

AGENDA

ASSEMBLY BUDGET SUBCOMMITTEE NO. 1 ON HEALTH AND HUMAN SERVICES

ASSEMBLYMEMBER DR. JOAQUIN ARAMBULA, CHAIR

WEDNESDAY, MARCH 15, 2017
2:30 P.M. - STATE CAPITOL, ROOM 444

(PLEASE MONITOR THE DAILY FILE FOR A POSSIBLE ROOM CHANGE.)

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LIST OF PANELISTS IN ORDER OF PRESENTATION**5180 DEPARTMENT OF SOCIAL SERVICES**

ISSUE 1: ADULT PROTECTIVE SERVICES (APS) – BUDGET AND PROGRAM REVIEW AND HOME SAFE ADVOCACY PROPOSAL

- Will Lightbourne, Director, and Pete Cervinka, Chief Deputy Director, California Department of Social Services
- Iliana Ramos, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Margot Kushel, MD, Professor of Medicine, Division of General Internal Medicine at Zuckerberg San Francisco General Hospital
- Frank Mecca, Executive Director, County Welfare Directors Association of California
- Public Comment

ISSUE 2: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT – BUDGET AND PROGRAM REVIEW AND ADVOCACY PROPOSALS

- Will Lightbourne, Director, and Pete Cervinka, Chief Deputy Director, California Department of Social Services
- Iliana Ramos, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Mike Herald, Legislative Advocate, Western Center on Law and Poverty
- Public Comment

4170 CALIFORNIA DEPARTMENT OF AGING

ISSUE 1: BUDGET/PROGRAM REVIEW AND SENIOR NUTRITION ADVOCACY PROPOSAL

- Jeannine Fenton, Chief Deputy Director, and Dean Fujimoto, Deputy Director of Long-Term Care, California Department of Aging (CDA)
- Justin Feitas, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Clay Kempf, Executive Director, Area Agency on Aging for Santa Cruz/San Benito Counties, representing the California Association of Area Agencies on Aging (C4A)
- Public Comment

ISSUE 2: MULTIPURPOSE SENIOR SERVICES PROGRAM UPDATE AND ADVOCACY PROPOSAL

- Jeannine Fenton, Chief Deputy Director, and Dean Fujimoto, Deputy Director of Long-Term Care, CDA
- Justin Feitas, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Denise Likar, Vice President, Independence at Home, SCAN Health Plan, representing the MSSP Site Association
- Public Comment

ISSUE 3: LONG-TERM CARE OMBUDSMAN PROGRAM UPDATE AND ADVOCACY PROPOSAL

- Jeannine Fenton, Chief Deputy Director, and Dean Fujimoto, Deputy Director of Long-Term Care, CDA
- Joe Rodrigues, State Long-Term Care Ombudsman
- Justin Feitas, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Leza Coleman, Executive Director, California Long-Term Care Ombudsman Association
- Public Comment

4185 CALIFORNIA SENIOR LEGISLATURE

ISSUE 1: BUDGET REVIEW, BUDGET CHANGE PROPOSAL, AND ADVOCACY PROPOSAL

- Justin Feitas, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- John Pointer, Chair, Joint Rules Committee, California Senior Legislature
- Public Comment

ITEMS TO BE HEARD

5180 DEPARTMENT OF SOCIAL SERVICES

ISSUE 1: ADULT PROTECTIVE SERVICES (APS) – BUDGET AND PROGRAM REVIEW AND HOME SAFE ADVOCACY PROPOSAL

PANEL

- Will Lightbourne, Director, and Pete Cervinka, Chief Deputy Director, California Department of Social Services
 - Please present on current situation for the APS program, particularly how it has changed since it was realigned in 2011, and the recent trends in abuse and neglect reporting.
- Iliana Ramos, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Margot Kushel, MD, Professor of Medicine, Division of General Internal Medicine at Zuckerberg San Francisco General Hospital
- Frank Mecca, Executive Director, County Welfare Directors Association of California
- Public Comment

CONTEXT ON SENIOR NEEDS IN CALIFORNIA

The California Commission on Aging reports the following information, which provides context for this issue and many of the other issues covered in this agenda addressing social services programs serving seniors in our State:

- 21 percent of Californians over 65 have incomes below the federal Supplemental Poverty Measure (SPM).
- 40 percent of older Californians do not have sufficient incomes to make ends meet.
- 16 percent of older Californians face food insecurity most days. About 50 percent of older adults suffer from malnutrition.
- The over-60 populations will double by 2030 (10.8 million) and 25 percent of Californians will be over age 60 by 2050 (13.9 million).
- Between 2012 and 2030, California's over-85 population will grow by 61 percent. 82 percent of those over age 100 are women.

- By 2050 60 percent of older Californians will be elders of color. The 2013 poverty rate was higher among Hispanic and black adults than white adults ages 65 and older under both the SPM and the official poverty measure (OPM).
- 91 percent of African American and Latino elders are financially vulnerable.
- The elderly spend an average of 60 percent of their income on housing.

PROGRAM OVERVIEW

Background on APS. California's Adult Protective Services (APS) programs provide 24/7 emergency response to reports of abuse and neglect of elders and dependent adults. APS social workers deliver critical, often life-saving, services in a variety of abuse and neglect situations, including financial abuse. These social workers conduct in-person investigations on complex cases, often in coordination with local law enforcement, and leverage other system supports on behalf of victims including legal aid programs, the judiciary, and long-term care services. APS social workers must be adept at helping victims and their families to navigate other systems such as conservatorships and local aging programs for needed in-home services. Their efforts often enable elders and dependent adults to remain safely in their homes and communities, thus avoiding costly institutional placement into nursing homes.

APS Realignment. The APS program was primarily a state-funded program until 2011, when the program was realigned and counties now have 100 percent fiscal responsibility for the program. However, DSS retained program oversight and regulatory and policy making responsibilities for the program. This included responsibility for funding, including being the agency receiving federal funds, and supporting the statewide training of APS workers in order to ensure consistency. DSS currently contracts with local universities to deliver this training.

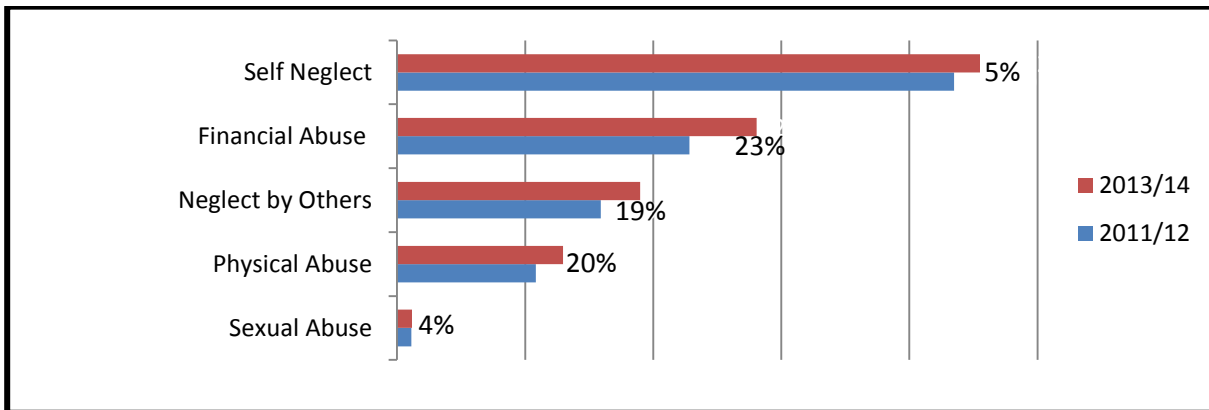
Changes in Expenditures for APS since Realignment. Due to the implementation of 2011 Realignment, the Local Revenue Funds (LRF) for the APS program are part of each county's Protective Services Account that gives each county the flexibility to fund the various Child and Adult Protective Services programs based on the county's individual service needs. According to DSS:

- » In FY 2011-12, APS Expenditures were \$119.7 million.
- » In FY 2012-13, APS Expenditures were \$120.7 million.
- » In FY 2013-14, APS Expenditures were \$126.3 million.
- » In FY 2014-15, APS Expenditures were \$137.6 million.
- » In FY 2015-16, APS Expenditures were \$152.4 million.*

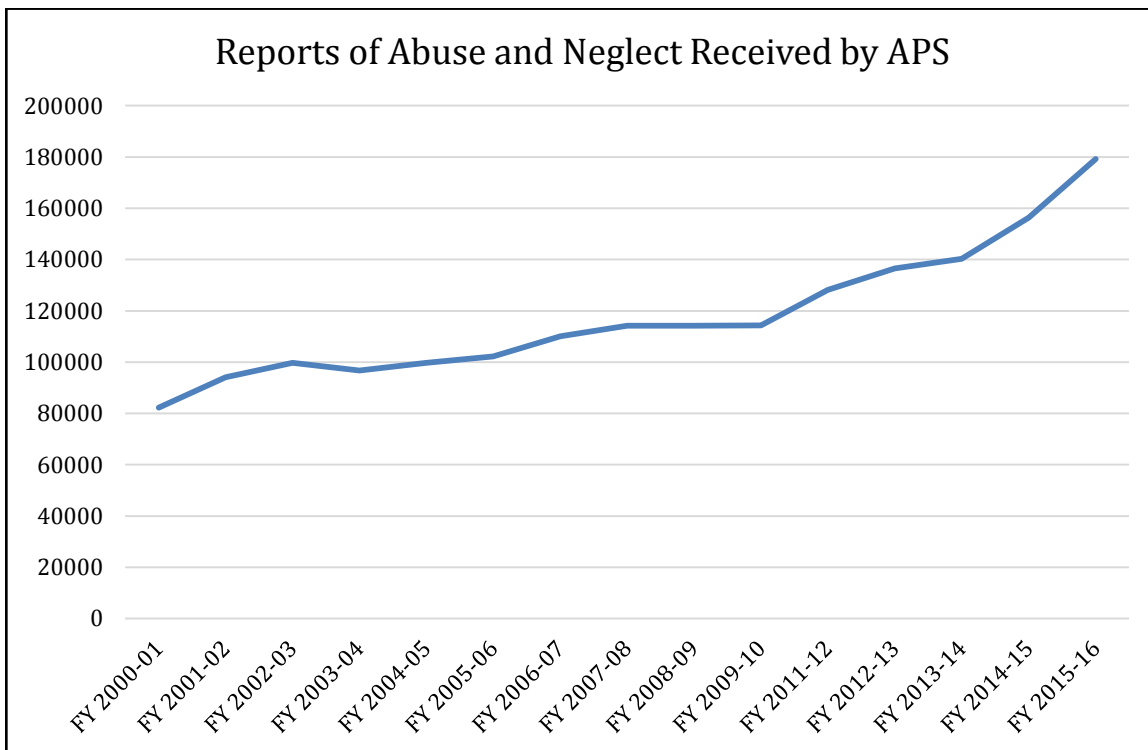
**Expenditures for FY 2015-16 are point-in-time as of February 2016 and not final.*

Changes in Abuse Findings by Type since Realignment. The most prominent change in abuse findings has been a 23 percent increase statewide in inconclusive and confirmed findings of financial abuse between 2011 and 2014. These investigations are some of the most time consuming and complex cases that APS investigates and therefore they represent a large increase in workload for APS programs. The chart below shows the changes in the number of findings by abuse type and the percentage of that change.

Changes in Numbers of Confirmed /Inconclusive Findings of Abuse by Type from 2011-12 to 2013-14



The following chart from DSS shows an overall increase in the trend line for reports of abuse and neglect received by APS:



Funding in Recent Budgets. The 2014 Budget Act included \$150,000 in funding for one staffing position within the Department of Social Services to assist with APS coordination and training. In 2015, trailer bill language was adopted that codified the responsibilities for this staff person to include engagement with county APS and other elder and dependent adult justice stakeholders to develop policies and guidelines that support local APS programs in meeting existing mandates, respond to opportunities to build APS infrastructure and expand resources, and promote optimal outcomes for seniors and dependent adults.

In 2015-16, \$176,000 (\$88,000 General Fund) was allocated to DSS for APS training. Funding for statewide APS training had not increased in 11 years, even as APS reports have risen by 90 percent between 2000-01 and 2014-15. Building further upon this, the 2016 Budget Act included one-time funding of \$3 million General Fund for APS training for social workers. So far, the funding has been used to:

- Amend the current (2015-2017) contracts with the three Regional Training Academies (RTAs) (San Diego State University, UC Davis, and Cal State Fresno) to increase their delivery of core competency classes.
- Add three new (2017-2019) contracts with the same three RTAs to provide “APS Core Competency Academies” in each region, provide tracking and documentation for national APS certification, and five advanced trainings and three supervisor trainings.
- Provided funding to the Public Administrators (PA), Public Guardians (PG) and Public Conservators (PC) Association to support their need to train their employees.

Federal Grant. Additionally, APS has received a federal Administration for Community Living grant of \$250,000 to study and develop an improved comprehensive data collection system in line with the National Adult Maltreatment Reporting System (NAMRS).

HOME SAFE PROPOSAL

The California Welfare Directors Association requests one-time funding of \$10 million General Fund in 2017-18 to establish APS-Home Safe, a homelessness prevention and rapid re-housing demonstration grant program for victims of elder abuse and neglect. This competitive grant program would allow 10 participating counties or groups of counties to demonstrate over three years how providing short-term housing crisis intervention can help reduce the risk of homelessness and future incidents of elder abuse and neglect among California's older adults. With Home Safe, participating county APS programs would identify clients at risk of losing their homes and provide services including short-term rental and utility assistance, heavy cleaning, immediate mental health treatment, and intensive case management to ensure clients are able to maintain their homes.

CWDA states that many elder abuse victims are at risk of losing their homes as a direct result of abuse, neglect, or exploitation. Adults who become homeless later in life have a higher risk of chronic health problems, and have a higher chance of visiting hospital emergency rooms or dying. APS programs have limited or no resources to prevent homelessness or rehouse victims. Home Safe would provide the resources to begin to address these issues in the senior community and learn from the pilot experiences.

