Assembly Bill No. 135

CHAPTER 85

An act to amend Section 695.221 of the Code of Civil Procedure, to amend Section 17706 of, and to amend, repeal, and add Section 17400 of, the Family Code, to amend Section 12730 of, to add Section 12087.2 to, to add and repeal Section 16367.51 of, and to add and repeal Article 12 (commencing with Section 16429.5) of Chapter 2 of Part 2 of Division 4 of Title 2 of, the Government Code, to amend Sections 1522.41, 1562.3, 1569.616, and 1569.617 of, and to amend, repeal, and add Section 1418.8 of, the Health and Safety Code, to amend Sections 4620.4, 6509, 9121, 10831, 10836, 11004.1, 11054, 11330.5, 11450.025, 11454, 12201.06, 12300, 12300.4, 12306.1, 12306.16, 13276, 15204.35, 15610.10, 15610.55, 15610.57, 15630, 15701.05, 15750, 15763, 15770, 15771, 16523, 16523.1, 18900.7, 18900.8, 18901.10, 18918.1, 18919, 18999.1, 18999.2, 18999.4, and 18999.6 of, to amend, repeal, and add Sections 11004, 11203, 11450.12, and 18930 of, to add Sections 9104, 10618.8, 10823.6, 11011.2, 11523.4, 11523.5, 11523.6, 11523.7, 12300.5, 12301.61, 15610.02, 15651, 15767, 16523.2, 18900.3, 18900.4, 18900.9, and 18927.1 to, to add Chapter 3.6 (commencing with Section 9260) to Division 8.5 of, to add Chapter 5.9 (commencing with Section 13650) to Part 3 of Division 9 of, to add and repeal Chapter 4.8 (commencing with Section 8154) of Division 8 of, to repeal Sections 12301.01, 12301.02, 12301.03, 12301.04, 12301.05, and 13409 of, and to repeal and amend Section 11450 of, the Welfare and Institutions Code, and to repeal Sections 92 and 93 of Chapter 11 of the Statutes of 2020, relating to human services, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor July 16, 2021. Filed with Secretary of State July 16, 2021.]

LEGISLATIVE COUNSEL'S DIGEST

AB 135, Committee on Budget. Human services omnibus.

Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including group home facilities, short-term residential therapeutic programs, and adult residential facilities, by the State Department of Social Services. The department similarly regulates residential care facilities for the elderly. Existing law requires administrators of these facilities to complete a department-approved certification program. Under existing law, the department is authorized to charge a fee of up to $100 for an initial or renewal administrator certification, and an additional $300 delinquency fee for processing a late renewal. Existing law also authorizes a fee of up to $150 every 2 years to certification program vendors for review and approval

of the training program, and $100 every 2 years for review and approval of continuing education courses.

This bill would uniformly refer to these certification programs as administrator certification training programs. The bill would revise the existing fee structure, commencing July 1, 2021, including making the $100 fee for processing a certification application or renewal subject to a 10% increase each year for 4 years, and imposing a new examination fee of $100 for 3 attempts, and a $10 per unit fee for processing continuing education courses. The bill would subject the fees for administrator certification training program vendor applications and continuing education vendor training programs to a 10% increase over 4 years.

Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals.

Existing law requires the State Department of Social Services to implement and maintain nonbiometric identity verification methods in the CalWORKs program.

This bill, commencing July 1, 2021, would authorize a CalWORKs applicant or recipient to provide proof of identity via videoconferencing or any other electronic means that allows for a visual interaction between the applicant or recipient and county eligibility staff. Under the bill, verification conducted in this manner would satisfy any inperson identification requirement. Because the bill would increase the administrative duties of counties, it would impose a state-mandated local program.

Under existing law, an applicant family is not eligible for aid under the CalWORKs program unless the family's income, exclusive of the first $90 of earned income for each employed person, is less than the minimum basic standard of care, as specified.

This bill would, as of July 1, 2022, increase that amount of excluded earned income to $450, as specified. Because the bill would result in an increase in CalWORKs eligibility, thus increasing the duties of counties administering the CalWORKs program, the bill would impose a state-mandated local program.

Under existing law, a parent or caretaker relative is not eligible for CalWORKs aid when the parent or caretaker has received aid for a cumulative total of 48 months. Existing law increases that time limit to 60 months on May 1, 2022, or upon a specified notification to the Legislature from the State Department of Social Services. Existing law excepts from those time limits any month in which specified conditions exist.

This bill would require the department to automate a one-time process that allows former CalWORKs recipients excluded from an existing assistance unit due to the formerly applicable 48-month time limit, but who have fewer than 60 countable months of time on aid in CalWORKs, to be added to the existing assistance unit if all information needed to complete an eligibility determination is in the case record and all other eligibility requirements have been met.

Under existing law, when the federal government provides funds for the care of a needy relative with whom a needy child is living, aid to the child for any month includes aid to meet the needs of that relative, except as prescribed. Existing law provides that the parent or parents shall be considered living with the needy child for a period of up to 180 consecutive days of the needy child's absence from the family assistance unit, and the parents shall be eligible for CalWORKs services, but not for the payment of aid, if certain conditions are met, including that the child has been removed from the parents and placed in out-of-home care and the county has determined that the provision of services or homeless assistance benefits is necessary for family reunification.

This bill, beginning July 1, 2022, would increase the 180-day limit to up to 6 months, or a time period as determined by the State Department of Social Services, and would require those eligible parents to also be eligible for the payment of aid and specified childcare services. The bill would require the department to issue comprehensive policy, fiscal, and claiming instructions to the counties before July 1, 2022, and to notify the Legislature when the Statewide Automated Welfare System has automated the bill's provisions. Because the bill would increase the administrative duties of counties, it would impose a state-mandated local program.

Under existing law, if a family does not include a needy child qualified for aid under CalWORKs, aid is paid to a pregnant child who is 18 years of age or younger at any time after verification of pregnancy, as specified, and aid is paid to a pregnant person for the month in which the birth is anticipated and for the 6-month period immediately prior to the month in which the birth is anticipated, as specified. Existing law requires verification of pregnancy as a condition of eligibility for aid under those provisions. Under existing law, $47 per month is paid to a pregnant person qualified for CalWORKs aid to meet special needs resulting from pregnancy.

This bill would instead require, if a family does not include a needy child qualified for aid under CalWORKs, that aid be paid to any pregnant person as of the date of the application for aid, as specified. The bill would authorize a pregnant person to satisfy the pregnancy verification by means of a sworn statement or, if necessary, a verbal attestation, followed by medical verification, as specified. The bill would require a person who receives aid pursuant to these provisions to report the end of a pregnancy to the county within 30 days and would discontinue this aid at the end of the month following the month in which the person makes that report. The bill would increase the above-described supplement for a pregnant person to $100 per month and would discontinue this supplement at the end of the month following the month in which a person reports the end of their pregnancy. The bill would make the above provisions operative on certain dates in 2022 or when the State Department of Social Services certifies that the California Statewide Automated Welfare System can perform the necessary automation, as specified. Because the bill would result in an increase in CalWORKs eligibility, thus increasing the duties of counties administering the CalWORKs program, the bill would impose a state-mandated local program.

Existing law increases the CalWORKs maximum aid payments by 5% commencing March 1, 2014, by an additional 5% commencing April 1, 2015, and by an additional 1.43% commencing October 1, 2016. Existing law specifies a process by which increases may be made to the maximum aid payments depending on projections of revenue and costs by the Department of Finance.

This bill would, effective October 1, 2021, increase the maximum aid grant amounts by an additional 5.3%.

Existing law authorizes current and future grants payable to an assistance unit to be reduced due to prior overpayments, and requires a county to take all reasonable steps necessary to promptly correct any overpayment of supportive services payments to a recipient.

This bill, commencing August 1, 2021, would require that a nonfraudulent CalWORKs overpayment that is established for a current CalWORKs case on or after that date, and for the benefit months of April 2020 to the end of the proclamation of a state of emergency related to the COVID-19 pandemic, or June 30, 2022, whichever date is sooner, be classified as an administrative error.

Existing law prohibits a county from attempting to recover payments when the outstanding overpayments are less than $250 if the individual is no longer receiving aid under the CalWORKs program, and requires a county to discharge an overpayment if the county determines that the overpayment has been caused by a major systemic error or negligence.

This bill, commencing July 1, 2022, or the date the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement the bill, whichever date is later, except as otherwise specified, would authorize a county to establish an overpayment only if the overpayment occurred within 24 months before the date that the county discovered the overpayment, except in cases involving overpayment due to fraud. The bill would prohibit a county from collecting any portion of a nonfraudulent overpayment that occurred more than 24 months prior to the date the county discovered the overpayment. The bill would authorize the department to implement these provisions by all-county letters or similar instructions until regulations are adopted, and would require the department to adopt emergency regulations no later than January 1, 2023, and to subsequently promulgate final regulations.

Existing law requires the department to establish, by July 1, 2019, the CalWORKs Outcomes and Accountability Review (Cal-OAR) to facilitate a local accountability system that fosters continuous quality improvement in county CalWORKs programs and in the collection and dissemination by the department of best practices in service delivery. Existing law requires Cal-OAR to consist of performance indicators, a county CalWORKs self-assessment process, and a county CalWORKs system improvement plan. Existing law also finds and declares that county human services agencies 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.

This bill would require, no later than November 1, 2021, the department to convene and facilitate a Cal-OAR steering committee to make recommendations to the Legislature on how to implement Cal-OAR and CalWORKs 2.0 principles and practices statewide and prioritize recommendations made by the Cal-OAR stakeholder group, as specified.

Existing law declares the intent of the Legislature that the annual Budget Act appropriate state and federal funds in a single allocation to counties for the support of administrative activities undertaken by the counties to provide CalWORKs benefit payments, required work activities, and supportive services. Existing law requires the State Department of Social Services to work with representatives of county human services agencies and the County Welfare Directors Association to develop recommendations for revising the methodology used for development of the CalWORKs single allocation annual budget.

This bill would require the number of hours per case per month of case work time budgeted for intensive cases to be incrementally increased, as specified, and as of July 1, 2024, be 10 hours.

Existing law establishes the Safety Net Reserve Fund in the State Treasury, and creates within the Safety Net Reserve Fund a Medi-Cal Subaccount and a CalWORKs Subaccount. Existing law requires that fund and those subaccounts to be utilized, upon appropriation, for the purpose of maintaining existing program benefits and services for the Medi-Cal and CalWORKs programs during economic downturns, as specified. Existing law imposes upon the Department of Finance specified duties related to these subaccounts.

This bill would require, for the 2021–22 fiscal year, upon order of the Director of Finance, the Controller to transfer $450,000,000 from the General Fund to the Safety Net Reserve Fund.

Existing federal law, the American Rescue Plan Act of 2021, establishes a Pandemic Emergency Assistance Fund to allocate money to state, tribal, and territorial governments to assist needy families impacted by the COVID-19 pandemic.

This bill would require the State Department of Social Services to use funds allotted to the state from the fund, and appropriated by the Legislature for this purpose in the Budget Act of 2021, to make a flat rate one-time payment to each CalWORKs assistance unit that is an active assistance unit on the date of eligibility, as specified. The bill would require the amount of the one-time payment to be based on the funds available and the most recent caseload data, as determined by the department. The bill would require the department to submit a written report to the Legislature, no later than November 1, 2021, that would include specified information relating to the one-time payments.

Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program.

By increasing expenditures for this purpose, this bill would make an appropriation.

Under existing law, the parents of a minor child are responsible for supporting the child. Existing law establishes the Department of Child

Support Services, which administers all federal and state laws and regulations relating to child support enforcement obligations. Existing law requires each county to maintain a local child support agency that is responsible for establishing, modifying, and enforcing child support obligations, including medical support, enforcing spousal support orders, and determining paternity, as specified.

This bill would, as of January 1, 2023, require a local child support agency to cease enforcement of child support arrearages and otherwise past due amounts owed to the state that the Department of Child Support Services or the local child support agency has determined to be uncollectible, as specified. The bill would require the department to adopt regulations to implement these changes by July 1, 2024, and would authorize the department to implement and administer these changes through a child support services letter or similar instruction until regulations are adopted.

Existing law requires each county to maintain a local child support agency that is responsible for establishing, modifying, and enforcing child support obligations, including medical support, enforcing spousal support orders, and determining paternity, as specified. Existing law authorizes attorneys employed within the local child support agency to direct, control, and prosecute civil actions and proceedings in the name of the county in support of child support activities of the department and the local child support agency. Existing law authorizes a child support agency to substitute original signatures with any form of electronic signature, as specified.

This bill would specify that a child support agency is authorized to substitute original signatures of the agent of the local child support agency with any form of electronic signature. The bill would also, effective July 1, 2021, authorize a child support agency to substitute any original signatures, including those of the support obligors or obligees, with a printed copy or electronic image of an electronic signature obtained in compliance with certain requirements, as specified. The bill would require the local child support agency that elects to substitute original signatures to maintain the electronic form of the document bearing the original electronic signature until the final disposition of the case and to make it available for review upon the request of the court or any party of the action or proceeding.

Existing law also establishes within the state's child support program a quality assurance and performance improvement program. Existing law provides that the 10 counties with the best performance standards shall receive an additional 5% of the state's share of those counties' collections that are used to reduce or repay aid that is paid under the CalWORKs program. Existing law requires these additional funds received by a county to be used for specified child support-related activities. Existing law suspends the payment of this additional 5% for the 2002–03 to 2020–21 fiscal years, inclusive.

This bill would extend the suspension of the additional 5% payments through the 2021–22 and 2022–23 fiscal years.

Existing law requires that the satisfaction of a money judgment for support be credited first against the current month's support, then against the

principal amount of the judgment remaining unsatisfied, and then against the accrued interest that remains unsatisfied, except as otherwise provided in specified situations, including support paid for recipients of certain types of public benefits.

This bill would require the Department of Child Support Services to distribute support collections received on or after May 1, 2020, in accordance with specified federal law that requires specified arrearages to be paid to the family, and specified excess amounts to be retained by the state or paid to the federal government, in such a manner as to distribute all support collections to families first to the maximum extent permitted by federal law.

Existing law provides for state-subsidized childcare programs and childcare for recipients of benefits under the CalWORKs program, which is administered by counties. Existing law establishes the Emergency Child Care Bridge Program for Foster Children, to be implemented at the discretion of each county, for the purpose of stabilizing foster children with families at the time of placement by providing a time-limited payment or voucher for childcare following the child's placement, or for a child whose parent is in foster care, and by providing the family with a childcare navigator to assist the family in accessing long-term subsidized childcare.

Existing law suspends a specific allocation of funds for the Emergency Child Care Bridge Program included in the Budget Act of 2020 on December 31, 2021, unless the Department of Finance makes a specified determination regarding General Fund revenues and expenditures.

This bill would repeal that conditional suspension.

Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes.

This bill would extend eligibility for the IHSS program to individuals who are eligible for state-only funded full-scope Medi-Cal benefits and meet all other IHSS program eligibility criteria. Because counties administer the IHSS program, and this bill would expand IHSS program eligibility, the bill would impose a state-mandated local program.

Existing law requires the department to implement a 7% reduction in authorized hours of service to each IHSS recipient, but appropriates funds to fully offset this reduction until December 31, 2021, unless a specified condition applies.

Existing law states the intent of the Legislature to authorize an assessment on home care services, including in-home supportive services. Existing law requires the Director of Finance to estimate the total amount of additional funding that would be derived from that assessment and calculate the amount by which the 7% reduction in authorized hours of service for each IHSS recipient is offset by General Fund savings from that assessment. Existing law requires the 7% reduction in authorized hours of services to be mitigated by the percentage offset determined by the Director of Finance. Under existing law, these provisions become operative only upon certification by

the State Department of Health Care Services that any necessary federal approvals have been obtained.

Existing law establishes the In-Home Supportive Services Reinvestment Fund to receive moneys if the assessment is implemented retroactively, and to use those moneys to provide goods or services for one-time direct reinvestments benefiting IHSS recipients. Existing law provides that the moneys in the fund are continuously appropriated to the State Department of Social Services for these purposes, subject to specified conditions.

This bill would delete those provisions relating to the reduction in authorized hours, the assessment on home care services, and the IHSS Reinvestment Fund.

Under the federal 21st Century Cures Act, a state is required to use an electronic visit verification system (EVV system) to electronically verify specified information with respect to Medicaid-funded personal care services and home health care services provided by the state, or lose a percentage of federal Medicaid funding, as specified.

Existing law requires the State Department of Social Services to develop and implement the EVV system in accordance with specified principles, including compliance with specified federal statutory and case law, and prohibits the EVV system from utilizing geotracking or Global Positioning System capabilities.

This bill would delete that prohibition, and would instead require the department to collaborate with stakeholders to identify the least intrusive manner to record the location of in-home supportive service delivery at the time service begins and ends each day, and would exempt certain in-home supportive service providers from the EVV system requirements.

Under existing law, a county board of supervisors may elect to contract with a nonprofit consortium to provide for the delivery of in-home supportive services, or establish, by ordinance, a public authority to provide for the delivery of in-home supportive services.

This bill would require the department, in consultation with stakeholders, to create, and provide to the Legislature, the framework for a permanent provider backup system. The bill would prohibit, among other things, the implementation of a permanent backup provider system until statutes are enacted to define the parameters of this service, including the criteria and circumstances when those services may be approved for a recipient who is authorized to receive in-home supportive services pursuant to specified provisions.

Existing law provides for the allocation of funds appropriated from the continuously appropriated Local Revenue Fund for the distribution of sales tax and motor vehicle license fee moneys to local agencies for the administration of various health, mental health, and public social service programs, including IHSS (1991 Realignment funds). Existing law requires the State Controller to deposit amounts withheld pursuant to specified provisions to be deposited into the continuously appropriated General Growth Subaccount of the Sales Tax Growth Account of the Local Revenue Fund, as specified.

Existing law, until January 1, 2021, required a specified mediation process, including a factfinding panel making findings of fact and recommended settlement terms, to be held if a public authority or nonprofit consortium and the employee organization fails to reach agreement on a bargaining contract with in-home supportive service workers. That law subjected a county to a withholding of a specified amount of 1991 Realignment funds if the parties have completed the mediation process, the factfinding panel has issued findings of fact and recommended settlement terms that are more favorable to the employee organization than those proposed by the employer of record, the parties do not reach an agreement within 90 days of the release of those recommendations, and the collective bargaining agreement for IHSS providers in that county has expired.

This bill would reenact those provisions and require the mediation process described above to be held if a public authority or nonprofit consortium and the employee organization fail to reach an agreement on a bargaining contract on or after October 1, 2021. The bill would revise the amount of the withholding of the 1991 Realignment funds described above, and would also subject a county to a withholding of 1991 Realignment funds on October 1, 2021, if the factfinding panel's recommended settlement terms were released prior to June 30, 2021, and that county has not reached an agreement with the employee organization within 90 days after the release, as specified. The bill would require the Public Employment Relations Board to provide written notification of the withholding to the county, the employee organization, the Department of Finance, and the State Controller. Because the provisions described above would require the State Controller to deposit any amounts withheld pursuant to these reenacted provisions into the continuously appropriated General Growth Subaccount of the Sales Tax Growth Account of the Local Revenue Fund, as specified, the bill would make an appropriation. By imposing additional duties on counties, the bill would impose a state-mandated local program.

Existing law requires the state and counties to share the annual cost of providing IHSS pursuant to a specified cost ratio, including participating in wage and individual health benefit increases at that ratio, up to a specified amount. Existing law requires all counties to have a rebased County IHSS Maintenance of Effort (MOE), and requires the rebased MOE to be adjusted for the annualized cost of increases in provider wages, health benefits, or other benefits, as prescribed. Existing law increases the level of county participation in the cost of specified future wage and benefit increases when the state minimum wage reaches $15, effective January 1, 2022.

Under existing law, with respect to certain wage and individual health benefit increases that are locally negotiated, mediated, or imposed, or are adopted by ordinance, the state is required to participate at the specified cost ratio in a total of wages and individual health benefits up to $1.10 per hour above the state minimum wage in the corresponding year. Existing law also requires the state to participate at the specified cost ratio in a cumulative total of up to 10% within a 3-year period in the sum of the combined total of changes in wages or individual health benefits, or both.

Existing law limits this participation arrangement to no more than 2 3-year periods, after which the county is required to pay the entire nonfederal share of any increases in wages and individual health benefits that exceed $1.10 above minimum wage.

This bill would expand the limitation on the 10% state participation to allow no more than 2 3-year periods that commence before, and no more than 2 3-year periods that commence on or after, the date the state minimum wage reaches $15. The bill would delete subsequent MOE adjustments that otherwise would have applied when the $15 minimum wage takes effect on January 1, 2022.

Existing federal law establishes various disability benefits programs, including the Supplemental Security Income (SSI) program, under which cash assistance is provided to qualified low-income aged, blind, and disabled persons, and the Social Security Disability Insurance (SSDI) program, under which benefits are provided to persons with disabilities who have paid social security taxes. Existing state law provides for disability benefits programs, including the State Supplementary Program for the Aged, Blind, and Disabled (SSP), under which state funds are provided in supplementation of federal SSI benefits.

Under existing law, benefit payments under SSP are calculated by establishing the maximum level of nonexempt income and federal SSI and state SSP benefits for each category of eligible recipient. The state SSP payment is the amount required, when added to the nonexempt income and SSI benefits available to the recipient, to provide the maximum benefit payment. Existing law prohibits, for each calendar year, commencing with the 2011 calendar year, any cost-of-living adjustment from being made to the maximum benefit payment unless otherwise specified by statute, except for the pass along of any cost-of-living increase in the federal SSI benefits. Existing law continuously appropriates funds for the implementation of SSP.

This bill, commencing January 1, 2022, would increase the amount of aid paid under SSP that is in effect on December 31, 2021, less the federal benefit portion received, by a percentage increase that the State Department of Social Services and the Department of Finance determines can be accomplished with $291, 287,000. The bill would require those departments to notify specified legislative committees and the Legislative Analyst's Office of the final percentage increase effected by the appropriation in the Budget Act of 2021 for the purposes of implementing the increase. The bill would also, subject to an appropriation in the Budget Act of 2023, provide an additional grant increase commencing January 1, 2024, subject to the same calculations, notifications, and implementation as the first increase. The bill would provide that the continuous appropriation would not be made for purposes of implementing these provisions.

Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home-

and community-based services that maintain individuals in their own homes or least restrictive homelike environments.

This bill would require the department, subject to an appropriation of funds for this purpose in the annual Budget Act, to administer the Access to Technology Program for older adults and adults with disabilities, a pilot program to connect older adults and adults with disabilities to technology to help reduce isolation, increase connections, and enhance self-confidence. The bill would require funds appropriated for the program to be provided to county human services departments that opt to participate, and would require the funds to be used for, among other things, providing technology to older adults and adults with disabilities.

This bill would create the Long-Term Care Patient Representative Program and the Office of the Long-Term Care Patient Representative in the California Department of Aging to train, certify, provide, and oversee patient representatives to protect the rights of nursing home residents, as specified.

Existing law requires the attending physician and surgeon of a resident in a skilled nursing facility or intermediate care facility who prescribes or orders a medical intervention of a resident that requires the informed consent of a resident who lacks capacity to provide that consent and who does not have a person with legal authority to make those decisions on behalf of the resident to inform the skilled nursing facility or intermediate care facility. Existing law requires the facility to conduct an interdisciplinary team review of the prescribed medical intervention prior to the administration of the medical intervention, subject to specified proceedings. Existing law authorizes a medical intervention prior to the facility convening an interdisciplinary team review in the case of an emergency, under specified circumstances. Existing law imposes civil penalties for a violation of these provisions.

This bill would make these provisions inoperative no later than July 1, 2022, as prescribed, and would instead require the physician and surgeon to document the determination that the resident lacks capacity, as defined, in the resident's medical record, and would require the skilled nursing facility or intermediate care facility to act promptly and identify, or use due diligence to search for, a legal decisionmaker, as defined. If no legal decisionmaker can be identified or located, the bill would require the facility to take further steps to promptly identify, or use due diligence to search for, a patient representative to participate in an interdisciplinary team review, as specified. The bill would require, among other things, that if the resident lacks capacity and there is no legal decisionmaker or patient representative, the skilled nursing facility or intermediate care facility to provide notice to the resident and to the patient representative, as specified. The bill would require the Long-Term Care Patient Representative Program to assign a public patient representative if no family member or friend is available to serve in that capacity. The provisions of the bill relating to the responsibilities of the physician and surgeon and the facility with respect to medical interventions, as described, would become operative no later than July 1, 2022, as prescribed.

