the Subcommittee on March 7, 2018.

Recommended Subcommittee Action:

Approve the following trailer bill improvement pieces, with resources, if applicable, pursuant to technical assistance from the Administration on how much each would cost if ultimately enacted. These actions are intended to conform to actions taken in the Senate, so these pieces should not be in Conference.

1. Strengthen Protections for Individuals Placed in IMDs – approving \$339,000 General Fund on-going, as an annual cost, starting in 2018-19, with the following placeholder trailer bill language:

Amend Welfare and Institutions Code section 4648(a)(9)(C) to read:

(C) (i) Effective July 1, 2012, notwithstanding any other law or regulation, a regional center shall not purchase new residential services from, or place a consumer in, institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, for which federal Medicaid funding is not available. Effective July 1, 2013, this prohibition applies regardless of the availability of federal funding.

(ii) The prohibition described in clause (i) shall not apply to emergencies, as determined by the regional center, when a regional center cannot locate alternate services to meet the consumer's needs and the following conditions are met:

(I) The regional center prepares a report for inclusion in the consumer's file and submits a copy of the report to the department within 3 days of the emergency placement detailing the following: the community-based services and supports considered, including exemptions to rate freezes for the purposes of mitigating risks to the consumer's health and safety pursuant to sections 4648.4(b), 4681.5, 4681.6, 4684.55, 4689.8, 4691.6 and 4691.9, supplemental services as set forth in subparagraph (F) of paragraph (9) of subdivision (a) of this section, emergency and crisis intervention services as set forth in paragraph (10) of subdivision (a) of this section, community crisis home certified pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs.

(II) Within 5 days of receipt of the report, the Director of Developmental Services or the director's designee shall review the report and consult with the regional center to ensure that the regional center has exhausted community based services and supports including exemptions to rate freezes, supplemental services, and emergency and crisis intervention services before making the emergency placement.

~~(iii)~~ As soon as possible within 30 days of admission due to an emergency, an assessment shall be completed by the regional center to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility to the community. An individual program plan meeting shall be convened immediately following the assessment ~~to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility to the community~~ to document the steps the regional center will take to immediately implement the recommendations in the assessment. If transition is not expected within 90 days of admission, an emergency program plan meeting shall be held to discuss the status of the transition and to determine if the consumer is still in need of placement in the facility. If emergency services continue to be necessary, the regional center shall submit an updated transition plan to the department for an extension of up to 90 days. Within in 5 days of receipt of the transition plan, the Director of Developmental Services or the director's designee shall review the transition plan and consult with the regional center to ensure the adequacy of the plan and the services and supports needed to ensure the consumer returns to the community. Placement shall not exceed 180 days.

~~(iv)~~ If the emergency placement lasts, or is expected to last for over 30 days and there is not a court of competent jurisdiction with existing judicial review over the placement, the regional center shall inform the clients' rights advocate as described in Section 4433 for the catchment area, who may, unless the consumer objects on his or her own behalf, initiate judicial proceedings pursuant to Section 4800 to inquire into the terms and conditions of placement. Nothing in this subparagraph shall preclude a consumer or any person acting on his or her behalf from making a request for release pursuant to Section 4800.

~~(iii)~~ ~~(v)~~ To the extent feasible, prior to any admission, the regional center shall consider resource options identified by the statewide specialized resource service established pursuant to subdivision (b) of Section 4418.25.

~~(iv)~~ ~~(vi)~~ The clients' rights advocate shall be notified of each admission and individual program planning meeting pursuant to this subparagraph and may participate in all individual program planning meetings unless the consumer objects on his or her own behalf. For purposes of this clause, notification to the clients' rights advocate shall include a copy of the most recent comprehensive assessment or updated assessment and the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days prior to the meeting.

~~(v)~~ ~~(vii)~~ If a consumer is placed in an institution for mental disease by another entity, the institution for mental disease shall inform the regional center of the placement within five days of the date the consumer is admitted. If an individual's records indicate that he or she is a regional center consumer, the institution for mental disease shall make every effort to contact the local regional center or department to determine which regional center to provide notice. As soon as possible within 30 days of admission to an institution for mental disease due to an emergency pursuant to clause (ii), or within 30 days of notification of admission to an institution for mental disease by an entity other than a regional center, an assessment shall be completed by the regional center.

~~(vi)~~ ~~(viii)~~ Regional centers shall complete a comprehensive assessment of any consumer residing in an institution for mental disease as of July 1, 2012, for which federal Medicaid funding is not available, and for any consumer residing in an institution for mental disease as of July 1, 2013, without regard to federal funding. The comprehensive assessment shall be

completed prior to the consumer's next scheduled individual program plan meeting and shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to the community. Effective October 1, 2012, the regional center shall also consider resource options identified by the statewide specialized resource service. For each individual program plan meeting convened pursuant to this subparagraph, the clients' rights advocate for the regional center shall be notified of the meeting and may participate in the meeting unless the consumer objects on his or her own behalf. For purposes of this clause, notification to the clients' rights advocate shall include the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days prior to the meeting.

2. Provide Clients' Rights Advocates (CRAs) Statutory Rights to Access Records for Individuals in Facilities for Which CRAs Receive Statutory Notice upon Admission – approving the following placeholder trailer bill language, with no cost for this statutory clean-up:

Amend Welfare and Institutions Code Section 4514(w) to read:

~~When a comprehensive assessment is conducted or updated pursuant to Section 4418.25, 4418.7, or 4648, a regional center is authorized to provide the assessment to the regional center clients' rights advocate, who provides service pursuant to Section 4433. To the regional center clients' rights advocate, who provides service pursuant to Section 4433, unless the consumer objects on his or her own behalf, for the purposes of providing authorized clients' rights advocacy services pursuant to Section 4418.25, 4418.7, 4418.25, 4648(a)(9)(B), 4648(a)(9)(C), 4684.80-4684.87, 4698, 7502.5, or Section 1531.15 or 1267.75 of the Health and Safety Code.~~

3. Transparency of Respite Policies and Protocols – approving the following placeholder trailer bill language, with no cost for these changes:

Amend Welfare and Institutions Code Section 4434:

(a) Notwithstanding preexisting rights to enforce the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)), it is the intent of the Legislature that the department ensure that the regional centers operate in compliance with federal and state law and regulation and provide services and supports to consumers in compliance with the principles and specifics of this division.

(b) The department shall take all necessary actions to support regional centers to successfully achieve compliance with this section and provide high quality services and supports to consumers and their families.

