ACTIONS TAKEN

ASSEMBLY BUDGET SUBCOMMITTEE NO. 1 ON HEALTH AND HUMAN SERVICES

ASSEMBLYMEMBER ELOISE GÓMEZ REYES, ACTING CHAIR

WEDNESDAY, MAY 8, 2019
2:30 P.M. – STATE CAPITOL, ROOM 444

VOTE-ONLY ITEMS

ITEM	DESCRIPTION
	ALL DEPARTMENTS
ISSUE 8	VOTE-ONLY ITEMS AND RELATED ATTACHMENTS (INCLUDED AS PART OF THIS DOCUMENT) ACTION: TO APPROVE THE RECOMMENDATIONS FOR ALL LINES IN THE VOTE-ONLY CHART WITH THE EXCEPTION OF LINES 15, 19, 23, AND 36.

MEMBERS	AYE	NO	ABSENT	NOT VOTING
Reyes (Chair)	X			
Frazier	X			
Mathis	X			
Patterson	X			
Ramos	X			
Rubio	X			
Wood	X			
Total	7			

ACTION: TO APPROVE THE RECOMMENDATION FOR LINE 15.

MEMBERS	AYE	NO	ABSENT	NOT VOTING
Reyes (Chair)	X			
Frazier	X			
Mathis	X			
Patterson				X
Ramos	X			
Rubio	X			
Wood	X			
Total	6			1

ACTION: TO APPROVE THE RECOMMENDATION FOR LINE 19.

MEMBERS	AYE	NO	ABSENT	NOT VOTING
Reyes (Chair)	X			
Frazier	X			
Mathis	X			
Patterson				X
Ramos	X			
Rubio	X			
Wood	X			
Total	6			1

ACTION: TO APPROVE THE RECOMMENDATION FOR LINE 23.

MEMBERS	AYE	NO	ABSENT	NOT VOTING
Reyes (Chair)	X			
Frazier	X			
Mathis		X		
Patterson				X
Ramos	X			
Rubio	X			
Wood	X			
Total	5	1		1

ACTION: TO APPROVE THE RECOMMENDATION FOR LINE 36.

MEMBERS	AYE	NO	ABSENT	NOT VOTING
Reyes (Chair)	X			
Frazier	X			
Mathis		X		
Patterson		X		
Ramos	X			
Rubio	X			
Wood	X			
Total	5	2		

ALL DEPARTMENTS

ISSUE 8: VOTE-ONLY ITEMS AND RELATED ATTACHMENTS

All of the following issues have been heard in prior hearings by Sub. 1 and are recommended for action on May 8. None of these proposals is intended to represent an action that is above the Governor's General Fund level at this time, and none of the actions should be taken as a prejudice for or against a proposal for General Fund spending that is under continuing consideration by the Subcommittee.

Background and details on each issue can be found in the agenda for the date cited in the next to last column.

The shorthand used in the table is as follows:

AAB = Approve As Budgeted
Apr = April
BBL = Budget Bill Language
BCP = Budget Change Proposal
GB = Governor's Budget
HHS = Health and Human Services
LT = Limited-Term
Mar = March
OG = On-going funds
OT = One-time funds
SRL = Supplemental Report Language
TBL = Trailer Bill Language
Tech = Technical

	Org Code	Department	Issue	2019-20 GF Cost	Other $s	OT or OG	Hrg Date	Recommendation for Action
1	5160	Department of Rehabilitation	GB BCP on Mission-Based Review for Vocational Rehabilitation and Traumatic Brain Injury (TBI) Programs	6.2		OG	6-Mar	AAB
2	5160	Department of Rehabilitation	Remove Sunset for TBI Program, consistent with GB				6-Mar	Approve placeholder TBL to remove the sunset, aligning with the Governor's proposal for on-going GF support for TBI
3	4300	Department of Developmental Services	Codify DDS Quarterly Briefings - on Rates, Safety Net, HQ, Disparities, etc, no cost				6-Mar	Approve placeholder TBL per Attachment A

	Org Code	Department	Issue	2019-20 GF Cost	Other $s	OT or OG	Hrg Date	Recommendation for Action
4	4300	Department of Developmental Services	Governor's Budget Proposal on Crisis and Safety Net Services Additional Investment	20.8	4.7	OG	6-Mar	AAB
5	4300	Department of Developmental Services	Require New Safety Net Plan by Jan 10 2020, Require Specific Data Collection				6-Mar	Approve placeholder TBL to require a new Safety Net Plan by January 10, 2020 in consultation with the Developmental Services Task Force, LAO, Legislative Staff, and other stakeholders
6	4300	Department of Developmental Services	GB BCP on Contracting for On-Site Vendors Assessment	1.8	1.2	OT	6-Mar	AAB
7	4300	Department of Developmental Services	GB BCP on Proposed Federal Claims Reimbursement Information Technology (IT) System	3	0.2	OG	6-Mar	Approve funding for 2019-20 only, with BBL on additional cost, schedule, and scope information to be provided for stages 3 and 4 as part of the Jan 10 2020 proposed GB. The Subcommittee requests LAO's assistance with drafting this BBL.
8	4300	Department of Developmental Services	Governor's Budget Proposal for Best Buddies	1.5		OG	6-Mar	AAB
9	4300	Department of Developmental Services	Technical clean-up item regarding correcting an error for recently chaptered bill on DC admissions, no cost				6-Mar	Approve TBL as proposed
10	5180	Department of Social Services	Governor's Budget Proposal for In-Home Supportive Services (IHSS) Restoration of the 7 Percent Hours Reduction	342.3		OG	20-Mar	Reaffirm the March 20 action to remove statutory references to IHSS hours reductions, with placeholder TBL per Attachment B
11	5180	Department of Social Services	GB BCP on Electronic Visit Verification (EVV)	2.7	21.6	OG /OT	20-Mar	AAB
12	5180	Department of Social Services	Codification of Prior EVV BBL on Consumer Protections, no cost				20-Mar	Approve placeholder TBL per Attachment C
13	5180	Department of Social Services	GB BCP on State Administrative Review and Data Analysis	0.235		OG	20-Mar	AAB
14	5180	Department of Social Services	BCP on Implementation of Expansion of CalFresh Benefit to SSI/SSP Recipients	.711	.710		20-Mar	AAB

	Org Code	Department	Issue	2019-20 GF Cost	Other $s	OT or OG	Hrg Date	Recommendation for Action
15	5180	Department of Social Services	Codification of On-Going Supplemental Nutrition Benefit and Transitional Nutrition Benefit (SNB & TNB), with Cash Assistance Program for Immigrants (CAPI) Parity TBL, no cost				20-Mar	Approve placeholder TBL per Attachment D, consistent with the Governor's proposal on this subject
16	5180	Department of Social Services	Oversight and Implementation reporting/updates on Expansion of CalFresh Benefit to SSI/SSP Recipients, no cost			OG	20-Mar	Approve placeholder SRL per Attachment E
17	5180	Department of Social Services	Governor's Proposal to Address Obsolete Reports for DSS				20-Mar	Approve placeholder TBL for component #s 2, 3, 4, 5, 6, 8, 11, 12, 13, 14, 17, and 18 from Issue 12 of the March 20 hearing
18	4170	California Department of Aging	GB BCP on Community-Based Adult Services (CBAS)	0.324	0.427	OG	27-Mar	AAB
19	5180	Department of Social Services	Governor's Proposal on CalWORKs Grant Levels	348		OG	3-Apr	Adopt modified grant increase to 48% for all Assistance Units (AUs) per the LAO option and advocacy requests, toward the goal of ending deep poverty for all AU+1, accounting for child-only AUs, per the 2018 Budget agreement, with placeholder TBL to effectuate this change. The Subcommittee requests LAO's assistance with drafting this TBL.
20	5180	Department of Social Services	Codification of Intent of Cal-OAR pursuant to the lessons learned from CalWORKs 2.0, no cost				3-Apr	Adopt placeholder TBL per Attachment F
21	5180	Department of Social Services	GB BCP for CalFresh and Nutrition Branch, Policy Bureau		0.928	OG	3-Apr	AAB
22	5180	Department of Social Services	Advocacy Proposal to raise the storage and transportation rate to 15% for local food banks					Adopt placeholder TBL to raise the storage and transportation rate to 15% for local food banks
23	5180	Department of Social Services	Governor's Proposal on Immigration Services and Rapid Response	75		OG	3-Apr	AAB
24	5180	Department of Social Services	GB TBL on Work Incentive Nutritional Supplement (WINS)				3-Apr	Approve placeholder TBL per the Governor's proposal
25	5180	Department of Social Services	GB TBL on California Newcomer Education				3-Apr	Approve placeholder TBL per the Governor's proposal