Existing law, upon appropriation, requires the California Department of Aging to administer the Aging and Disability Resource Connection Infrastructure Grants Program for the purpose of implementing a No Wrong Door System, which enables consumers to access all long-term services and supports through one agency, organization, coordinated network, or portal, and provides specified information about the availability of, and eligibility for, services.

Existing law suspends this program on December 31, 2021, unless the Department of Finance determines that the estimates of General Fund revenues and expenditures required to be released by May 14, 2021, contain projected annual General Fund revenues that exceed projected annual General Fund expenditures in the 2021–22 and 2022–23 fiscal years by the sum total of General Fund moneys appropriated for all programs subject to suspension on that date pursuant to the Budget Act of 2019 and the bills providing for appropriations related to the Budget Act of 2019.

This bill would repeal the provisions relating to the potential suspension of this program.

Existing federal law establishes various nutrition programs for older adults and existing state law authorizes the California Department of Aging to make state funds available to fund senior nutrition programs that complement those federal programs.

Existing law suspends a specific allocation of funds for the Senior Nutrition program included in the Budget Act of 2020 on December 31, 2021, unless estimates of General Fund revenues and expenditures required to be released by May 14, 2021, contain projected annual General Fund revenues that exceed projected annual General Fund expenditures in the 2021–22 and 2022–23 fiscal years by the sum total of General Fund moneys appropriated for all programs subject to suspension on that date in the Budget Act of 2020 and the bills providing for appropriations related to the Budget Act of 2020.

This bill would repeal this suspension provision.

Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law requires each county welfare department to establish and support a system of protective services for elderly and dependent adults who may be subjected to neglect, abuse, or exploitation or who are unable to protect their own interests, and requires each county to establish an adult protective services program. Existing law requires certain individuals to be mandated reporters of elder and dependent adult abuse, including an employee of a county adult protective services agency. The act requires each county's adult protective services program to include specific policies and procedures, including provisions for emergency shelter or in-home protection.

Existing law applies the definitions of the act on provisions relating to the county adult protective services program. For purposes of the act, existing law defines various terms. Under the act, "adult protective services" is defined as those preventive and remedial activities performed on behalf of

elders and dependent adults who meet certain criteria. Existing law defines "multidisciplinary personnel team" as a team of 2 or more persons who are trained in certain matters pertaining to the elderly and dependent adults and who are qualified to provide a broad range of services related to abuse of those individuals, and existing law identifies certain individuals who may be on the multidisciplinary team. Existing law defines an "elder" as a person who is 65 years of age or older and a "dependent adult" as an adult between 18 and 64 years of age who has specific limitations. Existing law imposes definitions of the act on provisions on protective placements and custody of endangered adults, in addition to prescribed terms.

This bill would instead define "adult protective services" as those activities performed on behalf of elders and dependent adults who have come to the attention of the adult protective services agency due to potential abuse or neglect, would expand the multidisciplinary team to include additional individuals, such as housing representatives, and would make additional changes to certain definitions under the act and on provisions on protective placements and custody of endangered adults. The bill would expand the list of mandated reporters to include, among others, a county in-home support services agency.

This bill would authorize county protective service agencies and the Home Safe Program to refer individuals with complex or intensive needs to certain state or local agencies, and would authorize referrals to be made before or after an individual begins to receive adult protective services.

For the purposes of investigating or providing services under an adult protective services program, commencing January 1, 2022, this bill would instead define an "elder" as a person who is 60 years of age or older and a "dependent adult" as a person who is between 18 and 59 years of age, inclusive, and has prescribed limitations. By requiring counties to provide services to additional individuals, and by expanding the scope of a crime under the Elder Abuse and Dependent Adult Civil Protection Act, this bill would impose a state-mandated local program.

This bill would require the department to convene a workgroup to develop recommendations to create or establish a statewide adult protective services case management or data warehouse system. The bill would require the department to submit the recommendations to the Legislature by November 1, 2022.

Existing law establishes the Home Safe Program, which requires the State Department of Social Services to award grants to counties, tribes, or groups of counties or tribes, that provide services to elder and dependent adults who experience abuse, neglect, and exploitation and otherwise meet the eligibility criteria for adult protective services, for the purpose of providing prescribed housing-related supports to eligible individuals.

This bill would additionally require the county's adult protective services program policies and procedures to include provisions for homeless prevention through the Home Safe Program. The bill would authorize a county that receives grant funds under the Home Safe Program to, as part of providing case management services to elder or dependent adults who

require adult protective services, provide housing assistance to those who are homeless or at risk of becoming homeless. By imposing additional duties on counties in the administration of their adult protective services programs, this bill would impose a state-mandated local program.

Existing federal law provides for the federal Supplemental Nutrition Assistance Program, known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county.

Existing federal law authorizes the United States Secretary of Agriculture to waive state compliance with various requirements of the SNAP program.

This bill would authorize the State Department of Social Services to implement a waiver approved by the United States Secretary of Agriculture through all-county letters or similar instructions. If the waiver is approved for a period of 24 months or longer, the bill would authorize the department to implement the waiver in this manner only until regulations are adopted.

Existing law requires each county human services agency to carry out the local administrative responsibilities of this program, subject to the supervision of the State Department of Social Services and to rules and regulations adopted by the department. Existing law requires the department to work with representatives of county human services agencies and the County Welfare Directors Association of California to update the budgeting methodology used to determine the annual funding for county administration of the CalFresh program beginning with the 2021–22 fiscal year.

This bill would instead require the department to work with those entities to update that budgeting methodology beginning with the 2022–23 fiscal year.

Existing law requires the State Department of Social Services, in conjunction with the State Department of Public Health and appropriate stakeholders, to develop and submit to the Legislature a community outreach and education campaign to help families learn about, and apply for, CalFresh.

This bill would require the State Department of Social Services, on or before July 1, 2023, subject to an appropriation in the annual Budget Act, to develop a CalFresh user-centered simplified paper application for households that include older adults, as defined by CalFresh, and people with disabilities who are eligible to be enrolled in the Elderly Simplified Application Project operated by the United States Department of Agriculture. The bill would require the department to maintain the simplified paper application for older adults and people with disabilities to the extent the Elderly Simplified Application Project is no longer operational.

Existing law requires each county welfare department, to the extent permitted by federal law, to exempt a household from complying with face-to-face interview requirements for the purpose of determining eligibility for CalFresh at initial application and recertification. Existing law, on or before July 1, 2021, requires each county welfare department to implement various scheduling techniques for purposes of scheduling and rescheduling at initial application and recertification.

This bill would extend the date for each county welfare department to implement the above-described scheduling techniques to January 1, 2022. The bill would, to the extent permitted by federal law, give an individual the option to complete an application or recertification interview and provide the required client signature by telephone, as prescribed. The bill would authorize counties to implement any method of telephonic or electronic signature that is supported by county business practice and technology. The bill would require certain counties to comply with these provisions beginning on or before January 1, 2023, and require the remaining counties to comply with the provisions beginning on or before January 1, 2024. By imposing new duties on counties, this bill would impose a state-mandated local program.

Existing law requires county welfare departments, no later than January 1, 2022, in an effort to expand CalFresh program outreach and retention and improve dual enrollment between the CalFresh and Medi-Cal programs, to undertake certain actions, including, ensuring that Medi-Cal applicants, as specified, who also may be eligible for CalFresh are screened and given the opportunity to apply for CalFresh at the same time they are applying for Medi-Cal or submitting information for the renewal process.

This bill would extend the date to complete those actions to January 1, 2023.

Existing federal law authorizes eligible counties to participate in the Restaurant Meals Program (RMP), which allows eligible recipients to purchase meals at qualified restaurants. Existing law also requires the department, to the extent permitted by federal law and in consultation with various stakeholders, to establish and implement a statewide RMP on or before September 1, 2020.

This bill would extend the deadline to establish and implement a statewide RMP to on or before September 1, 2021.

Existing law makes a recipient of Supplemental Security Income/State Supplementary Payment Program (SSI/SSP) benefits eligible for CalFresh benefits on and after a specified date if the recipient is otherwise eligible for CalFresh benefits. Existing law establishes the SSI/SSP Cash-In Supplemental Nutrition Benefit (SNB) Program and the SSI/SSP Cash-In Transitional Nutrition Benefit (TNB) Program to provide nutrition benefits to a CalFresh household that had its benefits reduced or became ineligible when a previously excluded SSI/SSP recipient was added to the household. Under the TNB Program, existing law authorizes a household to be recertified for TNB for additional 6-month periods through a recertification process, and if a household is discontinued for failure to provide the documentation or information required to determine continuing eligibility for TNB, existing law requires the benefits to be restored 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.

This bill would instead authorize a household to be recertified for TNB for additional 12-month periods, and would extend the time for required

documentation and information to be provided to the county to restore discontinued benefits to 90 days. The bill would require the State Department of Social Services, in consultation with representatives of county human services agencies and the County Welfare Directors Association of California, to develop and implement a process that maintains eligibility for all beneficiaries of benefits provided under the TNB Program for 2 years by pausing, as specified, the above-described discontinuances and marking all recertifications as complete. By expanding eligibility for the TNB Program and thereby increasing the duties of county officials, this bill would impose a state-mandated local program.

Existing law requires current and future CalFresh benefits to be reduced, as specified, to recover a benefit overissuance caused by inadvertent household error or administrative error.

This bill would limit the period in which a county may establish a claim to recover an overissuance of CalFresh benefits due to inadvertent household error or administrative error to the 24 months preceding the month the county welfare department determined the overissuance occurred. The bill would require the claim to equal the total amount of overissuance during the 24 months immediately preceding the date the overissuance was discovered. The bill would make these provisions operative on July 1, 2022, or upon the department's notification to the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement these provisions, whichever date is later.

The bill would authorize the department to implement and administer these provisions through all-county letters or similar instructions until regulations are adopted. The bill would require the department to adopt emergency regulations no later than January 1, 2023, and would authorize the department to readopt an emergency regulation, as specified.

Existing law requires the State Department of Social Services to establish a food assistance program, known as the California Food Assistance Program (CFAP), to provide assistance to a noncitizen of the United States if the person's immigration status meets the eligibility criteria of SNAP in effect on August 21, 1996, but the person is not eligible for SNAP benefits solely due to their immigration status, as specified. Existing law also makes eligible for the program an applicant who is otherwise eligible for the program, but who entered the United States on or after August 22, 1996, if the applicant is sponsored and the applicant meets one of a list of criteria, including that the applicant, after entry into the United States, is a victim of the sponsor or the spouse of the sponsor if the spouse is living with the sponsor.

This bill instead would require the department to use state funds appropriated for CFAP to provide nutritional benefits to households that are ineligible for CalFresh benefits solely due to their immigration status. The bill would state the intent of the Legislature, subject to an appropriation in the Budget Act of 2023, to begin a targeted, age-based implementation of the expansion of CFAP regardless of immigration status.

The bill would require the amount of nutrition benefits provided to each CFAP household to be identical to the amount that would otherwise be

provided to a household eligible for CalFresh benefits. The bill would, to the extent permissible under federal law, require the delivery of CFAP nutrition benefits to be identical to the delivery of CalFresh benefits to eligible CalFresh households. The bill would authorize the department to implement and administer these provisions through all-county letters or similar instructions without taking regulatory action until final regulations are adopted, as specified. The bill would make these provisions operative on the date the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement the bill. To the extent this bill would expand eligibility for CFAP, which is administered by the counties, this bill would impose a state-mandated local program.

Existing law requires the Office of Systems Integration within the California Health and Human Services Agency to implement a statewide automated welfare system, known as CalSAWS, for various public assistance programs, including the CalWORKs program, CalFresh, and the Medi-Cal program. Under existing law, the state is consolidating existing consortia systems into the single CalSAWS.

Existing law requires an applicant for public social services or public assistance to file an affirmation setting forth the applicant's belief that they meet the specific conditions of eligibility.

This bill would authorize the CalSAWS consortium to develop, deploy, and maintain a telephonic signature solution to enhance the ability for county human services customers and staff to complete transactions by telephone. The bill, until the CalSAWS consortium has implemented an integrated telephonic signature solution, would authorize an applicant for public social services or public assistance to make an oral attestation regarding their qualification for services or assistance if they are unable to provide a physical signature or if the county is unable to accept an electronic signature.

Existing law establishes the California Community Services Block Grant Program, pursuant to which the Governor may assume responsibility for the federal Community Services Block Grant Program, and authorizes financial assistance under that program for various eligible activities designed to have a measurable and potentially major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem. Existing law establishes criteria for eligible beneficiaries, as defined, of the program, which include individuals living in households with incomes that do not exceed the official poverty line according to the poverty guidelines updated periodically by the United States Department of Health and Human Services, as provided.

This bill would revise the definition of "eligible beneficiaries" for purposes of the state program to, instead, include all individuals living in households with incomes not to exceed the income eligibility level as a percentage of the poverty line that a state may adopt, as defined in specified federal law.

Existing law establishes the Department of Community Services and Development, under the direction of an executive officer known as the Director of Community Services and Development, within the California

Health and Human Services Agency. Existing law, among other things, authorizes the department to apply for, administer, and oversee federal block grant funds and other public and private funds designed to support antipoverty programs in the state that are not currently administered by other departments.

Existing federal law, the Consolidated Appropriations Act, 2021, among other things, requires the federal Department of Health and Human Services to carry out a Low-Income Household Drinking Water and Wastewater Emergency Assistance Program, which is also known as the Low Income Household Water Assistance Program, for making grants to states and Indian tribes to assist low-income households that pay a high proportion of household income for drinking water and wastewater services, as provided.

This bill would require the Department of Community Services and Development to administer the Low Income Household Water Assistance Program in this state, and to receive and expend moneys appropriated and allocated to the state for purposes of that program, pursuant to the above-described federal law. The bill would authorize the department to develop and implement a state plan, requirements, guidelines, and subgrantee contract provisions for the program without taking further regulatory action, as specified. The bill would require the state plan to include specified details regarding program implementation and would require the department to, upon the execution of contracts for Low Income Household Water Assistance Program funding with local service providers, and every 6 months thereafter until funding is exhausted, report to the Legislature and post to the department's website specified information. The bill would require the department to post a draft state plan to its internet website, hold a public meeting prior to submission of the state plan to allow for public comment, and post the final plan to the department's internet website.

Existing law requires the Department of Community Services and Development to receive and administer the federal Low-Income Home Energy Assistance Program Block Grant. Existing law requires the department to afford local service providers maximum flexibility and control in the planning, administration, and delivery of Low-Income Home Energy Assistance Program Block Grant services. Existing law prescribes amounts to be applied to certain services under the program, including for weatherization and related services and the reduction of home energy needs, among other things. Existing federal law, the American Rescue Plan Act of 2021, provides supplemental funding to the state for the Low-Income Home Energy Assistance Program.

This bill, until January 1, 2025, would exempt the department from specified state requirements and prescribed funding amounts that otherwise would apply to the Low-Income Home Energy Assistance Program for purposes of using supplemental funding provided to the state by the federal American Rescue Plan Act of 2021 for the program. The bill would require the department to, upon the execution of contracts for ARPA funding with local service providers, and every 6 months thereafter until funding is

exhausted, report to the Legislature and post specified information to the department's website.

Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including electrical corporations. Existing law makes an appropriation to fund the California Arrearage Payment Program.

This bill would establish the California Arrearage Payment Program (CAPP) within the Department of Community Services and Development. The bill would require the department to survey utility applicants to obtain data pertaining to the total number of residential and commercial customer accounts in arrears to determine the total statewide energy utility arrearage and to develop an allocation formula for determining an individual utility applicant's share of CAPP funds. The bill would authorize specified utilities to apply for CAPP funds, on behalf of their customers, and would require the utility to use any funds received, as specified, to offset customer arrearages that were incurred during the COVID-19 pandemic bill relief period, as defined. The bill would prohibit service from being discontinued due to nonpayment for those customers included in a utility's CAPP application while the department reviews and approves all pending CAPP applications, and would require the utility applicant to waive any associated late fees and accrued interest for customers who are awarded CAPP benefits. The bill would require the department to report specified data to the Legislature and on its public-facing internet website relating to distribution of CAPP benefits. The bill would make the program inoperative as of July 1, 2025, and would repeal the provisions as of January 1, 2026.

Existing law requires the State Department of Social Services, after setting aside the necessary state administrative funds, to allocate federal funds appropriated for refugee social services programs to each eligible county or qualified nonprofit organization, as defined, based on the number of refugees receiving aid in the eligible county or the number of refugees that reside in the eligible county.

This bill would authorize the department, if an eligible county or qualified nonprofit organization declines all or part of those funds, or returns unexpended funds, to exercise its discretion to reallocate the declined or returned funds among eligible counties and qualified nonprofit organizations. The bill would also authorize the department, if the federal Office of Refugee Resettlement provides additional funding or designates funding for services to a specific population of eligible individuals, to exercise its discretion to allocate those funds among eligible counties and qualified nonprofit organizations consistent with federal law.

Existing law requires the department to ensure that noncitizen victims of specified crimes have access to refugee cash assistance and refugee social services, as specified.

This bill would establish the Enhanced Services for Asylees and Vulnerable Noncitizens to provide resettlement services for persons granted asylum by the United States Attorney General or the Secretary of Homeland Security or who are eligible to receive the above-described refugee cash

assistance and services as victims of crime. The bill would require the program to provide culturally appropriate and responsive case management services, as specified, for persons newly granted asylum and vulnerable noncitizens for up to 90 days within the first year following their grant of asylum or eligibility for services as a victim of a crime, respectively. This program would be implemented only to the extent that funds are appropriated in the annual Budget Act.

Existing law requires the State Department of Social Services to administer a rapid response program to award grants or contracts to entities that provide critical assistance to immigrants during times of need. Existing law makes these provisions inoperative on July 1, 2022.

This bill would repeal the sunset date, thereby making the rapid response program operative indefinitely.

Existing law requires the State Department of Social Services to award funds to counties for the purpose of providing CalWORKs housing supports to CalWORKs recipients who are experiencing homelessness or housing instability that would be a barrier to self-sufficiency or child well-being. Existing law authorizes a county to continue providing these housing supports to CalWORKs recipient who no longer receives CalWORKs benefits because the recipient no longer meets income eligibility requirements.

This bill would also authorize those funds to be used to provide housing supports to CalWORKs recipients who are at risk of homelessness and for whom housing instability would be a barrier to self-sufficiency or child well-being.

Under the Home Safe Program, an eligible individual is an individual who, among other things, is an adult protective services client. Existing law requires counties that receive grants under the Home Safe Program to provide matching funds.

This bill would, for the purposes of the Home Safe Program, modify the definition of homeless and would expand the definition of an eligible individual to include individuals who are in the process of intake to adult protective services, or an individual who may be served through a tribal social services agency who appears to be eligible for adult protective services.

Existing law establishes the Bringing Families Home Program and, to the extent funds are appropriated in the annual Budget Act, requires the State Department of Social Services to award program funds to counties and tribal governments for the purpose of providing housing-related supports to eligible families meeting specified conditions, including that the family is homeless, as defined, if that homelessness prevents reunification between an eligible family and a child receiving child welfare services, or when lack of housing prevents a parent or guardian from addressing issues that could lead to foster care placement. Existing law requires the department to award those funds to counties and tribes according to specified requirements, including a requirement for a county or tribe receiving funds to provide matching funds.

This bill would, for the purposes of the Bringing Families Home Program, modify the definition of "homeless" and expand the definition of "eligible family" to include an individual or family that is at risk of homelessness or in a living situation that cannot accommodate the child or multiple children in the home.

Existing law establishes the Housing and Disability Income Advocacy Program under the administration of the State Department of Social Services. Under the existing program, state funds are granted, subject to an appropriation in the annual Budget Act, to a participating county for the provision of outreach, case management, and advocacy services to assist clients who are homeless or at risk of becoming homeless to obtain disability benefits. Existing law requires a grantee, with the assistance of the department, to seek reimbursement of funds used for housing assistance, general assistance, or general relief from the federal Commissioner of Social Security pursuant to an interim assistance reimbursement agreement, as specified. Existing law also requires a grantee that receives state funds to provide matching funds.

This bill would waive the requirement to seek reimbursement of funds through June 30, 2024, and would exempt a grantee from the requirement to match certain funds between July 1, 2021, and June 30, 2024, as specified.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 695.221 of the Code of Civil Procedure is amended to read:

695.221. Satisfaction of a money judgment for support shall be credited as follows:

(a) The money shall first be credited against the current month's support.

(b) Any remaining money shall next be credited against the principal amount of the judgment remaining unsatisfied. If the judgment is payable in installments, the remaining money shall be credited against the matured installments in the order in which they matured.

(c) Any remaining money shall be credited against the accrued interest that remains unsatisfied.

(d) In cases enforced pursuant to Part D (commencing with Section 651) of Subchapter 4 of Chapter 7 of Title 42 of the United States Code, if a lump-sum payment is collected from a support obligor who has money judgments for support owing to more than one family, effective September 1, 2006, all support collected shall be distributed pursuant to guidelines developed by the Department of Child Support Services.

(e) Support collections received between January 1, 2009, and April 30, 2020, inclusive, shall be distributed by the Department of Child Support Services as follows:

(1) Notwithstanding subdivisions (a), (b), and (c), a collection received as a result of a federal tax refund offset shall first be credited against the principal amount of past due support that has been assigned to the state pursuant to Section 11477 of the Welfare and Institutions Code and federal law and then any interest due on that past due support, prior to the principal amount of any other past due support remaining unsatisfied and then any interest due on that past due support.

(2) The following shall be the order of distribution of child support collections through September 30, 2000, except for federal tax refund offset collections, for child support received for families and children who are former recipients of Aid to Families with Dependent Children (AFDC) program benefits or former recipients of Temporary Assistance for Needy Families (TANF) program benefits:

(A) The money shall first be credited against the current month's support.

(B) Any remaining money shall next be credited against interest that accrued on arrearages owed to the family or children since leaving the AFDC program or the TANF program and then the arrearages.

(C) Any remaining money shall next be credited against interest that accrued on arrearages owed during the time the family or children received benefits under the AFDC program or the TANF program and then the arrearages.

(D) Any remaining money shall next be credited against interest that accrued on arrearages owed to the family or children prior to receiving benefits from the AFDC program or the TANF program and then the arrearages.

(f) Support collections received on or after May 1, 2020, shall be distributed by the Department of Child Support Services in accordance with Section 657(a)(2)(B) of Title 42 of the United States Code, as amended by Section 7301(b)(1) of the federal Deficit Reduction Act of 2005, in such a manner as to distribute all support collections to families first to the maximum extent permitted by federal law.

SEC. 2. It is the intent of the Legislature that support collections received during periods prior to that identified in Section 695.221 of the Code of Civil Procedure, as amended by Section 1 of this act, continue to be distributed under the laws then in effect as implemented by the single organizational unit whose duty it was to administer the Title IV-D state plan.

SEC. 3. Section 17400 of the Family Code is amended to read:

17400. (a) Each county shall maintain a local child support agency, as specified in Section 17304, that shall have the responsibility for promptly and effectively establishing, modifying, and enforcing child support obligations, including medical support, enforcing spousal support orders established by a court of competent jurisdiction, and determining paternity in the case of a child born out of wedlock. The local child support agency shall take appropriate action, including criminal action in cooperation with the district attorneys, to establish, modify, and enforce child support and, if appropriate, enforce spousal support orders if the child is receiving public assistance, including Medi-Cal, and, if requested, shall take the same actions on behalf of a child who is not receiving public assistance, including Medi-Cal.

(b) (1) Notwithstanding Sections 25203 and 26529 of the Government Code, attorneys employed within the local child support agency may direct, control, and prosecute civil actions and proceedings in the name of the county in support of child support activities of the Department of Child Support Services and the local child support agency.

(2) Notwithstanding any other law, and except for pleadings or documents required to be signed under penalty of perjury, a local child support agency may substitute original signatures of the agent of the local child support agency with any form of electronic signatures, including, but not limited to, typed, digital, or facsimile images of signatures, digital signatures, or other computer-generated signatures, on pleadings filed for the purpose of establishing, modifying, or enforcing paternity, child support, or medical support. A substituted signature used by a local child support agency shall have the same effect as an original signature, including, but not limited to, the requirements of Section 128.7 of the Code of Civil Procedure.

