

# CalPACE

## Board of Directors Meeting

April 21, 2020 | 1:00 PM – 2:00 PM  
Conference Line (267) 930-4000 | Participant Code 177-134-261

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## AGENDA

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1. Welcome
2. Approval of minutes of February 25, 2020 board meeting – *discussion and action item*
3. Humboldt Senior Resource Center designation of Melissa Hooven as board representative – *discussion and action item*
4. COVID-19 issues facing PACE – *discussion and action item*
5. CalPACE CalAIM proposals – *discussion and action item*
6. Positions on legislation – *discussion and action item*
7. Contract with Sarah Brooks – *discussion and action item*
8. Adjourn

### ATTACHMENTS

- A. Draft minutes of February 25, 2020 CalPACE board meeting
- B. Humboldt Senior Resource Center letter designating Melissa Hooven as board representative
- C. Improving Beneficiary Access to PACE legislative language and talking points (2)
- D. CalPACE legislative update – 4-15-20

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### Board Members

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- AltaMed PACE, Maria Zamora
- Brandman Centers for Senior Care, Arnold Possick
- CalOptima, Elizabeth Lee
- Center for Elders' Independence, Linda Trowbridge
- Family Health Centers of San Diego, Fran Butler-Cohen
- Gary and Mary West PACE, Tim Lash
- Innovative Integrated Health, Phil Tsunoda
- On Lok Lifeways, Eileen Kunz
- Redwood Coast PACE, Joyce Hayes
- San Diego PACE, Kevin Mattson
- St. Paul's PACE, Cheryl Wilson
- Sutter SeniorCare PACE, Julie Erdmann
- WelbeHealth, Elizabeth Carty



## Minutes of CalPACE Board Meeting

February 25, 2020

The California Endowment – Sacramento, CA

### Attendees

#### Board members:

Arnold Possick, Brandman Centers for Senior Care  
Cheryl Wilson, St. Paul's PACE  
Eileen Kunz, On Lok Lifeways  
Elizabeth Carty, WelbeHealth  
Elizabeth Lee, CalOptima PACE  
Julie Erdmann, Sutter SeniorCare PACE  
Kevin Mattson, San Diego PACE  
Linda Trowbridge, Center for Elders' Independence  
Maria Zamora, AltaMed PACE  
Phil Tsunoda, Fresno PACE

#### CalPACE staff:

Peter Hansel, Chief Executive Officer  
Jennifer Blankenship, Senior Director of Operations  
Fred Main, CalPACE Counsel

#### Other CalPACE Officers:

Bing Isenberg, Center for Elders' Independence

#### Guests:

Bev Dahan, InnovAge  
Carol Hubbard, St. Paul's PACE  
Cindy Ward, LeadingAge California  
Jackie Mark, CalOptima PACE  
Jeff Gering, Family Health Centers of San Diego  
Karli Holkko, WelbeHealth  
Maria Lozzano, InnovAge  
Pamela Ansley, Sutter SeniorCare PACE  
Randall Sanner, St. Paul's PACE  
Rena Smith, Gary and Mary West PACE  
Susie Fishenfeld, Brandman Centers for Senior Care

#### Board members absent:

Fran Butler Cohen, Family Health Centers of San Diego  
Joyce Hayes, Redwood Coast PACE  
Tim Lash, Gary and Mary West PACE

**Note: These minutes are confidential and privileged and should not be circulated outside of the CalPACE Board.**

Board Chair Linda Trowbridge welcomed members and convened the meeting at 2:30 P.M.

### DECISIONS

**Minutes of February 6, 2020 meeting:** Adopted on 9 – 0 vote with Elizabeth Lee abstaining (Mattson; Erdman).

**CalPACE financials as of December 31, 2019:** Cindy Ward, Chief Financial Officer for Leading Age CA, presented six-month financial statements for CalPACE as of December 31, 2019. On the statement of financial position, there is an increase in cash over the prior year due to advance payments as well as receivables reflecting member receivables due. Overall, net assets reflect an increase of \$92,158 from June 30, 2019. On the statement of activities, revenues are 3% better than budget overall, primarily due to receipt of revenue for the PACE2.0 program which was not included in the approved budget. Overall operating expenses are 230% better than budget year to date but are expected to level out throughout the year. Most expenditure variances are related to timing of the expenses. Net Surplus is at \$92,158 for the year.