STAFF COMMENTS AND QUESTIONS

APS has remained a valued public service intervention for elderly and disabled/dependent adults living in the community. Below are questions that the Subcommittee may wish to pose to the panel for this issue:

1. Are the needs of the consumers in APS, given the trend line of reports of abuse and neglect, commensurate with the funding being used for APS as a realigned program? More to the point, is this realigned program being adequately funded at the local level given the demonstrated needs?
2. How will/can the training and leadership investments made recently improve the program and level of service?
3. What tangible results can the Home Safe proposal have on adults and their families in the near-term? What could be done if the pilot is proven to be successful? How can this be measured?

Staff Recommendation:

Staff recommends holding this issue and the Home Safe proposal open.

ISSUE 2: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT – BUDGET AND PROGRAM REVIEW AND ADVOCACY PROPOSALS**PANEL**

- Will Lightbourne, Director, and Pete Cervinka, Chief Deputy Director, California Department of Social Services
 - Please present on the SSI/SSP grant history and the condition of grants vis a vis the cost of living in California.
 - Please present the Governor's proposal to defund the Housing Disability Advocacy Program (HDAP).
- Iliana Ramos, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Mike Herald, Legislative Advocate, Western Center on Law and Poverty
- Public Comment

PROGRAM BACKGROUND

Program Description. The Supplemental Security Income and State Supplementary Payment (SSI/SSP) program provides cash grants to low-income aged, blind, and disabled individuals. The state's General Fund provides the SSP portion of the grant while federal funds pay for the SSI portion of the grant. For 2017-18, the budget proposes nearly \$3 billion from the General Fund for the state's share of SSI/SSP, an increase of \$55 million (1.9 percent) over estimated 2016-17 expenditures. This increase would bring total program funding to \$10.2 billion (\$2.9 billion from the General Fund and \$7.3 billion federal funds) in 2017-18. The primary driver of this increase is the full-year cost of a cost-of-living adjustment (COLA) to the SSP portion of the grant in January 2017.

Eligibility. To be eligible for SSI/SSP, a person must be at least 65 years old, blind, or disabled (including blind or disabled children). A qualified recipient must file an application with the Social Security Administration (SSA). Federal criteria are used to determine eligibility and a qualified SSI recipient is automatically qualified for SSP. To be eligible for SSI and maintain eligibility, a person must meet certain income and resource requirements.

Caseload. The SSI/SSP caseload grew at a rate of less than 1 percent each year between 2011-12 and 2014-15. More recently, the caseload slightly decreased by 0.8 percent in 2015-16 and an estimated 0.3 percent in 2016-17. The budget estimates that about 1.3 million individuals and couples will receive SSI/SSP grants in 2017-18, an increase of 0.1 percent over 2016-17.

CONDITION OF PROGRAM GRANTS

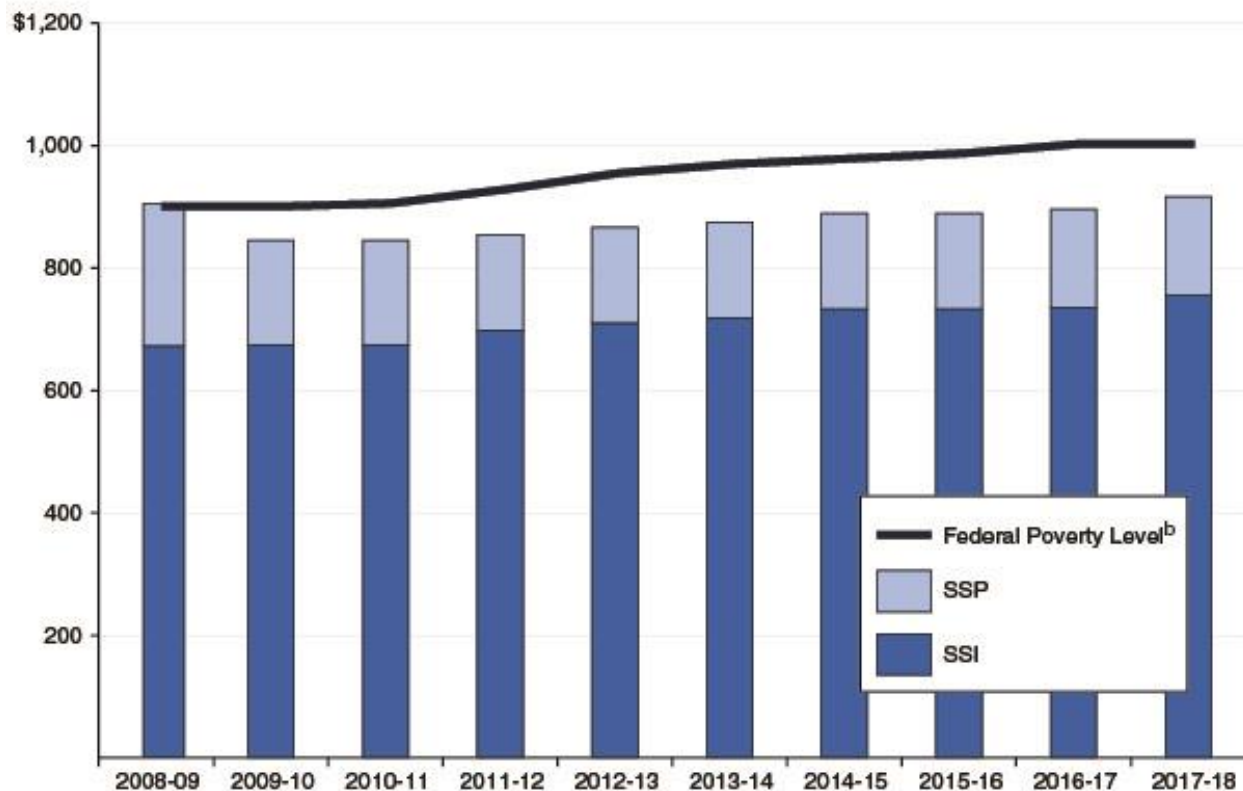
Background and History of Grant Levels. Grant levels for SSI/SSP are determined by both the federal government and the state. The federal government, which funds the SSI portion of the grant, is statutorily required to provide an annual COLA each January. This COLA increases the SSI portion of grant by the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). In years that the CPI-W is zero or negative (as was the case in 2010, 2011, and 2016), the federal government does not increase SSI grants, but instead holds them flat. The federal government gives the state full discretion over whether and how to provide increases to the SSP portion of the grant. Until 2011, the state had a statutory COLA. Although this statutory COLA existed, there were many years when, due to budget constraints, the COLA was not provided. As part of the 2016-17 budget package, the Legislature provided a COLA of 2.76 percent on the SSP portion of the grant in 2017, the first since 2005. The Governor's 2017-18 budget proposal does not include a COLA to the SSP portion of the grant.

The state is required to maintain SSP monthly grant levels at or above the levels in place in March 1983 in order to receive federal Medicaid funding (\$156.40 for SSP individual grants and \$396.20 for SSP couple grants). During the most recent recession, the state incrementally decreased SSP grants for individuals and couples until they reached these minimum levels in June 2011 and November 2009, respectively. Beginning January 1, 2017, SSP grants for individuals and couples increased above the minimum level due to the COLA on the state's SSP portion.