	Org Code	Department	Issue	2019-20 GF Cost	Other $s	OT or OG	Hrg Date	Recommendation for Action
			and Well-Being Project (CalNEW)					
26	5180	Department of Social Services	Tech GB BCP on County MOU Support: Trauma Informed Systems of Care per AB 2083 (Cooley)	0.207	0.206	OG	10-Apr	AAB
27	5180	Department of Social Services	Tech GB BCP on Continuum of Care Reform (CCR) Compliance	3.133	1.407	OG	10-Apr	AAB
28	5180	Department of Social Services	GB BCP on the Office of Foster Care Ombudsperson Foster Child Complaint Investigation	0.407	0.487	LT	10-Apr	AAB
29	5180	Department of Social Services	GB BCP on State-Tribal-County Engagement and Indian Child Welfare Act Compliance	0.392	0.405	LT	10-Apr	AAB
30	5180	Department of Social Services	Tech GB BCP on Child Well-Being Waiver Project	0.454	1.146	LT	10-Apr	AAB
31	5180	Department of Social Services	Tech GB BCP for AB 2967 on Ensuring Foster Youth Have Access to Vital Documents	0.56	0.66	LT	10-Apr	AAB
32	5180	Department of Social Services	GB BCP for Community Care Licensing, Data Migration for Legacy Systems	2.744		LT	24-Apr	AAB, with placeholder BBL requiring DSS to report back on actual costs and adjust the funding levels after 2019-20 accordingly. The Subcommittee requests LAO's assistance with drafting this BBL.
33	5180	Department of Social Services	GB BCP on Reducing Law Enforcement Contacts for Children's Residential Facilities		0.341	LT	24-Apr	AAB
34	5180	Department of Social Services	Tech GB BCP to implement AB 605 (Mullin)	0.394		OG	24-Apr	AAB
35	5180	Department of Social Services	Tech GB BCP to implement AB 2370 (Holden)	0.142		OG	24-Apr	AAB
36	5180	Department of Social Services	Tech GB BCP to implement AB 2455 (Kalra)	0.3		OT	24-Apr	AAB

	Org Code	Department	Issue	2019-20 GF Cost	Other $s	OT or OG	Hrg Date	Recommendation for Action
37	5180	Department of Social Services	Tech GB BCP to Strengthen Program Infrastructure	0.188	2.294	OT	24-Apr	AAB
38	5175	Department of Child Support Services	GB TBL on Improved Performance Incentives until 2021-22				24-Apr	Approve placeholder TBL per the Governor's proposal
39	5175	Department of Child Support Services	GB TBL on Federal Deficit Reduction Act (FDRA) Mandatory Fee Increase				24-Apr	Approve placeholder TBL per the Governor's proposal
40	5175	Department of Child Support Services	Tech GB BCP on Voluntary Parentage Establishment Program	0.199	0.397	LT	24-Apr	AAB
41	0530	Health and Human Services Agency	Spring Finance Letter on Electronic Visit Verification (EVV) Phase II Planning		2.44	OT	1-May	AAB
42	4260	Department of Health Care Services	Spring Finance Letter on Electronic Visit Verification (EVV) Phase II Planning	0.172	3.15	OT	1-May	AAB
43	4265	Department of Public Health	Spring Finance Letter on Electronic Visit Verification (EVV) Phase II Planning	0.015	0.132	OT	1-May	AAB
44	4300	Department of Developmental Services	Spring Finance Letter on Electronic Visit Verification (EVV) Phase II Planning	0.164	1.472	OT	1-May	AAB
45	0530	Health and Human Services Agency	Spring Finance Letter on Medi-Cal Eligibility Data System Modernization (MEDS Mod) Project Multi -Departmental Team		18.647	OT	1-May	AAB, with placeholder BBL to ensure that the Legislature will be able to evaluate the complete project plan, including Phase II activities, after the project proposal completes the PAL and before on-going funding is approved. The Subcommittee requests LAO's assistance with drafting this BBL.
46	4260	Department of Health Care Services	Spring Finance Letter on Medi-Cal Eligibility Data System Modernization (MEDS Mod) Project Multi -Departmental Team	2.066	19.134	OT	1-May	AAB, conforming to the BBL action above
47	5180	Department of Social Services	Spring Finance Letter on Medi-Cal Eligibility Data System Modernization (MEDS Mod) Project Multi-Departmental Team	0.06	0.555	OT	1-May	AAB, conforming to the BBL action above

	Org Code	Department	Issue	2019-20 GF Cost	Other $s	OT or OG	Hrg Date	Recommendation for Action
48	0530	Health and Human Services Agency	Spring Finance Letter on California Healthcare Eligibility and Retention System (CALHEERS) Integrator Contract Transition Activities		17.627	OT	1-May	AAB
49	4260	Department of Health Care Services	Spring Finance Letter on California Healthcare Eligibility and Retention System (CALHEERS) Integrator Contract Transition Activities	3.743	11.702	OT	1-May	AAB
50	0530	Health and Human Services Agency	Spring Finance Letter on Statewide Automated Welfare System (SAWS) Consolidation		0.136	LT	1-May	AAB
51	4260	Department of Health Care Services	Spring Finance Letter on Statewide Automated Welfare System (SAWS) Consolidation	0.048	0.426	LT	1-May	AAB
52	5180	Department of Social Services	Spring Finance Letter on Statewide Automated Welfare System (SAWS) Consolidation	0.164	0.493	LT	1-May	AAB
53	5180	Department of Social Services	GB TBL on Elimination of References to Decommissioned Statewide Fingerprint Imaging System (SFIS)				1-May	Approve placeholder TBL per the Governor's proposal
54	5180	Department of Social Services	GB BCP on Appeals Case Management System (ACMS) Permanent Maintenance and Operations Support	0.151	0.395	OG	1-May	AAB
55	5180	Department of Social Services	State Application Hub				1-May	Adopt placeholder SRL to request that the major HHS automation projects summarize and communicate, beginning with the Jan. 10, 2020 Governor's Budget, and at least annually thereafter, how current project developments are meeting the technical and non-technical recommendations of the State Hub Roadmap.

	Org Code	Department	Issue	2019-20 GF Cost	Other $s	OT or OG	Hrg Date	Recommendation for Action
56	5180	Department of Social Services	Codify Oversight Language for Continuum of Care Reform (CCR), no cost				10-Apr	Adopt placeholder TBL per Attachment G

ATTACHMENT A

Add Section XXX to the Welfare and Institutions Code:

The *Supplemental Report of the 2014-15 Budget Package* required the Department of Developmental Services to provide quarterly briefings to update legislative staff about the closures of the developmental centers (DCs). Chapter 18 of 2017 (AB 107, Committee on Budget) expanded the scope of these briefings to include information about the development of community-based crisis services following the DC closures. Briefings have evolved to provide detailed information about the development of the community-based "safety net," including information about the physical homes and wrap-around and mobile crisis services intended to prevent, deescalate, and/or treat consumers in crisis.

The quarterly briefings have provided a valuable opportunity for DDS and legislative staff to convene and discuss key issues during the DC closure process. They have kept legislative staff, and consequently Members of the Legislature, informed about DDS' progress, challenges, and strategies as it transitioned institutionalized consumers into the community and developed a community-based safety net.

The imminent final closure of the DCs provides an opportunity to consider the ongoing purpose of the quarterly briefings. Once the final DC closures are complete, the quarterly briefings can provide an avenue for DDS and legislative staff to maintain an important ongoing dialogue about key issues facing the DDS system. They will allow DDS to keep legislative staff informed about its approach to and progress in handling various changes in policy and modes of service delivery. This will be especially important as the consumer population continues to grow and change and as the system continues to move toward consumer choice and community integration.