Ms. Ward noted that there are not any concerns with payments that are due but not yet paid. In response to a question concerning delays in website upgrades, Jennifer Blankenship noted that the delay has been in adoption of the back-end portal portion of the website. The technology for this has evolved and the costs have gone up. CalPACE staff are still evaluating and costing out options for this. Adopted on a 10-0 vote (Zamora; Mattson).

**CalPACE proposals for Medi-Cal Healthier CA for All:** Board chair Linda Trowbridge noted that CalPACE's proposal and overall strategy for the Medi-Cal Healthier CA for All proposal were discussed on a call with some board members on February 18. Peter Hansel summarized the proposals and tasks that were discussed, which include development of legislative language and formation of two technical work groups, one to develop recommended criteria for an auto referral system to refer potential PACE eligible beneficiaries to PACE organizations, and one to develop additional health risk assessment criteria for identification and referral to PACE of potential PACE eligible beneficiaries.

Members asked questions about the value of an auto assignment plan and how it would work in areas with more than one PACE organization. Elizabeth Lee noted that it could be problematic for COHS counties given how they process and refer new enrollments and recommended that COHS counties should be excluded from the process. Linda Trowbridge noted that to make it workable the turnaround time for assessments may need to be lowered to 30 days. She further noted that development of the actual processes for auto referral and PACE inclusion in risk assessment may take into 2022 or 2023. Eileen Kunz stated that CalPACE should leverage its experiences with Cal MediConnect in developing these proposals and recommended that an expert be brought in to help with the auto referral concept and that the technical work groups begin quickly.

Following discussion, three motions were put forward: (1) A motion to adopt the recommended legislative language with a carve out of COHS plans (Lee; motion failed due to a lack of a second); (2) A motion to adopt and put forward the legislative language with further discussion to occur on whether to include a carve out for COHS plans and with the ability of the board to amend later (Possick/Carty; passed on a 10-0 vote with Elizabeth Lee abstaining); and (3) A motion to proceed with the workgroups to develop recommendations on auto referral and inclusion of PACE in plans' health risk assessment processes with technical assistance (Carty/Maria Zamora; passed on 10 – 0 vote).

## **Discussion**

**CalPACE Affiliates program update:** Jennifer Blankenship provided a status report on the CalPACE Affiliates program. There is growing interest in the program but in order to keep growing CalPACE needs to receive leads for new membership from its board members. She requested that each board member provide three potential new vendors by April 1. CalPACE will be sending membership renewal invoices in the next few months and it is likely that several will decide to not renew their membership. In response to questions, Ms. Blankenship noted that the date for the next Meet and Greet event is August 26. She noted that informally, some Affiliate members are expressing concerns about not getting phone calls returned from CalPACE members. Several specific companies have indicated that they will not be renewing their membership and others could potentially as well.

**Other business:**

Fred Main provided an overview of AB 2492 (Choi), which has been introduced to require the Department of Public Health to approve the same capacity limit for an ADHC that is part of a PACE Center as is allowed as part of DHCS' approval. Karli Holkko explained that the bill originated from a legislative staff visit to the Sutter SeniorCare center. Members expressed concerns that the bill could allow DPH to set limits different from those set by the Fire Marshall. Following discussion, there was consensus to watch the bill carefully and provide updates to the board.

Maria Zamora noted the passing of Marie Torres' mother who was an active community member and entrepreneur in the east Lost Angeles area.

The meeting adjourned at 3:55.

Respectfully submitted,

Eileen Kunz, Secretary

Prepared by: Peter Hansel, Chief Executive Officer  
Jennifer Blankenship, Vice President of Operations

## **Improving Beneficiary Awareness of and Access to PACE**

CalPACE appreciates that the department intends for PACE to continue to be an enrollment option for people who qualify as it implements CalAIM and we certainly support the goals of ensuring that more beneficiaries have access to effective models of integrated care.

However, we are concerned that PACE will not be a robust option for beneficiaries if they are not aware of it, receive accurate information about it and have an opportunity to be assessed for PACE eligibility. While the department adopted outreach, enrollment materials and forms for CalMediConnect that contain pretty good information about PACE, we do not believe that is the case outside of Cal MediConnect. Over the past several years we have brought concerns and suggestions to the department for improvements to the information beneficiaries receive about PACE, particularly for seniors and persons with disabilities who are subject to mandatory enrollment in managed care and for duals and SPDs outside of the CCI counties.