(c) The contract between the department and individual regional centers required by Chapter 5 (commencing with Section 4620) of Division 4.5 shall include a provision requiring each regional center to render services in accordance with applicable provisions of state laws and regulations. In the event that the department finds a regional center has violated this requirement, or whenever it appears that any regional center has engaged in or is about to engage in any act or practice constituting a violation of any provision of Division 4.5

(commencing with Section 4500) or any regulation adopted thereunder, the department shall promptly take the appropriate steps necessary to ensure compliance with the law, including actions authorized under Section 4632 or 4635. The department, as the director deems appropriate, may pursue other legal or equitable remedies for enforcement of the obligations of regional centers including, but not limited to, seeking specific performance of the contract between the department and the regional center or otherwise act to enforce compliance with Division 4.5 (commencing with Section 4500) or any regulation adopted thereunder.

(d) As part of its responsibility to monitor regional centers, the department shall collect and review printed materials issued by the regional centers, including, but not limited to, purchase of service policies and other policies and guidelines, utilized by regional centers when determining the services needs of a consumer, including any assessment tools used by regional centers to determine individual respite amounts, instructions and training materials for regional center staff, board meeting agendas and minutes, and general policy and notifications provided to all providers and consumers and families. Within a reasonable period of time, the department shall review new or amended purchase-of-service policies prior to implementation by the regional center to ensure compliance with statute and regulation. The department shall take appropriate and necessary steps to prevent regional centers from utilizing a policy or guideline that violates any provision of Division 4.5 (commencing with Section 4500) or any regulation adopted thereunder. To promote transparency department shall ensure purchase of services policies, guidelines and assessment tools are available to the public consistent with the requirements of WIC 4629.5(b) (5) and 4629.5(c)(8).

Amend Welfare and Institutions Code Section 4629.5:

(a) In addition to the requirements set forth in Section 4629, the department's contract with a regional center shall require the regional center to adopt, maintain, and post on its Internet Web site a board-approved policy regarding transparency and access to public information. The transparency and public information policy shall provide for timely public access to information, including, but not limited to, information regarding requests for proposals and contract awards, service provider rates, documentation related to establishment of negotiated rates, audits, and IRS Form 990. The transparency and public information policy shall be in compliance with applicable law relating to the confidentiality of consumer service information and records, including, but not limited to, Section 4514.

(b) To promote transparency, each regional center shall include on its Internet Web site, as expeditiously as possible, at least all of the following:

- (1) Regional center annual independent audits.
- (2) Biannual fiscal audits conducted by the department.
- (3) Regional center annual reports pursuant to Section 4639.5.
- (4) Contract awards, including the organization or entity awarded the contract, and the amount and purpose of the award.
- (5) Purchase of service policies, including but not limited to, respite policies and procedures, and any assessment tools used by regional centers to determine individual respite amounts.
- (6) The names, types of service, and contact information of all vendors, except consumers or family members of consumers.

- (7) Board meeting agendas and approved minutes of open meetings of the board and all committees of the board.
- (8) Bylaws of the regional center governing board.
- (9) The annual performance contract and year-end performance contract entered into with the department pursuant to this division.
- (10) The biannual Home and Community-based Services Waiver program review conducted by the department and the State Department of Health Care Services.
- (11) The board-approved transparency and public information policy.
- (12) The board-approved conflict-of-interest policy.
- (13) Reports required pursuant to Section 4639.5.
- (14) A link to the page on the department's Internet Web site specified in subdivision (d).
- (c) The department shall establish and maintain a transparency portal on its Internet Web site that allows consumers, families, advocates, and others to access provider and regional center information. Posted information on the department's Internet Web site transparency portal shall include, but need not be limited to, all of the following:
 - (1) A link to each regional center's Internet Web site information referenced in subdivision (b).
 - (2) Biannual fiscal audits conducted by the department.
 - (3) Vendor audits.
 - (4) Biannual Home and Community-based Services Waiver program reviews conducted by the department and the State Department of Health Care Services.
 - (5) Biannual targeted case management program and federal nursing home reform program reviews conducted by the department.
 - (6) Early Start Program reviews conducted by the department.
 - (7) Annual performance contract and year-end performance contract reports.
 - (8) Regional center respite policies and procedures, including but not limited to any assessment tools used by regional centers to determine individual respite amounts.
- (d) The department shall establish and maintain a page on its Internet Web site that includes both a list of services purchased by regional centers or provided directly to consumers by regional centers and a brief description of those services.

4. Self Determination Pilot, Use of General Fund Offset - approving the following placeholder trailer bill language, with no cost for these changes:

Amendments to WIC 4685.8 (g)

- (g) The additional federal financial participation funds generated by the former participants of the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, or pursuant to Article 4 (commencing with Section 4669.2) of Chapter 5, shall be used to maximize the ability of Self-Determination Program participants to direct their own lives and ensure the department and regional centers can successfully implement the program, as follows:
 - (1) First, to offset the cost to the department for the criminal background check conducted pursuant to subdivision (w) and other administrative costs incurred by the department in implementing the Self-Determination Program.

- (2) With the remaining funds, the department, in consultation with stakeholders, including the department's Self-Determination Program advisory workgroup, shall prioritize using these funds to meet the needs of participants and implementation, including costs associated with: independent facilitators to assist with participants' initial person-center planning meetings; the development of the participants' initial individual budgets; joint training of consumers, family members, regional center staff, and members of the Local Volunteer Advisory Committees; and regional center operations for case load ratio enhancement and to offset the costs to the regional centers in implementing the Self-Determination Program. ~~including, but not limited to, operations costs for caseload ratio enhancement, training for regional center staff, costs associated with the participant's initial person-centered planning meeting, the development of the participant's initial individual budget, and the costs associated with training consumers and family members.~~
- (3) The Department shall report to the Legislature, as part of the Fiscal Year 2019-2020 budget process, how these funds were utilized.

ISSUE 43: GOVERNOR'S TRAILER BILL PROPOSAL ON ACUTE CRISIS SERVICES

BACKGROUND

This issue was heard by the Subcommittee on March 7, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve the Administration's proposed trailer bill, and correct drafting errors that omit developmental services, per the following as placeholder:

Amend Welfare and Institutions Code section 7502.5(a) to read:

(a) An individual may be admitted to the secure treatment facility at Porterville Developmental Center, as provided in paragraphs (1) and (3) of subdivision (a) of Section 7505, only when all of the following conditions are satisfied:

(1) The unit to which the individual will be admitted is approved for occupancy and licensed.

(2) The population of the secure treatment facility is no more than 211 persons.

(3) The individual is at least 18 years of age.