(3) Notwithstanding any other law, effective July 1, 2016, a local child support agency may electronically file pleadings signed by an agent of the local child support agency under penalty of perjury. An original signed pleading shall be executed prior to, or on the same day as, the day of electronic filing. Original signed pleadings shall be maintained by the local child support agency for the period of time prescribed by subdivision (a) of Section 68152 of the Government Code. A local child support agency may maintain the original signed pleading by way of an electronic copy in the Statewide Automated Child Support System. The Judicial Council, by July 1, 2016, shall develop rules to implement this subdivision.

(4) (A) Notwithstanding any other law, effective July 1, 2021, a local child support agency may substitute any original signatures, including, but not limited to, signatures of agents of the local child support agencies,

support obligors, support obligees, other parents, witnesses, and the attorneys for the parties to the action, with a printed copy or electronic image of an electronic signature obtained in compliance with the rules of court adopted pursuant to paragraph (2) of subdivision (b) of Section 1010.6 of the Code of Civil Procedure, on pleadings or documents filed for the purpose of establishing, modifying, or enforcing paternity, child support, or medical support. If the pleading or document is signed under the penalty of perjury or the signature does not belong to an agent of the local child support agency, the local child support agency represents, by the act of filing, that the declarant electronically signed the pleading or document before, or on the same day as, the date of filing.

(B) The local child support agency shall maintain the electronic form of the pleading or document bearing the original electronic signature for the period of time prescribed by subdivision (a) of Section 68152 of the Government Code, and shall make it available for review upon the request of the court or any party to the action or proceeding in which it is filed. Printed copies or electronic images of electronic signatures used by a local child support agency in this manner shall have the same effect as an original signature, including, but not limited to, the requirements of Section 128.7 of the Code of Civil Procedure.

(c) Actions brought by the local child support agency to establish paternity or child support or to enforce child support obligations shall be completed within the time limits set forth by federal law. The local child support agency's responsibility applies to spousal support only if the spousal support obligation has been reduced to an order of a court of competent jurisdiction. In any action brought for modification or revocation of an order that is being enforced under Title IV-D of the Social Security Act (42 U.S.C. Sec. 651 et seq.), the effective date of the modification or revocation shall be as prescribed by federal law (42 U.S.C. Sec. 666(a)(9)), or any subsequent date.

(d) (1) The Judicial Council, in consultation with the department, the Senate Committee on Judiciary, the Assembly Committee on Judiciary, and a legal services organization providing representation on child support matters, shall develop simplified summons, complaint, and answer forms for any action for support brought pursuant to this section or Section 17404. The Judicial Council may combine the summons and complaint in a single form.

(2) The simplified complaint form shall provide notice of the amount of child support that is sought pursuant to the guidelines set forth in Article 2 (commencing with Section 4050) of Chapter 2 of Part 2 of Division 9 based upon the income or income history of the support obligor as known to the local child support agency. If the support obligor's income or income history is unknown to the local child support agency, the complaint shall inform the support obligor that income shall be presumed to be the amount of the minimum wage, at 40 hours per week, established by the Industrial Welfare Commission pursuant to Section 1182.11 of the Labor Code unless information concerning the support obligor's income is provided to the

court. The complaint form shall be accompanied by a proposed judgment. The complaint form shall include a notice to the support obligor that the proposed judgment will become effective if the obligor fails to file an answer with the court within 30 days of service. Except as provided in paragraph (2) of subdivision (a) of Section 17402, if the proposed judgment is entered by the court, the support order in the proposed judgment shall be effective as of the first day of the month following the filing of the complaint.

(3) (A) The simplified answer form shall be written in simple English and shall permit a defendant to answer and raise defenses by checking applicable boxes. The answer form shall include instructions for completion of the form and instructions for proper filing of the answer.

(B) The answer form shall be accompanied by a blank income and expense declaration or simplified financial statement and instructions on how to complete the financial forms. The answer form shall direct the defendant to file the completed income and expense declaration or simplified financial statement with the answer, but shall state that the answer will be accepted by a court without the income and expense declaration or simplified financial statement.

(C) The clerk of the court shall accept and file answers, income and expense declarations, and simplified financial statements that are completed by hand provided they are legible.

(4) (A) The simplified complaint form prepared pursuant to this subdivision shall be used by the local child support agency or the Attorney General in all cases brought under this section or Section 17404.

(B) The simplified answer form prepared pursuant to this subdivision shall be served on all defendants with the simplified complaint. Failure to serve the simplified answer form on all defendants shall not invalidate any judgment obtained. However, failure to serve the answer form may be used as evidence in any proceeding under Section 17432 of this code or Section 473 of the Code of Civil Procedure.

(C) The Judicial Council shall add language to the governmental summons, for use by the local child support agency with the governmental complaint to establish parental relationship and child support, informing defendants that a blank answer form should have been received with the summons and additional copies may be obtained from either the local child support agency or the superior court clerk.

(e) In any action brought or enforcement proceedings instituted by the local child support agency pursuant to this section for payment of child or spousal support, an action to recover an arrearage in support payments may be maintained by the local child support agency at any time within the period otherwise specified for the enforcement of a support judgment, notwithstanding the fact that the child has attained the age of majority.

(f) The county shall undertake an outreach program to inform the public that the services described in subdivisions (a) to (c), inclusive, are available to persons not receiving public assistance. There shall be prominently displayed in every public area of every office of the agencies established by this section a notice, in clear and simple language prescribed by the

Director of Child Support Services, that the services provided in subdivisions (a) to (c), inclusive, are provided to all individuals, whether or not they are recipients of public assistance.

(g) (1) In any action to establish a child support order brought by the local child support agency in the performance of duties under this section, the local child support agency may make a motion for an order effective during the pendency of that action, for the support, maintenance, and education of the child or children that are the subject of the action. This order shall be referred to as an order for temporary support. This order has the same force and effect as a like or similar order under this code.

(2) The local child support agency shall file a motion for an order for temporary support within the following time limits:

(A) If the defendant is the mother, a presumed father under Section 7611, or any father if the child is at least six months old when the defendant files the answer, the time limit is 90 days after the defendant files an answer.

(B) In any other case in which the defendant has filed an answer prior to the birth of the child or not more than six months after the birth of the child, then the time limit is nine months after the birth of the child.

(3) If more than one child is the subject of the action, the limitation on reimbursement shall apply only as to those children whose parental relationship and age would bar recovery were a separate action brought for support of that child or those children.

(4) If the local child support agency fails to file a motion for an order for temporary support within the time limits specified in this section, the local child support agency shall be barred from obtaining a judgment of reimbursement for any support provided for that child during the period between the date the time limit expired and the date the motion was filed, or, if no motion is filed, when a final judgment is entered.

(5) Except as provided in Section 17304, this section does not prohibit the local child support agency from entering into cooperative arrangements with other county departments as necessary to carry out the responsibilities imposed by this section pursuant to plans of cooperation with the departments approved by the Department of Child Support Services.

(6) This section does not otherwise limit the ability of the local child support agency from securing and enforcing orders for support of a spouse or former spouse as authorized under any other law.

(h) As used in this article, “enforcing obligations” includes, but is not limited to, all of the following:

(1) The use of all interception and notification systems operated by the department for the purpose of aiding in the enforcement of support obligations.

(2) The obtaining by the local child support agency of an initial order for child support that may include medical support or that is for medical support only, by civil or criminal process.

(3) The initiation of a motion or order to show cause to increase an existing child support order, and the response to a motion or order to show cause brought by an obligor parent to decrease an existing child support

order, or the initiation of a motion or order to show cause to obtain an order for medical support, and the response to a motion or order to show cause brought by an obligor parent to decrease or terminate an existing medical support order, without regard to whether the child is receiving public assistance.

(4) The response to a notice of motion or order to show cause brought by an obligor parent to decrease an existing spousal support order if the child or children are residing with the obligee parent and the local child support agency is also enforcing a related child support obligation owed to the obligee parent by the same obligor.

(5) The referral of child support delinquencies to the department under subdivision (c) of Section 17500 in support of the local child support agency.

(i) As used in this section, "out of wedlock" means that the biological parents of the child were not married to each other at the time of the child's conception.

(j) (1) The local child support agency is the public agency responsible for administering wage withholding for current support for the purposes of Title IV-D of the Social Security Act (42 U.S.C. Sec. 651 et seq.).

(2) This section does not limit the authority of the local child support agency granted by other sections of this code or otherwise granted by law.

(k) In the exercise of the authority granted under this article, the local child support agency may intervene, pursuant to subdivision (b) of Section 387 of the Code of Civil Procedure, by ex parte application, in any action under this code, or other proceeding in which child support is an issue or a reduction in spousal support is sought. By notice of motion, order to show cause, or responsive pleading served upon all parties to the action, the local child support agency may request any relief that is appropriate that the local child support agency is authorized to seek.

(*l*) The local child support agency shall comply with all regulations and directives established by the department that set time standards for responding to requests for assistance in locating noncustodial parents, establishing paternity, establishing child support awards, and collecting child support payments.

(m) As used in this article, medical support activities that the local child support agency is authorized to perform are limited to the following:

(1) The obtaining and enforcing of court orders for health insurance coverage.

(2) Any other medical support activity mandated by federal law or regulation.

(n) (1) Notwithstanding any other law, venue for an action or proceeding under this division shall be determined as follows:

(A) Venue shall be in the superior court in the county that is currently expending public assistance.

(B) If public assistance is not currently being expended, venue shall be in the superior court in the county where the child who is entitled to current support resides or is domiciled.

(C) If current support is no longer payable through, or enforceable by, the local child support agency, venue shall be in the superior court in the county that last provided public assistance for actions to enforce arrearages assigned pursuant to Section 11477 of the Welfare and Institutions Code.

(D) If subparagraphs (A), (B), and (C) do not apply, venue shall be in the superior court in the county of residence of the support obligee.

(E) If the support obligee does not reside in California, and subparagraphs (A), (B), (C), and (D) do not apply, venue shall be in the superior court of the county of residence of the obligor.

(2) Notwithstanding paragraph (1), if the child becomes a resident of another county after an action under this part has been filed, venue may remain in the county where the action was filed until the action is completed.

(o) The local child support agency of one county may appear on behalf of the local child support agency of any other county in an action or proceeding under this part.

(p) This section shall remain in effect only until January 1, 2023, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2023, deletes or extends that date.

SEC. 4. Section 17400 is added to the Family Code, to read:

17400. (a) (1) Each county shall maintain a local child support agency, as specified in Section 17304, that shall have the responsibility for promptly and effectively establishing, modifying, and enforcing child support obligations, including medical support, enforcing spousal support orders established by a court of competent jurisdiction, and determining paternity in the case of a child born out of wedlock. The local child support agency shall take appropriate action, including criminal action in cooperation with the district attorneys, to establish, modify, and enforce child support and, if appropriate, enforce spousal support orders if the child is receiving public assistance, including Medi-Cal, and, if requested, shall take the same actions on behalf of a child who is not receiving public assistance, including Medi-Cal.

(2) (A) To the maximum extent permitted under Section 303.11 of Title 45 of the Code of Federal Regulations, and provided that no reduction in aid or payment to a custodial parent would result, the local child support agency shall cease enforcement of child support arrearages and otherwise past due amounts owed to the state that the department or the local child support agency has determined to be uncollectible.

(B) In determining the meaning of uncollectible for purposes of arrearages and otherwise past due amounts owed to the state, the department and the local child support agency shall consider, but not be limited to, the following factors:

(i) Income and assets available to pay the arrearage or otherwise past due amount.

(ii) Source of income.

(iii) Age of the arrearage or otherwise past due amount.

(iv) The number of support orders.

(v) Employment history.

(vi) Payment history.

(vii) Incarceration history.

(viii) Whether the order was based on imputed income.

(ix) Other readily ascertainable debts.

(C) Notwithstanding subparagraph (B), the department and a local child support agency shall deem an arrearage or otherwise past due amount owed to the state as uncollectible if the noncustodial parent's sole income is from any of the following:

(i) Supplemental Security Income/State Supplementary Program for the Aged, Blind, and Disabled (SSI/SSP) benefits.

(ii) A combination of SSI/SSP benefits and Social Security Disability Insurance (SSDI) benefits.

(iii) Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI) benefits.

(iv) Veterans Administration Disability Compensation Benefits in an amount equal to or less than the amount the noncustodial parent would receive in SSI/SSP benefits.

(D) 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 and administer this subdivision through a child support services letter or similar instruction until regulations are adopted. Thereafter, the department shall adopt regulations to implement this subdivision by July 1, 2024.

(b) (1) Notwithstanding Sections 25203 and 26529 of the Government Code, attorneys employed within the local child support agency may direct, control, and prosecute civil actions and proceedings in the name of the county in support of child support activities of the Department of Child Support Services and the local child support agency.

(2) Notwithstanding any other law, and except for pleadings or documents required to be signed under penalty of perjury, a local child support agency may substitute original signatures of the agent of the local child support agency with any form of electronic signatures, including, but not limited to, typed, digital, or facsimile images of signatures, digital signatures, or other computer-generated signatures, on pleadings filed for the purpose of establishing, modifying, or enforcing paternity, child support, or medical support. A substituted signature used by a local child support agency shall have the same effect as an original signature, including, but not limited to, the requirements of Section 128.7 of the Code of Civil Procedure.

(3) Notwithstanding any other law, effective July 1, 2016, a local child support agency may electronically file pleadings signed by an agent of the local child support agency under penalty of perjury. An original signed pleading shall be executed prior to, or on the same day as, the day of electronic filing. Original signed pleadings shall be maintained by the local child support agency for the period of time prescribed by subdivision (a) of Section 68152 of the Government Code. A local child support agency may maintain the original signed pleading by way of an electronic copy in the

Statewide Automated Child Support System. The Judicial Council, by July 1, 2016, shall develop rules to implement this subdivision.

(4) (A) Notwithstanding any other law, a local child support agency may substitute any original signatures, including, but not limited to, signatures of agents of the local child support agencies, support obligors, support obligees, other parents, witnesses, and the attorneys for the parties to the action, with a printed copy or electronic image of an electronic signature obtained in compliance with the rules of court adopted pursuant to paragraph (2) of subdivision (b) of Section 1010.6 of the Code of Civil Procedure, on pleadings or documents filed for the purpose of establishing, modifying, or enforcing paternity, child support, or medical support. If the pleading or document is signed under the penalty of perjury or the signature does not belong to an agent of the local child support agency, the local child support agency represents, by the act of filing, that the declarant electronically signed the pleading or document before, or on the same day as, the date of filing.

(B) The local child support agency shall maintain the electronic form of the pleading or document bearing the original electronic signature for the period of time prescribed by subdivision (a) of Section 68152 of the Government Code, and shall make it available for review upon the request of the court or any party to the action or proceeding in which it is filed. Printed copies or electronic images of electronic signatures used by a local child support agency in this manner shall have the same effect as an original signature, including, but not limited to, the requirements of Section 128.7 of the Code of Civil Procedure.

(c) Actions brought by the local child support agency to establish paternity or child support or to enforce child support obligations shall be completed within the time limits set forth by federal law. The local child support agency's responsibility applies to spousal support only if the spousal support obligation has been reduced to an order of a court of competent jurisdiction. In any action brought for modification or revocation of an order that is being enforced under Title IV-D of the Social Security Act (42 U.S.C. Sec. 651 et seq.), the effective date of the modification or revocation shall be as prescribed by federal law (42 U.S.C. Sec. 666(a)(9)), or any subsequent date.

(d) (1) The Judicial Council, in consultation with the department, the Senate Committee on Judiciary, the Assembly Committee on Judiciary, and a legal services organization providing representation on child support matters, shall develop simplified summons, complaint, and answer forms for any action for support brought pursuant to this section or Section 17404. The Judicial Council may combine the summons and complaint in a single form.

(2) The simplified complaint form shall provide notice of the amount of child support that is sought pursuant to the guidelines set forth in Article 2 (commencing with Section 4050) of Chapter 2 of Part 2 of Division 9 based upon the income or income history of the support obligor as known to the local child support agency. If the support obligor's income or income history is unknown to the local child support agency, the complaint shall inform

the support obligor that income shall be presumed to be the amount of the minimum wage, at 40 hours per week, established by the Industrial Welfare Commission pursuant to Section 1182.11 of the Labor Code unless information concerning the support obligor's income is provided to the court. The complaint form shall be accompanied by a proposed judgment. The complaint form shall include a notice to the support obligor that the proposed judgment will become effective if the obligor fails to file an answer with the court within 30 days of service. Except as provided in paragraph (2) of subdivision (a) of Section 17402, if the proposed judgment is entered by the court, the support order in the proposed judgment shall be effective as of the first day of the month following the filing of the complaint.

(3) (A) The simplified answer form shall be written in simple English and shall permit a defendant to answer and raise defenses by checking applicable boxes. The answer form shall include instructions for completion of the form and instructions for proper filing of the answer.

(B) The answer form shall be accompanied by a blank income and expense declaration or simplified financial statement and instructions on how to complete the financial forms. The answer form shall direct the defendant to file the completed income and expense declaration or simplified financial statement with the answer, but shall state that the answer will be accepted by a court without the income and expense declaration or simplified financial statement.

(C) The clerk of the court shall accept and file answers, income and expense declarations, and simplified financial statements that are completed by hand provided they are legible.

(4) (A) The simplified complaint form prepared pursuant to this subdivision shall be used by the local child support agency or the Attorney General in all cases brought under this section or Section 17404.

(B) The simplified answer form prepared pursuant to this subdivision shall be served on all defendants with the simplified complaint. Failure to serve the simplified answer form on all defendants shall not invalidate any judgment obtained. However, failure to serve the answer form may be used as evidence in any proceeding under Section 17432 of this code or Section 473 of the Code of Civil Procedure.

(C) The Judicial Council shall add language to the governmental summons, for use by the local child support agency with the governmental complaint to establish parental relationship and child support, informing defendants that a blank answer form should have been received with the summons and additional copies may be obtained from either the local child support agency or the superior court clerk.

(e) In any action brought or enforcement proceedings instituted by the local child support agency pursuant to this section for payment of child or spousal support, an action to recover an arrearage in support payments may be maintained by the local child support agency at any time within the period otherwise specified for the enforcement of a support judgment, notwithstanding the fact that the child has attained the age of majority.

(f) The county shall undertake an outreach program to inform the public that the services described in subdivisions (a) to (c), inclusive, are available to persons not receiving public assistance. There shall be prominently displayed in every public area of every office of the agencies established by this section a notice, in clear and simple language prescribed by the Director of Child Support Services, that the services provided in subdivisions (a) to (c), inclusive, are provided to all individuals, whether or not they are recipients of public assistance.

(g) (1) In any action to establish a child support order brought by the local child support agency in the performance of duties under this section, the local child support agency may make a motion for an order effective during the pendency of that action, for the support, maintenance, and education of the child or children that are the subject of the action. This order shall be referred to as an order for temporary support. This order has the same force and effect as a like or similar order under this code.

(2) The local child support agency shall file a motion for an order for temporary support within the following time limits:

(A) If the defendant is the mother, a presumed father under Section 7611, or any father if the child is at least six months old when the defendant files the answer, the time limit is 90 days after the defendant files an answer.

(B) In any other case in which the defendant has filed an answer prior to the birth of the child or not more than six months after the birth of the child, then the time limit is nine months after the birth of the child.

(3) If more than one child is the subject of the action, the limitation on reimbursement shall apply only as to those children whose parental relationship and age would bar recovery were a separate action brought for support of that child or those children.

(4) If the local child support agency fails to file a motion for an order for temporary support within the time limits specified in this section, the local child support agency shall be barred from obtaining a judgment of reimbursement for any support provided for that child during the period between the date the time limit expired and the date the motion was filed, or, if no motion is filed, when a final judgment is entered.

(5) Except as provided in Section 17304, this section does not prohibit the local child support agency from entering into cooperative arrangements with other county departments as necessary to carry out the responsibilities imposed by this section pursuant to plans of cooperation with the departments approved by the Department of Child Support Services.

(6) This section does not otherwise limit the ability of the local child support agency from securing and enforcing orders for support of a spouse or former spouse as authorized under any other law.

(h) As used in this article, “enforcing obligations” includes, but is not limited to, all of the following:

(1) The use of all interception and notification systems operated by the department for the purpose of aiding in the enforcement of support obligations.

(2) The obtaining by the local child support agency of an initial order for child support that may include medical support or that is for medical support only, by civil or criminal process.

(3) The initiation of a motion or order to show cause to increase an existing child support order, and the response to a motion or order to show cause brought by an obligor parent to decrease an existing child support order, or the initiation of a motion or order to show cause to obtain an order for medical support, and the response to a motion or order to show cause brought by an obligor parent to decrease or terminate an existing medical support order, without regard to whether the child is receiving public assistance.

(4) The response to a notice of motion or order to show cause brought by an obligor parent to decrease an existing spousal support order if the child or children are residing with the obligee parent and the local child support agency is also enforcing a related child support obligation owed to the obligee parent by the same obligor.

(5) The referral of child support delinquencies to the department under subdivision (c) of Section 17500 in support of the local child support agency.

(i) As used in this section, "out of wedlock" means that the biological parents of the child were not married to each other at the time of the child's conception.

(j) (1) The local child support agency is the public agency responsible for administering wage withholding for current support for the purposes of Title IV-D of the Social Security Act (42 U.S.C. Sec. 651 et seq.).

(2) This section does not limit the authority of the local child support agency granted by other sections of this code or otherwise granted by law.

(k) In the exercise of the authority granted under this article, the local child support agency may intervene, pursuant to subdivision (b) of Section 387 of the Code of Civil Procedure, by ex parte application, in any action under this code, or other proceeding in which child support is an issue or a reduction in spousal support is sought. By notice of motion, order to show cause, or responsive pleading served upon all parties to the action, the local child support agency may request any relief that is appropriate that the local child support agency is authorized to seek.

(*l*) The local child support agency shall comply with all regulations and directives established by the department that set time standards for responding to requests for assistance in locating noncustodial parents, establishing paternity, establishing child support awards, and collecting child support payments.

(m) As used in this article, medical support activities that the local child support agency is authorized to perform are limited to the following:

(1) The obtaining and enforcing of court orders for health insurance coverage.

(2) Any other medical support activity mandated by federal law or regulation.

(n) (1) Notwithstanding any other law, venue for an action or proceeding under this division shall be determined as follows:

(A) Venue shall be in the superior court in the county that is currently expending public assistance.

(B) If public assistance is not currently being expended, venue shall be in the superior court in the county where the child who is entitled to current support resides or is domiciled.

(C) If current support is no longer payable through, or enforceable by, the local child support agency, venue shall be in the superior court in the county that last provided public assistance for actions to enforce arrearages assigned pursuant to Section 11477 of the Welfare and Institutions Code.

(D) If subparagraphs (A), (B), and (C) do not apply, venue shall be in the superior court in the county of residence of the support obligee.

(E) If the support obligee does not reside in California, and subparagraphs (A), (B), (C), and (D) do not apply, venue shall be in the superior court of the county of residence of the obligor.

(2) Notwithstanding paragraph (1), if the child becomes a resident of another county after an action under this part has been filed, venue may remain in the county where the action was filed until the action is completed.

(o) The local child support agency of one county may appear on behalf of the local child support agency of any other county in an action or proceeding under this part.

(p) This section shall become operative January 1, 2023.

SEC. 5. Section 17706 of the Family Code is amended to read:

17706. (a) It is the intent of the Legislature to encourage counties to elevate the visibility and significance of the child support enforcement program in the county. To advance this goal, effective July 1, 2000, the counties with the 10 best performance standards pursuant to clause (ii) of subparagraph (B) of paragraph (2) of subdivision (b) of Section 17704 shall receive an additional 5 percent of the state's share of those counties' collections that are used to reduce or repay aid that is paid pursuant to Article 6 (commencing with Section 11450) of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code. The counties shall use the increased recoupment for child support-related activities that may not be eligible for federal child support funding under Part D of Title IV of the Social Security Act, including, but not limited to, providing services to parents to help them better support their children financially, medically, and emotionally.

(b) The operation of subdivision (a) shall be suspended for the 2002–03, 2003–04, 2004–05, 2005–06, 2006–07, 2007–08, 2008–09, 2009–10, 2010–11, 2011–12, 2012–13, 2013–14, 2014–15, 2015–16, 2016–17, 2017–18, 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23 fiscal years.