- In 2012, CalPACE requested that PACE be included in managed care outreach notices, forms and materials for SPDs. The department declined to do that and instead helped facilitate sending supplemental letters to potential PACE eligibles, which were not effective and only confused beneficiaries.
- In 2017, CalPACE sponsored budget trailer legislation which was adopted, to ensure that beneficiaries who are potentially eligible for PACE are informed by the department or its enrollment contractor that they may alternatively request to be assessed for eligibility for PACE, for duals subject to mandatory enrollment in managed care and for beneficiaries who are required to receive LTSS through a managed care plan (Welfare and Institutions Code Sections 14182.16(k) and 14186.2 (d)). We are not aware that the department has taken any specific steps to implement those requirements.
- In 2018, CalPACE had discussions with MCO staff about at least updating the managed care enrollment packet insert about PACE (attached). The insert is woefully out of date, is mislabeled, and as an insert in the back of the packet does little to ensure beneficiaries' awareness of PACE. We were told that changes to the insert could be made the next time the enrollment packet and materials were updated, but to our knowledge, no update has been made and we are not even sure if it is still being used.
- Finally, despite the prior legislation and discussions, the HCO webpage contains no information about PACE that we can find.

We have developed several ideas for how to make improvements in beneficiaries' awareness of and access to PACE which we would like to discuss further with the department. They include:

1. Require PACE to be offered as a Medi-Cal plan choice, in areas where it is available, in the same manner as other managed care plan options and included in all enrollment and outreach materials for all dual eligibles and seniors and persons with disabilities in any county in which they are subject to Medi-Cal mandatory or passive enrollment;
2. Require PACE to be identified as a Medicare plan choice and included in all enrollment materials and information provided to dual eligible beneficiaries who receive Medicare Advantage plan enrollment information from DHCS;
3. Require DHCS, as part of the managed care enrollment process, to establish an auto referral process to refer beneficiaries to PACE who appear to be eligible based on age, residence and prior use of services;
4. Require health plan risk stratification and assessment processes to include criteria to identify, and provide for referral to PACE, beneficiaries who appear to be eligible for PACE based on age, condition, functional impairment, and use of services; and
5. Ensure continuity of enrollment by exempting Medi-Cal beneficiaries who are enrolled in PACE from mandatory or passive enrollment in Medi-Cal managed care.

## **Improving Beneficiary Access to PACE**

### **Proposed Amendments**

**Add a new Section 14595 to the Welfare and Institutions Code, to read:**

14595. (a) A beneficiary who is enrolled in PACE organization with a contract with the department pursuant to Chapter 8.75 (commencing with Section 14591) is exempt from mandatory or passive enrollment in a Medi-Cal managed care plan.

(b) In areas where a PACE plan is available, the PACE plan shall be presented as an enrollment option in the same manner as other managed care plan options, included in all enrollment materials, enrollment assistance programs, and outreach programs, and made available to beneficiaries whenever enrollment choices and options are presented. Outreach and enrollment materials shall enable beneficiaries to understand what PACE provides; that, if eligible, they may be assessed for PACE eligibility and enroll in PACE; and how they can receive additional information and request to be assessed for PACE eligibility. Persons meeting the age qualifications for PACE and who choose PACE shall not be assigned to a managed care health plan for the lesser of 60 days or until they are assessed for eligibility for PACE and determined not to be eligible for a PACE plan. Persons enrolled in a PACE plan shall receive all Medicare and Medi-Cal services from the PACE program pursuant to the three-way agreement between the PACE program, the department, and the Centers for Medicare and Medicaid Services.

(c) As part of the managed care enrollment process for dual eligible beneficiaries and seniors and persons with disabilities, the department shall establish an auto referral system to refer beneficiaries to PACE organizations who appear to be eligible for PACE, based on age, residence, and prior use of services. People meeting the age qualifications for PACE who are auto referred to PACE shall not be assigned to a managed care plan for the lesser of 60 days or until they are assessed for eligibility for PACE and determined not to be eligible of a PACE plan.