An important feature of the current briefings has been the department's willingness to adapt the content over time based on feedback from legislative staff. Mindful of the fact that preparing materials and presentations for these briefings requires DDS staff resources, the ongoing nature of the quarterly briefings should also remain flexible to both meet the needs of the Legislature and DDS' capacity to prepare for the briefings. Through the briefing discussions themselves, DDS leadership and legislative staff should come to an agreement about what data and information should be tracked and provided regularly at each briefing, based on what is feasible for DDS to provide and considering the priorities of the Legislature. In addition, DDS and legislative staff can regularly discuss the range of issues and level of detail that should be provided at briefings, recognizing that every issue cannot be covered at every briefing and that the relative importance of individual issues will shift over time.

As the quarterly briefings related to the DC closures wind down in 2019-20, DDS and legislative staff should use some of the time in those meetings to discuss and determine the content of the subsequent quarterly briefings. Appreciating that the priorities of the Legislature shift over time, and depending on DDS' capacity, the particular topics and level of detail provided can be discussed and revisited on a regular basis, such as annually.

Quarterly briefings should address such high-level themes as:

- Consumer health and safety, including safety net and crisis services.
- The person-centered approach to planning, coordinating, and delivering/receiving services, including such issues as compliance with home- and community-based services rules, competitive integrated employment, and housing supports.
- Quality services and outcomes for consumers.
- DDS headquarters organization structure and Regional Center oversight efforts.
- The lowering of ethnic and racial disparities in the Community Services system.
- Admissions into Institutions for Mental Disease and durations of stay for consumers in the developmental services system.

ATTACHMENT B

SECTION 1. Section 12300.4 of the Welfare and Institutions Code is amended to read:

12300.4. (a) Notwithstanding any other law, including, but not limited to, Chapter 10 (commencing with Section 3500) of Division 4 of Title 1 of the Government ~~Code and Title 23 (commencing with Section 110000) of the Government~~ Code, a recipient who is authorized to receive in-home supportive services pursuant to this article, or Section 14132.95, 14132.952, or 14132.956, administered by the State Department of Social Services, or waiver personal care services pursuant to Section 14132.97, administered by the State Department of Health Care Services, or any combination of these services, shall direct these authorized services, and the authorized services shall be performed by a provider or providers within a workweek and in a manner that complies with the requirements of this section.

(b) (1) A workweek is defined as beginning at 12:00 a.m. on Sunday and includes the next consecutive 168 hours, terminating at 11:59 p.m. the following Saturday.

(2) A provider of services specified in subdivision (a) shall not work a total number of hours within a workweek that exceeds 66, ~~as reduced by the net percentage defined by Sections 12301.02 and 12301.03, as applicable, and~~ in accordance with subdivision (d). The total number of hours worked within a workweek by a provider is defined as the sum of the following:

(A) All hours worked providing authorized services specified in subdivision (a).

(B) Travel ~~time~~ time, as defined in subdivision (f), only if federal financial participation is not available to compensate for that travel time. If federal financial participation is available for travel ~~time~~ time, as defined in subdivision (f), the travel time shall not be included in the calculation of the total weekly hours worked within a workweek.

(3) (A) If the authorized in-home supportive services of a recipient cannot be provided by a single provider as a result of the limitation specified in paragraph (2), it is the responsibility of the recipient to employ an additional provider or providers, as needed, to ensure ~~his or her~~ the provider's authorized services are provided within ~~his or her~~ that provider's total weekly authorized hours of services established pursuant to subdivision (b) of Section 12301.1.

(B) (i) It is the intent of the Legislature that this section not result in reduced services authorized to recipients of waiver personal care ~~services defined~~ services, as described in subdivision (a).

(ii) The State Department of Health Care Services shall work with and assist recipients receiving services pursuant to the Nursing Facility/Acute Hospital Transition and Diversion Waiver or the In-Home Operations Waiver, or their successors, who are at or near their individual cost cap, as that term is used in the waivers, to avoid a reduction in the recipient's services that may result because of increased overtime pay for providers. As part of this effort, the department shall consider allowing the recipient to exceed the individual cost cap, if appropriate, and authorize exemptions as set forth in subdivision ~~(c)~~ (d) of Section 14132.99. The department shall provide timely information to waiver recipients as to the steps that will be taken to implement this clause.

(4) (A) A provider shall inform each ~~of his or her recipients~~ recipient of the number of hours that the provider is available to work for that recipient, in accordance with this section.

(B) A recipient, ~~his or her~~ the recipient's authorized representative, or any other ~~entity, including any person or entity providing services pursuant to Section 14186.35,~~ entity shall not authorize any provider to work hours that exceed the applicable limitation or limitations of this section.

(C) A recipient may authorize a provider to work hours in excess of the recipient's weekly authorized hours established pursuant to Section 12301.1 without notification of the county welfare department, in accordance with both of the following:

(i) The authorization does not result in more than 40 hours of authorized services per week being provided.

(ii) The authorization does not exceed the recipient's authorized hours of monthly services pursuant to paragraph (1) of subdivision (b) of Section 12301.1.

(5) For providers of in-home supportive services, the State Department of Social Services or a county may terminate the provider from providing services under the IHSS program if a provider continues to violate the limitations of this section on multiple occasions.

(c) Notwithstanding any other law, only federal law and regulations regarding overtime compensation apply to providers of services ~~defined~~ described in subdivision (a).

(d) A provider of services ~~defined~~ described in subdivision (a) is subject to all of the following, as applicable to ~~his or her situation:~~ the situation of that provider:

(1) (A) A provider who works for one individual recipient of those services shall not work a total number of hours within a workweek that exceeds 66 ~~hours, as reduced by the net percentage defined by Sections 12301.02 and 12301.03, as applicable. In no circumstance shall the~~ hours. The provision of these services by that provider to the individual recipient shall not exceed the total weekly hours of the services authorized to that recipient, except as additionally authorized pursuant to subparagraph (C) of paragraph (4) of subdivision (b). If multiple providers serve the same recipient, it shall continue to be the responsibility of that recipient or ~~his or her~~ the authorized representative of that recipient to schedule the work of ~~his or her~~ the providers to ensure the authorized services of the recipient are provided in accordance with this section.

(B) ~~When~~ If a recipient's weekly authorized hours are adjusted pursuant to subparagraph (C) of paragraph (1) of subdivision (b) of Section 12301.1 and exceed 66 hours, ~~as reduced by the net percentage defined by Sections 12301.02 and 12301.03, as applicable,~~ and at the time of adjustment the recipient currently receives all authorized hours of service from one provider, that provider shall be deemed authorized to work the recipient's county-approved adjusted hours for that week, but only if the additional hours of work, based on the adjustment, do not exceed the total number of hours worked that are compensable at an overtime pay rate that the provider would have been authorized to work in that month if the weekly hours had not been adjusted.

(2) A provider of in-home supportive services described in subdivision (a) who serves multiple recipients is not authorized to, and shall not, work more than 66 total hours in a workweek, ~~as reduced by the net percentage defined by Sections 12301.02 and 12301.03, as applicable,~~ regardless of the number of recipients for whom the provider provides services authorized by subdivision (a). Providers are subject to the

limits of each recipient's total authorized weekly hours of in-home supportive services described in subdivision (a), except as additionally authorized pursuant to subparagraph (C) of paragraph (4) of subdivision (b).

(3) Notwithstanding paragraph (2), the 66-hour workweek limit described in subdivision (b) does not apply to a provider of in-home supportive services described in subdivision (a), and a recipient of those services may receive those services from a requested provider, if the provider has an approved ~~exemption~~ exemption, as set forth in subparagraph (A) or (B). A provider who has an approved exemption pursuant to subparagraph (A) or (B) shall not work a total number of hours in excess of 360 hours per month combined for the recipients of in-home supportive services served by that provider and may not exceed ~~any~~ a recipient's monthly authorized hours.