SEC. 6. Section 12087.2 is added to the Government Code, to read:

12087.2. (a) It is the intent of the Legislature that one-time funding appropriated for the Low Income Household Water Assistance Program shall be used to prioritize and expedite services that reduce arrearages for low-income households.

(b) The Department of Community Services and Development shall administer the Low Income Household Water Assistance Program in this state, and shall receive and expend moneys appropriated and allocated to

the state for purposes of that program, pursuant to Section 533 of Title V of Division H of the federal Consolidated Appropriations Act, 2021 (Public Law 116-260).

(c) The Department of Community Services and Development may develop and implement a state plan, requirements, guidelines, and subgrantee contract provisions for the program described in subdivision (a) in accordance with federal law, regulations, reporting requirements, and any other federal requirements. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1, the department may develop the state plan, requirements, guidelines, and subgrantee contract provisions described in this subdivision without taking any further regulatory action.

(d) Pursuant to the requirements of federal law and subject to federal approval of a state plan, the Low Income Household Water Assistance Program State Plan shall include all of the following details regarding program implementation:

(1) Household eligibility.
(2) Prioritization.
(3) Program design and implementation.
(4) Funding allocation.
(5) Financial water assistance payments.
(6) State oversight and program integrity.
(7) Public participation.
(8) Data collection and reporting.

(e) All expenditures of Low Income Household Water Assistance Program funding shall be prioritized for services that reduce the arrearages of eligible households that have past due balances.

(f) Upon the execution of contracts for Low Income Household Water Assistance Program funding with local service providers, the department shall report to the Legislature and shall post to the department's website the following information by local service provider area:

(1) Total allocation.
(2) Allocation by service category.

(g) Beginning six months after the execution of contracts for Low Income Household Water Assistance Program funding with local service providers, and every six months thereafter until funding is exhausted, the department shall provide a report to the Legislature that includes the following information by local service provider area:

(1) Total allocation.
(2) Allocation by service category.
(3) Total expenditures.
(4) Expenditures by service category.
(5) Households served.
(6) Households served by service category.

(h) Pursuant to the requirements of federal law, the Department of Community Services and Development shall post a draft state plan to the department's internet website and hold a public meeting prior to submission

of the state plan to allow for public comment. The final plan shall be posted to the department's internet website.

(i) All actions to implement the funding in this item, including entering into contracts for services or equipment, shall be exempt from Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code. The department may award contracts under this section on a noncompetitive bid basis as necessary to implement the purposes of the Low Income Household Water Assistance Program grant funds.

SEC. 7. Section 12730 of the Government Code is amended to read:

12730. For the purposes of this chapter, the following definitions apply:

(a) "Community Services Block Grant" refers to the federal funds and program established by the federal Community Services Block Grant Program in the Omnibus Budget Reconciliation Act of 1981, as contained in Public Law 97-35, as that law has been amended from time to time and as currently codified as Section 9901 et seq. of Title 42 of the United States Code.

(b) "Contract" means the written document incorporating the terms and conditions under which the department agrees to provide financial assistance to an eligible entity. Upon its cosigning by authorized agents of the department and the eligible entity, and subsequent approval by the Department of General Services pursuant to Section 10295 of the Public Contract Code, a contract shall be deemed to be valid and enforceable.

(c) "Director" means the Director of Community Services and Development.

(d) "Delegate agency" or "subcontractor" means a private nonprofit organization or public agency that operates one or more projects funded under this chapter pursuant to a contractual agreement with an eligible entity.

(e) "Department" means the Department of Community Services and Development established pursuant to Article 8 (commencing with Section 12085) of Chapter 1.

(f) "Designation" means the formal selection of a proposed community action agency by the director, as provided in Section 12750.1.

(g) "Eligible entity" means an agency or organization, as defined in Section 9902 of Title 42 of the United States Code, as amended, and may include a private nonprofit organization or public agency that operates one or more projects funded under this chapter pursuant to a contract with the department.

(h) "Eligible beneficiaries" means all of the following:

(1) All individuals living in households with incomes not to exceed the maximum allowable income eligibility level as a percentage of the poverty line that a state may adopt, as defined in Section 9902 of Title 42 of the United States Code, as amended.

(2) All individuals eligible to receive Temporary Assistance for Needy Families under the state's plan approved under Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and (Chapter 2 (commencing with Section 11200) of Part 3 of Division 9

of the Welfare and Institutions Code) or assistance under Part A of Title IV of the Social Security Act (42 U.S.C. Sec. 601 et seq.).

(3) Residents of a target area or members of a target group having a measurably high incidence of poverty and that is the specific focus of a project financed under this chapter.

(i) "Financial assistance" means money provided by the department to an eligible entity, pursuant to an approved contract, in order to enable the eligible entity to accomplish its planned and approved work program.

(j) "Political subdivision" shall generally be deemed to mean county government, with the following exceptions:

(1) In any county that, prior to October 1, 1981, had more than one designated community action agency, each unit of local government that contained a designated community action agency shall continue to operate as a "political subdivision" under this chapter.

(2) Any county having fewer than 50,000 population according to the most recent census available may be deemed by the department to be part of a larger "political subdivision" comprising two or more counties if the department determines that to do so would best serve the purposes of this chapter, and may participate in the designation process for a multicounty community action agency.

(k) "Secretary" means the Secretary of the United States Department of Health and Human Services.

(*l*) "Standards of effectiveness" are the general standards, derived from the purposes of this chapter and the assurances and certifications made by the state to the secretary in the state plan, as further stated in subdivision (g) of Section 12745, and as they may be more specifically defined in regulation, toward which all programs and projects funded under this chapter shall be directed and against which they will be assessed.

(m) "State plan" means the plan required to be submitted to the secretary to secure California's allotment of Community Services Block Grant funds, which shall be prepared and reviewed pursuant to the requirements of this chapter.

(n) "Uncapped area" means any county or portion of a county for which no community action agency has been designated and recognized.

SEC. 8. Section 16367.51 is added to the Government Code, to read:

16367.51. (a) It is the intent of the Legislature that one-time ARPA funding appropriated for the Low Income Home Energy Assistance Program shall be used to prioritize and expedite services that reduce energy arrearages for low-income households.

(b) For the purposes of this section:

(1) "ARPA funding" means funding made available under the American Rescue Plan Act of 2021 (Public Law 117-2) for the Low Income Home Energy Assistance Program.

(2) "Department" means the Department of Community Services and Development.

(c) The department shall be exempt from the following requirements for the purpose of expenditures of Low Income Home Energy Assistance

Program funding made available pursuant to the American Rescue Plan Act as follows:

(1) The requirement under Section 16367.5 that the department afford local service providers maximum flexibility and control, in order for the department to facilitate the rapid distribution of ARPA funding for the Low Income Home Energy Assistance Program through a consistent, statewide COVID-19 response program.

(2) Subdivision (c) of Section 16367.5 to the extent that it requires the maximum allowable amount of ARPA funding to be allocated for weatherization and related services.

(3) Subdivision (d) of Section 16367.5 to the extent that it requires the maximum allowable amount of ARPA funding to be allocated for services that encourage and enable households to reduce their home energy needs.

(4) Subdivision (e) of Section 16367.5 to the extent that it requires at least 5 percent of ARPA funding to be reserved for the Energy Crisis Intervention Program, outreach, and related services requirements.

(5) Subdivision (h) of Section 16367.5 for the purpose of enhancing the department's ability to direct ARPA funding towards households impacted by the COVID-19 pandemic.

(6) Subdivision (i) of Section 16367.5 to the extent that it requires at least 5 percent of ARPA funding to be allocated for operating the direct home energy assistance payment program.

(d) No ARPA funding to which this section applies shall be utilized for Low Income Home Energy Assistance Program weatherization services in order to maximize the amount of ARPA funds used to reduce energy arrearages for eligible households.

(e) Upon the execution of contracts for ARPA funding with local service providers, the department shall report to the Legislature and shall post to the department's website the following information by local service provider area:

(1) Total allocation.

(2) Allocation by service category.

(f) Beginning six months after the execution of contracts for ARPA funding with local service providers, and every six months thereafter until funding is exhausted, the department shall provide a report to the Legislature that includes all of the following information by local service provider area:

(1) Total allocation.

(2) Allocation by service category.

(3) Total expenditures.

(4) Expenditures by service category.

(5) Households served.

(6) Households served by service category.

(g) All expenditures of ARPA funding to which this section applies shall be made in accordance with federal law.

(h) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.

SEC. 9. Article 12 (commencing with Section 16429.5) is added to Chapter 2 of Part 2 of Division 4 of Title 2 of the Government Code, to read:

Article 12. California Arrearage Payment Program Under the American Rescue Plan Act of 2021

16429.5. (a) The California Arrearage Payment Program (CAPP) is established in the Department of Community Services and Development.

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

(1) "COVID-19 pandemic bill relief period" means the period starting March 4, 2020, and ending June 15, 2021.

(2) "Department" means the Department of Community Services and Development.

(3) "Past due bills" means customer utility bills that are 60 days or more past due and includes both active and inactive accounts, as well as customer accounts that have payment plans or payment arrangements.

(4) "Program notice" means official guidance issued by the department regarding CAPP implementation and administration.

(5) "Utility applicant" means any of the following:

(A) A local publicly owned electric utility, as defined Section 224.3 of the Public Utilities Code.

(B) An electrical corporation or a gas corporation utility, as defined in Section 218 or 222 of the Public Utilities Code, respectively.

(C) An electrical cooperative, as defined in Section 2776 of the Public Utilities Code.

(c) All residential and commercial energy utility customers are considered eligible for CAPP assistance and shall be included in a utility applicant's request for CAPP funding. Within 90 days of receiving funds pursuant to an appropriation in the annual budget for this purpose, the department shall survey utility applicants to obtain data pertaining to the total number of residential and commercial customer accounts in arrears to determine the total statewide energy utility arrearage and shall develop an allocation formula for determining an individual utility applicant's share of CAPP funds. In order to receive CAPP funding a utility applicant must complete both the utility survey and CAPP application including submitting all necessary data and information to support the utility applicant's request for CAPP funding. A utility applicant's CAPP allocation shall be based on the proportional share of the total statewide energy utility arrearages of the applicable category identified in subdivision (d) and as established from all survey responses received by the department. The department shall release a program notice informing utility applicants of CAPP allocation determinations.

(1) The department shall release program notices that detail CAPP application, participation, and reporting requirements for energy utilities to receive CAPP funds and issue CAPP assistance to eligible customer

accounts. There shall be a 60-day application timeframe in which a utility applicant may apply to the department for CAPP funds. The department shall contact any utility company that does not respond during the initial application period to inquire as to the status of the utility's CAPP application.

(2) In applying for funds on behalf of its customers, a utility applicant shall provide a calculation of the total amount of outstanding customer arrearages that were incurred during the COVID-19 pandemic bill relief period and shall include documentation, which shall include an account number, to support the amount of outstanding customer arrearages that were incurred during that period. In addition, the utility application shall identify for each utility account the corresponding past due bill balance accumulated during the COVID-19 pandemic bill relief period for which the utility applicant is seeking CAPP financial assistance, as defined by the department in a program notice. The general manager, utility director, or a designee shall certify that the application is true and accurate, and offer agreement on CAPP application benefit delivery, reporting, and post audit review requirements.

(d) Of the nine hundred ninety-three million five hundred thousand dollars ($993,500,000) appropriated in Item 4700-162-8506 of the Budget Act of 2021 (Ch. 21, Statutes of 2021), the following specified amounts shall be allocated for each category of utility. Funding allocated to one of the categories that is not necessary for assistance for that category may be reallocated to another category. The allocations within the categories may be adjusted for the purposes of administrative costs.

(1) Two hundred ninety-eight million five hundred forty-six thousand seven hundred fifty dollars ($298,546,750) shall be allocated for financial assistance to customers of local publicly owned electric utilities and electrical cooperatives.

(2) Six hundred ninety-four million nine hundred fifty-three thousand two hundred fifty dollars ($694,953,250) shall be allocated for financial assistance to all distribution customers of investor-owned utilities, including customers served by a community choice aggregator.

(e) The department shall review the application for completeness and confirm that the utility applicant's submission supports the total amount of financial assistance requested by the utility applicant on behalf of its customers. The department shall confirm the total amount of CAPP assistance does not exceed the utility applicant's CAPP allocation amount. The department shall disburse funds within 30 days after completing review and approval of the utility applicant's CAPP application. Incomplete CAPP applications shall be returned to the utility applicant for corrections or amendments consistent with department notes or directives. The department shall disburse funds as expeditiously as possible to utility applicants, but no later than January 31, 2022.

(f) (1) Within 60 days of receiving CAPP funds, a utility applicant shall issue CAPP assistance benefits to customers as bill credits to help address the eligible past due balance and shall include a statement that the credits are a result of California's CAPP funding. Utility applicants shall ensure

all available active and inactive residential and commercial accounts are included in CAPP applications. If CAPP funding is not sufficient to meet utility applicant requests, utility applicants shall prioritize the issuance of CAPP assistance in the following order: (A) active residential customers who are past due and who, absent the CAPP assistance might be subject to service disconnection, consistent with current law, due to nonpayment of balances incurred during the COVID-19 pandemic bill relief period, (B) active residential customers with delinquent balances incurred during the COVID-19 pandemic bill relief period, (C) inactive residential accounts with delinquent balances incurred during the COVID-19 pandemic bill relief period, and (D) commercial customers with delinquent balances incurred during the COVID-19 pandemic bill relief period. An energy utility shall not disconnect a CAPP recipient's utility service, regardless of balance owed after applying a CAPP benefit, for 90 days after a CAPP benefit is applied.

(2) If a customer has a remaining balance after a CAPP benefit is applied, the utility applicant shall notify the customer of the option to enter into an extended payment plan with late fees and penalties waived. The utility applicant shall not discontinue service to the customer while the customer remains current on the repayment plan.

(3) Service shall not be discontinued due to nonpayment for those customers with arrearages accrued during the COVID-19 pandemic bill relief period while the department reviews and approves all pending CAPP applications, and the utility applicant shall waive any associated late fees and accrued interest for customers that are awarded CAPP benefits.

(4) An electrical corporation, as defined in Section 218 of the Public Utilities Code, shall use existing proportional payment processes adopted by the Public Utilities Commission in response to the COVID-19 pandemic to allocate any partial payments made by customers to the utility and other load serving entities in proportion to their respective shares of the outstanding customer charges.

(g) An electrical corporation, as defined in Section 218 of the Public Utilities Code, shall credit funding received through CAPP against customer charges owing the utility and other load-serving entities serving the customer in proportion to their respective shares of customer arrearages.

(h) Customer information shall be subject to the provisions of Section 6254.16.

(i) Within six months of a utility applicant's receipt of its CAPP allocation, the utility applicant shall submit all reporting required by the department detailed in a program notice. The utility applicant shall remit payment to the department in the total amount of any unapplied CAPP benefits as part of its final reporting to the department.

(j) Within 60 days of receiving final reporting from utility applicants pursuant to subdivision (i), the department shall provide to the Legislature, and make available on its public-facing internet website, a report that includes all of the following:

(1) Total arrearage amount applied for statewide.

(2) Total residential customers in arrears applied for statewide.

(3) Total CAPP funds applied for, by utility applicant.

(4) Total CAPP funds approved by the department and disbursed to utility applicants statewide.

(5) Total CAPP funds distributed, by utility applicant.

(6) Total CAPP funds not expended and returned to the department, by utility applicant.

(7) Total residential customers, statewide, included in CAPP applications received by the department.

(8) Total residential customers, by utility applicant, included in CAPP applications received by the department.

(9) Total active and inactive residential customers, statewide, that received a CAPP benefit.

(10) Total commercial customers, statewide, that received a CAPP benefit.

(11) Total commercial customers, by utility applicant, that received a CAPP benefit.

(12) Average CAPP benefit, statewide, received by residential and commercial customers.

(13) Total residential customers, by utility applicant, that received a CAPP benefit.

(14) Average CAPP benefit, by utility applicant, received by residential customers.

(15) Total expenditures by the department for the administration of CAPP.

(k) Utility applicants shall provide all documents and data necessary for the department to complete its review and audit. The department shall provide 30 days' notice to utility applicants of any document requests to support departmental review and audit.

(*l*) The department shall coordinate with the State Water Resources Control Board to allocate funding to publicly owned utilities that provide both electric and water services.

(m) All actions to implement section, including entering into contracts for services or equipment, shall be exempt from Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code. The department may award contracts under this section on a noncompetitive bid basis as necessary to implement the purposes of CAPP.

(n) (1) All actions to implement CAPP and expend an appropriation for this purpose, including the adoption or development of a plan, requirements, guidelines, subgrantee contract provisions, or reporting requirements, shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3). The department shall release program notices that detail CAPP application, participation, and reporting requirements by utility applicants in order to receive CAPP funds and issue CAPP assistance to eligible residential customer accounts.

(2) The department shall post all program notices related to CAPP administration on its public-facing internet website.

16429.6. This article shall become inoperative on July 1, 2025, and, as of January 1, 2026, is repealed.

SEC. 10. Section 1418.8 of the Health and Safety Code is amended to read:

1418.8. (a) If the attending physician and surgeon of a resident in a skilled nursing facility or intermediate care facility prescribes or orders a medical intervention that requires that informed consent be obtained prior to administration of the medical intervention, but is unable to obtain informed consent because the physician and surgeon determines that the resident lacks capacity to make decisions concerning the resident's health care and that there is no person with legal authority to make those decisions on behalf of the resident, the physician and surgeon shall inform the skilled nursing facility or intermediate care facility.

(b) For purposes of subdivision (a), a resident lacks capacity to make a decision regarding the resident's health care if the resident is unable to understand the nature and consequences of the proposed medical intervention, including its risks and benefits, or is unable to express a preference regarding the intervention. To make the determination regarding capacity, the physician shall interview the patient, review the patient's medical records, and consult with skilled nursing or intermediate care facility staff, as appropriate, and family members and friends of the resident, if any have been identified.

(c) For purposes of subdivision (a), a person with legal authority to make medical treatment decisions on behalf of a patient is a person designated under a valid Durable Power of Attorney for Health Care, a guardian, a conservator, or next of kin. To determine the existence of a person with legal authority, the physician shall interview the patient, review the medical records of the patient, and consult with skilled nursing or intermediate care facility staff, as appropriate, and with family members and friends of the resident, if any have been identified.

(d) The attending physician and the skilled nursing facility or intermediate care facility may initiate a medical intervention that requires informed consent pursuant to subdivision (e) in accordance with acceptable standards of practice.

(e) Where a resident of a skilled nursing facility or intermediate care facility has been prescribed a medical intervention by a physician and surgeon that requires informed consent and the physician has determined that the resident lacks capacity to make health care decisions and there is no person with legal authority to make those decisions on behalf of the resident, the facility shall, except as provided in subdivision (h), conduct an interdisciplinary team review of the prescribed medical intervention prior to the administration of the medical intervention. The interdisciplinary team shall oversee the care of the resident utilizing a team approach to assessment and care planning, and shall include the resident's attending physician, a registered professional nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, and, where practicable, a patient representative, in accordance with applicable federal and state requirements. The review shall include all of the following:

(1) A review of the physician's assessment of the resident's condition.

(2) The reason for the proposed use of the medical intervention.

(3) A discussion of the desires of the patient, where known. To determine the desires of the resident, the interdisciplinary team shall interview the patient, review the patient's medical records, and consult with family members or friends, if any have been identified.

(4) The type of medical intervention to be used in the resident's care, including its probable frequency and duration.

(5) The probable impact on the resident's condition, with and without the use of the medical intervention.

(6) Reasonable alternative medical interventions considered or utilized and reasons for their discontinuance or inappropriateness.

(f) A patient representative may include a family member or friend of the resident who is unable to take full responsibility for the health care decisions of the resident, but who has agreed to serve on the interdisciplinary team, or other person authorized by state or federal law.

(g) The interdisciplinary team shall periodically evaluate the use of the prescribed medical intervention at least quarterly or upon a significant change in the resident's medical condition.

(h) In case of an emergency, after obtaining a physician and surgeon's order as necessary, a skilled nursing or intermediate care facility may administer a medical intervention that requires informed consent prior to the facility convening an interdisciplinary team review. If the emergency results in the application of physical or chemical restraints, the interdisciplinary team shall meet within one week of the emergency for an evaluation of the medical intervention.

(i) Physicians and surgeons and skilled nursing facilities and intermediate care facilities shall not be required to obtain a court order pursuant to Section 3201 of the Probate Code prior to administering a medical intervention which requires informed consent if the requirements of this section are met.

(j) Nothing in this section shall in any way affect the right of a resident of a skilled nursing facility or intermediate care facility for whom medical intervention has been prescribed, ordered, or administered pursuant to this section to seek appropriate judicial relief to review the decision to provide the medical intervention.

(k) No physician or other health care provider, whose action under this section is in accordance with reasonable medical standards, is subject to administrative sanction if the physician or health care provider believes in good faith that the action is consistent with this section and the desires of the resident, or if unknown, the best interests of the resident.

(*l*) The determinations required to be made pursuant to subdivisions (a), (e), and (g), and the basis for those determinations shall be documented in the patient's medical record and shall be made available to the patient's representative for review.

(m) This section shall remain operative only until the earlier of the following dates, and as of the following January 1, is repealed:

(1) January 1, 2022, or the date the Director of the California Department of Aging certifies to the State Public Health Officer and provides public

notice that the Long-Term Care Patient Representative Program is operational pursuant to Section 9295 of the Welfare and Institutions Code, whichever is later.

(2) July 1, 2022.

SEC. 11. Section 1418.8 is added to the Health and Safety Code, to read:

1418.8. (a) The following definitions apply for purposes of this section:

(1) "Emergency" means a situation when medical treatment is immediately necessary for the preservation of life, the prevention of serious bodily harm, or the alleviation of severe physical pain or severe and sustained emotional distress.

(2) "Legal decisionmaker" means any of the following:

(A) A conservator, as authorized by Part 3 (commencing with Section 1800) and Part 4 (commencing with Section 2100) of Division 4 of the Probate Code.

(B) A person designated by a resident as an agent in an advanced health care directive pursuant to Part 1 (commencing with Section 4600) and Part 2 (commencing with Section 4670) of Division 4.7 of the Probate Code.

(C) A person designated by a resident as a surrogate pursuant to Part 1 (commencing with Section 4600) and Part 2 (commencing with Section 4670) of Division 4.7 of the Probate Code.

(D) A person appointed by a court authorizing treatment pursuant to Part 7 (commencing with Section 3200) of Division 4 of the Probate Code.

(E) A resident's spouse or registered domestic partner.

(F) A parent or guardian of a resident who is a minor.

(G) A resident's closest available relative or another person whom the resident's physician and surgeon, nurse practitioner, or physician's assistant reasonably believes has authority to make health decisions on behalf of the resident and that will make decisions in accordance with the resident's best interests and expressed wishes and values to the extent known.

(H) Any other person authorized by state or federal law.

(3) "Patient" or "resident" means a patient or resident of a skilled nursing facility or an intermediate care facility.

(4) "Patient representative" means a competent person whose interests are aligned with a resident who has agreed to serve on an interdisciplinary team for the purposes of this section. A patient representative may be a family member or friend of the resident who is unable to take full responsibility for the health care decisions of the resident, but who has agreed to serve on the interdisciplinary team, or another person authorized by state or federal law. If a family member or friend is not available to serve as the patient representative, the Long-Term Care Patient Representative Program may designate a public patient representative.

(5) "Long-Term Care Patient Representative Program" means the program established pursuant to Chapter 3.6 (commencing with Section 9260) of Division 8.5 of the Welfare and Institutions Code in the California Department of Aging, including the Office of the Long-Term Care Patient Representative and local long-term care patient representative programs, as defined in that chapter. Whenever this section requires a notice or

communication to be provided to the Long-Term Care Patient Representative Program, the notice shall be provided to the California Department of Aging or the local long-term care patient representative program, as designated by the California Department of Aging pursuant to that chapter.

(6) "Public patient representative" means a patient representative selected by the Long-Term Care Patient Representative Program.

(7) "Facilities" means skilled nursing facilities and intermediate care facilities.