As shown in the figure on the next page, the total SSI/SSP monthly grant amount for individuals (the bulk of the SSI/SSP caseload) has been increasing gradually since 2010-11, predominantly due to the provision of federal COLAs. However, despite the gradual increases in the grants shown in the figure, current maximum SSI/SSP grant levels for individuals remain below the federal poverty level. During some difficult budget times prior to 2010-11, the state negated the impact of federal COLAs by reducing the SSP portion of the grant by the amount of the federal increase, thereby holding total SSI/SSP grant levels flat. After the state reduced SSP grants to the federally required minimum levels, the state could no longer do this.

Figure 1

Maximum SSI/SSP Monthly Grants for Individuals^a Compared to Federal Poverty Level^b



^a The maximum monthly grants displayed refer to those for aged and disabled individuals living in their own households, effective as of January 1 of respective budget year.

^b Federal Poverty Level as established by U.S. Department of Health and Human Services, effective as of January 1 of respective budget year.

Governor’s Proposal. The budget includes \$73 million from the General Fund for a full year of funding for the COLA increase to the state’s SSP portion of the grant, which became effective January 1, 2017. In addition, the budget estimates that the federal government will provide a 2.6 percent COLA to the SSI portion of the grant, beginning January 1, 2018. As shown in the figure below, the administration estimates that total monthly maximum grants for individuals will increase by about \$20 and grants for couples will increase by about \$29 in 2018 as a result of the federal COLA.

	2016-17	Governor's Estimates ^b	Change From 2016-17
Maximum Grant—Individuals			
SSI	\$735.20	\$754.31	\$19.12
SSP	160.72	160.72	—
Totals	\$895.92	\$915.03	\$19.12
Percent of Federal Poverty Level ^c	89%	91%	
Maximum Grant—Couples			
SSI	\$1,103.30	\$1,131.99	\$28.69
SSP	407.14	407.14	—
Totals	\$1,510.44	\$1,539.13	\$28.69
Percent of Federal Poverty Level ^c	112%	114%	

^aThe maximum monthly grants displayed refer to those for aged and disabled individuals and couples living in their own households, effective as of January 1 of the respective budget year.

^bReflects Governor's budget estimate of the (1) January 2018 federal cost-of-living adjustment (COLA) for the SSI portion of the grant, and (2) the full-year cost of the January 2017 state-funded COLA for the SSP portion of the grant. LAO estimates of the SSI maximum monthly grant levels are slightly lower than the Governor's Budget projections.

^cCompares grant level to federal poverty guidelines from the U.S. Department of Health and Human Services for 2017.

Grants and Housing Costs. The California Budget & Policy Center released information in February 2016 on the status of SSI/SSP grants related to housing costs. "In every county, the "Fair Market Rent" (FMR) for a studio apartment exceeds 50% of the maximum SSI/SSP grant for an individual. Moreover, the studio FMR is higher than the entire SSI/SSP grant in 16 counties, including Alameda, Los Angeles, Orange, and San Diego. People are at greater risk of becoming homeless when housing costs account for more than half of household income." The full fact sheet can be found at <http://calbudgetcenter.org/wp-content/uploads/Due-to-State-Cuts-SSI-SSP-Grants-Lose-Ground-to-Housing-Costs-02232016.pdf>

LAO Comment. The LAO provides the following comments, "The Governor's budget estimates that the CPI-W that the federal government will use to adjust the SSI portion of the grant in 2018 will be 2.6 percent, but our estimate of the CPI-W is slightly lower, at 2.1 percent. The actual CPI-W will not be known until the fall. As a result, we estimate that total maximum monthly SSI/SSP grants would increase by \$15.44 for individuals and \$23.16 for couples under the Governor's proposal."

**HOUSING DISABILITY ADVOCACY
PROGRAM (HDAP)**

The Governor's budget estimates a \$1.6 billion budget problem by the end of 2017-18. Among actions proposed to address this problem, the administration proposes to defer or eliminate various one-time spending commitments made in the 2016-17 enacted budget. Included is a proposal to eliminate \$45 million in one-time funding in 2016-17 to assist counties in establishing or expanding programs that help homeless individuals with disabilities apply for various assistance programs, including SSI/SSP.

This was an advocacy proposal advanced successfully last year to aid a segment of the 130,000 people in California reliant on General Assistance/General Relief in their county, which provides an average monthly grant of just \$221 a month. Anti-poverty/homelessness advocates argued that these GA/GR recipients could be eligible for SSI and 72 percent of the SSI grant is provided by the federal government. Additionally, advocates cited that Los Angeles County is operating two highly successful SSI advocacy projects. "One is aimed at persons discharged from public hospitals due to chronic health or behavioral conditions. The other program is focused on disabled and elderly persons who are in the county General Relief program. When the county engages with these recipients it offers immediate housing assistance so that they are not homeless. This makes it easier for the case management team to keep the SSI application on track by ensuring the recipients make doctor appointments and receive needed services while the application is pending. The cost for the housing comes from two sources. \$100 comes from the recipients GR grant and the county provides up to \$400. The county contracts with a non-profit housing provider who rents housing from private and non-profit providers. In most cases the person lives in a shared housing arrangement. When the SSI application is eventually approved, the person receives a retroactive benefit check from the day of the initial application. The county takes a portion of this amount to reimburse the housing assistance provided while the application was pending. This allows the county to then use the reimbursed funds to assist another person waiting for SSI application approval."

ADVOCATES' PROPOSALS

Bringing Individual Grants to 100 Percent FPL. Many advocates have weighed in with the Subcommittee and the Administration in past years to advocate for an increase to the SSI/SSP grants. The Western Center on Law and Poverty (WCLP), which represents California's poorest residents on issues of public benefits, affordable housing, and health care, writes to advocate for the following:

- First, increase the base SSP amount this year and in future years (to 96 percent of poverty by January 1, 2018 and then to 100 percent by January 1, 2019) until the maximum individual SSI/SSP grant is above 100 percent of the federal poverty level. WCLP states that recipients have to pay for housing, food and all other living expenses entirely from the SSI grant amount and many are struggling to stay housed. The SSI grant cuts continue to provide more than \$1 billion

annually in savings to the state budget. Given the state's economic rebound, it is dishonorable that the state continues to compel some of the poorest residents to take cuts implemented in crisis times. SSI recipients have repeatedly suffered from increased homelessness, poor health and malnutrition in the wake of the cuts.

- Second, once the SSI/SSP grant is above the federal poverty level the state should provide cost of living increases by restoring the prior statute for an SSI/SSP cost of living adjustments that was repealed in the 2009-10 budget. This will ensure that the grants never drop below the poverty level again.

Reject HDAP Cut. Advocates urge the Subcommittee to reject the Governor's cut to the HDAP program so recently invested in as part of the 2016 Budget deal, and for the State to move forward with implementation.

STAFF COMMENTS

Growing senior poverty has drawn significant concern and has been a priority for the Assembly over the last several years. Since the recovery, there have been many efforts to increase the grants for both individuals and couples by a modicum of support (\$5 or \$10 additional per month) or to reinstitute the annual COLA. Efforts to increase the grants more meaningfully in one year have resulted in costs too massive to be effectuated in a single budget (i.e. an effort to raise grants for individuals resulted in a \$2.5 billion estimate). Now, the State has provided a one-time small state COLA. Though not insignificant, it's the smallest theoretical increase that can be provided in the range of options, but can be built on with a further investment.