(A) A provider is eligible for an exemption if ~~he or she~~ that provider met all of the following on or before January 31, 2016:

(i) ~~He or she~~ The provider provided services to two or more recipients of in-home supportive services described in subdivision (a).

(ii) ~~He or she~~ The provider lived in the same home as all of the recipients for whom ~~he or she~~ that provider provided services.

(iii) ~~He or she~~ The provider is related, biologically, by adoption, or as a foster caregiver, legal guardian, or conservator, to all of the recipients for whom ~~he or she~~ the provider provides services as the recipients' parent, stepparent, foster or adoptive parent, grandparent, legal guardian, or conservator.

(B) A provider is eligible for an exemption if ~~he or she~~ the provider provides services to two or more recipients of in-home supportive services described in subdivision (a), if each recipient for whom the provider provides services has at least one of the following circumstances that puts the recipient at serious risk of placement in out-of-home care if the services could not be provided by that provider:

(i) ~~He or she~~ The recipient has complex medical or behavioral needs that must be met by a provider who lives in the same home as the recipient.

(ii) ~~He or she~~ The recipient lives in a rural or remote area where available providers are limited, and, as a result, the recipient is unable to hire another provider.

(iii) ~~He or she~~ The recipient is unable to hire another provider who speaks the same language as the recipient, resulting in the recipient being unable to direct ~~his or her~~ the recipient's own care.

(C) At the time of assessment or reassessment, the county shall evaluate each recipient to determine if the recipient's circumstances appear to indicate that the provider for that recipient may be eligible for an exemption described in subparagraph (A) or (B). The county shall then inform those recipients about the potentially applicable exemptions and the process by which they or their provider may apply for the exemption.

(D) On a one-time basis upon implementation of this paragraph, the department shall mail an informational notice and an exemption request form to all providers of multiple recipients who may be eligible for an exemption pursuant to subparagraph (B) and to the recipients to whom those providers provide services.

(E) (i) The county shall review the requests for consideration for an exemption described in subparagraph (B) pursuant to a process developed by the department with input from counties and stakeholders. The county shall consider whether the denial of an exemption would place a recipient or recipients at serious risk of placement in

out-of-home care due to any of the circumstances described in clauses (i) to (iii), inclusive, of subparagraph (B).

(ii) Within 30 days of receiving an application for an exemption described in subparagraph (B) from a provider or from a recipient on behalf of a provider, the county shall mail a written notification letter to the provider and the recipients for whom the provider provides services of its approval or denial of the exemption. If the county denies the exemption, the county shall also explain in the notification letter the reason for the denial and information about the process to request a review by the department, independent of the county's decision. The county shall use a standardized notification letter, developed by the department in consultation with stakeholders, for purposes of providing the notification letter that is required by this clause.

(iii) (I) A provider whose exemption under subparagraph (B) has been denied, or a recipient on behalf of ~~his or her~~ the provider whose exemption under subparagraph (B) has been denied, may request a review by the department, independent of the county's decision.

(II) The department shall develop the review process with input from stakeholders. At a minimum, the review process shall ensure that it provides the provider or the recipient, or ~~his or her~~ that person's authorized representative, with the opportunity to speak with, and provide written information to, staff of the department conducting the review about how the recipient meets the criteria described in subparagraph (B) and how any alternative services proposed by the county would place the recipient at serious risk of placement in out-of-home care.

(III) The department shall consider the information provided by the provider or the recipient, or ~~his or her~~ that person's authorized representative, and the information provided by the county in reaching its decision.

(IV) The department shall mail its written decision within 20 days of the date the provider or the recipient is scheduled to speak with the staff of the department conducting the review, unless the provider or the recipient has requested additional time to submit information and the department has granted that request. The written decision shall inform the provider and the recipients for whom the provider provides services if the exemption is granted or denied. If the department denies the exemption, the department shall also explain in the written decision the reason for the denial.

(iv) The county shall record the number of requests for exemptions that are received from providers or recipients on the provider's behalf and the number of requests approved or denied, and shall submit these numbers to the department. The department shall record the number of requests for the review by the department that are received from providers or recipients and the number of exemptions that are approved or denied through the review process. The numbers by the county and the department shall be posted no later than every three months on the department's ~~Internet Web site.~~ internet website.

(e) Recipients and providers shall be informed of the limitations and requirements contained in this section, through notices at intervals and on forms as determined by the State Department of Social Services or the State Department of Health Care Services, as applicable, following consultation with stakeholders.

(f) (1) A provider of services described in subdivision (a) shall not engage in travel time in excess of seven hours per week. For purposes of this subdivision, "travel time" means time spent traveling directly from a location where authorized services

specified in subdivision (a) are provided to one recipient to another location where authorized services are to be provided to another recipient. A provider shall coordinate hours of work with ~~his or her~~ the provider's recipients to comply with this section.

(2) The hourly wage to compensate a provider for travel time described in this subdivision when the travel is between two counties shall be the hourly wage of the destination county.

(3) Travel time, and compensation for that travel time, between a recipient of authorized in-home supportive services specified in subdivision (a) and a recipient of authorized waiver personal care services specified in subdivision (a) shall be attributed to the program authorizing services for the recipient to whom the provider is traveling.

(4) Hours spent by a provider while engaged in travel time shall not be deducted from the authorized hours of service of any recipient of services specified in subdivision (a).

(5) The State Department of Social Services and the State Department of Health Care Services shall issue guidance and processes for travel time between recipients that will assist the provider and recipient to comply with this subdivision. Each county shall provide technical assistance to providers and recipients, as necessary, to implement this subdivision.

(g) A provider of authorized in-home supportive services specified in subdivision (a) shall timely submit, deliver, or mail, verified by postmark or request for delivery, a signed payroll timesheet within two weeks after the end of each bimonthly payroll period. Notwithstanding any other law, a provider who submits an untimely payroll timesheet for providing authorized in-home supportive services specified in subdivision (a) shall be paid by the state within 30 days of the receipt of the signed payroll timesheet.

(h) This section does not apply to a contract entered into pursuant to Section 12302 ~~or 12302.6~~ for authorized in-home supportive services. Contract rates negotiated pursuant to Section 12302 ~~or 12302.6~~ shall be based on costs consistent with a 40-hour workweek.

(i) The state and counties are immune from any liability resulting from implementation of this section.

(j) ~~Any~~ An action authorized under this section that is implemented in a program authorized pursuant to Section 14132.95, 14132.956, or 14132.97 shall be compliant with federal Medicaid requirements, as determined by the State Department of Health Care Services.

(k) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the State Department of Social Services and the State Department of Health Care Services may implement, interpret, or make specific this section by means of all-county letters or similar instructions, without taking any regulatory action.

(*l*) (1) This section shall become operative only when the regulatory amendments made by RIN 1235-AA05 to Part 552 of Title 29 of the Code of Federal Regulations are deemed effective, either on the date specified in RIN 1235-AA05 or at a later date specified by the United States Department of Labor, whichever is later.

(2) If the regulatory amendments described in paragraph (1) become only partially effective by the date specified in paragraph (1), this section shall become operative

only for those persons for whom federal financial participation is available as of that date.

SEC. 2. Section 12301.01 of the Welfare and Institutions Code is repealed.