(b) If the attending physician and surgeon of a resident in a skilled nursing facility or intermediate care facility prescribes or orders a medical intervention that requires that informed consent be obtained prior to administration of the medical intervention, but is unable to obtain informed consent because the physician and surgeon determines that the resident lacks capacity to provide informed consent, the physician and surgeon shall document the determination that the resident lacks capacity and the basis for that determination in the resident's medical record, and shall inform the skilled nursing facility or intermediate care facility. For purposes of this subdivision, a resident lacks capacity to provide informed consent if the resident is unable to understand the nature and consequences of the proposed medical intervention, including its risks and benefits, or is unable to express a preference regarding the intervention. To make the determination regarding capacity, the physician shall interview the resident, review the resident's medical records, and consult with the staff of the skilled nursing facility or intermediate care facility, as appropriate, and family members and friends of the resident, if any have been identified. The facility shall make a reasonable effort to reach these identified individuals.

(c) (1) Upon being notified by the attending physician of a determination that a resident lacks capacity to provide informed consent, the skilled nursing facility or intermediate care facility shall act promptly and identify, or use due diligence to search for, a legal decisionmaker. If a legal decisionmaker cannot be identified or located, the skilled nursing or intermediate care facility shall take further steps to promptly identify, or use due diligence to search for, a patient representative to participate on an interdisciplinary team review as set forth in subdivision (e). Due diligence includes, at minimum, interviewing the resident, reviewing the medical records of the resident, and consulting with the staff of the skilled nursing or intermediate care facility, as appropriate, and with family members and friends of the resident, if any have been identified. The facility shall make a reasonable effort to reach these identified individuals.

(2) If the resident is able to express a preference as to the identity of the patient representative, or if the resident previously designated an individual to act as a patient representative, the facility shall make a good faith effort to utilize this individual as the patient representative to the extent that the individual is available and willing to serve on the interdisciplinary team.

(3) The facility shall document in the resident's records the efforts that were made to find a legal decisionmaker, or alternatively, a patient representative, to otherwise serve on the interdisciplinary team.

(4) In the event that a facility is unable to identify a family member or friend able to serve as the patient representative within 72 hours of a physician's determinations pursuant to subdivision (b), the skilled nursing facility or intermediate care facility shall contact the Long-Term Care Patient Representative Program for selection of a public patient representative.

(5) A facility may contact the Long-Term Care Patient Representative Program for selection of a public patient representative before the completion of 72 hours if the facility determines that a legal decisionmaker, family member, or friend is unlikely to be located. The facility shall continue to use due diligence to search for a legal decisionmaker or a family member or friend able to serve as the patient representative.

(6) If a family member or friend becomes available to serve as the patient representative after the selection of a public patient representative, the family member or friend may replace the public patient representative.

(d) (1) At least five days prior to conducting an interdisciplinary team review pursuant to subdivision (f), the facility shall provide notice to the resident and the patient representative in accordance with subdivision (m).

(2) (A) Notwithstanding paragraph (1), if the physician and surgeon determines that the resident will suffer harm or severe and sustained emotional distress if the prescribed medical intervention is delayed at least five days, an interdisciplinary team review may occur if notice is provided to the resident and patient representative at least 24 hours prior to conducting an interdisciplinary team review.

(B) The physician and surgeon shall document the determination that the resident will suffer harm or severe and sustained emotional distress if the prescribed intervention is delayed at least five days, and the basis for that determination, in the resident's medical record.

(3) The notice shall include information regarding all of the following:

(A) That the resident lacks capacity to provide informed consent and the reasons for that determination.

(B) That a legal decisionmaker is not available.

(C) A description of the proposed medical intervention that has been prescribed or ordered and the name and telephone number of the medical director of the facility and of the physician and surgeon who ordered the medical intervention.

(D) That a decision on whether to proceed with the medical intervention will be made using the interdisciplinary team review, an explanation of the interdisciplinary team review process for the administration of medical interventions, including that the resident has the right to have a patient representative participate in the interdisciplinary team review process, and that if the resident does not have a representative, a public patient representative from the Long-Term Care Patient Representative Program will be assigned.

(E) The date and time of the interdisciplinary team review.

(F) The name and contact information of the individual identified by the facility as the resident's patient representative, or that a public patient

representative from the Long-Term Care Patient Representative Program will be assigned.

(G) The name, mailing address, email address, and telephone number of the designated local contact of the Long-Term Care Patient Representative Program.

(H) The name, mailing address, email address, and telephone number of the local office of the Long-Term Care Ombudsman.

(I) The name, mailing address, email address, and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities or mental disorders.

(J) That the resident has the right to judicial review to contest the physician and surgeon's determinations, the use of an interdisciplinary team to review and administer medical treatment, or the decisions made by the interdisciplinary team.

(4) The Long-Term Care Patient Representative Program shall provide a standardized template for the notice required by paragraph (3). A facility that utilizes the standardized template shall be responsible for adding information, in sufficient detail, pertaining to the resident and required contact information.

(5) The medical director of the facility or the physician and surgeon who ordered the medical intervention shall be available to discuss the risks and benefits associated with the medical intervention or interventions proposed, and available alternatives with the patient representative and the resident at least 48 hours prior to the interdisciplinary team review, except for interdisciplinary team reviews occurring with less than five days' prior notice pursuant to paragraph (2).

(e) (1) When a resident of a skilled nursing facility or intermediate care facility has been prescribed a medical intervention by a physician and surgeon that requires informed consent and the physician has determined that the resident lacks capacity to make health care decisions and the facility has determined that there is no legal decisionmaker, the facility shall, except as provided in subdivision (h), conduct an interdisciplinary team review of the prescribed medical intervention prior to the administration of the medical intervention. The interdisciplinary team shall oversee the care of the resident utilizing a team approach to assessment and care planning, and shall include the resident's attending physician, a registered professional nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, and a patient representative, in accordance with applicable federal and state requirements. An interdisciplinary team review shall not occur without the participation of a patient representative and until the notice required by subdivision (d) has been provided to the resident and patient representative.

(2) The interdisciplinary team review shall include all of the following:

(A) A review of the physician's assessment of the resident's condition.

(B) The reason for the proposed use of the medical intervention.

(C) A discussion of the desires of the resident, if known. To determine the desires of the resident, the interdisciplinary team shall interview the

resident, review the resident's medical records, consult with family members or friends, if any have been identified, and review any prior expressions of the resident's health care wishes, including checking registries for an advanced health care directive or physician's orders for life-sustaining treatment, as specified in Part 4 (commencing with Section 4780) of Division 4.7 of the Probate Code, executed prior to the physician's determinations in subdivision (b) and not executed by the resident during any period of incapacity, to the extent available and capable of being timely accessed. Any specific prior expression of the resident's health care wishes shall be afforded particular consideration unless the wishes are inconsistent with the best interests of the resident, require medically ineffective health care, or are contrary to generally accepted health care standards applicable to the health care provider, institution, or resident.

(D) The type of medical intervention to be used in the resident's care, including its probable frequency and duration.

(E) The probable impact on the resident's condition, with and without the use of the medical intervention.

(F) Reasonable alternative medical interventions considered or utilized and reasons for their discontinuance or inappropriateness.

(3) The patient representative shall have access to all of the resident's medical records and otherwise confidential health information in the possession of the facility necessary to prepare for and participate in the interdisciplinary team review.

(f) A notice of the outcome of the interdisciplinary team review and of the resident's right to judicial review shall be provided to the resident and patient representative in accordance with subdivision (m).

(g) The interdisciplinary team shall periodically evaluate the use of the prescribed medical intervention at least quarterly, upon a significant change in the resident's medical condition, or upon the resident's or the patient representative's request. The facility shall provide notice of the interdisciplinary team review pursuant to subdivision (d) and the outcome of the interdisciplinary team review pursuant to subdivision (f).

(h) (1) In case of an emergency, after obtaining a physician and surgeon's order as necessary, a skilled nursing or intermediate care facility may administer a medical intervention that requires informed consent prior to the facility issuing the notice required pursuant to subdivision (d) and prior to convening an interdisciplinary team review. The emergency shall be documented in the resident's records and, within 24 hours, notice of the intervention and the resident's right to judicial review shall be provided to the resident and the patient representative, pursuant to subdivision (m). The facility shall conduct the interdisciplinary team review within one week of the emergency for an evaluation of the medical intervention.

(2) In cases where an emergency results in the application of a medical intervention to treat severe and sustained emotional distress, or the application of physical or chemical restraints, the facility shall notify the Long-Term Care Patient Representative Program within 24 hours of administration of the intervention and shall make prompt efforts to convene

an interdisciplinary team review within three days of administration of the intervention, but no later than one week. The facility shall notify the Long-Term Care Patient Representative Program of an emergency medical intervention described by this paragraph even if an alternative patient representative is available.

(3) If a facility fails to conduct an interdisciplinary team review within the time specified by this subdivision for any reason, including, but not limited to, if a previously identified family member or friend is not available to participate as a patient representative, the facility shall notify the Long-Term Care Patient Representative Program of the delay and its causes. The program may assign a public patient representative when appropriate.

(i) (1) Physicians and surgeons, skilled nursing facilities, and intermediate care facilities shall not be required to obtain a court order pursuant to Section 3201 of the Probate Code prior to administering a medical intervention which requires informed consent if the requirements of this section are met. Except in case of emergency, as provided in subdivision (h), the proposed medical intervention shall not be administered until it has been reviewed and authorized by the interdisciplinary team, after having reached a consensus, the resident and the patient representative have received notice pursuant to subdivision (f) of the outcome of the interdisciplinary review team process, and the resident has had reasonable opportunity to seek judicial review. If judicial review is sought, the intervention shall not be administered until a final determination is made by a court, except in cases of emergency as provided in subdivision (h).

(2) If an interdisciplinary team does not reach consensus to authorize or continue a medical intervention, and the facility decides to proceed with the intervention, the facility shall petition to obtain a court order pursuant to Section 3201 of the Probate Code to authorize the medical intervention.

(j) This section does not affect the right of a resident of a skilled nursing facility or intermediate care facility for whom medical intervention has been prescribed, ordered, or administered pursuant to this section to seek appropriate judicial relief, at any time, to review the decision that a resident lacks capacity, that the resident lacks a legal decisionmaker, or to provide the medical intervention.

(k) A physician or other health care provider whose action under this section is in accordance with reasonable medical standards shall not be subject to administrative sanction if the physician or health care provider believes in good faith that the action is consistent with this section and the desires of the resident, or if unknown, the best interests of the resident.

(*l*) (1) A facility that conducts an interdisciplinary review shall provide to the Long-Term Care Patient Representative Program data summarizing the notices provided to all residents pursuant to subdivisions (d), (f), and (h), including all of the following:

(A) The total number of interdisciplinary reviews conducted.

(B) The number of unique residents who have had an interdisciplinary team review conducted.

(C) The total number of emergency medical interventions authorized pursuant to subdivision (h).

(D) The number of unique residents who have had an emergency medical intervention authorized.

(E) A tabulation of medical interventions authorized by type.

(F) A tabulation of the outcomes of the interdisciplinary team reviews.

(G) A tabulation of instances when judicial review was sought.

(H) A tabulation of emergency medical interventions where the interdisciplinary team failed to meet within the time required by subdivision (h), including the causes of the delay and the number of days after the intervention that the interdisciplinary team finally met.

(I) Any other demographic or statistical data as may be required by the program.

(2) Facilities shall report data annually and at any other time, as requested, in a format specified by the program.

(3) The department may require a facility to include the information described in paragraph (1) in the resident's minimum data set, as specified by Section 14110.15 of the Welfare and Institutions Code. The department shall obtain any federal approval necessary to implement this paragraph.

(m) (1) Whenever this section requires a notice to be provided to a resident, the notice shall be provided orally and in writing. The notice shall be provided in the resident's primary or preferred language, if known; however, if written translation services are not timely available, oral notice shall be provided in the resident's primary or preferred language and written notice may be provided in English. If the resident is hearing impaired or vision impaired, the facility shall provide notice in an accessible format.

(2) Whenever this section requires a notice to be provided to a resident, a copy of the notice in writing, and a second copy translated into English if applicable, shall be concurrently provided to the resident's patient representative. If a patient representative has not been identified, or if the patient representative cannot be readily contacted, the concurrent notice shall be provided to the Long-Term Care Patient Representative Program.

(3) A copy of a written notice required to be provided by this section, and if applicable, a second copy translated into English, shall be entered into the resident's record.

(n) (1) A patient representative shall not be a provider of health care to the resident and shall not be financially compensated by, have a financial interest in, or be an employee, former employee, or volunteer of the facility or related entities. Related organizations include the facility licensee's entities, organizations, subsidiaries, affiliates, parent companies, contractors, subcontractors, or vendors.

(2) Notwithstanding paragraph (1), a family member of the resident may serve as a patient representative if they are an employee, former employee, or volunteer of the facility or related entities. A former employee or volunteer may serve as a patient representative at the facility they were previously affiliated with after two years of separation from the facility or related entities. A former employee or volunteer is not precluded from serving as

a patient representative for a facility that they were not previously affiliated with.

(o) If the Long-Term Care Patient Representative Program is not operational, a facility shall provide all notices otherwise required by this section to be provided to the Long-Term Care Patient Representative Program, to the local Long-Term Care Ombudsman or any other person or entity as may be permitted by law.

(p) This section shall become operative on the earlier of the following dates:

(1) January 1, 2022, or the date the Director of the California Department of Aging certifies to the State Public Health Officer and provides public notice that the Long-Term Care Patient Representative Program is operational pursuant to Section 9295 of the Welfare and Institutions Code, whichever is later.

(2) July 1, 2022.

SEC. 12. Section 1522.41 of the Health and Safety Code is amended to read:

1522.41. (a) (1) The department, in consultation and collaboration with county placement officials, group home provider organizations, the Director of Health Care Services, and the Director of Developmental Services, shall develop and establish an administrator certification training program to ensure that administrators of group homes have appropriate training to provide the care and services for which a license or certificate is issued.

(2) The department shall develop and establish an administrator certification training program to ensure that administrators of short-term residential therapeutic programs have appropriate training to provide the care and services for which a license or certificate is issued.

(b) (1) In addition to any other requirements or qualifications required by the department, an administrator of a group home or short-term residential therapeutic program shall successfully complete a department-approved administrator certification training program, pursuant to subdivision (c), prior to employment.

(2) If an individual is both the licensee and the administrator of a licensed facility, the individual shall comply with all of the licensee and administrator requirements of this section.

(3) Failure to comply with this section shall constitute cause for revocation of the license of the facility.

(4) The licensee shall notify the department within 10 days of any change in administrators.

(c) (1) An administrator certification training program for group homes shall require a minimum of 40 hours of classroom instruction that provides training on a uniform core of knowledge in each of the following areas:

(A) Laws, regulations, and policies and procedural standards that impact the operations of a group home.

(B) Business operations.

(C) Management and supervision of staff.

(D) Psychosocial and educational needs of the children, including, but not limited to, the information described in subdivision (d) of Section 16501.4 of the Welfare and Institutions Code.

(E) Community and support services.

(F) Physical needs of the children.

(G) Assistance with self-administration, storage, misuse, and interaction of medication used by the children.

(H) Resident admission, retention, and assessment procedures, including the right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(I) Instruction on cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender.

(J) Nonviolent emergency intervention and reporting requirements.

(K) Basic instruction on existing laws and procedures regarding the safety of foster youth at school and ensuring of a harassment- and violence-free school environment.

(L) The information described in subdivision (i) of Section 16521.5 of the Welfare and Institutions Code. The program may use the curriculum created pursuant to subdivision (h), and described in subdivision (i), of Section 16521.5 of the Welfare and Institutions Code.

(2) An administrator certification training program for short-term residential therapeutic programs shall require a minimum of 40 hours of classroom instruction that provides training on a uniform core of knowledge in each of the following areas:

(A) Laws, regulations, and policies and procedural standards that impact the operations of a short-term residential therapeutic program.

(B) Business operations and management and supervision of staff, including staff training.

(C) Physical and psychosocial needs of the children, including behavior management, de-escalation techniques, and trauma informed crisis management planning.

(D) Permanence, well-being, and educational needs of the children.

(E) Community and support services, including accessing local behavioral and mental health supports and interventions, substance use disorder treatments, and culturally relevant services, as appropriate.

(F) Understanding the requirements and best practices regarding psychotropic medications, including, but not limited to, court authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, storage, and metabolic monitoring of children prescribed psychotropic medications.

(G) Admission, retention, and assessment procedures, including the right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(H) The federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, and the best interests of Indian children as including culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions.

(I) Instruction on cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender.

(J) Nonviolent emergency intervention and reporting requirements.

(K) Basic instruction on existing laws and procedures regarding the safety of foster youth at school and ensuring of a harassment- and violence-free school environment.

(L) The information described in subdivision (i) of Section 16521.5 of the Welfare and Institutions Code. The program may use the curriculum created pursuant to subdivision (h), and described in subdivision (i), of Section 16521.5 of the Welfare and Institutions Code.

(d) An administrator who possesses a group home license, issued by the department, is exempt from completing an approved administrator certification training program and taking an examination, provided the individual completes 12 hours of classroom instruction in the following uniform core of knowledge areas:

(1) Laws, regulations, and policies and procedural standards that impact the operations of a short-term residential therapeutic program.

(2) (A) Authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, and storage of medications.

(B) Metabolic monitoring of children prescribed psychotropic medications.

(3) Admission, retention, and assessment procedures, including the right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(4) The federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, and the best interests of Indian children as including culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions.

(5) Instruction on cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender.

(6) Physical and psychosocial needs of children, including behavior management, deescalation techniques, and trauma informed crisis management planning.

(e) Individuals applying for administrator certification under this section shall successfully complete an approved administrator certification training program, pass an examination administered by the department within 60 days of completing the program, submit to the department an administrator certification application, and submit to the department the documentation required by subdivision (f) within 30 days after being notified of having passed the examination. The department may extend these time deadlines for good cause. The department shall notify the applicant of their examination results within 30 days of administering the examination.

(f) The department shall not begin the process of issuing an administrator certificate until receipt of all of the following:

(1) An administrator certification application.

(2) A certificate of completion of the administrator certification training program required pursuant to this section.

(3) The fee for processing an administrator certification application, including the issuance of the administrator certificate, as specified in subparagraph (A) of paragraph (1) of subdivision (*l*).

(4) Documentation that the applicant has passed the examination.

(5) Submission of fingerprints pursuant to Section 1522. The department may waive the submission for those persons who have a current criminal record clearance or exemption on file.

(6) Proof that the person is at least 21 years of age.

(g) It is unlawful for a person not certified under this section to hold themselves out as a certified administrator of a group home or short-term residential therapeutic program. A person willfully making a false representation as being a certified administrator or facility manager is guilty of a misdemeanor.

(h) (1) Administrator certificates issued under this section shall be renewed every two years and renewal shall be conditional upon the certificate holder submitting documentation of completion of 40 hours of continuing education related to the uniform core of knowledge specified in subdivision (c). No more than one-half of the required 40 hours of continuing education necessary to renew the certificate may be satisfied through online courses. All other continuing education hours shall be completed in a classroom setting. For purposes of this section, an individual who is a group home or short-term residential therapeutic program administrator and who is required to complete the continuing education hours required by the regulations of the State Department of Developmental Services, and approved by the regional center, may have up to 24 of the required continuing education course hours credited toward the 40-hour continuing education requirement

of this section. The department shall accept for certification, community college course hours approved by the regional centers.

(2) Every administrator of a group home or short-term residential therapeutic program shall complete the continuing education requirements described in this subdivision.

(3) An administrator certificate issued under this section shall expire every two years on the anniversary date of the initial issuance of the certificate, except that an administrator receiving an initial certification on or after July 1, 1999, shall make an irrevocable election to have their recertification date for a subsequent recertification either on the date two years from the date of issuance of the certificate or on the individual's birthday during the second calendar year following certification. The department shall send a renewal notice to the certificate holder 90 days prior to the expiration date of the certificate. If the certificate is not renewed prior to its expiration date, reinstatement shall be permitted only after the certificate holder has paid a delinquency fee, as specified in subparagraph (C) of paragraph (1) of subdivision (*l*), has submitted to the department an administrator certification renewal application, and has provided evidence of completion of the continuing education required.

(4) To renew an administrator certificate, the certificate holder shall, on or before the certificate expiration date, submit to the department an administrator certification renewal application and documentation of completion of the required continuing education courses and pay the renewal fee, as specified in subparagraph (A) of paragraph (1) of subdivision (*l*), irrespective of receipt of the department's notification of the renewal. A renewal request postmarked on or before the expiration of the certificate shall be proof of compliance with this paragraph.

(5) A suspended or revoked administrator certificate shall be subject to expiration as provided for in this section. If reinstatement of the certificate is approved by the department, the certificate holder, as a condition precedent to reinstatement, shall submit proof of compliance with paragraphs (1) and (2) of this subdivision, and shall pay a fee in an amount equal to the renewal fee, plus the delinquency fee, if any, as specified in subparagraphs (A) and (C) of paragraph (1) of subdivision (*l*), accrued at the time of its revocation or suspension. Delinquency fees, if any, accrued subsequent to the time of its revocation or suspension and prior to an order for reinstatement, shall be waived for a period of 12 months to allow the individual sufficient time to complete the required continuing education units and to submit the required documentation. Individuals whose certificates will expire within 90 days after the order for reinstatement may be granted a three-month extension to renew their certificates during which time the delinquency fees shall not accrue.

(6) An administrator certificate that is not renewed within four years after its expiration shall not be renewed, restored, reissued, or reinstated except upon completion of an administrator certification training program, passing any examination that may be required of an applicant for a new

certificate at that time, and paying the fee specified in subparagraph (A) of paragraph (1) of subdivision (*l*).

(7) The department shall charge a fee for the reissuance of a lost administrator certificate, as specified in subparagraph (B) of paragraph (1) of subdivision (*l*).

(8) A certificate holder shall inform the department of their employment status and change of mailing address within 30 days of any change.

(i) Unless otherwise ordered by the department, an administrator certificate shall be considered forfeited under either of the following conditions:

(1) The administrator has had a license revoked, suspended, or denied as authorized under Section 1550.

(2) The department has issued an exclusion order against the administrator pursuant to Section 1558, 1568.092, 1569.58, or 1596.8897, after the department issued the certificate, and the administrator did not appeal the exclusion order or, after the appeal, the department issued a decision and order that upheld the exclusion order.

(j) (1) The department, in consultation and collaboration with county placement officials, provider organizations, the State Department of Health Care Services, and the State Department of Developmental Services, shall establish, by regulation, the program content, the testing instrument, the process for approving administrator certification training programs, and criteria to be used in authorizing individuals, organizations, or educational institutions as vendors to conduct administrator certification training programs and continuing education courses. The department may also grant continuing education hours for courses offered by accredited educational institutions that are consistent with the requirements in this section. The department may deny vendor approval to any agency or person in any of the following circumstances:

(A) The applicant has not provided the department with evidence satisfactory to the department of the ability of the applicant to satisfy the requirements of vendorization set out in the regulations adopted by the department.

(B) The applicant person or agency has a conflict of interest in that the person or agency places its clients in group homes or short-term residential therapeutic programs.

(C) The applicant public or private agency has a conflict of interest in that the agency is mandated to place clients in group homes or short-term residential therapeutic programs and to pay directly for the services. The department may deny vendorization to this type of agency only as long as there are other vendor programs available to conduct the administrator certification training programs and continuing education courses.

(2) The department may authorize vendors to conduct administrator certification training programs and continuing education courses pursuant to this section. The department shall conduct the examination pursuant to regulations adopted by the department.

(3) The department shall prepare and maintain an updated list of approved training vendors.

(4) The department may inspect administrator certification training programs and continuing education courses, including online courses, at no charge to the department, to determine if content and teaching methods comply with this section and applicable regulations. If the department determines that any vendor is not complying with the requirements of this section, the department shall take appropriate action to bring the program into compliance, which may include removing the vendor from the approved training vendors list.

(5) The department shall establish reasonable procedures and timeframes, not to exceed 30 days, for the approval of vendor training programs.

(6) The department shall charge a fee for an administrator certification training program vendor application or renewal, as specified in subparagraph (A) of paragraph (3) of subdivision (*l*).

(7) (A) A vendor of online programs for continuing education shall ensure that each online course contains all of the following:

(i) An interactive portion in which the participant receives feedback, through online communication, based on input from the participant.