1. How does the Administration reconcile the factual cost of living in California and the condition of the SSI/SSP grants? What is the Administration's strategy on offering a sustainable grant level in SSI/SSP?
2. For the Administration and DOF, please discuss what efforts went into getting HDAP ready to implement in the fall of 2016 and provide insight into why implementation of HDAP halted.
3. What are the stakeholder views on reversal of the SSI/CalFresh cash-out policy with a hold harmless approach, to avoid any cases losing benefits?
4. Please discuss the department's current efforts to ensure that all eligible individuals are applying to SSI and what help is available to applicants who are denied.

Staff Recommendation:

Staff recommends that the Subcommittee act to reject the Administration's cut to the Housing Disability Advocacy Program (\$45 million) and hold the remaining SSI/SSP issues open.

4170 CALIFORNIA DEPARTMENT OF AGING**ISSUE 1: BUDGET AND PROGRAM REVIEW AND SENIOR NUTRITION ADVOCACY PROPOSAL****PANEL**

- Jeannine Fenton, Chief Deputy Director, and Dean Fujimoto, Deputy Director of Long-Term Care, California Department of Aging (CDA)
 - Please provide an overview of the CDA programs.
 - Please provide context for the Senior Nutrition request from advocates.
- Justin Feitas, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Clay Kempf, Executive Director, Area Agency on Aging for Santa Cruz/San Benito Counties, representing the California Association of Area Agencies on Aging (C4A)
- Public Comment

BUDGET AND PROGRAM REVIEW

Budget Overview. The 2017-18 Governor's Budget includes \$200.6 million (\$33.8 million General Fund and \$166.8 million other funds) for the California Department of Aging (CDA). This represents a decrease of \$4 million from the current year. This decrease in budget authority is from one-time only funding and smaller federal funding adjustment. As the federally designated State Unit on Aging, the Department administers federal Older Americans Act (OAA) programs that provide a wide variety of community-based supportive services and administers the Health Insurance Counseling and Advocacy Program.

Approximately 75% of CDA's total funding comes from the federal government, including OAA funding and grant funds. At this time, our federal funding continues at the 2015/16 level through a Continuing Resolution that expires in April 2017. The Department also administers two Medi-Cal programs: it contracts directly with agencies that operate the Multipurpose Senior Services Program (MSSP), provides oversight for the MSSP waiver, and certifies Community-Based Adult Services (CBAS) centers for participation in Medi-Cal.

Department Description. The California Department of Aging's (CDA's) mission is to promote the independence and well-being of older adults, adults with disabilities, and families through:

- Access to information and services to improve the quality of their lives;
- Opportunities for community involvement;
- Support to family members providing care; and
- Collaboration with other state and local agencies.

As the designated State Unit on Aging, the Department administers Older Americans Act programs that provide a wide variety of community-based supportive services as well as congregate and home-delivered meals. It also administers the Health Insurance Counseling and Advocacy Program. The Department also contracts directly with agencies that operate the Multipurpose Senior Services Program.

The Department administers most of these programs through contracts with the state's 33 local Area Agencies on Aging (AAAs). At the local level, AAAs contract for and coordinate this array of community-based services to older adults, adults with disabilities, family caregivers and residents of long-term care facilities.

Overview of Department's Major Areas

- **Nutrition.** The Nutrition Program provides nutritionally-balanced meals, nutrition education and nutrition counseling to individuals 60 years of age or older. In addition to promoting better health through improved nutrition, the program focuses on reducing the isolation of the elderly and providing a link to other social and supportive services such as transportation, information and assistance, escort, employment, and education.
- **Senior Community Employment Services.** The federal Senior Community Service Employment Program, Title V of the Older Americans Act, provides part-time subsidized training and employment in community service agencies for low-income persons, 55 years of age and older. The program also promotes transition to unsubsidized employment.
- **Supportive Services.** This program provides supportive services including information and assistance, legal and transportation services, senior centers, the Long-Term Care Ombudsman and elder abuse prevention, and in-home services for frail older Californians as authorized by Titles III and VII of the Older Americans Act. The services provided are designed to assist older individuals to live as independently as possible and access the programs and services available to them.
- **Community-Based Programs and Projects.** This program includes the community-based Health Insurance Counseling and Advocacy Program (HICAP). HICAP provides personalized counseling, community education and outreach events for Medicare beneficiaries. Volunteer counselors assist individuals understanding their rights and health care options. HICAP is the primary local source for accurate and objective information and assistance with Medicare benefits, prescription drug plans and health plans.
- **Medi-Cal Programs.** This program includes oversight of the Multipurpose Senior Services Program (MSSP) and Community-Based Adult Services (CBAS) program. Both of these programs are administered by CDA through interagency agreements with the Department of Health Care Services (DHCS). CBAS is a community-based day health program that provides services to adults 18 years of age or over who are

at risk of needing institutional care due to chronic medical, cognitive, or mental health conditions and/or disabilities. CDA certifies CBAS centers for participation in the Medi-Cal Program. Under a 1915 Medicaid home and community-based services waiver, MSSP provides health and social care management to prevent premature and unnecessary long-term care institutionalization of frail adults aged 65 or older who otherwise would be placed in a nursing facility. (MSSP issues in the Coordinated Care Initiative are discussed in another Issue in this agenda.)

Historical Budget Information. Between July 2007 and June 2012, the CDA budget was reduced by approximately \$30.1 million in General Fund. These recessionary cuts eliminated any state support for program funding that had previously complemented federal funds received for aging services, including state funds that had supported most of the Community Based Services Programs in the Older Californians Act, including Foster Grandparent, Brown Bag, Alzheimer's Day Care Resource Centers, Senior Companion, Linkages, Respite Purchase of Services, and the Long Term Care Ombudsman programs. These cuts also eliminated General Fund supporting the federal Senior Community Services Employment and reduced state funds supporting the federal senior congregate and home-delivered nutrition programs. In the 2016/2017 budget, the Legislature included a one-time \$2 million General Fund augmentation for additional home-delivered meals for seniors.

Sequestration. In Federal Fiscal Year (FFY) 2013 and ongoing, CDA lost approximately \$9.8 million in federal funding in FFY 2013 for its senior programs due to the federal sequestration. The Nutrition Sequestration reduction was partially offset in FY 2013-14 and FY 2014-15 with \$2.7 million received from the Assembly Speaker's Office. In 2014, Nutrition federal funding was restored to the 2012 funding levels. However, Sequestration cuts have continued for Supportive Services, Preventive Health, Family Caregiver, Ombudsman, and Elder Abuse Prevention in the FFYs 2014 - 2016.

UPDATE ON FEDERAL DEMONSTRATION GRANTS

Chronic Disease Self-Management Demonstration Grant. Although federal funding has ended, these workshops continue to be offered in 22 counties by AAAs, County Public Health Departments, and other healthcare and community based organizations. One large CA health plan has been paying for and encouraging their plan members to attend these workshops, and another plan is in the process of doing so. At the grant's conclusion, 17,732 Californians had participated in the six-week chronic disease self-management program workshops (or the diabetes version) in various counties.

Expanding Capacity to Serve Persons with Dementia in the Coordinated Care Initiative. This federal grant has focused on increasing the capacity of the CalMediConnect (CMC) Health Plans to better identify plan members who may have dementia; provide more effective dementia care; and support their family caregiver(s). The key activities focused on training the plan's care managers of dementia issues and

providing them with new tools and resources. The first grant, which ended in 2016, focused on the CMC plans in San Mateo, Santa Clara and Los Angeles counties.