(4) The regional center notifies the regional resource development project identified in section 4418.7, the regional center clients' rights advocate, the consumer, or the consumer's legal guardian, or conservator as appropriate, of a potential admission pursuant to paragraphs (1) and (3) of subdivision (a) of Section 7505.

(5) The regional resource development project completes an assessment of the individual's service and support needs, including visiting the consumer, if appropriate. The assessment shall consider placement options and other necessary

services and supports, if any, that could meet the individual's needs in the community.

ISSUE 44: BEST BUDDIES FUNDING**BACKGROUND**

This issue was heard by the Subcommittee on March 7, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$1.5 million General Fund for 2018-19 (one-time).

ISSUE 45: KERN REGIONAL CENTER**BACKGROUND**

Issues concerning the on-going operational health and fiscal solvency of Kern Regional Center (Kern RC) have recently come to the Subcommittee's attention. Staff is still learning about the issues affecting Kern RC and what the role of the state is presently in its contractual relationship with Kern in the provision of regional center services to DD consumers in the Central Valley.

Recommended Subcommittee Action:

In the interest of continuing to learn about the history, remedial actions, current situation, and potential next steps for Kern, adopt uncoded, placeholder trailer bill language in order to move this issue into Conference for additional consideration. The placeholder trailer bill language will require DDS to facilitate the appropriate review and sharing with legislative staff and key stakeholders of the plan toward solvency before a final plan is adopted by the Kern RC Board. The language will also specify that prior to any decision made regarding contract termination, DDS meet with legislative staff and key stakeholders and discuss what steps it has taken to independently assess the factual causes of the termination and what the effects of a termination will have on the workers and clients of Kern RC.

ISSUE 46: DDS BUDGET CHANGE PROPOSALS, SPRING FINANCE LETTERS, AND MAY REVISION PROPOSALS

All actions below should conform to other actions specifically addressed in this agenda.

	Issue	Prior Hearing Date	Reco for Action
A	Developmental Center Caseload and Estimates, and as adjusted by MR Population and Technical Adjustments (Issue 463).	3/7, 5/16	Approve, conforming to other actions
B	Community Services/Regional Center Caseload and Estimates, and as adjusted by MR (Issues 458, 459, and 460)	3/7, 5/16	Approve, conforming to other actions
C	BCP for Clinical Staff for Community Homes Oversight. DDS requests \$2 million (\$1.4 million GF) to fund 9.0 positions to increase clinical staff and expertise within Headquarters to support development and ongoing monitoring of Adult Residential Facilities for Persons with Special Health Care Needs, Enhanced Behavioral Supports Homes, and Community Crisis Homes.	3/7	Approve as Budgeted
D	BCP to Centralize Statewide Activities for Developmental Services. DDS requests approval to shift \$2.1 million (\$1.6 million GF) and 15.5 positions from the State Operated Residential and Community Services Program to Headquarters for statewide oversight positions and activities that will continue beyond closure of the developmental centers. Assigning the positions and funding within Headquarters is consistent with the current functions of the positions and provides continuity of services and expertise within the Department for ongoing, statewide responsibilities and programs.	3/7	Approve as Budgeted
E	BCP to Establish Internal Audit Unit. DDS requests \$295,000 (\$178,000 GF) and 2.0 positions to establish an internal audit unit. In addition to initial planning activities, the requested resources will complete general internal audit assignments such as delegated contract audits from the Department of General Services and the State Leadership Accountability Act review from the Department of Finance. Further, the resources will serve as liaisons during audits conducted by outside entities such as the California State Auditor, the Department of Finance, and the State Controller's Office.	3/7	Approve as Budgeted

	Issue	Prior Hearing Date	Reco for Action
F	MR - Home Health and Intermediate Care Facility for the Developmentally Disabled Rate Increase (Issue 462) - conforming adjustment to provide a 50 percent rate increase to home health providers, effective 7/1/18.	5/16	Approve as Budgeted
G	MR - DC Closure Community Placement Plan (CPP) - reflecting an increase in federal reimbursements to offset GF.	5/16	Approve as Budgeted
H	MR - BHT Transition - Consumers without an Autism Spectrum Disorder Diagnosis.	5/16	Approve as Budgeted
I	MR - ICF-DD Supplemental Payment Program, representing the full year impact of the ICF-DD Supplemental Payment Program consistent with a corresponding Medi-Cal rate increase.	5/16	Approve as Budgeted
J	MR - SB 3 Minimum Wage Increase, adjustment reflecting an estimated increase in federal reimbursements which offset the GF.	5/16	Approve as Budgeted
K	MR - Operations Expenditures. For 2017-18, there is a \$51,000 decrease (\$29,000 GF decrease) in resident-driven Operations Expense and Equipment (OE&E) costs due to a net reduction of three residents.	5/16	Approve as Budgeted
L	MR - Salary Savings. For 2017-18, there is a \$11.4 million decrease (\$8.5 million GF decrease) in personal services, staff benefits, and OE&E expenditures resulting from estimated salary savings.	5/16	Approve as Budgeted
M	MR - Operations Expenditures. For 2018-19, there is a \$9.1 million net increase (\$7.6 million GF increase). This includes an increase of \$6.5 million (\$6.3 million GF increase) and 125.2 positions at the Sonoma DC to reflect a technical correction, and a \$2.6 million increase (\$1.4 million GF increase) for updated operations expenditures at the Fairview and Porterville DCs due to revised resident populations.	5/16	Approve as Budgeted
N	MR - Closure Activity Costs. For 2018-19, there is a \$0.2 million decrease (\$0.4 million GF decrease) to reflect updated closure activity costs at the Fairview, Porterville, and Sonoma DCs.	5/16	Approve as Budgeted
O	MR Deferred Maintenance Proposal - \$60 million GF for the Department to address critical deferred maintenance issues at the Porterville DC. This amount is included in Budget Act Control Section 6.10.	5/16	Defer to Action in Sub. 4 under the larger "Deferred Maintenance"

	Issue	Prior Hearing Date	Reco for Action
			item
P	MR BCP - Electronic Visit Verification (EVV) (Issue 401). \$0.3 million increase (\$0.2 million GF increase) to fund two, two-year limited-term basis positions to participate in the planning and alternatives analysis of a statewide EVV solution. The BCP is a California Health and Human Services Agency proposal to support planning of a federally mandated EVV system across multiple programs.	5/16	Approve as Budgeted, conforming to BBL action taken under the Agency-wide item in 0530
Q	MR BCP - Person-Centered Planning (Issue 402). \$0.4 million increase (\$0.3 GF increase) to contract with a consultant to work with the Department and stakeholders to develop and implement training for consumers, families, and regional centers on person-centered practices and planning. Additionally, funds will be used to contract for the development of an online training module that can be utilized for ongoing, future training of consumers, families, service providers, and newly-hired regional center staff.	5/16	Approve as Budgeted

4170 DEPARTMENT OF AGING**ISSUE 47: LONG-TERM CARE OMBUDSMAN PROGRAM****BACKGROUND**

This issue was heard by the Subcommittee on March 21, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$7.3 million General Fund for 2018-19 and on-going, with placeholder trailer bill language to increase the base allocation for local ombudsman program as follows:

Section 9719.5 of the Welfare and Institutions Code is amended to read:

9719.5.