(ii) Required use of a personal identification number or personal identification information to confirm the identity of the participant.

(iii) A final screen displaying a printable statement, to be signed by the participant, certifying that the identified participant completed the course. The vendor shall obtain a copy of the final screen statement with the original signature of the participant prior to the issuance of a certificate of completion. The signed statement of completion shall be maintained by the vendor for a period of three years and be available to the department upon demand. A person who certifies as true any material matter pursuant to this clause that the person knows to be false is guilty of a misdemeanor.

(B) This subdivision does not prohibit the department from approving online programs for continuing education that do not meet the requirements of subparagraph (A) if the vendor demonstrates to the department's satisfaction that, through advanced technology, the course and the course delivery meet the requirements of this section.

(8) The department shall charge a fee for processing a continuing education training program vendor application or renewal, as specified in subparagraph (B) of paragraph (3) of subdivision (*l*).

(9) The department shall charge a fee for processing a continuing education course, as specified in paragraph (4) of subdivision (*l*).

(k) The department shall establish a registry for certificate holders that shall include, at a minimum, information on employment status and criminal record clearance.

(*l*) The department shall charge nonrefundable fees, as follows:

(1) Commencing July 1, 2021, the fee amount in subparagraph (A) shall be incrementally increased by 10 percent each year, not to exceed 40 percent, over a four-year period. The current fee specified in subparagraph (A) shall

be the base for each yearly increase, which shall be effective July 1 of each year.

(A) The fee for processing an administrator certification application or renewal, including the issuance of the administrator certificate, is one hundred dollars ($100).

(B) The fee for the reissuance of a lost administrator certificate is twenty-five dollars ($25).

(C) The delinquency fee for processing a late administrator certification renewal application is three hundred dollars ($300), which shall be charged in addition to the fee specified in subparagraph (A).

(2) Commencing July 1, 2021, the fee for the administrator certification examination is one hundred dollars ($100), for up to three attempts.

(3) Commencing July 1, 2021, fee amounts in subparagraphs (A) and (B) shall be incrementally increased by 10 percent each year, not to exceed 40 percent, over a four-year period. The current fee specified in subparagraphs (A) and (B) shall be the base for each yearly increase and each increase shall be effective July 1 of each year.

(A) The fee for processing an administrator certification training program vendor application or renewal is one hundred fifty dollars ($150) for each licensed facility type.

(B) The fee for processing a continuing education training program vendor application or renewal is one hundred dollars ($100) for each licensed facility type.

(4) Commencing July 1, 2021, the fee for processing a continuing education course is ten dollars ($10) per continuing education unit for each licensed facility type.

(5) Notwithstanding paragraphs (1) to (4), inclusive, a fee charged pursuant to this subdivision shall not exceed the reasonable costs to the department of conducting the certification training program.

(m) Notwithstanding any law to the contrary, a vendor approved by the department who exclusively provides continuing education courses for administrators of a group home or short-term residential therapeutic program, as defined in Section 1502, shall be regulated solely by the department pursuant to this chapter. No other state or local governmental entity shall be responsible for regulating the activity of those vendors.

SEC. 13. Section 1562.3 of the Health and Safety Code is amended to read:

1562.3. (a) The department, in consultation with the Director of Health Care Services and the Director of Developmental Services, shall establish a training program to ensure that licensees, operators, and staffs of adult residential facilities, as defined in paragraph (1) of subdivision (a) of Section 1502, have appropriate training to provide the care and services for which a license or certificate is issued. The training program shall be developed in consultation with provider organizations.

(b) (1) An administrator of an adult residential facility, as defined in paragraph (1) of subdivision (a) of Section 1502, shall successfully complete

a department-approved administrator certification training program pursuant to subdivision (c) prior to employment.

(2) If the individual is both the licensee and the administrator of a licensed facility, the individual shall comply with both the licensee and administrator requirements of this section.

(3) Failure to comply with this section shall constitute cause for revocation of the license of the facility.

(4) The licensee shall notify the department within 30 days of any change in administrators.

(c) (1) An administrator certification training program for adult residential facilities shall require a minimum of 35 hours of classroom instruction that provides training on a uniform core of knowledge in each of the following areas:

(A) Laws, regulations, and policies and procedural standards that impact the operations of the adult residential facility.

(B) Business operations.

(C) Management and supervision of staff.

(D) Psychosocial needs of the facility residents.

(E) Community and support services.

(F) Physical needs for facility residents.

(G) Use, misuse, and interaction of medication commonly used by facility residents.

(H) Resident admission, retention, and assessment procedures.

(I) Nonviolent crisis intervention for administrators.

(J) Cultural competency and sensitivity in issues relating to the underserved aging lesbian, gay, bisexual, and transgender community.

(2) The requirement for 35 hours of classroom instruction pursuant to this subdivision shall not apply to persons who were employed as administrators prior to July 1, 1996. A person holding the position of administrator of an adult residential facility on June 30, 1996, shall file a completed application for certification with the department on or before April 1, 1998. In order to be exempt from the 35-hour training program and the test component, the application shall include documentation showing proof of continuous employment as the administrator of an adult residential facility between, at a minimum, June 30, 1994, and June 30, 1996. An administrator of an adult residential facility who became certified as a result of passing the department-administered challenge test, that was offered between October 1, 1996, and December 23, 1996, shall be deemed to have fulfilled the requirements of this paragraph.

(3) Unless an extension is granted to the applicant by the department, an applicant for an administrator's certificate shall, within 60 days of the applicant's completion of classroom instruction, pass the examination provided in this section.

(d) The department shall not begin the process of issuing an administrator certificate until receipt of all of the following:

(1) An administrator certification application.

(2) A certificate of completion of the administrator certification training program required pursuant to this section.

(3) The fee for processing an administrator certification application, including the issuance of the administrator certificate, as specified in subparagraph (A) of paragraph (1) of subdivision (j).

(4) Documentation that the applicant has passed the examination.

(5) Submission of fingerprints pursuant to Section 1522. The department and the Department of Justice shall expedite the criminal record clearance for holders of certificates of completion. The department may waive the submission for those persons who have a criminal record clearance or exemption on file.

(e) It shall be unlawful for a person not certified under this section to hold themselves out as a certified administrator of an adult residential facility. A person willfully making a false representation as being a certified administrator is guilty of a misdemeanor.

(f) (1) An administrator certificate issued under this section shall be renewed every two years and renewal shall be conditional upon the certificate holder submitting documentation of completion of 40 hours of continuing education related to the uniform core of knowledge specified in subdivision (c). No more than one-half of the required 40 hours of continuing education necessary to renew the certificate may be satisfied through online courses. All other continuing education hours shall be completed in a classroom setting. For purposes of this section, an individual who is an adult residential facility administrator and who is required to complete the continuing education hours required by the regulations of the State Department of Developmental Services, and approved by the regional center, shall be permitted to have up to 24 of the required continuing education course hours credited toward the 40-hour continuing education requirement of this section. Community college course hours approved by the regional centers shall be accepted by the department for certification.

(2) A licensee and administrator of an adult residential facility is required to complete the continuing education requirements of this subdivision.

(3) An administrator certificate issued under this section shall expire every two years, on the anniversary date of the initial issuance of the certificate, except that any administrator receiving an initial certification on or after January 1, 1999, shall make an irrevocable election to have their recertification date for any subsequent recertification either on the date two years from the date of issuance of the certificate or on the individual's birthday during the second calendar year following certification. The department shall send a renewal notice to the certificate holder 90 days prior to the expiration date of the certificate. If the certificate is not renewed prior to its expiration date, reinstatement shall only be permitted after the certificate holder has paid a delinquency fee, as specified in subparagraph (C) of paragraph (1) of subdivision (j), has submitted to the department an administrator certification renewal application, and has provided evidence of completion of the continuing education required.

(4) To renew an administrator certificate, the certificate holder shall, on or before the certificate expiration date, submit to the department an administrator certification renewal application and documentation of completion of the required continuing education courses, and pay the renewal fee specified in subparagraph (A) of paragraph (1) of subdivision (j), irrespective of receipt of the department's notification of the renewal. A renewal request postmarked on or before the expiration of the certificate is proof of compliance with this paragraph.

(5) A suspended or revoked administrator certificate is subject to expiration as provided for in this section. If reinstatement of the certificate is approved by the department, the certificate holder, as a condition precedent to reinstatement, shall submit proof of compliance with paragraphs (1) and (2) and shall pay a fee in an amount equal to the renewal fee, plus the delinquency fee, if any, as specified in subparagraphs (A) and (C) of paragraph (1) of subdivision (j), accrued at the time of its revocation or suspension. Delinquency fees, if any, accrued subsequent to the time of its revocation or suspension and prior to an order for reinstatement, shall be waived for one year to allow the individual sufficient time to complete the required continuing education units and to submit the required documentation. Individuals whose certificates will expire within 90 days after the order for reinstatement may be granted a three-month extension to renew their certificates during which time the delinquency fees shall not accrue.

(6) An administrator certificate that is not renewed within four years after its expiration shall not be renewed, restored, reissued, or reinstated except upon completion of an administrator certification training program, passing any test that may be required of an applicant for a new certificate at that time, and paying the fee specified in subparagraph (A) of paragraph (1) of subdivision (j).

(7) The department shall charge a fee for the reissuance of a lost administrator certificate, as specified in subparagraph (B) of paragraph (1) of subdivision (j).

(8) A certificate holder shall inform the department of their employment status within 30 days of any change.

(g) Unless otherwise ordered by the department, an administrator certificate shall be considered forfeited under either of the following conditions:

(1) The administrator has had a license revoked, suspended, or denied as authorized under Section 1550.

(2) The administrator has been denied employment, residence, or presence in a facility based on action resulting from an administrative hearing pursuant to Section 1522 or 1558.

(h) (1) The department, in consultation with the State Department of Health Care Services and the State Department of Developmental Services, shall establish, by regulation, the program content, the testing instrument, the process for approving administrator certification training programs, and criteria to be used in authorizing individuals, organizations, or educational

institutions as vendors to conduct administrator certification training programs and continuing education courses. These regulations shall be developed in consultation with provider organizations, and shall be made available at least six months prior to the deadline required for administrator certification. The department may deny vendor approval to any agency or person in any of the following circumstances:

(A) The applicant has not provided the department with evidence satisfactory to the department of the ability of the applicant to satisfy the requirements of vendorization set out in the regulations adopted by the department.

(B) The applicant person or agency has a conflict of interest in that the person or agency places its clients in adult residential facilities.

(C) The applicant public or private agency has a conflict of interest in that the agency is mandated to place clients in adult residential facilities and to pay directly for the services. The department may deny vendorization to this type of agency only as long as there are other vendor programs available to conduct the administrator certification training programs and continuing education courses.

(2) The department may authorize vendors to conduct administrator certification training programs and continuing education courses pursuant to this section. The department shall conduct the examination pursuant to regulations adopted by the department.

(3) The department shall prepare and maintain an updated list of approved training vendors.

(4) The department may inspect administrator certification training programs and continuing education courses, including online courses, at no charge to the department, to determine if content and teaching methods comply with this section and applicable regulations. If the department determines that any vendor is not complying with the requirements of this section, the department shall take appropriate action to bring the program into compliance, which may include removing the vendor from the approved training vendors list.

(5) The department shall establish reasonable procedures and timeframes not to exceed 30 days for the approval of vendor training programs.

(6) The department shall charge a fee for an administrator certification training program vendor application or renewal, as specified in subparagraph (A) of paragraph (3) of subdivision (j).

(7) (A) A vendor of online programs for continuing education shall ensure that each online course contains all of the following:

(i) An interactive portion in which the participant receives feedback, through online communication, based on input from the participant.

(ii) Required use of a personal identification number or personal identification information to confirm the identity of the participant.

(iii) A final screen displaying a printable statement, to be signed by the participant, certifying that the identified participant completed the course. The vendor shall obtain a copy of the final screen statement with the original signature of the participant prior to the issuance of a certificate of completion.

The signed statement of completion shall be maintained by the vendor for a period of three years and be available to the department upon demand. A person who certifies as true any material matter pursuant to this clause that the person knows to be false is guilty of a misdemeanor.

(B) This subdivision shall not prohibit the department from approving online programs for continuing education that do not meet the requirements of subparagraph (A) if the vendor demonstrates to the department's satisfaction that, through advanced technology, the course and the course delivery meet the requirements of this section.

(8) The department shall charge a fee for processing a continuing education training program vendor application or renewal, as specified in subparagraph (B) of paragraph (3) of subdivision (j).

(9) The department shall charge a fee for processing a continuing education course, as specified in paragraph (4) of subdivision (j).

(i) The department shall establish a registry for certificate holders that shall include, at a minimum, information on employment status and criminal record clearance.

(j) The department shall charge nonrefundable fees, as follows:

(1) Commencing July 1, 2021, the fee amount in subparagraph (A) shall be incrementally increased by 10 percent each year, not to exceed 40 percent, over a four-year period. The current fee specified in subparagraph (A) shall be the base for the yearly increase and shall be effective July 1 of each year.

(A) The fee for processing an administrator certification application or renewal, including the issuance of the administrator certificate, is one hundred dollars ($100).

(B) The fee for the reissuance of a lost administrator certificate is twenty-five dollars ($25).

(C) The delinquency fee for processing a late administrator certification renewal application is three hundred dollars ($300), which shall be charged in addition to the fee specified in subparagraph (A).

(2) Commencing July 1, 2021, a fee for the administrator certification examination is one hundred dollars ($100), for up to three attempts.

(3) Commencing July 1, 2021, fee amounts in subparagraphs (A) and (B) shall be incrementally increased by 10 percent each year, not to exceed 40 percent, over a four-year period. The current fee specified in subparagraphs (A) and (B) will be the base for the increase each year and is effective July 1 of each year.

(A) The fee for processing an administrator certification training program vendor application or renewal is one hundred fifty dollars ($150) for each licensed facility type.

(B) The fee for processing a continuing education training program vendor application or renewal is one hundred dollars ($100) for each licensed facility type.

(4) Commencing July 1, 2021, the fee for processing a continuing education course is ten dollars ($10) per continuing education unit for each licensed facility type.

(5) Notwithstanding paragraphs (1) to (4), inclusive, a fee charged pursuant to this subdivision shall not exceed the reasonable costs to the department of conducting the certification training program.

(k) Notwithstanding any law to the contrary, a vendor approved by the department who exclusively provides either an administrator certification training program or continuing education course for administrators of an adult residential facility, as defined in paragraph (1) of subdivision (a) of Section 1502, shall be regulated solely by the department pursuant to this chapter. No other state or local governmental entity shall be responsible for regulating the activity of those vendors.

SEC. 14. Section 1569.616 of the Health and Safety Code is amended to read:

1569.616. (a) (1) An administrator of a residential care facility for the elderly shall successfully complete a department-approved administrator certification training program pursuant to subdivision (c) prior to employment.

(2) If an individual is both the licensee and the administrator of a licensed facility, or a licensed nursing home administrator, the individual shall comply with the requirements of this section unless they qualify for one of the exemptions provided for in subdivision (b).

(3) Failure to comply with this section shall constitute cause for revocation of the license of the facility where an individual is functioning as the administrator.

(4) The licensee shall notify the department within 30 days of any change in administrators.

(b) Individuals seeking exemptions under paragraph (2) of subdivision (a) shall meet the following criteria and fulfill the required portions of the certification program, as the case may be:

(1) An individual designated as the administrator of a residential care facility for the elderly who holds a valid license as a nursing home administrator issued in accordance with Chapter 2.35 (commencing with Section 1416) of Division 2 shall be required to complete the areas in the uniform core of knowledge required by this section that pertain to the law, regulations, policies, and procedural standards that impact the operations of residential care facilities for the elderly, the use, misuse, and interaction of medication commonly used by the elderly in a residential setting, and resident admission, retention, and assessment procedures, equal to 12 hours of classroom instruction. An individual meeting the requirements of this paragraph shall not be required to take an examination.

(2) If an individual was both the licensee and administrator on or before July 1, 1991, the individual shall be required to complete all the areas specified for the administrator certification training program, but shall not be required to take the examination required by this section. Those individuals exempted from the examination shall be issued a conditional certification that is valid only for the administrator of the facility for which the exemption was granted.

(A) As a condition to becoming an administrator of another facility, the individual shall be required to pass the examination provided for in this section.

(B) As a condition to applying for a new facility license, the individual shall be required to pass the examination provided for in Section 1569.23.

(c) (1) An administrator certification training program for residential care facilities for the elderly shall require a minimum of 80 hours of coursework, which shall include at least 60 hours of classroom instruction that provides training on a uniform core of knowledge in each of the following areas:

(A) Laws, regulations, and policies and procedural standards that impact the operations of residential care facilities for the elderly.

(B) Business operations.

(C) Management and supervision of staff.

(D) Psychosocial needs of the elderly.

(E) Community and support services.

(F) Physical needs for elderly persons.

(G) Medication management, including the use, misuse, and interaction of medication commonly used by the elderly, including antipsychotics and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.

(H) Resident admission, retention, and assessment procedures.

(I) Managing Alzheimer's disease and related dementias, including nonpharmacologic, person-centered approaches to dementia care.

(J) Cultural competency and sensitivity in issues relating to the underserved aging lesbian, gay, bisexual, and transgender community.

(K) Residents' rights and the importance of initial and ongoing training for all staff to ensure that residents' rights are fully respected and implemented.

(L) Managing the physical environment, including, but not limited to, maintenance and housekeeping.

(M) Postural supports, restricted health conditions, and hospice care.

(2) Individuals applying for administrator certification under this section shall successfully complete an approved administrator certification training program, pass an examination administered by the department within 60 days of completing the program, submit to the department an administrator certification application and the documentation required by subdivision (d) to the department within 30 days of being notified of having passed the test. The department may extend these time deadlines for good cause. The department shall notify the applicant of the results within 30 days of administering the test.

(3) The department shall ensure the test consists of at least 100 questions and allows an applicant to have access to the California Residential Care Facilities for the Elderly Act and related regulations during the test. The department, no later than July 1 of every other year, shall review and revise the test in order to ensure the rigor and quality of the test. Each year, the department shall ensure, by January 1, that the test is not in conflict with

current law. The department may convene a stakeholder group to assist in developing and reviewing test questions.

(d) The department shall not begin the process of issuing an administrator certificate until receipt of all of the following:

(1) An administrator certification application.

(2) A certificate of completion of the administrator certification training program required pursuant to this section.

(3) The fee for processing an administrator certification application, including the issuance of the administrator certificate, as specified in subparagraph (A) of paragraph (1) of subdivision (*l*).

(4) Documentation that the applicant has passed the examination or of qualifying for an exemption pursuant to subdivision (b).

(5) Submission of fingerprints pursuant to Section 1569.17. The department and the Department of Justice shall expedite the criminal record clearance for holders of certificates of completion. The department may waive the submission for those persons who have a current criminal record clearance or exemption on file.

(e) It shall be unlawful for a person not certified under this section to hold themselves out as a certified administrator of a residential care facility for the elderly. A person willfully making a false representation as being a certified administrator is guilty of a misdemeanor.

(f) (1) An administrator certificate issued under this section shall be renewed every two years and renewal shall be conditional upon the certificate holder submitting documentation of completion of 40 hours of continuing education related to the uniform core of knowledge specified in paragraph (1) of subdivision (c). No more than one-half of the required 40 hours of continuing education necessary to renew the certificate may be satisfied through online courses. All other continuing education hours shall be completed in a classroom setting. For purposes of this section, individuals who hold a valid license as a nursing home administrator issued in accordance with Chapter 2.35 (commencing with Section 1416) of Division 2 and meet the requirements of paragraph (1) of subdivision (b) shall only be required to complete 20 hours of continuing education.

(2) A certified administrator of a residential care facility for the elderly is required to renew their administrator certificate and shall complete the continuing education requirements of this subdivision whether the person is certified according to subdivision (a) or (b). At least eight hours of the 40-hour continuing education requirement for a certified administrator of a residential care facility for the elderly shall include instruction on serving clients with dementia, including, but not limited to, instruction related to direct care, physical environment, and admissions procedures and assessment.

(3) An administrator certificate issued under this section shall expire every two years, on the anniversary date of the initial issuance of the certificate, except that any administrator receiving their initial certification on or after January 1, 1999, shall make an irrevocable election to have the recertification date for any subsequent recertification either on the date two

years from the date of issuance of the certificate or on the individual's birthday during the second calendar year following certification. The department shall send a renewal notice to the certificate holder 90 days prior to the expiration date of the certificate. If the certificate is not renewed prior to its expiration date, reinstatement shall only be permitted after the certificate holder has paid a delinquency fee specified in subparagraph (C) of paragraph (1) of subdivision (*l*), and has provided evidence of completion of the continuing education required.

(4) To renew an administrator certificate, the certificate holder shall, on or before the certificate expiration date, submit to the department an administrator certification renewal application and documentation of completion of the required continuing education courses and pay the renewal fee specified in subparagraph (A) of paragraph (1) of subdivision (*l*), irrespective of receipt of the department's notification of the renewal. A renewal request postmarked on or before the expiration of the certificate is proof of compliance with this paragraph.

(5) A suspended or revoked administrator certificate is subject to expiration as provided for in this section. If reinstatement of the certificate is approved by the department, the certificate holder, as a condition precedent to reinstatement, shall submit proof of compliance with paragraphs (1) and (2) of this subdivision, and shall pay a fee in an amount equal to the renewal fee, plus the delinquency fee, if any, as specified in subparagraphs (A) and (C) of paragraph (1) of subdivision (*l*), accrued at the time of its revocation or suspension.

(6) An administrator certificate that is not renewed within four years after its expiration shall not be renewed, restored, reissued, or reinstated except upon completion of an administrator certification training program, passing any test that may be required of an applicant for a new certificate at that time, and paying the fee specified in subparagraph (A) of paragraph (1) of subdivision (*l*).

(7) The department shall charge a fee for the reissuance of a lost administrator certificate, as specified in subparagraph (B) of paragraph (1) of subdivision (*l*).

(8) A certificate holder shall inform the department of their employment status within 30 days of any change.

(g) The department may revoke a certificate issued under this section for any of the following:

(1) Procuring a certificate by fraud or misrepresentation.

(2) Knowingly making or giving any false statement or information in conjunction with the application for issuance of a certificate.

(3) Criminal conviction, unless an exemption is granted pursuant to Section 1569.17.

(h) Unless otherwise ordered by the department, an administrator certificate shall be considered forfeited under either of the following conditions:

(1) The administrator has had a license revoked, suspended, or denied as authorized under Section 1569.50.

(2) The administrator has been denied employment, residence, or presence in a facility based on action resulting from an administrative hearing pursuant to Section 1569.58.

(i) (1) The department shall establish, by regulation, the program content, the testing instrument, the process for approving administrator certification training programs, and criteria to be used in authorizing individuals, organizations, or educational institutions as vendors to conduct administrator certification training programs and continuing education courses. These regulations shall be developed in consultation with provider and consumer organizations, and shall be made available at least six months prior to the deadline required for certification. The department may deny vendor approval to any agency or person that has not provided satisfactory evidence of their ability to meet the requirements of vendorization set out in the regulations adopted pursuant to subdivision (j).

(2) (A) A vendor of online programs for continuing education shall ensure that each online course contains all of the following:

(i) An interactive portion where the participant receives feedback, through online communication, based on input from the participant.

(ii) Required use of a personal identification number or personal identification information to confirm the identity of the participant.

(iii) A final screen displaying a printable statement, to be signed by the participant, certifying that the identified participant completed the course. The vendor shall obtain a copy of the final screen statement with the original signature of the participant prior to the issuance of a certificate of completion. The signed statement of completion shall be maintained by the vendor for a period of three years and be available to the department upon demand. A person who certifies as true any material matter pursuant to this section that the person knows to be false is guilty of a misdemeanor.

(B) This section does not prohibit the department from approving online programs for continuing education that do not meet the requirements of subparagraph (A) if the vendor demonstrates to the department's satisfaction that, through advanced technology, the course and the course delivery meet the requirements of this section.

(3) The department may authorize vendors to conduct the administrator certification training program and continuing education courses pursuant to this section. The department shall conduct the examination pursuant to regulations adopted by the department.

(4) The department shall prepare and maintain an updated list of approved training vendors.