In September 2016, CDA received additional federal funding to expand this training and technical assistance to the CMC health plans in Riverside, San Bernardino and San Diego counties and to continue supporting the three other counties

The Alzheimer's organizations serving these counties are the lead agencies involved in providing this training and technical assistance to the health plans and providing support to family caregivers. They also provide the federal matching funds. The total funding for the 18-month expansion grant is \$323,493. Although the CCI has been discontinued, from the very outset of this grant the focus has been on beneficiaries who enrolled in CMC, so CDA does not anticipate any changes as a result of the CCI changes. And at this point (under the new grant), 109 care managers have already been trained.

SENIOR NUTRITION PROGRAMS

The Senior Nutrition Program provides nutritionally-balanced meals, nutrition education, and nutrition counseling to individuals 60 years of age or older. In addition to promoting better health through improved nutrition, the program focuses on reducing the isolation of the elderly and providing a link to other social and supportive services such as transportation, information and assistance, employment, and education.

The Department contracts with the 33 Local Area Agencies on Aging (AAAs) who either directly or through contracts with providers deliver OAA services (Congregate and Home Delivered Meals (Title CI & C2), as well as Supportive Services, Family Caregiver, and Disease Prevention programs (Title III B, D, E).

Older Americans Act Title III-Senior Nutrition Program

Program Title	FEDERAL OAA	STATE GF	Total
	10/1/15-9/30/16	7/1/16 -6/30/17	
Congregate Meals	\$45,080,598	\$3,686,000	\$48,766,598
Home-Delivered Meals	\$23,373,558	\$4,620,000	\$27,993,558
TOTAL Title III Senior Nutrition	\$68,454,156	\$8,306,000	\$76,760,156

At this time, CDA has received a continuing resolution for the OAA funding through April 2017. Any additional budget authority will be requested through the budget revision process later this year should it be necessary.

Intrastate Funding Formula (IFF). The Department allocates OAA funds using the Intrastate Funding Formula (IFF) that conforms to regulations set forth in the federal Older Americans Act and the Older Californians Act (Welfare & Institutions Code 9112). Federal law dictates the allocation of federal and State matching funds, and State law

dictates the allocation of Local Administration and Non-match General Fund (if any). This formula uses weighted population demographic data that includes minimum funding and maintenance of effort tests. The formula is designed to target increased resources based on individuals with the greatest economic and social need with attention to low-income and minority older individuals. "Greatest economic need" means a need caused by an income at or below the poverty line. "Greatest social need" means a need caused by non-economic factors which includes physical and mental disabilities, language barriers and cultural, social or geographical isolation caused by racial or ethnic status.

If funds remain, after all maintenance of funding levels have been met under the federal IFF, these funds are distributed to the AAAs based on the state formula that allocates funds proportionately across seven factors, many of which are the same as the federal IFF, but also include seniors living in poverty and those aged 75 and older.

ADVOCACY REQUEST

The California Association of Area Agencies on Aging and other advocates requests \$12.5 million General Fund to augment existing senior nutrition programs. Area Agencies on Aging operate these programs, including Congregate Mealsites and Home-delivered Meals (known as Meals on Wheels). The increase in funds would provide an additional one half-million meals to California seniors.

STAFF COMMENT AND QUESTIONS

Advocates cite high numbers of poverty among the senior community, and social science research that indicates a direct relationship between poverty and poor nutrition. A home delivered meal costs on average \$7.50 and the program is estimated to be serving only 1.8% of the nutritionally at-risk seniors. A congregate meal averages about \$12.50 in cost and these meal sites are estimated to serve only 4% of the same senior group. The advocates request is for some substantial increase to enable the nutrition programs to serve more people, and to grapple with the increasing population of seniors in California. The Subcommittee may choose to ask the following questions:

1. What is the State doing to prepare for the "silver tsunami" of the senior population? Should the State craft and embark on a strategic plan over a multiple number of years?
2. What kinds of stresses do we see in the nutrition programs? How was the \$12.5 million built?

Staff Recommendation:

Staff recommends that the CDA budget and advocacy request be held open.

ISSUE 2: MULTIPURPOSE SENIOR SERVICES PROGRAM UPDATE AND ADVOCACY PROPOSAL**PANEL**

- Jeannine Fenton, Chief Deputy Director, and Dean Fujimoto, Deputy Director of Long-Term Care, CDA
 - Please provide background and context on the MSSP Program and how it will fare as part of the larger Coordinated Care Initiative changes enacted and proposed by the Administration.
- Justin Feitas, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Denise Likar, Vice President, Independence at Home, SCAN Health Plan, representing the MSSP Site Association
- Public Comment

MULTIPURPOSE SENIOR SERVICES PROGRAM

The Multipurpose Senior Services Program (MSSP) provides both social and health care management services for frail individuals aged 65 and older who wish to remain in their own homes and communities. To be eligible for MSSP, these individuals must meet the level of care criteria for skilled nursing facility care. The Program's goal is to prevent or delay institutionalization through ongoing care management, using available community services and resources and purchasing services when services are not already available, to maintain participants in their homes. The annual total combined cost of care management and services must be lower than the cost of residing in a skilled nursing facility. MSSP operates under a Medicaid 1915(c) home- and community-based services (HCBS) waiver.

Services provided with MSSP funds include: care management; adult day care; housing assistance; in-home chore and personal care services; respite services; transportation services; protective services; meal services; and, special communication assistance. Through an Interagency Agreement with DHCS, CDA oversees the operations of the MSSP program and contracts with 38 local entities that directly provide MSSP services for up to 12,000 individuals annually. These 12,000 individuals occupy the 9,443 allocated slots on an annual basis.

In the CalMediConnect (CMC) counties (Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara), MSSP continues to be a 1915(c) HCBS waiver benefit. When MSSP is fully integrated into managed health in the CMC counties, the MSSP Sites will continue to contract and receive payments from the managed health care plans versus invoicing Fee-For-Service. This allows for the continuity of services that the participants need to remain in their homes and/or communities until full transition as a managed care benefit occurs. This relationship is unique by that fact that the system identifies the participant as a managed care member

but at the same time, the member receives the rights and protection of the 1915(c) waiver. This process allows for a seamless transition into managed care. However, San Mateo County was fully transitioned as a managed care health plan benefit on October 31, 2015. In the remaining six CMC counties, this transition will occur no sooner than January 1, 2020. The transition into managed care in the remaining six CMC counties will affect 12 MSSP sites and approximately 4,856 participants. The Department will continue to work closely with the MSSP Sites and DHCS on any operational issues. Beginning in 2018, the Department will resume transition planning with DHCS, MSSP Sites and managed care health plans to provide operational processes, guidance, technical assistance and prepare for MSSP's transition as a managed care plan benefit in all the remaining CMC counties. The chart below provides the breakdown of the MSSP participants served in both CMC and non-CMC counties statewide:

CMC COUNTIES	
	Participant Slots
Los Angeles	2,952
Orange	455
Riverside	248
San Bernardino	276
San Diego	550
San Mateo*	160
Santa Clara County	375
Subtotal CCI County Participant Slots	5,016
NON-CMC COUNTIES	
Alameda	377
Amador, Calaveras, Mariposa and Tuolumne	80
Butte, Glenn and Tehama	160
Contra Costa	160
El Dorado	60
Fresno and Madera	251
Humboldt	104
Imperial	160
Kern	167
Kings and Tulare	163
Lake and Mendocino	240
Lassen, Modoc, Shasta, Siskiyou and Trinity	160
Marin	80
Merced	160
Monterey	160
Napa and Solano	160
Placer, Sacramento and Yolo	276
San Francisco	446
San Joaquin	160
Santa Barbara	160
Santa Cruz	160
Sonoma	160
Stanislaus	160
Ventura	160

Yuba	52
Subtotal Non-CMC County Participant Slots	4,376
Unallocated Slots	51
TOTAL	9,443

**San Mateo MSSP transitioned on 10/31/15*

ADVOCACY REQUEST

The MSSP Site Association (MSA) has weighed in stating that it recognizes the projected changes to the Coordinated Care Initiative (CCI) in the Governor's proposed 2017-18 budget. These changes include a two-year delay in MSSP's transition into managed care until January 1, 2020. This delay provides an opportunity to ensure that the transition of this vulnerable and frail population be thoughtfully planned and designed. The MSA states that a fully planned transition for this population takes time to design, solicit stakeholder feedback, and then prepare to implement. In order to ensure this process continues to move forward, the MSA is asking to achieve the following key principles during this budget cycle:

1. **Continuation of Communications.** In January 2017, Department of Health Care Services (DHCS) announced that the MSSP transition would be delayed and as a result they would suspend transition planning and collaborative calls with the MSSP sites and health plans until sometime in 2018. The MSA believes that this move to end all planning is not the right decision by DHCS. Progress over the years of CCI has been very slow regarding the transition planning and stopping all communication will have major impacts on current and future operations. This is a complex population and to properly facilitate current and future progress, ongoing dialogue should continue.

MSA requests that DHCS re-establish calls with the health plans and MSSP sites, recommending that these calls occur monthly and that discussions continue to facilitate current operations and transition planning communications. The new allotment of time would allow a step back to work through statutory guidelines regarding planning and transition as well as gathering stakeholder input. This is important so that no momentum is lost and that planning for the complex needs of MSSP participants are thoroughly managed.

2. **Supplemental Report Language.** Due to the slow progress of transition and future model planning made to date, MSA believes that a more rigorous communication and transparency process is needed so that all key stakeholders, including the Legislature are well informed regarding these activities. Therefore, MSA requests that Supplemental Report Language (SRL) be adopted to monitor transition planning, progress and engagement of stakeholders as stated in statute. This reporting should show consumer impact, standards that have been established, transparency, and advocate/stakeholder involvement.

The MSA outlines three reporting updates that would be required of the Administration, featuring information such as an "archive report" already underway by the Department of Health Care services to be provided in 2017, status updates and milestones to be accomplished in 2018, and concrete information regarding the transition, timelines, and measurements for success for the beginning of 2019. These reports would be in addition to any legislatively required reports to ensure full transparency and that California's most frail and vulnerable elders are properly supported as their care moves through a critical transition. For all reports, there should be a review and comment period by all stakeholders throughout California.

- 3. Inclusion of Standards of Care.** MSA has reviewed the new trailer bill proposal for the reauthorization of CalMediconnect and agrees with the language related to MSSP. MSA suggests enhancing the current trailer bill language by adding a requirement for DHCS to implement Principles for MSSP Person-Centered Standards of Care. The importance of these principles is to ensure that a set of standards serves as a guide for the future models of care. MSSP's 35-year history provides a framework of standard for quality and services for how best to meet the needs of this specialized population of frail community-dwelling older adults. MSA states that it has drafted these principles which can be provided for consideration.

STAFF COMMENT AND QUESTIONS

The advocacy request from MSA would provide a solid framework for the continued discussions that will dictate how MSSP operates in the future. Some questions for the Subcommittee to consider include:

1. For CDA, what is your reaction, along with DHCS, to the requests that the advocates have put forth?
2. What is the Administration's sense of the difficulty and risk of the pending transitions?

Staff Recommendation:

Staff recommends that the MSSP issue be held open, but that the LAO be asked to provide technical assistance in the more formal drafting of proposed Supplemental Report Language pursuant to the advocates' request for the Subcommittee to consider adopting later in the process. MSA is requested to also provide mock-up trailer bill with their proposed changes to all relevant parties in the budget process to be considered as part of the consideration of the CalMediconnect proposed reauthorizing statute.

ISSUE 3: LONG-TERM CARE OMBUDSMAN PROGRAM UPDATE AND ADVOCACY PROPOSAL**PANEL**

- Jeannine Fenton, Chief Deputy Director, and Dean Fujimoto, Deputy Director of Long-Term Care, CDA
- Joe Rodrigues, State Long-Term Care Ombudsman
 - Please present briefly on the program funding, history, and observations about the work seen in the current year.
- Justin Feitas, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Leza Coleman, Executive Director, California Long-Term Care Ombudsman Association
- Public Comment

**LONG-TERM CARE OMBUDSMAN
PROGRAM BACKGROUND**

Authority for the Office of the State Long-Term Care Ombudsman (OSLTCO) comes from the federal Older Americans Act and Older Californians Act. The OSLTCO develops policy and provides oversight to 35 local Long-Term Care Ombudsman programs statewide. As advocates for residents of long-term care (LTC) facilities, Ombudsman representatives promote residents' rights and provide assurances that State and federal law protects these rights.

Approximately 740 State-certified Ombudsman volunteers and 150 part-time and full-time paid staff in the local programs identify, investigate, and resolve complaints and concerns on behalf of approximately 298,000 residents in 1,251 Skilled Nursing Facilities (SNFs), including Distinct Part SNFs and Intermediate Care Facilities (ICFs), and 7,535 Residential Care Facilities for the Elderly (RCFEs). In 2016, local Ombudsman programs investigated 41,788 complaints.

In 2015-16 and 2016-17, \$1.4 million in additional funds were allocated to provide increased support for the LTC Ombudsman Program. Local Ombudsman programs received \$1 million from the General Fund for the first time since FY 2007-08. They also received an additional \$400,000 from the California Department of Public Health, Licensing and Certification Program Fund, as a direct result of an increase in the Skilled Nursing Facility Bed Fee.