(a)(1) The department shall allocate all federal and state funds for local ombudsman programs according to the following distribution, but shall not allocate less than ~~thirty-five thousand dollars (\$35,000) per fiscal year, except for an area where there are less than 10 facilities and less than 500 beds.~~ one-hundred thousand dollars (\$100,00) per fiscal year.

~~(2) An allocation to an area where there are less than 10 facilities and less than 500 beds shall not be less than the base allocation contained in the Budget Act of 1986.~~

(3) After the base allocation, remaining funds shall be distributed in accordance with subdivision (b).

(b)(1) Fifty percent of the funds shall be allocated to each local program based on the number of facilities served by the program in proportion to the total number of facilities in the state.

(2) Forty percent of the funds shall be allocated based on the number of beds within the local program's area of service in proportion to the total number of beds in the state.

(3) Ten percent of the funds shall be allocated based on the total square miles within each local program's area of service in proportion to the total number of square miles in the state.

ISSUE 48: ALZHEIMER'S DISEASE AWARENESS CAMPAIGN**BACKGROUND**

This issue was heard by the Subcommittee on March 21, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$2.2 million General Fund for 2018-19 (one-time), with placeholder trailer bill language to effectuate this action.

ISSUE 49: MEALS ON WHEELS AND SENIOR CONGREGATE NUTRITION PROGRAM**BACKGROUND**

This issue was heard by the Subcommittee on March 21, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$10 million General Fund for 2018-19 and on-going to maintain and augment service levels for meals on wheels and senior congregate nutrition programs operated through the Area Agencies and Aging and their partner organizations.

ISSUE 50: MULTIPURPOSE SENIOR SERVICES PROGRAM**BACKGROUND**

This issue was heard by the Subcommittee on March 21, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$4.6 million General Fund for 2018-19 and on-going, with the appropriations decreasing in subsequent years commensurate with the transition of MSSP slots into managed care in CalMediconnect counties, for a MSSP rate increase, with placeholder trailer bill language to effectuate this change. This action conforms to action taken in the Senate, so this should not be a Conference issue.

ISSUE 51: CDA GOVERNOR'S SPRING FINANCE LETTER

	Issue	Prior Hearing Date	Reco for Action
A	SFL for Supplemental Nutrition Assistance Program – Education (SNAP-Ed) Program	3/21	Approve as Budgeted

4185 CALIFORNIA SENIOR LEGISLATURE**ISSUE 52: STATE OPERATIONS SUPPORT FOR CALIFORNIA SENIOR LEGISLATURE****BACKGROUND**

This issue was heard by the Subcommittee on April 11, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$300,000 (as placeholder) General Fund for 2018-19 and on-going to support the creation and on-going support for one staff position to administer the California Senior Legislature's programming. This action will move this issue to Conference for continued consideration and decision about which department can include the CSL position, assisting in the net reduction of operating and administrative costs for this ancillary state office.

ISSUE 53: CSL GOVERNOR'S BUDGET PROPOSAL

	Issue	Prior Hearing Date	Reco for Action
A	SFL for Reappropriation of Unencumbered Balance	3/21	Approve as Budgeted

4700 DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT**ISSUE 54: CSD MAY REVISION PROPOSAL**

	Issue	Prior Hearing Date	Reco for Action
A	MR - It is requested that Item 4700-101-0890 be increased by \$33,683,000 to reflect a recent federal increase for the Low-Income Home Energy Assistance Program and the Community Services Block Grant	5/16	Approve as Budgeted

ISSUE 55: BUDGET BILL LANGUAGE (BBL) RELATED TO CAL EARNED INCOME TAX CREDIT (EITC)**BACKGROUND**

This issue has not been heard by the Subcommittee. The Department of Finance has requested the following BBL to ease the transfer of funds for outreach activities associated with the CalEITC through CSD.

4700-001-0001—For support of Department of Community Services and Development....0

Schedule:

- (1) 4185-Community Services.....200,000
- (2) Reimbursements to 4185-Community Services.....-200,000

4700-101-0001—For local assistance, Department of Community Services and Development.....

0

Schedule:

- (1) 4185-Community Services.....2,000,000
- (2) Reimbursements to 4185-Community Services.....-2,000,000

Recommended Subcommittee Action:

Approve the DOF requested BBL for CSD related to the CalEITC.

5160 DEPARTMENT OF REHABILITATION**ISSUE 56: DOR SPRING FINANCE LETTERS**

	Issue	Prior Hearing Date	Reco for Action
A	SFL for Vending Stand Fund Expenditure Authority Increase	4/25	Approve as Budgeted
B	SFL for California Public Utilities Commission (CPUC) Interagency Agreement	4/25	Approve as Budgeted
C	SFL for Disability Access Business Engagement	4/25	Approve as Budgeted

5175 DEPARTMENT OF CHILD SUPPORT SERVICES**ISSUE 57: CHILD SUPPORT ADMINISTRATIVE AUGMENTATION****BACKGROUND**

This issue was heard by the Subcommittee on April 11, 2018. Please review that agenda for details on this proposal.

Recommended Subcommittee Action:

Approve \$22.7 million in 2018-19, \$33.2 million in 2019-20, and \$42.8 million (all General Fund) in 2020-21 and on-going, with placeholder trailer bill language as follows.

This action conforms to action taken in the Senate, so this should not be a Conference issue.

SECTION 1. Section 17556 is added to the Family Code, to read:
 17556. (a) The department shall submit an annual report to the Legislature providing information on the status of all of the following:
 (1) Case-to-staff ratios for each local child support agency.
 (2) Collections to families and recoupment collections to county, state, and federal governmental agencies.
 (3) Cost avoidance benefits.
 (4) The number of families served by the child support program.
 (b) The report required by this section shall be submitted in compliance with Section 9795 of the Government Code.