(d) Health plan risk stratification and health risk assessment processes completed by Medi-Cal managed care plans shall include criteria to identify and refer to PACE beneficiaries who appear to be eligible for PACE based on age, condition, functional impairment and use of services.

(e) In areas where a PACE plan is available, PACE shall be identified and presented as a Medicare plan option in any mailings or notices to dual eligible beneficiaries regarding their options to enroll in a Medicare plan and shall provide information about how they can receive additional information and be assessed for PACE eligibility.

**CalPACE Legislative Tracking Grid**

**California**

<b>Bill No./Author</b>	<b>Description</b>	<b>Company Position</b>	<b>Organizations in Support/Oppose</b>	<b>Status</b>	<b>Similar Legislation</b>
<a href="#">AB 683</a> Carrillo D	<b>Medi-Cal: eligibility.</b> Current law requires Medi-Cal benefits to be provided to individuals eligible for services pursuant to prescribed standards, including a modified adjusted gross income (MAGI) eligibility standard. Current law prohibits the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. This bill would require the State Department of Health Care Services to disregard, commencing July 1, 2020, specified assets and resources, such as motor vehicles and life insurance policies, in determining the Medi-Cal eligibility for an applicant or beneficiary whose eligibility is not determined using MAGI, subject to federal approval and federal financial participation.	Recommend Support		1/30/2020 - Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.	
<a href="#">AB 1850</a> Gonzalez D	<b>Employee classification: still photographers, photojournalists: freelancers.</b> Current statutory law establishes that, for purposes of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration is considered an employee rather than an independent contractor unless the hiring entity demonstrates that the "ABC" test is met. Existing law exempts specified occupations and business relationships, including persons providing professional services under specified circumstances. Current law instead provides that these exempt relationships are governed by the multifactor test previously adopted in the case of S. G. Borello & Sons, Inc. v. Department of Industrial Relations (1989) 48 Cal.3d 341. This bill would replace the submission limit and instead exempt still photographers, photojournalists, freelance writers, editors, and newspaper cartoonists from the application of Dynamex and these provisions based upon different specified criteria, including that these persons provide professional services pursuant to a contract that includes specified items, as provided.	Watch		3/2/2020 - Re-referred to Com. on L. & E.	
<a href="#">AB 1962</a> Voepel R	<b>Sales and use taxes: exemption: senior housing.</b> Current state sales and use tax laws impose a tax on retailers measured by the gross receipts from the sale of tangible personal property sold at retail in this state of, or on the storage, use, or other consumption in this state of, tangible personal property purchased from a retailer for storage, use, or other consumption in this state. This bill, on and after January 1, 2021, and before January 1, 2026, would exempt from these taxes the gross receipts from the sale of, and the storage, use, or other consumption in this state of, building materials and supplies purchases by a qualified person for use by that qualified person in the construction of specified senior housing developments.			3/9/2020 - In committee: Hearing for testimony only.	
<a href="#">AB 1993</a> Kamlager D	<b>Unemployment insurance: benefits.</b> Would provide that the definition of "employment" for the purposes of unemployment insurance coverage includes services performed by an individual in the employ of their parent, child, or spouse if that individual is providing services through the In-Home Supportive Services program.			3/5/2020 - Referred to Com. on INS.	