This additional funding has directly led to increased LTC Ombudsman visits to facilities and assistance to residents. Comparing FY 2015-16 to FY 2014-15, the following occurred:

- **9% increase in the number of information and consultation sessions with individuals** – during these sessions, Ombudsman representatives provide

information about LTC and answer questions about residents' rights and other issues that residents, family members, and friends may be concerned about, often empowering residents, families, and friends to resolve issues on their own;

- **24% increase in the number of consultations to facilities** – these consultations can resolve issues before they even become complaints;
- **18% increase in the number of RCFEs receiving at least one visit each quarter, not in response to a complaint** -- during these unannounced, non-complaint related visits, Ombudsman representatives meet with residents, inform residents of their rights, and build relationships of trust;
- **10% increase in the number of SNFs receiving at least one visit each quarter, not in response to a complaint** – during these unannounced, non-complaint related visits, Ombudsman representatives meet with residents, inform residents of their rights, and build relationships of trust;
- **3% increase in the number of complaints investigated by LTC Ombudsman representatives** - were made by or on behalf of LTC facility residents that affect the residents' health, safety, welfare or rights;
- **13% increase in the number of paid staff** – these are local Ombudsman staff positions that are working in facilities and responding to resident complaints (17 positions);

Recent Funding History. In 2015-16 and 2016-17 local Ombudsman programs received \$1 million in one-time-only funds from the State Health Facilities Citation Penalties Account. In FY 2016-17, the most common use of the one-time only funding was for temporarily increased staffing hours and/or limited term appointments. The funding also supported volunteer coordinators and paid Ombudsman representatives. Local Ombudsman programs also used this funding for expenditures that are one-time in nature, e.g., long delayed equipment purchases, reimbursement of volunteer mileage, volunteer recognition activities, and infrastructure improvements such as increased Internet bandwidth for local Ombudsman program offices.

Governor's Budget. For 2017-18 and on-going, the Governor's Budget removes the additional \$1 million from the State Health Facilities Citations Penalty Account, reducing the transfer back to the 2014-15 level of \$1.094 million, as displayed on the following table that tracks the history of funding for the program.

**California Department of Aging
Ombudsman Local Assistance Funding History**
(Dollars in Thousands)

LOCAL ASSISTANCE	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16*	2016/17*
General Fund Appropriation	3,870	-	-	-	-	-	-	-	1,000	1,000
Federal Citations Penalty Account Funding	1,442	1,442	844	462	-	-	-	-	-	-
State Health Facilities Citations Penalty Account	-	-	-	-	1,142	1,142	1,142	1,094	2,094	2,094
Licensing and Certification Program Fund									400	400
One-time AB 392 Federal Citations Penalty Account	-	-	1,600	-	-	-	-	-	-	-
One-time General Fund Loan (Interagency Agreement)	-	-	598	-	-	-	-	-	-	-
One-time General Fund (DPH & CDA Finance Letters)	-	-	-	680	-	-	-	-	-	-
Skilled Nursing Quality & Accountability Fund	-	-	-	1,900	1,900	1,900	1,900	1,900	1,900	1,900
Federal Funds (Title III & VII)	3,330	3,330	3,330	3,330	3,330	3,437	3,330	3,378	3,378	3,378
Total for Local Assistance	8,642	4,772	6,372	6,372	6,372	6,479	6,372	6,372	8,772	8,772

ADVOCACY REQUEST

The California Long-Term Care Ombudsman Association (CLTCOA) requests a \$1 million allocation from the State Health Facility Citation Penalties Account for on-going support of the local Long-Term Care Ombudsman Programs. CLTCOA states that with the growing number of frail elderly and dependent adults the work of the LTC Ombudsman continues to be a vital part of the social safety net. Continuing to receive the \$1 million for a third year would not increase the budget of the 35 local programs, but it would keep them equal to the same amount awarded in their 2015 and 2016 budgets and protects the progress made.

STAFF COMMENT AND QUESTIONS

CLTCOA has illustrated the history of the State Health Facility Citation Penalties Account in its advocacy on this topic, arguing that the Account retains sufficient funding to make this transfer of funds possible without endangering the purposes of that Account. Some questions for the Subcommittee to consider asking include:

1. What have been the key impacts of the recent funding? What areas are in more dire need in the program and why?
2. Has DOF considered an on-going approach toward sufficient funding for the Long-Term Care Ombudsman Program?
3. Could the State Health Facility Citation Penalties Account be assessed regularly for adequacy and an on-going contribution to the Program?

Staff Recommendation:

Staff recommends that the Subcommittee request the assistance of the LAO with crafting a potential option of Budget Bill Language that allows for the on-going transfer of \$1 million from the State Health Facilities Citation Penalties Account every year in which the balance in the account reaches a certain level. The pacing or timing of this should be considered to allow for sufficient planning for the Long-Term Care Ombudsman Program so that the resources can be used prudently and adequately for hiring staff. LAO is requested to consult with both the Department of Public Health and California Department of Aging as they develop this option.

For the meantime, staff recommends that the advocacy related to the Long-Term Care Ombudsman Program request be held open.

4185 CALIFORNIA SENIOR LEGISLATURE**ISSUE 1: BUDGET REVIEW, BUDGET CHANGE PROPOSAL, AND ADVOCACY PROPOSAL**

- Justin Feitas, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- John Pointer, Chair, Joint Rules Committee, California Senior Legislature
- Public Comment

GOVERNOR'S PROPOSAL

The Governor's Budget requests a reappropriation of any unexpended General Fund appropriated in the 2016 Budget Act for the California Senior Legislature (CSL) to be available for expenditure until the end of fiscal year 2017-18 in order to support state operations while the Senior Legislature pursues an ongoing revenue source. The amount projected to roll over is \$175,000.

BACKGROUND

SCR 44 (Mello), Chapter 87, Statutes of 1982, established the CSL. The CSL is a nonpartisan, volunteer organization comprised of 40 senior senators and 80 senior assemblymembers, who are elected by their peers in elections supervised by the Advisory Councils in 33 Planning and Services Areas. The CSL's mission is to gather ideas for state and federal legislation and to present these proposals to members of the Legislature and/or Congress. Each October, the CSL convenes a model legislative session in Sacramento, participating in hearing up to 120 legislative proposals.

Since 1983, the CSL has been funded through voluntary contributions received with state income tax returns, appearing as the California Fund for Senior Citizens. State law allows taxpayers to contribute money to voluntary contribution funds (VCFs) by checking a box on their state income tax returns. With a few exceptions, VCFs remain on the tax form until they are repealed by a sunset date or fail to generate a minimum contribution amount. For most VCFs, the minimum contribution amount is \$250,000, beginning in the fund's second year. In 2013 the CSL did not meet the minimum contribution amount, and it fell off the tax check-off for the 2014 tax return. The CSL managed to maintain their funding status through VCF by establishing the new California Senior Legislature Fund through SB 997 (Morrell), Chapter 248, Statutes of 2014, and repealing the California Fund for Senior Citizens. But in 2015, the new VCF revenue was only \$60,000. In 2016, the California Senior Legislature Fund was removed from the tax check-off list once again for not meeting the minimum requirement. The Legislature included a one-time \$500,000 General Fund appropriation in the Budget Act of 2016 to keep the CSL operative.

ADVOCACY REQUEST

The CSL is requesting bridge amount of funding of \$375,000 (one-time General Fund) that it says will work with the Governor's Budget rollover proposal to allow for CSL to stay afloat financially until revenue is raised through the soon to be newly named VCF.

STAFF COMMENT AND QUESTIONS

1. What is the Administration's perspective on the stopgap bridge proposal sought by the CSL? In the absence of it, what is likely to occur to the CSL?
2. What are specific alternative funding sources the CSL is pursuing?
3. When does the CSL anticipate having enough funding from these other sources of funding or the tax check-off?

Staff Recommendation:

Staff recommends that the advocacy related to the California Senior Legislature request be held open and that the DOF be asked to consult with CSL prior to the May Revision on a feasible path forward to ensure its survival until such time as the tax revenue can make CSL self-sustaining again.