ISSUE 58: DCSS MAY REVISION PROPOSAL

	Issue	Prior Hearing Date	Reco for Action
A	MR - It is requested that Item 5175-101-0890 be decreased by \$703,000 and Item 5175-101-8004 be increased by \$703,000 to reflect revised forecasts of child support collections.	5/16	Approve as Budgeted

0530 DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY**ISSUE 59: HHSA GOVERNOR'S BUDGET PROPOSALS, SPRING FINANCE LETTERS, AND MAY REVISION PROPOSALS**

	Issue	Prior Hearing Date	Reco for Action
A	Budget Change Proposal (BCP) to Rightsize the Office of Law Enforcement Support - requests \$686k in 2018-19 and \$621k annually thereafter (all General Fund (GF)) to support one new position and reclassification of nine existing positions (7 Investigators to Special Agents, 2 Supervising Special Investigator IIs to Senior Special Agents) to appropriately resource monitoring and oversight of investigations conducted by the Department of State Hospitals (DSH) and the Department of Developmental Services (DDS), while issuing semiannual reports to the Governor and Legislature	4/25	Reject the BCP for purposes of moving this item to Conference to continue discussions
B	BCP for Medi-Cal Eligibility Data System (MEDS) Modernization - requests expenditure authority of \$7.9 million total funds (\$787k GF) to continue the multi-department planning effort to replace the MEDS, currently in the procurement phase. The funds would also support 7 positions for the project, 4 at the Office of Systems Integration (OSI) and 3 at the Department of Social Services (DSS), which are in line with the project plans	4/25	Approve as Budgeted
C	BCP for Health Portability and Accountability Act (HIPAA) Compliance and Technical Assistance - requests one on-going, permanent position and reimbursement expenditure authority of \$128k annually to allow the CA Office of Health Information Integrity (CalOHII) to continue its oversight of statewide HIPAA compliance activities	4/25	Approve as Budgeted

	Issue	Prior Hearing Date	Reco for Action
D	Spring Finance Letter (SFL) for Electronic Women, Infants, and Children Management Information System (eWIC MIS) Project Expenditure Increase - requests expenditure authority increase from the CA Health and Human Services (CHHS) Automation Fund of \$3.8 M in 2018-19, \$9.1 M in 2019-20, and \$6.2 M in 2020-21, to augment consulting contracts, mainly with the MIS system integrator, to allow OSI to continue implementation of the project, an electronic benefits transfer (EBT) system for WIC participants	4/25	Approve as Budgeted
E	May Revision (MR) BCP across multiple departments to support planning activities to comply with the federal electronic visit verification (EVV) requirements for certain HHS programs - the request within Agency is for \$143k for planning related to the In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) programs, with Budget Bill Language (BBL). Administration proposed and then rescinded TBL.	5/16	Approve as Budgeted, with revised BBL, striking/rejecting language in (c) pertaining to implementing EVV requirements via all-county letter, without taking regulatory action per the standard course

Attachment 1 – Placeholder Trailer Bill Language for Issue 16

Section 6253.2 of the Government Code is amended to read:

6253.2.

(a) Notwithstanding any other provision of this chapter to the contrary, information regarding persons paid by the state to provide in-home supportive services pursuant to Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code or personal care services pursuant to ~~Section 14132.95~~ *Sections 14132.95 and 14132.97* of the Welfare and Institutions Code, is not subject to public disclosure pursuant to this chapter, except as provided in subdivision (b).

(b) Copies of names, addresses, home telephone numbers, personal cellular telephone numbers, and personal email addresses of persons described in subdivision (a) shall be made available, upon request, to an exclusive bargaining agent and to any labor organization seeking representation rights pursuant to subdivision (c) of Section 12301.6 or Section 12302.25 of the Welfare and Institutions Code or Chapter 10 (commencing with Section 3500) of Division 4 of Title 1. This information shall not be used by the receiving entity for any purpose other than the employee organizing, representation, and assistance activities of the labor organization.

(c) This section applies solely to individuals who provide services under the In-Home Supportive Services Program (Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code) or the Personal Care Services Program pursuant to ~~Section 14132.95~~ *Sections 14132.95 and 14132.97* of the Welfare and Institutions Code.

(d) Nothing in this section is intended to alter or shall be interpreted to alter the rights of parties under the Meyers-Milius-Brown Act (Chapter 10 (commencing with Section 3500) of Division 4) or any other labor relations law.

SEC. 2.

Section 12301.6 of the Welfare and Institutions Code is amended to read:

12301.6.

(a) Notwithstanding Sections 12302 and 12302.1, a county board of supervisors may, at its option, elect to do either of the following:

(1) Contract with a nonprofit consortium to provide for the delivery of in-home supportive *services and waiver personal care* services.

(2) Establish, by ordinance, a public authority to provide for the delivery of in-home supportive *services and waiver personal care* services.

(b) (1) To the extent that a county elects to establish a public authority pursuant to paragraph (2) of subdivision (a), the enabling ordinance shall specify the membership of the governing body of the public authority, the qualifications for individual members, the manner of appointment, selection, or removal of members, how long they shall serve, and other matters as the board of supervisors deems necessary for the operation of the public authority.

(2) A public authority established pursuant to paragraph (2) of subdivision (a) shall be both of the following:

(A) An entity separate from the county, and shall be required to file the statement required by Section 53051 of the Government Code.

(B) A corporate public body, exercising public and essential governmental functions and that has all powers necessary or convenient to carry out the delivery of in-home supportive *services and waiver personal care* services, including the power to contract for services pursuant to Sections

12302 and 12302.1 and that makes or provides for direct payment to a provider chosen by the recipient for the purchase of services pursuant to Sections 12302 and 12302.2. Employees of the public authority shall not be employees of the county for any purpose.

(3) (A) As an alternative, the enabling ordinance may designate the board of supervisors as the governing body of the public authority.

(B) Any enabling ordinance that designates the board of supervisors as the governing body of the public authority shall also specify that no fewer than 50 percent of the membership of the advisory committee shall be individuals who are current or past users of personal assistance services paid for through public or private funds or recipients of services under this article.

(C) If the enabling ordinance designates the board of supervisors as the governing body of the public authority, it shall also require the appointment of an advisory committee of not more than 11 individuals who shall be designated in accordance with subparagraph (B).

(D) Prior to making designations of committee members pursuant to subparagraph (C), or governing body members in accordance with paragraph (4), the board of supervisors shall solicit recommendations of qualified members of either the governing body of the public authority or of any advisory committee through a fair and open process that includes the provision of reasonable written notice to, and a reasonable response time by, members of the general public and interested persons and organizations.

(4) If the enabling ordinance does not designate the board of supervisors as the governing body of the public authority, the enabling ordinance shall require the membership of the governing body to meet the requirements of subparagraph (B) of paragraph (3).