~~12301.01. (a) (1) Notwithstanding any other law, except as provided in subdivision (d), the department shall implement an 8 percent reduction in hours of service to each recipient of services under this article, which shall be applied to the recipient's hours as authorized pursuant to the most recent assessment. This reduction shall become effective July 1, 2013. This reduction shall be effective for 12 months. The reduction required by this section shall not preclude any reassessment to which a recipient would otherwise be entitled. However, hours authorized pursuant to a reassessment shall be subject to the 8 percent reduction required by this section.~~

~~(2) A request for reassessment based only on the reduction required in paragraph (1) may be administratively denied by the county.~~

~~(3) A recipient of services under this article may direct the manner in which the reduction of hours is applied to the recipient's previously authorized services.~~

~~(4) For those individuals who have a documented unmet need, excluding protective supervision because of the limitations on authorized hours under Section 12303.4, the reduction shall be taken first from the documented unmet need.~~

~~(b) The reduction in hours of service pursuant to paragraph (1) of subdivision (a) shall cease to be implemented 12 months after the reduction takes effect.~~

~~(c) The notice of action informing the recipient of the reduction pursuant to subdivision (a) shall be mailed at least 10 days prior to the reduction going into effect. The notice of action shall be understandable to the recipient and translated into all languages spoken by a substantial number of the public served by the In-Home Supportive Services program, in accordance with Section 7295.2 of the Government Code. The notice shall not contain any recipient financial or confidential identifying information other than the recipient's name, address, and Case Management Information and Payroll System (CMIPS) client identification number, and shall include, but not be limited to, all of the following information:~~

~~(1) The aggregate number of authorized hours before the reduction pursuant to subdivision (a) and the aggregate number of authorized hours after the reduction.~~

~~(2) That the recipient may direct the manner in which the reduction of authorized hours is applied to the recipient's previously authorized services.~~

~~(3) That a county shall assess a recipient's need for supportive services any time that the recipient notifies the county of a need to adjust the supportive services hours authorized, or when there are other indications or expectations of a change in circumstances affecting the recipient's need for supportive services. Counties shall not require recipients to submit a medical certification form or a doctor's note to show evidence of a change in the recipient's circumstances.~~

~~(d) A recipient shall have all appeal rights otherwise provided for under Chapter 7 (commencing with Section 10950) of Part 2.~~

SEC. 3. Section 12301.02 of the Welfare and Institutions Code is repealed.

~~12301.02. (a) (1) Notwithstanding any other law, except as provided in subdivisions (c) and (e), the department shall implement a 7-percent reduction in hours of service to each recipient of services under this article, which shall be applied to the recipient's hours as authorized pursuant to the most recent assessment. This reduction shall become effective 12 months after the implementation of the reduction set forth~~

~~in Section 12301.01. The reduction required by this section shall not preclude any reassessment to which a recipient would otherwise be entitled. However, hours authorized pursuant to a reassessment shall be subject to the 7-percent reduction required by this section.~~

~~(2) A request for reassessment based only on the reduction required in paragraph (1) may be administratively denied by the county.~~

~~(3) A recipient of services under this article may direct the manner in which the reduction of hours is applied to the recipient's previously authorized services.~~

~~(4) For those individuals who have a documented unmet need, excluding protective supervision because of the limitations on authorized hours under Section 12303.4, the reduction shall be taken first from the documented unmet need.~~

~~(b) The notice of action informing the recipient of the reduction pursuant to subdivision (a) shall be mailed at least 20 days prior to the reduction going into effect. The notice of action shall be understandable to the recipient and translated into all languages spoken by a substantial number of the public served by the In-Home Supportive Services program, in accordance with Section 7295.2 of the Government Code. The notice shall not contain any recipient financial or confidential identifying information other than the recipient's name, address, and Case Management Information and Payroll System (CMIPS) client identification number, and shall include, but not be limited to, all of the following information:~~

~~(1) The aggregate number of authorized hours before the reduction pursuant to subdivision (a) and the aggregate number of authorized hours after the reduction.~~

~~(2) That the recipient may direct the manner in which the reduction of authorized hours is applied to the recipient's previously authorized services.~~

~~(3) A county shall assess a recipient's need for supportive services any time that the recipient notifies the county of a need to adjust the supportive services hours authorized, or when there are other indications or expectations of a change in circumstances affecting the recipient's need for supportive services. Counties shall not require recipients to submit a medical certification form or a doctor's note to show evidence of a change in the recipient's circumstances.~~

~~(c) A recipient shall have all appeal rights otherwise provided for under Chapter 7 (commencing with Section 10950) of Part 2.~~

~~(d) The reduction specified in paragraph (1) of subdivision (a) shall be ongoing and may be adjusted pursuant to Section 12301.03.~~

~~(e) (1) The reduction specified in paragraph (1) of subdivision (a) shall be suspended until July 1, 2019, if the managed care organization provider tax imposed pursuant to Article 6.7 (commencing with Section 14199.50) of Chapter 7 remains operative.~~

~~(2) Notwithstanding paragraph (1), if the managed care organization provider tax imposed pursuant to Article 6.7 (commencing with Section 14199.50) of Chapter 7 ceases to be operative for any reason, the reduction specified in paragraph (1) of subdivision (a) shall be reinstated effective no later than the first day of the first full month occurring 90 days after the date on which the managed care organization provider tax ceases to be operative.~~

~~(3) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the~~

department may implement this subdivision through an all-county letter or similar instructions from the director until January 1, 2020.

SEC. 4. Section 12301.03 of the Welfare and Institutions Code is repealed.

12301.03. (a) It is the intent of this section to offset the reductions described in Section 12301.02 to the extent that an assessment as described in Section 12301.05 provides General Fund savings. This section shall become operative only upon certification by the State Department of Health Care Services that any necessary federal approvals to implement the assessment referenced in Section 12301.05 have been obtained. This certification shall be provided promptly to the Joint Legislative Budget Committee and the Department of Finance.

(b) Within 30 days after receipt of the certification described in subdivision (a), the Director of Finance shall perform the obligations described in this subdivision for the fiscal year in which the certification is received and for the following fiscal year. Specifically, the Director of Finance shall do the following:

(1) Estimate the total amount of additional funding, less refunds, that will be derived from the assessment for the next fiscal year.

(2) Estimate the amount of the total revenues, if any, that are attributable to any permitted retroactive implementation of the assessment.

(3) Estimate the amount of the total General Fund savings generated by the assessment revenues that remain after taking into account reductions such as the revenues attributable to any retroactive application of the assessment that will be allocated pursuant to Section 12301.04, and any General Fund costs associated with establishment and administration of the assessment. The General Fund costs shall be estimated following consultation with the appropriate budget subcommittees of the Legislature.

(4) Calculate, as a percentage, the amount by which the reduction described in Section 12301.02 is offset by General Fund savings. In making this calculation, the Director of Finance shall estimate the amount of the reduction that may be partially or completely offset. If the estimated General Fund savings from the assessment are less than the amount required to fully offset the reduction pursuant to Section 12301.02, then the percentage offset shall be proportionate to the level of General Fund savings. At no point may the reduction pursuant to Section 12301.02 become negative or go below zero.

(5) Notify the Joint Legislative Budget Committee of the determinations made in paragraphs (1) to (4), inclusive.

(c) On or before May 14, prior to the third fiscal year after the certification described in subdivision (a) is received, the Director of Finance shall perform the activities described in paragraphs (1) to (5), inclusive, of subdivision (b).

(d) Within 10 days of the effective date of any federal change or action that prevents or reduces the amount of General Fund savings received from the assessment, the Director of Health Care Services shall provide a notification to the Joint Legislative Budget Committee and the Director of Finance of that change. Within 30 days of the receipt of this notification, the Director of Finance shall perform the activities described in paragraphs (1) to (5), inclusive, of subdivision (b).

(e) Notwithstanding any provision of Section 12301.02, the reduction of services required by Section 12301.02 shall be mitigated by the percentage offset determined by the Director of Finance in paragraph (4) of subdivision (b).

(f) (1) Any change in the percentage reduction of services as provided in Section 12301.02 shall occur on the first day of the first full month occurring 30 days after the determination provided for in subdivision (b) is made by the Director of Finance.

(2) Any change in the percentage reduction of services as provided in Section 12301.02 due to a determination of the Director of Finance required by subdivision (c) shall occur on July 1 of the fiscal year immediately following the determination.

(3) If a change in the percentage reduction of services as provided in Section 12301.02 is triggered based on a determination of the Director of Finance required by subdivision (d), that change in hours of service shall occur on July 1 after the notification referenced in subdivision (d) from the Director of Health Care Services is received, if the notification is received between the preceding September 30 and January 2. If the notification is received on any other date, then a change in hours shall occur on the first of the month that is nine months after the notification is received.

(g) In preparation of every Governor's Budget and for every May Revision, the Director of Finance shall perform the obligation described in paragraphs (1) to (3), inclusive, of subdivision (b).