(5) The department may inspect administrator certification training programs and continuing education courses, including online courses, at no charge to the department, in order to determine if content and teaching methods comply with paragraphs (1) and (2), if applicable, and with regulations. If the department determines that a vendor is not complying with the requirements of this section, the department shall take appropriate action to bring the program into compliance, which may include removing the vendor from the approved training vendor list.

(6) The department shall establish reasonable procedures and timeframes, not to exceed 30 days, for the approval of vendor training programs.

(7) The department shall charge a fee for an administrator certification training program vendor application or renewal, as specified in subparagraph (A) of paragraph (3) of subdivision (*l*).

(8) The department shall charge a fee for processing a continuing education training program vendor application or renewal, as specified in subparagraph (B) of paragraph (3) of subdivision (*l*).

(9) The department shall charge a fee for processing a continuing education training course, as specified in paragraph (4) of subdivision (*l*).

(j) This section shall be operative upon regulations being adopted by the department to implement the administrator certification training program as provided for in this section.

(k) The department shall establish a registry for certificate holders that shall include, at a minimum, information on employment status and criminal record clearance.

(*l*) The department shall charge nonrefundable fees, as follows:

(1) Commencing July 1, 2021, the fee amount in subparagraph (A) shall be incrementally increased by 10 percent each year, not to exceed 40 percent, over a four-year period. The current fee specified in subparagraph (A) will be the base for the increase each year and is effective July 1st of each year.

(A) The fee for processing an administrator certification application or renewal, including the issuance of the administrator certificate, is one hundred dollars ($100).

(B) The fee for the reissuance of a lost administrator certificate is twenty-five dollars ($25).

(C) The delinquency fee for processing a late administrator certification renewal application is three hundred dollars ($300), which shall be charged in addition to the fee specified in subparagraph (A).

(2) Commencing July 1, 2021, the fee for the administrator certification examination is one hundred dollars ($100), for up to three attempts.

(3) Commencing July 1, 2021, fee amounts in subparagraphs (A) and (B) shall be incrementally increased by 10 percent each year, not to exceed 40 percent, over a four-year period. The current fee specified in subparagraphs (A) and (B) will be the base for the increase each year and is effective July 1 of each year.

(A) The fee for processing an administrator certification training program vendor application or renewal is one hundred fifty dollars ($150) for each licensed facility type.

(B) The fee for processing a continuing education training program vendor application or renewal is one hundred dollars ($100) for each licensed facility type.

(4) Commencing July 1, 2021, the fee for processing a continuing education course is ten dollars ($10) per continuing education unit for each licensed facility type.

(5) Notwithstanding paragraphs (1) to (4), inclusive, a fee charged pursuant to this subdivision shall not exceed the reasonable costs to the department of conducting the certification training program.

(m) Notwithstanding any law to the contrary, a vendor approved by the department who exclusively provides either an administrator certification training program or continuing education courses for administrators of a residential care facility for the elderly, as defined in Section 1569.2, shall be regulated solely by the department pursuant to this chapter. No other state or local governmental entity shall be responsible for regulating the activity of those vendors.

SEC. 15. Section 1569.617 of the Health and Safety Code is amended to read:

1569.617. (a) (1) There is hereby created in the State Treasury, the Certification Fund from which moneys, upon appropriation of the Legislature, shall be expended by the department for the purpose of administering the administrator certification training programs for residential care facilities for the elderly pursuant to Sections 1569.23 and 1569.616, for adult residential facilities pursuant to Section 1562.3, and for group homes and short-term residential therapeutic programs pursuant to Section 1522.41.

(2) All money contained in the Residential Care Facility for the Elderly Fund on the operative date of this paragraph shall be retained in the Certification Fund for appropriation for the purposes specified in paragraph (1).

(b) The Certification Fund shall consist of specific appropriations that the Legislature sets aside for use by the fund and all fees, penalties, and fines collected pursuant to Sections 1522.41, 1562.3, 1569.23, and 1569.616.

SEC. 16. Section 4620.4 of the Welfare and Institutions Code, as proposed to be added by Assembly Bill 136 of the 2021-22 Regular Session, is amended to read:

4620.4. (a) (1) The Legislature finds and declares that more than a quarter of Californians are foreign born, and more than 10 percent of the state's population speaks English "not well" or "not at all." Access to accurate, timely, understandable, and culturally sensitive and competent information and referral services for these communities is a critical need. A review of 2018-19 purchase of service expenditures reflects the following average per capita expenditures for all age groups by ethnicity, illustrating existing disparity gaps in the developmental services system:

(A) Twenty-seven thousand nine hundred thirty-one dollars ($27,931) for individuals who are White.

(B) Twenty-two thousand nine hundred fourteen dollars ($22,914) for individuals who are Black or African American.

(C) Fourteen thousand eight hundred thirty-six dollars ($14,836) for individuals who are Asian.

(D) Eleven thousand seven hundred sixty dollars ($11,760) for individuals who are Latinx or Hispanic.

(2) Language access and culturally competent services are critical components to advance health and human services equity and improve outcomes for all Californians served under the Lanterman Act.

(b) The State Department of Developmental Services shall administer an enhanced language access and cultural competency initiative for individuals with developmental disabilities, their caregivers, and their family members. The department shall require regional centers to implement this initiative through its contracts pursuant to Section 4640.6. The primary goal is to improve quality and facilitate more consistent access to information and services.

(c) Allowable uses of the funds provided to regional centers include, but are not limited to, all of the following:

(1) Identification of vital documents and internet website content for translation, as well as points of public contact in need of oral and sign language interpretation services.

(2) Orientations and specialized group and family information sessions with ample and publicized question and answer periods, scheduled at times considered most convenient for working families and in consultation with community leaders.

(3) Regular and periodic language needs assessments to determine threshold languages for document translation.

(4) Coordination and streamlining of interpretation and translation services.

(5) Implementation of quality control measures to ensure the availability, accuracy, readability, and cultural appropriateness of translations.

(d) The use of these funds shall not supplant any existing efforts or funds for similar purposes, but are intended to augment and provide maximum additional benefit to the greatest number of persons served, their caregivers, and their families.

(e) The department shall report annually, beginning January 10, 2022, as part of the Governor's Budget and the May Revision, how these funds are being utilized and what remaining needs for language access and culturally competent services are identified by people served, the community, and regional centers as the initiative implements.

(f) Regional centers shall receive specialized funding allocations to facilitate applications for payments authorized to protect the health and safety of consumers, pursuant to paragraph (1) of subdivision (a) of Section 4681.6, for non-English speaking individuals served. Funded activities shall include specialized outreach and case management services toward identifying which individuals might have an unaddressed need for a health and safety waiver and assisting with guiding individuals through the application process to meet those needs. Regional centers shall track the number of individuals served through this effort and provide this information to the department on at least an annual basis.

SEC. 17. Section 6509 of the Welfare and Institutions Code, as proposed to be amended by Section 56 of Assembly Bill 136 of the 2021-22 Regular Session, is amended to read:

6509. (a) If the court finds that the person has a developmental disability, and is a danger to self or to others, or is in acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, the court may make an order that the person be committed to the State Department of Developmental Services for suitable treatment and habilitation services. For purposes of this section, "suitable treatment and habilitation services" means the least restrictive residential placement necessary to achieve the purposes of treatment. Care and treatment of a person committed to the State Department of Developmental Services may include placement in any of the following:

(1) A licensed community care facility, as defined in Section 1502 of the Health and Safety Code, or a health facility, as defined in Section 1250 of the Health and Safety Code, other than a developmental center or state-operated facility.

(2) A property used to provide Stabilization, Training, Assistance and Reintegration (STAR) services operated by the department if the person meets the criteria for admission pursuant to paragraph (2) of subdivision (a) of Section 7505.

(3) The secure treatment program at Porterville Developmental Center, if the person meets the criteria for admission pursuant to paragraph (3) of subdivision (a) of Section 7505.

(4) Canyon Springs Community Facility, if the person meets the criteria for admission pursuant to paragraph (4), (5), or (6) of subdivision (a) of Section 7505.

(5) On or after July 1, 2019, the acute crisis center at Porterville Developmental Center, if the person meets the criteria for admission pursuant to paragraph (7) of subdivision (a) of Section 7505.

(6) Any other appropriate placement permitted by law.

(b) (1) The court shall hold a hearing as to the available placement alternatives and consider the reports of the regional center director or designee and the developmental center director or designee submitted pursuant to Section 6504.5. After hearing all the evidence, the court shall order that the person be committed to the placement that the court finds to be the most appropriate and least restrictive alternative. If the court finds that release of the person can be made subject to conditions that the court deems proper and adequate for the protection and safety of others and the welfare of the person, the person shall be released subject to those conditions.

(2) The court, however, may commit a person with a developmental disability who is not a resident of this state under Section 4460 for the purpose of transportation of the person to the state of legal residence pursuant to Section 4461. The State Department of Developmental Services shall receive the person committed to it and shall place the person in the placement ordered by the court.

(c) If the person has at any time been found mentally incompetent pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code arising out of a complaint charging a felony offense specified in Section 290 of the Penal Code, the court shall order the State Department of Developmental Services to give notice of that finding to the

designated placement facility and the appropriate law enforcement agency or agencies having local jurisdiction at the site of the placement facility.

(d) For persons residing in the secure treatment program at the Porterville Developmental Center, at the person's annual individual program plan meeting the team shall determine if the person should be considered for transition from the secure treatment program to an alternative placement. If the team concludes that an alternative placement is appropriate, the regional center, in coordination with the developmental center, shall conduct a comprehensive assessment and develop a proposed plan to transition the individual from the secure treatment program to the community. The transition plan shall be based upon the individual's needs, developed through the individual program plan process, and shall ensure that needed services and supports will be in place at the time the individual moves. Individual supports and services shall include, when appropriate for the individual, wrap-around services through intensive individualized support services. The clients' rights advocate for the regional center shall be notified of the individual program plan meeting and may participate in the meeting unless the consumer objects on their own behalf. The individual's transition plan shall be provided to the court as part of the notice required pursuant to subdivision (e).

(e) If the State Department of Developmental Services decides that a change in placement is necessary, it shall notify, in writing, the court of commitment, the district attorney, the attorney of record for the person, and the regional center of its decision at least 15 days in advance of the proposed change in placement. The court may hold a hearing and either approve or disapprove of the change or take no action, in which case the change shall be deemed approved. At the request of the district attorney or of the attorney for the person, a hearing shall be held.

SEC. 18. Chapter 4.8 (commencing with Section 8154) is added to Division 8 of the Welfare and Institutions Code, to read:

Chapter 4.8. Pandemic Emergency Assistance

8154. (a) The State Department of Social Services shall use the funds allotted to the state from the Pandemic Emergency Assistance Fund pursuant to the American Rescue Plan Act of 2021 (Public Law 117-2), and appropriated by the Legislature for this purpose in the Budget Act of 2021, to make a flat rate one-time payment to each CalWORKs assistance unit, as defined in Section 11450.16, that is an active assistance unit on the date of eligibility, as determined by the Statewide Automated Welfare System. The amount of the one-time payment shall be based on the funds available and the most recent caseload data, as determined by the department. The department, based on data from the Statewide Automated Welfare System, shall establish the date of eligibility.

(b) The department shall develop guidance on tracking and reporting procedures, and the form and manner of the payments to be made pursuant to subdivision (a).

(c) The payments described in subdivision (a) shall be treated as nonrecurrent short-term benefits, as defined in Section 260.31(b)(1) of Title 45 of the Code of Federal Regulations and in the Instructions for Completion of State TANF Financial Report Form ACF-196R, published on July 31, 2014.

(d) The department shall submit a written report to the Legislature, in accordance with Section 9795 of the Government Code, no later than November 1, 2021, that shall include, but not be limited to, information on the following:

(1) The number of one-time payments made.

(2) The dollar amount of the one-time payment.

(3) Aggregate data on the form and manner of payments made and how many payments were made in each form.

(4) Details on the timeframe within which payments were issued and if any administrative issues arose in that implementation.

(e) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the State Department of Social Services may implement, interpret, or make specific this section by means of all-county letters or similar written instructions, which shall be exempt from submission to or review by the Office of Administrative Law. These all-county letters or similar instructions shall have the same force and effect as regulations.

(f) This chapter shall remain in effect only until January 1, 2025, and as of that date is repealed.

SEC. 19. Section 9104 is added to the Welfare and Institutions Code, to read:

9104. (a) Subject to an appropriation of funds for this purpose in the annual Budget Act, the California Department of Aging shall administer the Access to Technology Program for older adults and adults with disabilities, a pilot program to connect older adults and adults with disabilities to technology to help reduce isolation, increase connections, and enhance self-confidence.

(1) Funds appropriated for this program shall be provided to county human services departments that opt to participate in the pilot program.

(2) Grant amounts to counties shall be provided based on county size and whether the county is rural, urban, or suburban. The grant amounts for each county size and type shall be developed by the department in consultation with the County Welfare Directors Association.

(b) Allowable uses of the funds provided to counties that receive grant funding through the program include, but are not limited to, all of the following:

(1) Providing technology, which may include, but is not limited to, laptops, tablets, and smartphones, to older adults and adults with disabilities.

(2) Arranging for reliable internet access to older adults and adults with disabilities.

(3) Developing or arranging for education and training for older adults and adults with disabilities on the use of technology.

(4) Conducting outreach about the program.

(5) Administration of the program, including data collection and reporting.

(c) It is the intent of the Legislature that counties that opt into the pilot program describe how they intend to leverage existing programs, if applicable, that provide one or more of the services listed in subdivision (b) in order to provide maximum benefit to the greatest number of residents.

SEC. 20. Section 9121 of the Welfare and Institutions Code is amended to read:

9121. (a) Upon appropriation by the Legislature for this purpose, the California Department of Aging shall administer the Aging and Disability Resource Connection (ADRC) Infrastructure Grants Program for the purpose of implementing a No Wrong Door System. Funds shall be awarded pursuant to the grant program to interested and qualified area agencies on aging and independent living centers, including area agencies on aging and independent living centers in rural areas, to complete the planning and application process for designation and approval to operate as an ADRC program pursuant to Section 9120. Grant funds may also be awarded to aid designated ADRC programs operated by area agencies on aging and independent living centers in expanding or strengthening the services they provide.

(b) For purposes of this article, "No Wrong Door System" means a system that enables consumers to access all long-term services and supports (LTSS) through one agency, organization, coordinated network, or portal, and that provides information regarding the availability of LTSS, how to apply for LTSS, referral services for LTSS otherwise available in the community, and either a determination of financial and functional eligibility for LTSS or assistance with assessment processes for financial and functional eligibility for LTSS.

SEC. 21. Chapter 3.6 (commencing with Section 9260) is added to Division 8.5 of the Welfare and Institutions Code, to read:

Chapter 3.6. Office of the Long-Term Care Patient Representative

9260. (a) (1) The Long-Term Care Patient Representative Program is established within the California Department of Aging to provide public patient representatives for residents of skilled nursing or intermediate care facilities to participate in interdisciplinary team reviews held pursuant to Section 1418.8 of the Health and Safety Code in the event that a family member, friend, or other person authorized by state or federal law cannot be located, or is otherwise unavailable, unwilling, or unable to participate as a patient representative.

(2) The Office of the Long-Term Care Patient Representative is established within the California Department of Aging to coordinate and oversee the statewide provision of public patient representative services and to train and certify individuals who serve as public patient representatives in the Long-Term Care Patient Representative Program.

(b) The department may enter into agreements with area agencies on aging, government agencies, or nonprofit organizations to provide patient representative services as local long-term care patient representative programs ("local program"). Contracts between the department and local programs shall be exempt from Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code.

(c) The department shall provide every skilled nursing facility and intermediate care facility, and update as needed, contact information for local programs to be used for required notices.

(d) The department shall collect, analyze, and report data related to the program, including the number of residents represented and the number of interdisciplinary team meetings attended.

9265. (a) The department shall establish appropriate eligibility, training, certification, and continuing education requirements for public patient representatives. An individual shall not serve as a public patient representative until and unless the individual obtains and maintains certification pursuant to this section.

(b) Each public patient representative shall obtain a criminal offender record clearance prior to entry into any skilled nursing facility or intermediate care facility.

(c) The certification process shall ensure that each public patient representative is not prohibited from serving as a patient representative by Section 1418.8 of the Health and Safety Code.

9270. (a) A public patient representative shall not participate in an interdisciplinary team review of a decision that would directly and inexorably lead to death.

(b) Notwithstanding subdivision (a), a public patient representative may participate in an interdisciplinary team review to create or revise Physician Orders for Life Sustaining Treatment, as specified in Part 4 (commencing with Section 4780) of Division 4.7 of the Probate Code, Do Not Resuscitate, comfort care orders, and elections of hospice care. The public patient representative shall ascertain whether that care is consistent with the resident's individual health care instructions, if any, and other expressed wishes, to the extent known, or otherwise whether the proposed intervention appears consistent with the best interest of the resident.

9275. A public patient representative assigned by the program to an interdisciplinary team review shall do all of the following:

(a) Conduct a review to confirm that all criteria are met for an interdisciplinary team to convene for a resident and for the assignment of a patient representative by the program, as required by Section 1418.8 of the Health and Safety Code, including reviewing a copy of all written notices from the facility to the resident regarding the physician's determination that

the resident lacks the ability to provide informed consent, and the facility's determination that there is no surrogate decisionmaker.

(b) Meet and, if possible, interview the resident prior to an interdisciplinary team meeting for initial review of a proposed treatment intervention or quarterly review of that intervention, or upon a change of condition in the resident necessitating a change in the proposed intervention.

(c) Review the medical and clinical records of the resident.

(d) Review relevant policies and procedures of the facility.

(e) Participate in the interdisciplinary team review of the proposed intervention, considering the factors required by Section 1418.8 of the Health and Safety Code, including the risks and benefits of the proposed intervention, and any alternatives, and consider whether the proposed intervention is either consistent with the resident's preferences or best approximation of preferences, if known, or otherwise whether the proposed intervention appears consistent with the best interests of the resident.

(f) Articulate the resident's preferences, if known, or best approximation of preferences.

(g) Identify and report any concerns regarding abuse and neglect of the resident to the Office of the Long-Term Care Ombudsman, the State Department of Public Health, and other appropriate organizations or agencies.

(h) Refer a resident who seeks judicial review pursuant to Section 1418.8 of the Health and Safety Code to appropriate legal services identified by the program. Public patient representatives and the program shall not provide legal representation or advice to residents.

9280. Upon request of the department, the Attorney General shall represent the department, local programs, and the program's representatives in litigation concerning affairs of the program, unless the Attorney General represents another state agency, in which case the agency or the department shall employ other counsel.

9285. Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement this chapter or Section 1418.8 of the Health and Safety Code, in whole or in part, by means of a program memo or other similar instruction.

9290. (a) The State of California, the California Department of Aging, local programs, and any employee or representative of the program shall not be held liable for civil damages on the account of any harm, injury, or death resulting from any act or omission by the state, department, program, or its employees or representatives in good faith performance of the duties and responsibilities under this chapter.

(b) All communications by employees or representatives of the State of California, the California Department of Aging, and local programs, if reasonably related to the duties and responsibilities under this chapter and done in good faith, shall be privileged, and that privilege shall serve as a defense to any action in libel or slander.

9295. Notwithstanding any other provision of this chapter, the department is not required to begin providing public patient representatives pursuant to this chapter until July 1, 2022, or the date that the Director of the California Department of Aging certifies to the State Public Health Officer and provides public notice that the Long-Term Care Patient Representative Program is operational, whichever is earlier.

SEC. 22. Section 10618.8 is added to the Welfare and Institutions Code, to read:

10618.8. (a) Utilizing no more than ten million five hundred thousand dollars ($10,500,000) of the one-time funds appropriated in the Budget Act of 2021 for the purposes of the CalWORKs Housing Support Program (Article 3.3 (commencing with Section 11330.5) of Chapter 2 of Part 3), the Home Safe Program (Chapter 14 (commencing with Section 15770) of Part 3), the Bringing Families Home Program (Article 6 (commencing with Section 16523) of Chapter 5 of Part 4), and the Housing and Disability Advocacy Program (Chapter 17 (commencing with Section 18999) of Part 6), the department may contract with one or more vendors for the purpose of establishing a system to collect data and track outcomes, and may, in consultation with the Legislature, the County Welfare Directors Association of California, advocates for clients, and housing and homelessness stakeholders, contract with one or more independent evaluation and research agencies to evaluate the impacts of each of these programs, which may include, but are not limited to all of the following:

(1) Outcomes for recipients, including achievement of housing stability.

(2) Demographic information about recipients.

(3) The likelihood of future homelessness and housing instability among recipients.

(4) Program costs and benefits.

(b) Program evaluation efforts described in subdivision (a) shall compliment evaluation efforts specified in subdivision (g) of Section 15771.

(c) Utilizing no more than ten million five hundred thousand dollars ($10,500,000) of the one-time funds appropriated in the Budget Act of 2021 for the purposes of the CalWORKs Housing Support Program (Article 3.3 (commencing with Section 11330.5) of Chapter 2 of Part 3), the Home Safe Program (Chapter 14 (commencing with Section 15770) of Part 3), the Bringing Families Home Program (Article 6 (commencing with Section 16523) of Chapter 5 of Part 4), and the Housing and Disability Advocacy Program (Chapter 17 (commencing with Section 18999) of Part 6), the department may, in consultation with the Legislature, County Welfare Directors Association of California, advocates for clients, and housing and homelessness stakeholders, contract with one or more entities to provide technical assistance for each of these programs, which may include, but is not limited to all of the following:

(1) Implementing and administering programs that incorporate evidence-based and emerging promising practices in homeless assistance and homelessness prevention that support the advancement of racial equity.

(2) Scaling housing navigation and location services.

(3) Coordination and integration between the social services department, homelessness system of care, and health systems.

(4) Streamlining administrative efficiencies.

(5) Data collection and reporting, outcomes monitoring, and continuous quality improvement.

(d) The department shall report annually to the Legislature on contracts and expenditures made, data collected, and evaluations performed pursuant to this section, by February 1 of each year.

(e) For purposes of implementing this section, contracts entered into or amended shall be exempt from all of the following:

(1) Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code.

(2) The personal services contracting requirements of Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code.

(3) Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code and the State Contracting Manual.

(4) Notwithstanding Section 11546 of the Government Code, from review or approval of any division of the Department of Technology, upon approval from the Department of Finance.

(5) From the review or approval of any division of the Department of General Services.

SEC. 23. Section 10823.6 is added to the Welfare and Institutions Code, to read:

10823.6. (a) It is the intent of the Legislature that health and human services programs shall leverage telephonic signature technology to enhance the ability for county human services customers and staff to complete transactions by telephone through the creation of a global telephonic signature solution for use by county human services departments, to the extent permitted by program policy.

(b) The California Statewide Automated Welfare System (CalSAWS) consortium shall be authorized to develop, deploy, and maintain a simple, standalone telephonic signature solution according to the following requirements:

(1) The telephonic signature solution shall allow for storage and retrieval of recorded telephonic signatures in compliance with program policy.

(2) This telephonic signature solution shall be available until equivalent functionality has been integrated into the following case management systems:

(A) CalSAWS.

(B) Case Management Information and Payroll System (CMIPS).

(C) California Automated Response and Engagement System (CWS-CARES).

(c) This section shall only be implemented to the extent funding is appropriated for these purposes.

(d) This section shall be rendered inoperative upon integration of the telephonic signature solution into all statewide systems included in paragraph

(2) of subdivision (b), and is repealed as of January 1 of the calendar year following the date of the inoperability.

SEC. 24. Section 10831 of the Welfare and Institutions Code is amended to read:

10831. (a) The department shall implement and maintain nonbiometric identity verification methods in the CalWORKs program. The methods approved by the department as of July 1, 2018, satisfy this requirement.

(b) Notwithstanding subdivision (a), commencing July 1, 2021, for purposes of identity verification, a CalWORKs applicant or recipient may provide proof of identity via videoconferencing or any other electronic means that allows for a visual interaction between the applicant or recipient and county eligibility staff. Verification conducted in this manner shall satisfy any inperson identification requirement.

SEC. 25. Section 10836 of the Welfare and Institutions Code is amended to read:

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

(a) The EVV system shall be developed and implemented in a manner and timeframe that avoids payment of the federal financial participation penalties, as 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 department shall collaborate with stakeholders to identify the least intrusive manner to record the location of in-home supportive service delivery at the time service begins and ends each day, to the extent necessary to comply with the federal 21st Century Cures Act and related federal guidance.