(c) (1) Any public authority created pursuant to this section shall be deemed to be the employer of in-home supportive services personnel referred to recipients under paragraph (3) of subdivision ~~(e)~~ (e), *and the employer of providers of waiver personal care services provided pursuant to Section 14132.97*, within the meaning of Chapter 10 (commencing with Section 3500) of Division 4 of Title 1 of the Government Code. Recipients shall retain the right to hire, fire, and supervise the work of any in-home supportive services personnel *or waiver personal care services personnel* providing services to them.

(2) (A) Any nonprofit consortium contracting with a county pursuant to this section shall be deemed to be the employer of in-home supportive services personnel *and waiver personal care services personnel* referred to recipients pursuant to paragraph (3) of subdivision (e) for the purposes of collective bargaining over wages, hours, and other terms and conditions of employment.

(B) Recipients shall retain the right to hire, fire, and supervise the work of any in-home supportive services personnel *or waiver personal care services personnel* providing services for them.

(3) To the extent permitted by federal law, wages and benefits for providers of waiver personal care services pursuant to Section 14132.97 shall be equal to the rates in each county for the individual provider mode of services in the In-Home Supportive Services (IHSS) program pursuant to this article.

(4) (A) If eligibility for benefits requires a provider to work a threshold number of hours, eligibility shall be determined based on the aggregate number of monthly hours worked between IHSS and waiver personal care services.

(B) This paragraph shall become operative upon an appropriation expressly identified for this purpose in the annual Budget Act for health benefit costs. Regardless of the amount appropriated, the department shall not expend more than _____ for purposes of this paragraph.

(d) A public authority established pursuant to this section or a nonprofit consortium contracting with a county pursuant to this section, when providing for the delivery of services under this article by contract in accordance with Sections 12302 and ~~12302.1 or~~ *12302.1*, by direct payment to a provider chosen by a recipient in accordance with Sections 12302 and 12302.2, *or by way of a provider of waiver personal care services provided pursuant to Section 14132.97*, shall comply with and be subject to, all statutory and regulatory provisions applicable to the respective delivery mode.

(e) Any nonprofit consortium contracting with a county pursuant to this section or any public authority established pursuant to this section shall provide for all of the following functions under this article, but shall not be limited to those functions:

(1) The provision of assistance to recipients in finding in-home supportive services personnel *and waiver personal care services authorized pursuant to Section 14132.97* through the establishment of a registry.

(2) (A) (i) The investigation of the qualifications and background of potential personnel. Upon the effective date of the amendments to this section made during the 2009–10 Fourth Extraordinary Session of the Legislature, the investigation with respect to any provider in the registry or prospective registry applicant shall include criminal background checks requested by the nonprofit consortium or public authority and conducted by the Department of Justice pursuant to Section 15660, for those public authorities or nonprofit consortia using the agencies on the effective date of the amendments to this section made during the 2009–10 Fourth Extraordinary Session of the Legislature. Criminal background checks shall be performed no later than July 1, 2010, for any provider who is already on the registry on the effective date of amendments to this section made during the 2009–10 Fourth Extraordinary Session of the Legislature, for whom a criminal background check pursuant to this section has not previously been provided, as a condition of the provider's continued enrollment in the ~~IHSS program~~ *program and the program authorizing waiver personal care services pursuant to Section 14132.97*. Criminal background checks shall be conducted at the provider's expense.

(ii) Upon notice from the Department of Justice notifying the public authority or nonprofit consortium that the prospective registry applicant has been convicted of a criminal offense specified in Section 12305.81, the public authority or nonprofit consortium shall deny the request to be placed on the registry for providing supportive services to any recipient of ~~the In-Home Supportive Services program~~ *in-home supportive services or waiver personal care services authorized pursuant to Section 14132.97*.

(iii) Commencing 90 days after the effective date of the act that adds Section 12305.87, and upon notice from the Department of Justice that an applicant who is subject to the provisions of that section has been convicted of, or incarcerated following conviction for, an offense described in subdivision (b) of that section, the public authority or nonprofit consortium shall deny the applicant's request to become a provider of supportive services to any recipient of in-home supportive *services or waiver personal care* services, subject to the individual waiver and exception processes described in that section. An applicant who is denied on the basis of Section 12305.87 shall be informed by the public authority or nonprofit consortium of the individual waiver and exception processes described in that section.

(B) (i) Notwithstanding any other law, the public authority or nonprofit consortium shall provide an individual with a copy of his or her state-level criminal offender record information search response as provided to the entity by the Department of Justice if the individual has been denied placement on the registry for providing supportive services to any recipient of the In-Home

Supportive Services program *or waiver personal care services* based on this information. The copy of the state-level criminal offender record information search response shall be included with the individual's notice of denial. Along with the notice of denial, the public authority or public consortium shall also provide information in plain language on how an individual may contest the accuracy and completeness of, and refute any erroneous or inaccurate information in, his or her state-level criminal offender record information search response as provided by the Department of Justice as authorized by Section 11126 of the Penal Code. The state-level criminal offender record information search response shall not be modified or altered from its form or content as provided by the Department of Justice.

(ii) The department shall develop a written appeal process for the current and prospective providers who are determined ineligible to receive payment for the provision of services in the In-Home Supportive Services ~~program~~ *program or waiver personal care services*. Notwithstanding any other law, the public authority or nonprofit consortium shall provide the department with a copy of the state-level criminal offender record information search response as provided to the entity by the Department of Justice for any individual who has requested an appeal of a denial of placement on the registry for providing supportive services to any recipient of ~~the In-Home Supportive Services program~~ *in-home supportive services or waiver personal care services* based on clause (ii) or (iii) of subparagraph (A). The state-level criminal offender record information search response shall not be modified or altered from its form or content as provided by the Department of Justice and shall be provided to the address specified by the department in its written request.

(C) This paragraph ~~shall not be construed to~~ *does not* prohibit the Department of Justice from assessing a fee pursuant to Section 11105 or 11123 of the Penal Code to cover the cost of furnishing summary criminal history information.

(D) As used in this section, "nonprofit consortium" means a nonprofit public benefit corporation that has all powers necessary to carry out the delivery of in-home supportive services *or waiver personal care services* under the delegated authority of a government entity.

(E) A nonprofit consortium or a public authority authorized to secure a criminal background check clearance pursuant to this section shall accept a clearance for an applicant described in clause (i) of subparagraph (A) who has been deemed eligible by another nonprofit consortium, public authority, or county with criminal background check authority pursuant to either Section 12305.86 or this section, to receive payment for providing services pursuant to this article. Existence of a clearance shall be determined by verification through the case management, information, and payroll system, that another county, nonprofit consortium, or public authority with criminal background check authority pursuant to Section 12305.86 or this section has deemed the current or prospective provider to be eligible to receive payment for providing services pursuant to this article.