<a href="#">AB 2047</a> Aguilar-Curry D	<b>Alzheimer's disease diagnosis and treatment: train-the-trainer toolkit.</b> Would require the State Department of Public Health and the diagnostic and treatment centers for Alzheimer's disease to develop and disseminate a train-the-trainer toolkit for the purpose of assessing patients' cognitive complaints and facilitating diagnosis. The train-the-trainer toolkit would expand upon a specified diagnostic assessment instruction manual previously prepared by the department and the centers. The bill would require the department and centers to give primary consideration to the needs of underserved and rural communities when developing the toolkit. The bill would require the department to conduct a quantitative assessment with physicians utilizing the toolkit, to measure its effectiveness, as specified.			3/16/2020 - In committee: Hearing postponed by committee.	
<a href="#">AB 2048</a> Limón D	<b>Alzheimer's disease: patient informational tool.</b> Would require the California Department of Aging, by July 1, 2021, to develop an informational tool to assist individuals and their caregivers in communicating with health care providers after receiving a diagnosis of Alzheimer's disease and to make that tool available to the public, as specified. The bill would require the tool to be based on a specified publication, and would require the department to update the information provided in that publication and to ensure that the tool meets the needs of an increasingly diverse aging population. The bill would require the department to evaluate the tool for effectiveness at least once every 3 years, contingent on the availability of funding. The bill would be implemented using existing department resources.			3/17/2020 - In committee: Hearing postponed by committee.	
<a href="#">AB 2136</a> Petrie-Norris D	<b>Personal income taxes: credit: family caregiver.</b> The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for each taxable year beginning on or after January 1, 2021, and before January 1, 2026, would allow a credit against those taxes in an amount equal to 50% of the amount paid or incurred by a family caregiver during the taxable year for eligible expenses related to the care of an eligible family member, not to exceed \$5,000. The bill would limit the aggregate amount of these credits to be allocated in each calendar year to \$150,000,000 as well as any unused credit amount, if any, allocated in the preceding calendar year. The bill would require the Franchise Tax Board to allocate and certify these credits to taxpayers on a first-come-first-served basis.			3/16/2020 - In committee: Hearing postponed by committee.	
<a href="#">AB 2355</a> Bonta D	<b>Employment discrimination: medical cannabis.</b> Would make it an unlawful employment practice for an employer or other entity to refuse to hire or employ a person, to refuse to select a person for a training program leading to employment, to bar or to discharge a person from employment or from a training program leading to employment, or to discriminate against an employee, because of the employee's status as a qualified patient, or as a person with an identification card, as specified, for purposes of medical cannabis, subject to certain exceptions. The bill would grant people who use medical cannabis while employed the same rights to reasonable accommodation and the associated interactive process as are provided to workers prescribed other legal drugs under this section, subject to specified requirements.			3/17/2020 - In committee: Hearing postponed by committee.	
<a href="#">AB 2387</a> Crayson D	<b>In-home supportive services: needs assessment.</b> Current law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes. Existing law requires the county welfare department to assess each recipient's continuing monthly need for in-home supportive services at varying intervals as necessary, but at least once every 12 months, except as specified. This bill would authorize counties to			3/16/2020 - In committee: Hearing postponed by committee.	