SEC. 5. Section 12301.04 of the Welfare and Institutions Code is repealed.

12301.04. (a) There is hereby created in the State Treasury an In-Home Supportive Services Reinvestment Fund, which shall receive moneys to the extent that an assessment described in Section 12301.05 is implemented retroactively.

(b) The fund shall be used to provide goods or services for one-time direct reinvestments benefiting IHSS recipients.

(c) The fund shall be used in a manner that does not create ongoing General Fund obligations.

(d) Pursuant to Section 12301.03, the Director of Finance shall estimate the amount of retroactive assessment due to the fund. In each fiscal year for which there are estimated retroactive revenues, the Director of Finance shall provide the Controller a schedule of what portion of the assessment shall be deposited in the fund.

(e) The resources in the fund shall be reinvested for the benefit of IHSS recipients, in compliance with the requirements in this section and those in the settlement agreement pertaining to Oster v. Lightbourne, N.D. Cal., Case No. CV 09-04668 CW, U.S. Court of Appeals for the Ninth Circuit, Case No. 12-15366, and Dominguez v. Brown, N.D. Cal., Case No. CV 09-02306 CW, U.S. Court of Appeals for the Ninth Circuit, Case No. 09-16359.

(f) The Director of Finance shall consult with plaintiffs in the lawsuits identified in subdivision (e) in order to develop a plan to reinvest the funds for the benefit of IHSS recipients. After the plan is developed and prior to the allocation of any funds, it shall be submitted to the appropriate policy and fiscal committees of the Legislature.

(1) If notice of federal approval of retroactive implementation of the assessment is received by the Director of Finance between January 1 and May 10 of any year, and the plan anticipates any expenditure of the funds before June 30 of that year, the Director of Finance shall notify the Joint Legislative Budget Committee at least 30 days prior to allocating any of those funds, for a purpose authorized by this section, if the allocation is proposed to be used in the current fiscal year.

(2) (A) If notice of federal approval of retroactive implementation of the assessment is received by the Director of Finance between January 1 and May 10 of any year, and the plan anticipates any expenditure of the funds after June 30 of that

~~year, for a purpose authorized by this section, the Director of Finance shall seek legislative approval of those budget year expenditures through the annual Budget Act or in other legislation.~~

~~(B) Notwithstanding subparagraph (A), if the Legislature does not allocate moneys from the fund pursuant to subparagraph (A) in the annual Budget Act or in other legislation, the Director of Finance shall, on or after September 15, notify the Joint Legislative Budget Committee at least 30 days prior to allocating any of those funds, for a purpose authorized by this section, if the allocation is proposed to be used in that current fiscal year.~~

~~(3) If notice of federal approval of retroactive implementation of the assessment is received by the Director of Finance after May 10 and before January 1 of any year, the Director of Finance shall notify the Joint Legislative Budget Committee at least 30 days prior to allocating any of those funds, for a purpose authorized by this section, if the allocation is proposed to be used in the current fiscal year.~~

~~(g) Notwithstanding Section 13340 of the Government Code, when the requirements of subdivision (f) have been met, the moneys in the fund are continuously appropriated to the State Department of Social Services for the purposes of this section.~~

SEC. 6. Section 12301.05 of the Welfare and Institutions Code is repealed.

~~12301.05. It is the intent of the Legislature to enact legislation in 2013 to authorize an assessment on home care services, including, but not limited to, home health care and in-home supportive services, consistent with the settlement agreement pertaining to Oster v. Lightbourne, N.D. Cal., Case No. CV09-04668 CW, U.S. Court of Appeals for the Ninth Circuit, Case No. 12-15366, and Dominguez v. Brown, N.D. Cal., Case No. CV 09-02306 CW, U.S. Court of Appeals for the Ninth Circuit, Case No. 09-16359.~~

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ATTACHMENT C

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

SECTION 1. Chapter 4.7 (commencing with Section 10835) is added to Part 2 of Division 9 of the Welfare and Institutions Code, to read:

CHAPTER 4.7. ELECTRONIC VISIT VERIFICATION SYSTEM

10835. The State Department of Social Services shall develop and implement an electronic visit verification system (EVV system) for the In-Home Supportive Services program, pursuant to this chapter. For purposes of this chapter, "electronic visit verification system" or "EVV system" means a system as described in subsection (*l*) of Section 1396b of Title 42 of the United States Code, as added by the federal 21st Century Cures Act (Public Law 114-255).

10836. In developing and implementing the EVV system, the department shall adhere to the following general principles:

(a) The EVV shall be developed and implemented in a manner and timeframe that avoids payment of the federal financial participation penalties described in the federal 21st Century Cures Act.

(b) Consistent with the requirements of the federal 21st Century Cures Act, the EVV system shall be developed through a collaborative stakeholder process, and be as minimally burdensome to providers and consumers as is necessary to comply with the federal mandate to implement electronic visit verification.

(c) Consistent with the United States Supreme Court decision in Olmstead v. L.C. ex rel. Zimring (1999) 527 U.S. 581, the EVV system shall not infringe upon the rights of In-Home Supportive Services program consumers.

(d) The EVV system shall not utilize geotracking or global positioning system capabilities.

(e) To the maximum extent possible, the EVV system shall leverage the existing electronic and telephonic timesheet systems.

(f) The EVV system shall utilize the maximum flexibility allowed by the federal government in the definitions of the terms "personal care services," "location of services," and "start and stop time of each service."

(g) The department shall not implement a violations policy or process for in-home supportive service providers as part of electronic visit verification, social workers shall continue to do individual assessments, and information from electronic visit verification cannot be used to reduce a consumer's hours.

(h) Consistent with the requirements of the federal 21st Century Cures Act, in-home supportive service providers and recipients shall be provided with training on the use of the EVV system.

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ATTACHMENT D

Amend Section 18900.5 of the Welfare and Institutions Code as follows:

(a) ~~It is the intent of the Legislature in enacting this section that recipients of Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, may receive CalFresh benefits if otherwise eligible. Households described in this section and Sections 18900.6 and 18900.7 shall include households receiving benefits under Chapter 10.1 (commencing with Section 18930) of this part. It is the intent of the Legislature to continue funding a hold harmless for populations described in Sections 18900.6 and 18900.7 beyond 2018–19, until natural program attrition within these populations negates the need for additional funding. It is the intent of the Legislature to provide ongoing funding for county administration for implementation of this section and funding for county administration for implementation of the hold harmless pursuant to Sections 18900.6 and 18900.7 for the duration of the hold harmless enacted by either of those sections.~~

(b) The department shall notify the federal Commissioner of Social Security and the Secretary of the United States Department of Agriculture that the Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, do not include the bonus value of food stamps, as described in subdivision (g) of Section 2015 of Title 7 of the United States Code, effective June 1, 2019, unless the department notifies the Department of Finance that automation will not be complete by that date, in which case the department shall notify the Department of Finance of the date automation will be complete and the alternate implementation date, which shall be no later than August 1, 2019. No later than August 1, 2018, the department shall provide counties with instructions necessary to complete automation related to implementation of this section and Sections 18900.6 and 18900.7 by August 1, 2019.

(c) Subdivision (b) shall be implemented as follows:

(1) As of June 1, 2019, or the alternate implementation date described in subdivision (b), an individual otherwise eligible for CalFresh who is not in an existing CalFresh household as an excluded member, shall become eligible for CalFresh benefits notwithstanding that he or she is a recipient of Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3.

(2) (A) For all existing CalFresh households as of June 1, 2019, or the alternate implementation date described in subdivision (b), that as a result of subdivision (b) will include a previously excluded individual or individuals who receives Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, the county welfare department shall implement

this provision by adding that individual, or those individuals, to the existing CalFresh household, and determining continuing eligibility and benefits pursuant to Sections 18901, 18901.7, and Chapter 10.1 (commencing with Section 18930) of this part, at the next periodic report or recertification as described in Sections 18910 and 18910.1. This shall include households which temporarily lose their eligibility on or before the date when the SSI individual(s) would be added and have their benefits restored within 30 days of that date based on good cause or providing the necessary information to restore eligibility.