(3) Establishment of a referral system under which in-home supportive services personnel *or waiver personal care services personnel* shall be referred to recipients.

(4) Providing for training for providers and recipients.

(5) (A) Performing any other functions related to the delivery of in-home supportive *services or waiver personal care* services.

(B) (i) Upon request of a recipient of in-home supportive services pursuant to this chapter, or a recipient of personal care services under the Medi-Cal program pursuant to Section 14132.95, a public authority or nonprofit consortium may provide a criminal background check on a nonregistry applicant or provider from the Department of Justice, in accordance with clause (i) of

subparagraph (A) of paragraph (2) of subdivision (e). If the person who is the subject of the criminal background check is not hired or is terminated because of the information contained in the criminal background report, the provisions of subparagraph (B) of paragraph (2) of subdivision (e) shall apply.

(ii) A recipient of in-home supportive services pursuant to this chapter or a recipient of personal care services under the Medi-Cal program may elect to employ an individual as their service provider notwithstanding the individual's record of previous criminal convictions, unless those convictions include any of the offenses specified in Section 12305.81.

(6) Ensuring that the requirements of the personal care option pursuant to Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code are met.

(f) (1) Any nonprofit consortium contracting with a county pursuant to this section or any public authority created pursuant to this section shall be deemed not to be the employer of in-home supportive services personnel *or waiver personal care services personnel* referred to recipients under this section for purposes of liability due to the negligence or intentional torts of the in-home supportive services *personnel or waiver personal care services* personnel.

(2) ~~In no case shall a~~ A nonprofit consortium contracting with a county pursuant to this section or any public authority created pursuant to this section ~~be held~~ *is not* liable for *the* action or omission of any in-home supportive services personnel *or waiver personal care services personnel* whom the nonprofit consortium or public authority did not list on its registry or otherwise refer to a recipient.

(3) Counties and the state shall be immune from any liability resulting from their implementation of this section in the administration of the In-Home Supportive Services ~~program~~ *program or in the administration of waiver personal care services authorized under Section 14132.97*. Any obligation of the public authority or consortium pursuant to this section, whether statutory, contractual, or otherwise, shall be the obligation solely of the public authority or nonprofit consortium, and shall not be the obligation of the county or state.

(g) Any nonprofit consortium contracting with a county pursuant to this section shall ensure that it has a governing body that complies with the requirements of subparagraph (B) of paragraph (3) of subdivision (b) or an advisory committee that complies with subparagraphs (B) and (C) of paragraph (3) of subdivision (b).

(h) Recipients of services under this section may elect to receive services from in-home supportive services personnel *or waiver personal care services personnel* who are not referred to them by the public authority or nonprofit consortium. Those personnel shall be referred to the public authority or nonprofit consortium for the purposes of wages, benefits, and other terms and conditions of employment.

(i) (1) ~~Nothing in this section shall be construed to~~ *This section does not* affect the state's responsibility with respect to the state payroll system, unemployment insurance, or workers' compensation and other provisions of Section 12302.2 for providers of in-home supportive ~~services~~ *services or for individuals who are employed by a recipient of waiver personal care services authorized under Section 14132.97*.

(2) The Controller shall make any deductions from the wages of in-home supportive services *personnel or waiver personal care services* personnel, who are employees of a public authority pursuant to paragraph (1) of subdivision (c), that are agreed to by that public authority in collective bargaining with the designated representative of the in-home supportive services personnel *or waiver personal care services personnel* pursuant to Chapter 10 (commencing with

Section 3500) of Division 4 of Title 1 of the Government Code and transfer the deducted funds as directed in that agreement.

(3) Any county that elects to provide in-home supportive services pursuant to this section shall be responsible for any increased costs to the in-home supportive services case management, information, and payrolling system attributable to that election. The department shall collaborate with any county that elects to provide in-home supportive services pursuant to this section prior to implementing the amount of financial obligation for which the county shall be responsible.

(j) To the extent permitted by federal law, personal care option funds, obtained pursuant to Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code, along with matching funds using the state and county sharing ratio established in subdivision (c) of Section 12306, or any other funds that are obtained pursuant to Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code, may be used to establish and operate an entity authorized by this section.

(k) Notwithstanding any other law, the county, in exercising its option to establish a public authority, shall not be subject to competitive bidding requirements. However, contracts entered into by either the county, a public authority, or a nonprofit consortium pursuant to this section shall be subject to competitive bidding as otherwise required by law.

(l) (1) The department may adopt regulations implementing this section as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For the purposes of the Administrative Procedure Act, the adoption of the regulations shall be deemed an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, these emergency regulations shall not be subject to the review and approval of the Office of Administrative Law.

(2) Notwithstanding subdivision (h) of Section 11346.1 and Section 11349.6 of the Government Code, the department shall transmit these regulations directly to the Secretary of State for filing. The regulations shall become effective immediately upon filing by the Secretary of State.

(3) Except as otherwise provided for by Section 10554, the Office of Administrative Law shall provide for the printing and publication of these regulations in the California Code of Regulations. Emergency regulations adopted pursuant to this subdivision shall remain in effect for no more than 180 days.

(m) (1) In the event that a county elects to form a nonprofit consortium or public authority pursuant to subdivision (a) before the State Department of Health Care Services has obtained all necessary federal approvals pursuant to paragraph (3) of subdivision (j) of Section 14132.95, all of the following shall apply:

(A) Subdivision (d) shall apply only to those matters that do not require federal approval.

(B) The second sentence of subdivision (h) shall not be operative.

(C) The nonprofit consortium or public authority shall not provide services other than those specified in paragraphs (1), (2), (3), (4), and (5) of subdivision (e).

(2) Paragraph (1) shall become inoperative when the State Department of Health Care Services has obtained all necessary federal approvals pursuant to paragraph (3) of subdivision (j) of Section 14132.95.

(n) (1) One year after the effective date of the first approval by the department granted to the first public authority, the Bureau of State Audits shall commission a study to review the performance of that public authority.

(2) The study shall be submitted to the Legislature and the Governor not later than two years after the effective date of the approval specified in subdivision (a). The study shall give special attention to the health and welfare of the recipients under the public authority, including the degree to which all required services have been delivered, out-of-home placement rates, prompt response to recipient complaints, and any other issue the director deems relevant.

(3) The report shall make recommendations to the Legislature and the Governor for any changes to this section that will further ensure the well-being of recipients and the most efficient delivery of required services.