	perform the needs assessment by telephone if certain conditions are met, including that the recipient has had at least one in-person assessment since the initial program intake and the recipient has not changed their residence since the previous assessment.				
<a href="#">AB 2409</a> <a href="#">Kalra</a> D	<b>Medi-Cal: Assisted Living Waiver program.</b> Current law requires the State Department of Health Care Services to develop a federal waiver program, known as the Assisted Living Waiver program, to test the efficacy of providing an assisted living benefit to beneficiaries under the Medi-Cal program. Current law requires that the benefit include the care and supervision activities specified for residential care facilities for the elderly, and conditions the implementation of the program to the extent federal financial participation is available and funds are appropriated or otherwise available for the program. This bill would, subject to the department obtaining federal approval and on the availability of federal financial participation, require the department to submit to the federal Centers for Medicare and Medicaid Services a request for an amendment of the Assisted Living Waiver program to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases.			3/17/2020 - In committee: Hearing postponed by committee.	
<a href="#">AB 2453</a> <a href="#">Nazarian</a> D	<b>Long-term care insurance and accelerated death benefits.</b> Current law requires every insurer or other entity marketing long-term care insurance to, among other things, develop and use suitability standards to determine whether the purchase or replacement of long-term care insurance is appropriate for the needs of the applicant. Current law also requires the agent and insurer, when determining whether the applicant meets those standards, to develop procedures that take into consideration, among other things, the applicant's ability to pay for the proposed coverage and other pertinent financial information related to the purchase of the coverage, and the applicant's goals or needs with respect to long-term care and the advantages and disadvantages of insurance to meet those goals or needs. This bill would remove that exclusion for life insurance policies that accelerate benefits for long-term care, and would, with respect to those policies, require the procedures to also take into consideration the applicant's goals or needs with respect to life insurance, and to take into consideration the advantages and disadvantages of the proposed insurance coverage compared to the advantages and disadvantages of a stand-alone long-term care insurance policy.			3/2/2020 - Referred to Com. on INS.	
<a href="#">AB 2458</a> <a href="#">Melendez</a> R	<b>Worker status: independent contractors: physical therapists.</b> Current law exempts specified occupations and business relationships from the application of Dynamex and the provisions described above, including certain licensed medical professionals. Existing law instead provides that these exempt relationships are governed by the test adopted in S. G. Borello & Sons, Inc. v. Department of Industrial Relations (1989) 48 Cal.3d 341. This bill would also exempt individuals working as physical therapists from the provisions as specified.			2/27/2020 - Referred to Com. on L. & E.	
<a href="#">AB 2492</a> <a href="#">Choi</a> R	<b>California Program of All-Inclusive Care for the Elderly (PACE program).</b> Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program), to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, as specified. Current law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single state agency responsibilities assumed by the department pursuant to those contracts, as specified. This bill would require the department, if the department approves a PACE center to provide PACE services, to authorize the PACE center to provide PACE services for the maximum number of individuals for which the PACE center is eligible to provide PACE services.	Oppose		3/17/2020 - In committee: Hearing postponed by committee.	
<a href="#">AB 2515</a> <a href="#">Nazarian</a> D	<b>Continuing medical education: geriatric medicine.</b> Would require a general internist and family physician who has a patient population of which 10% are 50 years of age or older to complete at least 20% of all mandatory continuing education hours in a course related to geriatric medicine or the care of older patients.			3/12/2020 - Referred to Com. on B. & P.	
<a href="#">AB 2739</a> <a href="#">Weber</a> D	<b>Medi-Cal: monthly maintenance amount: personal and incidental needs.</b> Current law requires the State Department of Health Care Services to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than \$35 per month while a patient. Current law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from \$35 to \$80, and would require the department to annually adjust that amount by the same percentage as the Consumer Price Index.			3/17/2020 - In committee: Hearing postponed by committee.	
<a href="#">AB 2928</a> <a href="#">Eggman</a> D	<b>Health facilities.</b> Under current law, the State Department of Public Health is responsible for the licensing and regulation of health facilities, as defined. A violation of these provisions is a crime. Current law authorizes the exercise of privileges in a health facility to be limited, restricted, or revoked for a violation of the health facility's rules, regulations, or procedures, as specified. This bill would make technical, nonsubstantive changes to that provision.			2/24/2020 - Read first time.	
<a href="#">AB 3135</a> <a href="#">Garcia, Eduardo</a> D	<b>Older adults: food insecurity.</b> Would declare the intent of the Legislature to enact legislation relating to food insecurity among older adults in the state.			2/24/2020 - Read first time.	
<a href="#">AB 3138</a> <a href="#">Waldron</a> R	<b>Residential care facilities for the elderly: electronic monitoring.</b> Would enact the Electronic Monitoring in Residential Care Facilities for the Elderly Act to authorize the use of electronic monitoring either inside a resident's room by a resident or in certain areas of a facility by the facility under specified conditions. For the use of a personal electronic monitoring device inside a resident's room by a resident, the bill would require, among other things, the resident or the resident's responsible party, as defined, to provide the facility with a completed notification form, created by the State Department of Social Services, that includes the consent of the resident's roommate, if any.			3/17/2020 - In committee: Hearing postponed by committee.	
<a href="#">AB 3182</a> <a href="#">Ting</a> D	<b>Out-of-home care.</b> Current law establishes a program to provide out-of-home care to recipients of public assistance for whom care in the recipient's own home is impractical. Current law requires the Director of Social Services to submit an annual report to the Legislature by March 1 each year setting forth pertinent facts on the operation of the program and its significance in relation to the out-of-home care services of the Medi-Cal program. This bill would instead require the above-described report to be submitted to the Legislature by June 30 of each year.			2/24/2020 - Read first time.	