(B) Notwithstanding subparagraph (A), an existing CalFresh household described in that subparagraph may, at any time following June 1, 2019, or the alternate implementation date described in subdivision (b), and before the next periodic report or recertification, request that a previously excluded individual or individuals who receive Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, be added to the CalFresh household. Upon such a request, the county welfare department then shall determine continuing eligibility and benefits pursuant to Sections 18901, 18901.7, and Chapter 10.1 (commencing with Section 18930) of this part.

(3) (A) For all new CalFresh households enrolled within six calendar months of June 1, 2019, or the alternate implementation date described in subdivision (b), consisting entirely of individuals receiving Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, and eligible for a certification period of 24 or 36 months, the household's initial certification period may be no more than six months shorter than the maximum period allowable to help spread the workload of periodic reports and recertifications, and manage caseload relative to timeliness and accuracy standards.

(B) For all CalFresh households not described above in subparagraph (A), the household's certification period shall be the maximum allowed by federal law for the household type, unless the county is complying with subdivision (b) of Section 18910, or, on a case-by-case basis only, the household's individual circumstances require a shorter certification period.

(d) The provisions of this section and Sections 18900.6 and 18900.7 shall be implemented by the department in consultation with stakeholders and counties. Additionally, beginning July 1, 2018, and continuing quarterly through June 2019, or the alternate implementation date described in subdivision (b), the department shall convene discussions with the Legislature regarding implementation.

(e) ~~This section shall be inoperative during any fiscal year in which funding is not appropriated in the annual Budget Act to support increased state and county administrative costs resulting from this section.~~

Amend Section 18900.6 of the Welfare and Institutions Code as follows:

(a) There is hereby created the SSI/SSP Cash-In Supplemental Nutrition Benefit (SNB) Program described in this section.

(b) The department shall use state funds appropriated for this program to provide nutrition benefits to continuing CalFresh households that were eligible for and receiving CalFresh benefits as of June 1, 2019, or the alternate implementation date described in subdivision (b) of Section 18900.5, but for whom the household's monthly CalFresh benefit was reduced when a previously excluded individual or individuals were added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(c) (1) The amount of nutrition benefits provided to each household will be based on a supplemental nutrition benefit table developed by the department.
(2) The benefit table described in paragraph (1) shall be issued annually based on all of the following:
(A) The projected number of households described in subdivision (b).
(B) The size of households described in subdivision (b), as determined when the previously excluded individual or individuals were added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.
(C) The number of previously excluded individuals added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.
(D) The total funding appropriated for purposes of this section in the annual Budget Act.

(d) The table-based nutrition benefits provided pursuant to this section shall be delivered on a monthly basis through the electronic benefits transfer system created pursuant to Section 10072, in the same manner as CalFresh benefits, and to the extent permitted by federal law shall not be considered income for any means-tested program.

(e) These supplemental nutrition benefits shall be provided to the household only as long as the household continues to receive CalFresh, and includes the individual or individuals added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(f) A household whose CalFresh benefits are restored following discontinuance for failure to provide the necessary documentation or information required to determine continuing eligibility, will also have their SNB restored, without proration, back to the original date of discontinuance of the CalFresh benefits. If a household is discontinued for any other reason and reapplies for benefits, the supplemental benefit provisions outlined in this section shall not apply.

(g) Households that are eligible for and receive SNB under this section shall not at any point be eligible for transitional nutrition benefits as created in Section 18900.7, regardless of a change in household circumstances.

(h) The department shall develop client notices for the SNB program as appropriate.

(i) ~~Supplemental nutrition benefits authorized pursuant to this section are not entitlement benefits, and the department shall provide benefits under this section only to the extent funding for purposes of this section is appropriated in the annual Budget Act.~~
All members of a CalFresh household receiving benefits pursuant to this section are entitled to the rights accorded CalFresh recipients under federal law and Division 9 of the Welfare and Institutions Code.

~~(j) This section shall be inoperative during any fiscal year in which funding is not appropriated in the annual Budget Act to support increased state and county administrative costs resulting from this section.~~

Amend Section 18900.7 of the Welfare and Institutions Code as follows:

(a) There is hereby created the SSI/SSP Cash-In Transitional Nutrition Benefit (TNB) Program described in this section.

(b) The department shall use state funds appropriated for this program to provide transitional nutrition benefits to former CalFresh households that were eligible for and receiving CalFresh benefits as of June 1, 2019, or the alternate implementation date described in subdivision (b) of Section 18900.5, but became ineligible for CalFresh when a previously excluded individual or individuals receiving Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, was added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(c) (1) The amount of transitional nutrition benefits provided to each household will be based on a transitional nutrition benefit table developed by the department.
(2) The benefit table described in paragraph (1) shall be issued annually based on all of the following:
(A) The projected number of households described in subdivision (b).
(B) Household size as determined when the previously excluded individual or individuals were added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.
(C) The number of previously excluded individuals added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.
(D) The total funding appropriated for purposes of this section in the annual Budget Act.

(d) The transitional nutrition benefits described in this section shall be delivered through the electronic benefits transfer system created pursuant to Section 10072, and to the extent permitted by federal law shall not be considered income for any means-tested program.

(e) Households eligible for TNB shall be initially certified for one 12-month period and then households may be recertified for additional six-month periods through a recertification process developed by the department, following consultation with counties and stakeholders, so long as the household continues to meet all of the following criteria:
(1) Include at least one individual added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.
(2) That individual or individuals continue to receive Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3.
(3) The household remains ineligible for CalFresh benefits.

(f) The department shall develop client notices for the TNB program as appropriate.
(g) If a household is discontinued for failure to provide the documentation or information required to determine continuing eligibility for TNB, the benefits shall be restored *consistent with 18900.7 (i) of the WIC*, without proration, back to the original date of discontinuance of TNB, if all documentation and information required to determine continuing eligibility is provided to the county within 30 days of the date of discontinuance from TNB. If the household is discontinued for any other reason and reapplies for benefits, the transitional benefit provisions outlined in this section shall not apply.

(h) Households that are eligible for and receive TNB under this section shall not at any point be eligible for supplemental nutrition benefits, as created in Section 18900.6, regardless of a change in household circumstances makes the household eligible for CalFresh. .

(i) **All members of a CalFresh household receiving benefits pursuant to this section are entitled to the rights accorded CalFresh recipients under federal law and Division 9 of the Welfare and Institutions Code.**
~~Transitional nutrition benefits authorized pursuant to this section are not entitlement benefits, and the department shall provide benefits under this section only to the extent funding for purposes of this section is appropriated in the annual Budget Act.~~
(j) ~~This section shall be inoperative during any fiscal year in which funding is not appropriated in the annual Budget Act to support increased state and county administrative costs resulting from this section.~~

Amend Section 18941 of the Welfare and Institutions Code as follows:

(a) Benefits provided under this chapter shall be equivalent to the benefits provided under the SSI/SSP program, Chapter 3 (commencing with Section 12000) of Part 3, except that the schedules for individuals and couples shall be reduced ten dollars ($10) per individual and twenty dollars ($20) per couple per month.

(b) Notwithstanding subdivision (a), commencing on the d ate that the Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3 do not include the bonus value of food stamps, as described in subdivision (g) of Section 2015 of Title 7 of the United States Code, pursuant to subdivision (b) of Section 18900.5, benefits provided under this chapter shall be equivalent to the benefits provided under the SSI/SSP program (Chapter 3 (commencing with Section 12000) of Part 3).

~~(c) The benefits authorized pursuant to subdivision (b) are not entitlement benefits and shall only be provided if funding is appropriated in the annual Budget Act for this purpose.~~

ATTACHMENT E

Supplemental Reporting Language on the Expansion of CalFresh Eligibility to Supplemental Security Income/State Supplementary Payment (SSI/SSP) Recipients. The intent of the supplemental reporting language is to provide some level of legislative oversight once the SSI cash-out policy is reversed beginning June 1, 2019 by require monthly updates to the Legislature from the Department of Social Services, in collaboration with the County Welfare Directors Association. The updates shall include items such as conversations around how households were impacted by the policy change, roughly how many households with SSI/SSP recipients applied for and received CalFresh benefits following the policy change, update on the implementation of the Supplemental Nutritional Benefit and Transitional Nutritional Benefit Program, tracking progress made by counties and stakeholder partners, and implementation challenges.