(o) Commencing July 1, 1997, the department shall provide annual reports to the appropriate fiscal and policy committees of the Legislature on the efficacy of the implementation of this section, and shall include an assessment of the quality of care provided pursuant to this section.

(p) (1) Notwithstanding any other law, and except as provided in paragraph (2), the department shall, no later than January 1, 2009, implement subparagraphs (A) and (B) through an all-county letter from the director:

(A) Subparagraphs (A) and (B) of paragraph (2) of subdivision (e).

(B) Subparagraph (B) of paragraph (5) of subdivision (e).

(2) The department shall, no later than July 1, 2009, adopt regulations to implement subparagraphs (A) and (B) of paragraph (1).

(q) The amendments made to paragraphs (2) and (5) of subdivision (e) made by the act that added this subdivision during the 2007–08 Regular Session of the Legislature shall be implemented only to the extent that an appropriation is made in the annual Budget Act or other statute, except for the amendments that added subparagraph (D) of paragraph (2) of subdivision (e), which shall go into effect January 1, 2009.

SEC. 3.

Section 14132.97 of the Welfare and Institutions Code is amended to read:

14132.97.

(a) (1) For purposes of this section, “waiver personal care services” means personal care services authorized by the department for persons who are eligible for either nursing or model nursing facility waiver services.

(2) Waiver personal care services shall satisfy all of the following criteria:

(A) The services shall be defined in the nursing and model nursing facility waivers.

(B) The services shall differ in scope from services that may be authorized under Section 14132.95 or 14132.952.

(C) The services shall not replace any hours of services authorized or that may be authorized under Section 14132.95 or 14132.952.

(3) The entities described in Section 12301.6, in accordance with Chapter 10 (commencing with Section 3500) of Division 4 of Title 1 of the Government Code, shall be required to act as the employer to meet and confer in good faith regarding wages, benefits, and other terms and conditions of employment of individuals providing waiver personal care services. For the purpose of bargaining unit placement pursuant to Government Code Section 3507.1, individuals providing waiver care services shall be deemed a part of any established bargaining unit of in-home supportive service providers of an employer of record described in Section 12301.6.

(b) An individual may receive waiver personal care services if all of the following conditions are met:

(1) The individual has been approved by the department to receive services in accordance with a waiver approved under Section 1915(c) of the federal Social Security Act (42 U.S.C. Sec. 1396n(c)) for persons who would otherwise require care in a nursing facility.

(2) The individual has doctor's orders that specify that he or she requires waiver personal care services in order to remain in his or her own home.

(3) The individual chooses, either personally or through a substitute decisionmaker who is recognized under state law for purposes of giving consent for medical treatment, to receive waiver personal care services, as well as medically necessary skilled nursing services, in order to remain in his or her own home.

(4) The waiver personal care services and all other waiver services for the individual do not result in costs that exceed the fiscal limit established under the waiver.

(c) The department shall notify the administrator of the ~~in-home supportive services~~ *In-Home Supportive Services* program in the county of residence of any individual who meets all requirements of subdivision (b) and has been authorized by the department to receive waiver personal care services. The county of residence shall then do the following:

(1) Inform the department of the services that the individual is authorized to receive under Section 14132.95 or 14132.952 at the time he or she becomes eligible for waiver personal care services.

(2) Determine the individual's eligibility for services under Section 14132.95 or 14132.952 if he or she is not currently authorized to receive those services and if he or she has not been previously determined eligible for those services.

(3) Implement the department's authorization for waiver personal care services for the individual at the quantity and scope authorized by the department.

(d) (1) Waiver personal care services approved by the department for individuals who meet the requirements of subdivision (b) may be provided in either of the following ways, or a combination of both:

(A) By a licensed and certified home health agency participating in the Medi-Cal program.

(B) By one or more providers of personal care services under Article 7 (commencing with Section 12300) of Chapter 3 and subdivision (d) of Section 14132.95, when the individual elects, in writing, to utilize these service providers.

(2) The department shall approve waiver personal care services for individuals who meet the requirements of subdivision (b) only when the department finds that the individual's receipt of waiver personal care services is necessary in order to enable the individual to be maintained safely in his or her own home and community.

(3) When waiver personal care services are provided by a licensed and certified home health agency, the home health agency shall receive payment in the manner by which it would receive payment for any other service approved by the department.

(4) When waiver personal care services are provided by one or more providers of personal care services under Article 7 (commencing with Section 12300) of Chapter 3 and subdivision (d) of Section 14132.95, the providers shall receive payment *and benefits* on a schedule and in a manner by which providers of personal care services receive ~~payment~~ *payment and benefits*. The State Department of Social Services shall commence making payments for waiver personal care services when its payment system has been modified to accommodate those payments. ~~No county shall be~~ *A county is not* obligated to administer waiver personal care services until the State Department of Social Services payment system has been modified to accommodate those payments. However, any county or public authority or nonprofit consortium that administers

the ~~in-home supportive services program~~ *In-Home Supportive Services* and personal care services ~~program~~ *programs* may pay providers for the delivery of waiver personal care services if it chooses to do so. In ~~such a~~ *that* case, the county, public authority, or nonprofit consortium shall be reimbursed by the department for the waiver personal care services authorized by the department and provided to an individual upon submittal of documentation as required by the waiver, and in accordance with the requirements of the department.

(e) Waiver personal care services shall not ~~count~~ *be included* as alternative resources in a county's determination of the amount of services an individual may receive under Section 14132.95 or 14132.952.

(f) Any administrative costs to the State Department of Social Services, a county, or a public authority or nonprofit consortium associated with implementing this section shall be considered administrative costs under the waiver and shall be reimbursed by the department.

(g) Two hundred fifty thousand dollars (\$250,000) is appropriated from the General Fund to the State Department of Social Services for the 1998–99 fiscal year for the purpose of making changes to the case management, information, and payrolling system that are necessary for the implementation of this section.

(h) This section shall not be implemented until the department has obtained federal approval of any necessary amendments to the existing nursing facility and model nursing facility waivers and the state plan under Title 19 of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.). Any amendments to the existing nursing facility and model nursing facility waivers and the state plan which are deemed to be necessary by the director shall be submitted to the federal Health Care Financing Administration by April 1, 1999.

(i) The department shall implement this section only to the extent that its implementation results in fiscal neutrality, as required under the terms of the waivers.

SEC. 4.

The Legislature finds and declares that Section 1 of this act, which amends Section 6253.2 of the Government Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy and well-being of state and local employees paid by the state to provide waiver personal care services, it is necessary to limit general access to information regarding those persons.