<a href="#">ACR 163</a> <a href="#">Maienschein</a> D	<b>Adult day services: intergenerational programs.</b> This measure would proclaim that intergenerational play may have a profound effect on youth and older adults, that the optimism and energy of children and young adults is worth sharing and may have a positive effect on older adults, and that the Legislature will increase public awareness about the benefits of intergenerational programs by encouraging Members of the Legislature to host events in their districts that stimulate intergenerational programs and models.			3/17/2020 - In committee: Hearing postponed by committee.	
<a href="#">SB 29</a> <a href="#">Durazo</a> D	<b>Medi-Cal: eligibility.</b> Would, subject to an appropriation by the Legislature, and effective July 1, 2020, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.	Recommend Support		1/3/2020 - Read second time. Ordered to third reading. (Set for hearing on 1/6/2020 )	
<a href="#">SB 512</a> <a href="#">Pan</a> D	<b>Long-term services and supports.</b> Would establish the California Long-Term Services and Supports Benefits Board (LTSS Board), to be composed of 9 specified members, including, among others, the Treasurer as chair, the Secretary of California Health and Human Services as vice chair, and 3 members to be appointed by the Governor. The bill would require the LTSS Board to manage and invest revenue deposited in the California Long-Term Services and Supports Benefits Trust Fund (LTSS Trust), which the bill would create in the State Treasury, to, upon appropriation, finance long-term services and supports for eligible individuals. The bill would also create, until January 1, 2025, the Long-Term Services and Supports Advisory Committee for the purpose of providing ongoing advice and recommendations to the LTSS Board.	Support		8/30/2019 - Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/5/2019) (May be acted upon Jan 2020)	
<a href="#">SB 900</a> <a href="#">Hill</a> D	<b>Department of Industrial Relations: worker status: employees and independent contractors.</b> Current law expressly authorizes the Department of Industrial Relations to assist and cooperate with the federal Wage and Hour Division and the federal Children's Bureau in enforcing of the federal Fair Labor Standards Act of 1938 within this state. This bill would recast those provisions and would delete the express authorization for the department to assist and cooperate with the bureau.	Support		3/26/2020 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on L., P.E. & R.	
<a href="#">SB 916</a> <a href="#">Pan</a> D	<b>Medi-Cal: health care services.</b> Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services either through a fee-for-service or a managed care delivery system. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Under current law, the Medi-Cal program comprises a department-administered uniform schedule of health care benefits. Current law limits health care services, for purposes of the Medi-Cal program, to a schedule of benefits, as specified. This bill, commencing July 1, 2021, would add enhanced care management, as described, to the schedule of benefits for a beneficiary to obtain as covered Medi-Cal services.			3/16/2020 - Re-referred to Com. on HEALTH. 4/22/2020 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEARING CANCELED - HEALTH, PAN, Chair	
<a href="#">SB 965</a> <a href="#">Nielsen</a> R	<b>Worker status: independent contractors: healthcare industry.</b> Current law establishes that, for purposes of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration is considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity's business, and the person is customarily engaged in an independently established trade, occupation, or business. This test is commonly known as the "ABC" test, as described above. Current law exempts specified occupations and business relationships from the application of Dynamex, including licensed insurance agents, certain health care professionals, including physicians and surgeons, dentists, and podiatrists, subject to meeting certain conditions and license requirements. This bill would expand the above-described exemptions to also include health facilities, as defined, which contract with companies that employ health care providers who provide services to patients at those facilities.			2/20/2020 - Referred to Com. on L., P.E. & R.	
<a href="#">SB 1039</a> <a href="#">Galgiani</a> D	<b>Independent workers.</b> Current law establishes that, for purposes of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration is considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity's business, and the person is customarily engaged in an independently established trade, occupation, or business. This test is commonly known as the "ABC" test. Current law charges the Labor Commissioner with the enforcement of labor laws, including worker classification. This bill, known as "The Independent Worker Rights Act of 2020," would set forth legislative findings regarding the intent of the Legislature to develop a modern policy framework that facilitates independent work for those who voluntarily choose it by creating a third classification of workers with basic rights and protections relative to work opportunities, including minimum wage and occupational accident coverage.			2/27/2020 - Referred to Com. on RLS.	
<a href="#">SB 1292</a> <a href="#">Jackson</a> D	<b>Senior affordable housing: nursing pilot program.</b> Would, contingent on funds being appropriated in the annual Budget Act, require the California Department of Aging to establish and administer the Housing Plus Services Nursing Pilot Program in the Counties of Los Angeles, Orange, Sacramento, Santa Barbara, and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purposes of hiring one full-time registered nurse to work at 3 senior citizen housing developments in each county to provide health education, navigation, coaching, and care to residents. The bill would require the department to submit a report to specified legislative committees and state agencies on or before January 1, 2025, and would repeal the program as of January 1, 2026.			3/25/2020 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.	

Total Measures: 27

Total Tracking Forms: 27