ATTACHMENT F

Add Section XXX to the Welfare and Institutions Code:

It is the intent of the Legislature to make the CalWORKs program the most effective family anti-poverty program in the country. California continues to be a national leader in total caseload, provision of cash assistance, welfare to work services, and assistance for children. California is a national leader in improving the quality of life for CalWORKs families, including the elimination of the Maximum Family Grant rule and the commitment to ending deep poverty among all CalWORKs families.

Beginning in the 2019-20 fiscal year and continuing through the 2021-22 fiscal year, California embarks on the first cycle of a new CalWORKs innovation, the CalWORKs Outcome and Accountability Review (CalOAR) system. Cal-OAR establishes a local, data-driven program management system that facilitates continuous improvement of county CalWORKs programs by collecting, analyzing, and disseminating outcomes and best practices. This system will help progress the state's goals of ensuring that CalWORKs families receive the best possible services and supports to improve their lives and will also help the state meet federal work participation rates by emphasizing quality and engagement.

At the same time county human services departments are transforming the welfare to work process away from a compliance oriented and work first model, into a modern, science-based and goal-oriented welfare to work model known locally as CalWORKs 2.0. The success of this approach depends on a culture shift—away from compliance-oriented, directive case management and toward supportive and responsive interactions between the case manager and the customer. Case management emphasizes coaching which allows clients to naturally develop accountability by setting and achieving their goals. Case managers in CalWORKs 2.0 have a framework to provide customers a trajectory from stability, to upskilling, to employment.

CalOAR and the county CalWORKs 2.0 initiative are bold steps towards a better CalWORKs program, yet state law has not been updated to be consistent with the new approaches. The Legislature directs the department to facilitate a workgroup including counties, advocates for the poor, organizations that represent workers, CalWORKs recipients and other stakeholders in a review of the CalWORKs welfare-to-work laws and regulations. The workgroup task is to develop a set of immediate, near-term and long-term recommendations focused on eliminating policy barriers that would prohibit the successful implementation of CalWORKs 2.0 and CalOAR. These recommendations shall not be duplicative of the efforts required of the Department set forth in Welfare and Institutions Code Section 11523 (e)(4) related to recommendations for ongoing CalWORKs system improvements. The work group shall submit recommendations to the Joint Legislative Budget Committee by February 1, 2020.

ATTACHMENT G

Section 398 of the Welfare and Institutions Code is added to read:

The Department of Social Services (DSS), the Department of Health Care Services (DHCS), and counties as represented by the California State Association of Counties, the County Welfare Directors Association, the County Behavioral Health Directors Association, and the Chief Probation Officers of California, shall provide quarterly in-person updates to the Legislature on progress toward the implementation of the Continuum of Care Reform. Specific components of the updates shall cease when notification of completion of a specific activity occurs and/or when it is agreed by all parties that a component is no longer necessary for other reasons.

(1) ***Update on the Transition of Providers to the CCR Program Models.*** With a focus on changes over time, status updates on the transition of providers to the Short-Term Residential Therapeutic Program (STRTP), Resource Family Approval (RFA), and Temporary Shelter Care Facilities (TSCF) program models. Data reporting under this paragraph shall include the following:

- Number of applications for STRTP and Foster Family Agency (FFA) licensure, and updates on the outcomes of licensure requests.
- Number of active licenses for STRTPs and FFAs, the placement capacities of both, and the percentage of each that have achieved accreditation.

- (c) By county, the number of group homes for which extensions have been requested by probation and child welfare agencies, and the number approved by the department. Primary reasons why group home license extensions are necessary.
  (d) Number and geographic distribution of children remaining in group homes and the status of their transition plans.
  (e) Number of FFAs and group homes not pursuing a license under CCR standards and the number of children placed with those providers.
  (f) Number and identification of counties with licensed temporary shelter care facilities.
  (g) Data on the progress of Resource Family Approval (RFA) implementation including the number of RFA applications and approvals and the average number of days for an application to be approved or disapproved over time. Include the same information specifically for caregivers with a placement prior to approval including the number of applications taking longer than 90 days and longer than 180 days.

(2) ***Update on Capacity to Provide Mental Health Services.*** With a focus on changes over time, status updates on the capacity of STRTPs and FFAs to provide mental health services. Data reporting under this paragraph shall include the following:
(a) Number of STRTPs requesting mental health program approval, by county, and outcomes of approval requests.

(b) Number of STRTPs with mental health plan contracts to provide mental health services and identification of the counties with which the STRTPs have contracts.
(c) Number of FFAs with mental health plan contracts to provide specialty mental health services and identification of the counties with which the FFAs have contracts.
(d)) Number of FFAs approved to provide placements in TFC homes.

(3) ***Tracking Child Outcomes Over Time.*** With a focus on changes over time, and to the extent data is available, status updates on the following child outcome measures:
(a) Number of children in out-of-home care stratified by placement type, Level of Care (LOC), and whether the supervising department is county child welfare or probation.
(b) Average number of placements per child, and average length of stay per placement episode by placement type.
(c) Proportion of placements that constitute a move to a less restrictive setting.
(d) Number of children in residential placement without an identified home based caregiver for transition, stratified by county.
(e) Information on the evaluation of the LOC assessment tool and changes that may result from evaluation findings.
(f) Ongoing information on state and county efforts to ensure consistent and valid statewide outcomes of the new LOC assessment protocol for children across counties.
(g) By county, the number of children entering Intensive Services Foster Care (ISFC) and Therapeutic Foster Care (TFC) placements. Any available data on what services children in these placements are determined to require and the status of their service access and utilization rates.
(h) By county, the number and percentage of children in foster care receiving Child and Family Team meetings and Child and Adolescent Needs and Strengths (CANS) assessments. As it becomes available, data on the average frequency of meetings and assessments as well as the overall CANS scoring outcomes and trends over time.
(i) As information becomes available, summarized results from the youth satisfaction survey.
(j) By county, the number of children in foster care receiving specialty mental health services on a quarterly or monthly basis stratified by service type, county, placement type, and LOC. In addition, and as data becomes available, services shall be further delineated by subcomponents including assessment, plan development, collateral contacts, rehabilitation, and therapy.
(k) By county, the number of children in foster care receiving mental health services on a monthly basis under the Medi-Cal managed care and fee-for-service systems stratified by service type, county, placement type, and LOC. In addition, and as data

becomes available, services shall be further delineated by subcomponents, including assessment plan development, collateral contacts, rehabilitation, and therapy.

(l) Number of days from the date of placement to the receipt of a specialty mental health service for all children in foster care who screened positive for mental health services, stratified by county mental health plan and provider.

(m) By county, the number and disposition of service complaints regarding specialty and non-specialty mental health service delivery for foster youth.

(n) The number of children with an open child welfare case and foster care placement who receive a required mental health screen, and when screened as positive, receive a referral and mental health service.

(o) To the extent that the information requested here is not available to be shared, the departments and counties shall describe the limitations and explore and present options for remedying this lack of available information. As part of this, meetings may be held with stakeholders, county representatives, and legislative staff to identify acceptable solutions, alternatives, or proxies.

(4) ***Update on CCR-Related Costs and Savings.*** Once available, status updates on CCR-related costs and savings, including:

(a) By county, ongoing county costs and savings related to CCR implementation.

(b) Other services and supplemental payments for which counties use reinvested CCR-related savings (including funding for FFA services-only rate).

(c) The extent to which the new STRTP and FFA rates are adequate to compensate providers for meeting the new service requirements of CCR.

(d) The extent to which each of the LOC rate levels provides adequate resources to resource families caring for children at all assessed levels of need.

(e) A description of each county's changes to Specialized Care Increments (SCI) programs, if any, including any changes in benefit levels and suspensions or terminations of SCI programs. This shall include how SCI program changes affect the overall combined rates that home-based caregivers receive under the LOC rate structure compared to combined rates caregivers would receive under the age-based rate structure and previous SCI programs.