(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 shall not 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.

(i) Consistent with the requirements of the federal 21st Century Cures Act and related federal guidance, live-in in-home supportive service providers shall not be subject to electronic visit verification requirements.

SEC. 26. Section 11004 of the Welfare and Institutions Code is amended to read:

11004. The provisions of this code relative to public social services for which state grants-in-aid are made to the counties shall be administered fairly to the end that all persons who are eligible and apply for those public social services shall receive the assistance to which they are entitled promptly, with due consideration for the needs of applicants and the safeguarding of public funds.

(a) Any applicant for, or recipient or payee of, those public social services shall be informed as to the provisions of eligibility and the responsibility to report facts material to a correct determination of eligibility and grant.

(b) Any applicant for, or recipient or payee of, those public social services shall be responsible for reporting accurately and completely within the applicant's, recipient's, or payee's competence those facts required pursuant to subdivision (a) and to promptly report any changes in those facts.

(c) Current and future grants payable to an assistance unit may be reduced because of prior overpayments. In cases in which the overpayment was caused by agency error, grant payments shall be reduced by 5 percent of the maximum aid payment of the assistance unit. Grant payments to be adjusted because of prior overpayments because of any other reason shall be reduced by 10 percent of the maximum aid payments for the assistance unit. A recipient may have an overpayment adjustment in excess of the amounts allowable under this section if the recipient requests it.

(d) A determination of ineligibility shall not be made retrospectively so as to result in an assessment of an overpayment when there is a failure on the part of an applicant or recipient to perform an act constituting a condition of eligibility, if the failure is caused by an error made by a state agency or a county welfare department, and if the amount of the grant received by the applicant or recipient would not have been different had the act been performed.

(e) Prior to effectuating any reduction of current grants to recover past overpayments, the recipient shall be advised of the proposed reduction and of the recipient's entitlement to a hearing on the propriety of the reduction.

(f) If the department determines after a hearing that an overpayment has occurred, the county providing the public social services shall seek to recover the overpayment in accordance with subdivision (c), including any amount paid while the hearing process was pending. That adjustment shall be permitted concurrently with any suit for restitution, and recovery of overpayment by adjustment shall reduce by the amount of such recovery the extent of liability for restitution.

(g) (1) If the individual responsible for an overpayment is no longer receiving aid under Chapter 2 (commencing with Section 11200), recovery of overpayments received under that chapter shall not be attempted when the outstanding overpayments are less than two hundred fifty dollars ($250).

When an overpayment collection is attempted, reasonable cost-effective efforts at collection shall be implemented. Reasonable efforts shall include notification of the amount of the overpayment and that repayment is required. The department shall define reasonable cost-effective collection methods. In cases involving fraud, every effort shall be made to collect the overpayments regardless of the amount.

(2) The department may establish a threshold higher than two hundred fifty dollars ($250) if it determines that a higher threshold is more cost effective, but the department shall not set a lower threshold than that amount.

(3) Notwithstanding subdivision (c), a county shall discharge an overpayment if the county determines that the overpayment has been caused by a major systemic error or negligence, as those terms are defined by the department.

(h) If the individual responsible for the overpayment to the assistance unit becomes a member of another assistance unit, recovery of overpayments shall be made against the individual or the individual's present assistance unit, or both.

(i) (1) If an overpayment has been made to an assistance unit that is no longer receiving public social services, recovery shall be made by appropriate action under state law.

(2) This paragraph shall be operative when the Statewide Automated Welfare System (SAWS) can automate its provisions. Except in cases involving overpayments due to fraud or an investigation into suspected fraud, if the individual responsible for the overpayment has not received aid under Chapter 2 (commencing with Section 11200) for 36 consecutive months or longer, the county shall deem an overpayment uncollectible and discharge, in accordance with existing discharge procedures, an overpayment received under that chapter.

(j) A civil or criminal action shall not be commenced against any person based on alleged unlawful application for or receipt of public social services if the case record, or any consumer credit report used in the civil or criminal case of that person for the purpose of determining that the overpayment, has not been made available to that person or has been destroyed after the expiration of the three-year retention period pursuant to Section 10851.

(k) (1) When an underpayment or denial of public social services occurs and, as a result, the applicant or recipient does not receive the amount to which the applicant or recipient is entitled, the county shall provide public social services equal to the full amount of the underpayment unless prohibited by federal law. In cases that have both an underpayment and an overpayment, the underpayment shall be offset against the overpayment prior to correcting any remaining underpayment.

(2) Any corrective payments made pursuant to this subdivision shall be disregarded in determining the income of the family and shall be disregarded in determining the resources of the family in the month the corrective payment is made and in the following month.

(*l*) This subdivision is applicable only to applicants, recipients, and payees under Chapter 2 (commencing with Section 11200) of Part 3 of Division 9.

Any suits to recover overpayments described in subdivision (f) shall be brought on behalf of the county by the county counsel unless the board of supervisors delegates that duty to the district attorney by ordinance or resolution.

(m) This section shall become inoperative on July 1, 2022, or on the date the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement this section, as added by the act that added this subdivision, whichever date is later, and is repealed on January 1 of the following year.

SEC. 27. Section 11004 is added to the Welfare and Institutions Code, to read:

11004. The provisions of this code relative to public social services for which state grants-in-aid are made to the counties shall be administered fairly to the end that all persons who are eligible and apply for those public social services shall receive the assistance to which they are entitled promptly, with due consideration for the needs of applicants and the safeguarding of public funds.

(a) Any applicant for, or recipient or payee of, those public social services shall be informed as to the provisions of eligibility and the responsibility to report facts material to a correct determination of eligibility and grant.

(b) Any applicant for, or recipient or payee of, those public social services shall be responsible for reporting accurately and completely within the applicant's, recipient's, or payee's competence those facts required pursuant to subdivision (a) and to promptly report any changes in those facts.

(c) Current and future grants payable to an assistance unit may be reduced because of prior overpayments. In cases in which the overpayment was caused by agency error, grant payments shall be reduced by 5 percent of the maximum aid payment of the assistance unit. Grant payments to be adjusted because of prior overpayments because of any other reason shall be reduced by 10 percent of the maximum aid payments for the assistance unit. A recipient may have an overpayment adjustment in excess of the amounts allowable under this section if the recipient requests it.

(d) A determination of ineligibility shall not be made retrospectively so as to result in an assessment of an overpayment when there is a failure on the part of an applicant or recipient to perform an act constituting a condition of eligibility, if the failure is caused by an error made by a state agency or a county welfare department, and if the amount of the grant received by the applicant or recipient would not have been different had the act been performed.

(e) Prior to effectuating any reduction of current grants to recover past overpayments, the recipient shall be advised of the proposed reduction and of the recipient's entitlement to a hearing on the propriety of the reduction.

(f) If the department determines after a hearing that an overpayment has occurred, the county providing the public social services shall seek to recover the overpayment in accordance with subdivision (c), including any amount paid while the hearing process was pending. That adjustment shall be permitted concurrently with any suit for restitution, and recovery of

overpayment by adjustment shall reduce by the amount of such recovery the extent of liability for restitution.

(g) (1) (A) If the individual responsible for an overpayment is no longer receiving aid under Chapter 2 (commencing with Section 11200), recovery of overpayments received under that chapter shall not be attempted when the outstanding overpayments are less than two hundred fifty dollars ($250). When an overpayment collection is attempted, reasonable cost-effective efforts at collection shall be implemented. Reasonable efforts shall include notification of the amount of the overpayment and that repayment is required. The department shall define reasonable cost-effective collection methods. In cases involving fraud, every effort shall be made to collect the overpayments regardless of the amount.

(B) The department may establish a threshold higher than two hundred fifty dollars ($250) if it determines that a higher threshold is more cost effective, but the department shall not set a lower threshold than that amount.

(2) Notwithstanding subdivision (c), a county shall discharge an overpayment if the county determines that the overpayment has been caused by a major systemic error or negligence, as those terms are defined by the department.

(3) (A) Except in cases involving overpayments due to fraud, a county shall only establish an overpayment if the overpayment occurred within 24 months prior to the date that the county discovered the overpayment.

(B) A county shall not collect any portion of a nonfraudulent overpayment that occurred more than 24 months prior to the date the county discovered an overpayment.

(h) If the individual responsible for the overpayment to the assistance unit becomes a member of another assistance unit, recovery of overpayments shall be made against the individual or the individual's present assistance unit, or both.

(i) (1) If an overpayment has been made to an assistance unit that is no longer receiving public social services, recovery shall be made by appropriate action under state law.

(2) This paragraph shall be operative when the Statewide Automated Welfare System (SAWS) can automate its provisions. Except in cases involving overpayments due to fraud or an investigation into suspected fraud, if the individual responsible for the overpayment has not received aid under Chapter 2 (commencing with Section 11200) for 36 consecutive months or longer, the county shall deem an overpayment uncollectible and discharge, in accordance with existing discharge procedures, an overpayment received under that chapter.

(j) A civil or criminal action shall not be commenced against any person based on alleged unlawful application for or receipt of public social services if the case record, or any consumer credit report used in the civil or criminal case of that person for the purpose of determining that the overpayment, has not been made available to that person or has been destroyed after the expiration of the three-year retention period pursuant to Section 10851.

(k) (1) When an underpayment or denial of public social services occurs and, as a result, the applicant or recipient does not receive the amount to which the applicant or recipient is entitled, the county shall provide public social services equal to the full amount of the underpayment unless prohibited by federal law. In cases that have both an underpayment and an overpayment, the underpayment shall be offset against the overpayment prior to correcting any remaining underpayment.

(2) Any corrective payments made pursuant to this subdivision shall be disregarded in determining the income of the family and shall be disregarded in determining the resources of the family in the month the corrective payment is made and in the following month.

(*l*) This subdivision is applicable only to applicants, recipients, and payees under Chapter 2 (commencing with Section 11200) of Part 3 of Division 9. Any suits to recover overpayments described in subdivision (f) shall be brought on behalf of the county by the county counsel unless the board of supervisors delegates that duty to the district attorney by ordinance or resolution.

(m) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through all-county letters or similar instruction that shall have the same force and effect as regulations until regulations are adopted.

(n) The department shall adopt emergency regulations implementing this section no later than January 1, 2023. The department may readopt any emergency regulation authorized by this section that is the same as, or substantially equivalent to, any emergency regulation previously adopted pursuant to this section. The initial adoption of regulations pursuant to this section and one readoption of emergency regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. Initial emergency regulations and one readoption of emergency regulations authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State, and each shall remain in effect for no more than 180 days, by which time final regulations shall be adopted.

(o) This section shall become operative on July 1, 2022, or on the date the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement this section, whichever date is later, except as otherwise specified in paragraph (2) of subdivision (i).

SEC. 28. Section 11004.1 of the Welfare and Institutions Code is amended to read:

11004.1. (a) In addition to Section 11004, this section shall apply to the CalWORKs program.

(b) The amount of any CalWORKs grant overpayment shall be the difference between the grant amount the assistance unit actually received and the grant amount the assistance unit would have received under the semiannual reporting, prospective budgeting system if a county error had not occurred and if the recipient had timely, completely, and accurately reported, as required under Sections 11265.1 and 11265.3. An overpayment shall not be established based on any differences between the amount of income the county prospectively determined for the recipient for the semiannual reporting period and the income the recipient actually received during that period, provided the recipient's report was complete and accurate.

(c) A CalWORKs grant underpayment shall not be established based on any differences between the amount of income the county prospectively determined for the recipient for the semiannual reporting period and the income the recipient actually received during that period.

(d) (1) This section shall become operative on April 1, 2013. A county shall implement the semiannual reporting requirements in accordance with the act that added this section no later than October 1, 2013.

(2) Upon implementation described in paragraph (1), each county shall provide a certificate to the director certifying that semiannual reporting has been implemented in the county.

(3) Upon filing the certificate described in paragraph (2), a county shall comply with the semiannual reporting provisions of this section.

(e) (1) Commencing August 1, 2021, a nonfraudulent CalWORKs overpayment that is established for a current CalWORKs case on or after that date, shall be classified as an administrative error if any overpaid benefit month or months occurred during the period between April 2020 and the end of the Governor's proclamation of a state of emergency related to the COVID-19 pandemic, or June 30, 2022, whichever date is sooner.

(2) If an overpayment is classified as an administrative error pursuant to paragraph (1), and the overpayment also includes overpaid months before or after the period specified in paragraph (1), the entire overpayment shall be classified as an administrative error.

(3) An overpayment classified as an administrative error pursuant to this subdivision shall not be reclassified after the state of emergency related to the COVID-19 pandemic ends, but shall remain an administrative error.

SEC. 29. Section 11011.2 is added to the Welfare and Institutions Code, to read:

11011.2. For the 2021–22 fiscal year, upon order of the Director of Finance, the Controller shall transfer four hundred fifty million dollars ($450,000,000) from the General Fund to the Safety Net Reserve Fund.

SEC. 30. Section 11054 of the Welfare and Institutions Code is amended to read:

11054. (a) (1) Each applicant shall be required before approval of assistance or services to file an affirmation setting forth the applicant's belief that the applicant meets the specific conditions of eligibility. Such statements shall be on forms prescribed by the department and, in the case of applicants for aid to families with dependent children, shall contain a

written declaration that the affirmation is made under penalty of perjury. Any person signing a statement containing such declaration, who willfully and knowingly with intent to deceive states as true any material matter that the person knows to be false, is subject to the penalty prescribed for perjury in the Penal Code.

(2) Whenever the applicant is incapable of completing the affirmation required pursuant to paragraph (1), and a guardian or conservator of the applicant's estate has not been appointed, the affirmation may be completed on the applicant's behalf by a relative or close personal friend or a representative of a public agency who has all necessary knowledge regarding the applicant's circumstances and is willing to affirm thereto. A copy of the affirmation shall be furnished to the applicant or other person completing it at the time it is filed. The other person completing an affirmation who willfully and knowingly with intent to deceive states as true any material matter that the person knows to be false is subject to the penalty prescribed for perjury in the Penal Code.

(3) A county department may also require like statements to be completed before approving restoration of aid as provided by Section 11051, and may require new statements at any time for purposes of continuing assistance.

(b) On and after July 1, 2021, an applicant may complete the affirmation described in subdivision (a) by means of an oral attestation in lieu of a written declaration if the applicant is unable to provide a physical signature or the county human services agency is unable to accept an electronic signature. Except for benefits issued pursuant to subparagraph (A) of paragraph (2) of subdivision (f) of Section 11450, the applicant shall submit a physical signature within 30 working days following an oral attestation for benefits to continue.

(c) Subdivision (b) shall remain operative until the California Statewide Automated Welfare System consortium has implemented an integrated telephonic signature solution. Upon implementation of a telephonic signature solution, the affirmation described in subdivision (a) may be satisfied by use of a telephonic signature.

SEC. 31. Section 11203 of the Welfare and Institutions Code is amended to read:

11203. (a) During those times as the federal government provides funds for the care of a needy relative with whom a needy child or needy children are living, aid to the child or children for any month includes aid to meet the needs of that relative, if money payments are made with respect to the child or children for that month, and if the relative is not receiving aid under Chapter 3 (commencing with Section 12000) or 5.1 (commencing with Section 13000) of this part or Part A of Title XVI of the Social Security Act for that month. Needy relatives under this chapter include only natural or adoptive parents, the spouse of a natural or adoptive parent, and other needy caretaker relatives.

(b) (1) The parent or parents shall be considered living with the needy child or needy children for a period of up to 180 consecutive days of the needy child's or children's absence from the family assistance unit, and the

parent or parents shall be eligible for services under this chapter, including services funded under Sections 15204.2 and 15204.8, and the special needs benefit specified in clause (i) of subparagraph (A) of paragraph (3) of subdivision (f) of Section 11450, if all of the following conditions are met:

(A) The child has been removed from the parent or parents and placed in out-of-home care.

(B) When the child was removed from the parent or parents, the family was receiving aid under this section.

(C) The county has determined that the provision of services under this chapter, including services funded under Sections 15204.2 and 15204.8, and the special needs benefit specified in clause (i) of subparagraph (A) of paragraph (3) of subdivision (f) of Section 11450, is necessary for reunification.

(2) For purposes of this subdivision, the parent or parents shall not be eligible for any payment of aid under Section 11450, except for the special needs benefit specified in clause (i) of subparagraph (A) of paragraph (3) of subdivision (f) of Section 11450.

(c) The department shall revise its state Temporary Assistance for Needy Families plan to incorporate the provisions of subdivision (b) and to incorporate the good cause exception provisions the department deems necessary as authorized by Section 608(a)(10)(B) of Title 42 of the United States Code.

(d) Before July 1, 2022, the department shall issue comprehensive policy, fiscal, and claiming instructions to the counties that will enable counties, on or after July 1, 2022, to implement this section pending the establishment of a new aid code, if one is needed, regarding the extension of aid and services authorized by the changes made to this section, as it was added in the act that added this subdivision.

(e) This section shall become inoperative on July 1, 2022, and, as of January 1, 2023, is repealed.

SEC. 32. Section 11203 is added to the Welfare and Institutions Code, to read:

11203. (a) During those times as the federal government provides funds for the care of a needy relative with whom a needy child or needy children are living, aid to the child or children for any month includes aid to meet the needs of that relative, if money payments are made with respect to the child or children for that month, and if the relative is not receiving aid under Chapter 3 (commencing with Section 12000) or 5.1 (commencing with Section 13000) of this part or Part A of Title XVI of the Social Security Act for that month. Needy relatives under this chapter include only natural or adoptive parents, the spouse of a natural or adoptive parent, and other needy caretaker relatives.

(b) The parent or parents shall be considered living with the needy child or needy children for a period of up to six months, or for a time period as determined by the department, of the needy child's or children's absence from the family assistance unit, and the parent or parents shall be eligible for aid as specified in subdivision (a) of Section 11450 and childcare services

under Article 15.5 (commencing with Section 8350) of Chapter 2 of Part 6 of Division 1 of Title 1 of the Education Code, as that article read on May 1, 2021, as well as services under this chapter, including services funded under Sections 15204.2 and 15204.8, and the special needs benefit specified in clause (i) of subparagraph (A) of paragraph (3) of subdivision (f) of Section 11450, if all of the following conditions are met:

(1) The child has been removed from the parent or parents and placed in out-of-home care.

(2) When the child was removed from the parent or parents, the family was receiving aid under this section.

(3) The county has determined that the provision of aid as specified in subdivision (a) of Section 11450 or the provision of childcare services under Article 15.5 (commencing with Section 8350) of Chapter 2 of Part 6 of Division 1 of Title 1 of the Education Code, as that article read on May 1, 2021, or the provision of services under this chapter, including services funded under Sections 15204.2 and 15204.8, and the special needs benefit specified in clause (i) of subparagraph (A) of paragraph (3) of subdivision (f) of Section 11450, is necessary for reunification.

(c) The department shall revise its state Temporary Assistance for Needy Families plan to incorporate the provisions of subdivision (b) and to incorporate the good cause exception provisions the department deems necessary as authorized by Section 608(a)(10)(B) of Title 42 of the United States Code.

(d) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through all-county letters or similar instruction that shall have the same force and effect as regulations until regulations are adopted.

(e) This section shall become operative on July 1, 2022. Prior to this date, the department shall issue comprehensive policy, fiscal, and claiming instructions to the counties. The department shall notify the Legislature when the Statewide Automated Welfare System has automated this section.

SEC. 33. Section 11330.5 of the Welfare and Institutions Code is amended to read:

11330.5. (a) The department shall award funds in accordance with subdivision (e) to counties for the purpose of providing CalWORKs housing supports to CalWORKs recipients who are experiencing homelessness or at risk of homelessness, including recipients who have not yet received an eviction notice, and for whom housing instability would be a barrier to self-sufficiency or child well-being.

(b) Notwithstanding subdivision (a), this section does not create an entitlement to housing supports, which are intended to be a service to CalWORKs families and not a form of assistance, to be provided to families at the discretion of the county.

(c) It is the intent of the Legislature that housing supports provided pursuant to this article utilize evidence-based models, including those

established in the federal Department of Housing and Urban Development's Homeless Prevention and Rapid Re-Housing Program. Supports provided may include, but shall not be limited to, all of the following:

(1) Financial assistance, including rental assistance, security deposits, utility payments, moving cost assistance, and motel and hotel vouchers.

(2) Housing stabilization and relocation, including outreach and engagement, landlord recruitment, case management, housing search and placement, legal services, and credit repair.

(d) The asset limit threshold specified in subdivision (f) of Section 11450 shall not be used to determine a family's eligibility for receipt of housing supports provided pursuant to this article.

(e) Funds appropriated for purposes of this article shall be awarded to participating counties by the State Department of Social Services according to criteria developed by the department in consultation with the County Welfare Directors Association and Housing California.

(f) The department, in consultation with the County Welfare Directors Association and Housing California and other stakeholders, shall develop each of the following:

(1) The criteria by which counties may be awarded funds to provide housing supports to eligible CalWORKs recipients pursuant to this article.

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

(3) Tracking and reporting procedures.

(g) The department, in consultation with appropriate legislative staff and the County Welfare Directors Association, shall determine, in a manner that reflects the legislative intent for the use of these funds and that is most beneficial to the overall CalWORKs program, whether housing supports provided with this funding are considered to be assistance or nonassistance payments.

(h) Counties may continue to provide housing supports under this section to a recipient who is discontinued because the recipient no longer meets the income eligibility requirements of Section 11450.12.

(i) (1) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer the changes made to this section by the act that added this subdivision by means of all-county letters or similar instructions from the department that shall have the same force and effect as regulations until regulations are adopted.

(2) The department shall adopt regulations implementing the changes specified in paragraph (1) no later than July 1, 2024.

SEC. 34. Section 11450 of the Welfare and Institutions Code, as amended by Section 56 of Chapter 27 of the Statutes of 2019, is repealed.

SEC. 35. Section 11450 of the Welfare and Institutions Code, as amended by Section 1 of Chapter 152 of the Statutes of 2020, is amended to read:

11450. (a) (1) (A) Aid shall be paid for each needy family, which shall include all eligible brothers and sisters of each eligible applicant or recipient child and the parents of the children, but shall not include unborn children, or recipients of aid under Chapter 3 (commencing with Section 12000), qualified for aid under this chapter. In determining the amount of aid paid, and notwithstanding the minimum basic standards of adequate care specified in Section 11452, the family's income, exclusive of any amounts considered exempt as income or paid pursuant to subdivision (e) or Section 11453.1, determined for the prospective semiannual period pursuant to Sections 11265.1, 11265.2, and 11265.3, and then calculated pursuant to Section 11451.5, shall be deducted from the sum specified in the following table, as adjusted for cost-of-living increases pursuant to Section 11453 and paragraph (2). In no case shall the amount of aid paid for each month exceed the sum specified in the following table, as adjusted for cost-of-living increases pursuant to Section 11453 and paragraph (2), plus any special needs, as specified in subdivisions (c), (e), and (f):

Number of eligible needy persons in the same home	Maximum aid
1	$ 326
2	535
3	663
4	788
5	899
6	1,010
7	1,109
8	1,209
9	1,306
10 or more	1,403

(B) If, when, and during those times that the United States government increases or decreases its contributions in assistance of needy children in this state above or below the amount paid on July 1, 1972, the amounts specified in the above table shall be increased or decreased by an amount equal to that increase or decrease by the United States government, provided that no increase or decrease shall be subject to subsequent adjustment pursuant to Section 11453.

(2) The sums specified in paragraph (1) shall not be adjusted for cost of living for the 1990–91, 1991–92, 1992–93, 1993–94, 1994–95, 1995–96, 1996–97, and 1997–98 fiscal years, and through October 31, 1998, nor shall that amount be included in the base for calculating any cost-of-living increases for any fiscal year thereafter. Elimination of the cost-of-living adjustment pursuant to this paragraph shall satisfy the requirements of former Section 11453.05, and no further reduction shall be made pursuant to that section.

(b) (1) (A) Until the date that paragraph (2) is effective, if the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant child who is 18 years of age or younger at any time after verification of pregnancy, in the amount that would otherwise be paid to one person, as specified in subdivision (a), if the pregnant child and the child, if born, would have qualified for aid under this chapter. Verification of pregnancy shall be required as a condition of eligibility for aid under this paragraph.

(B) Notwithstanding subparagraph (A), and until the date that paragraph (2) is effective, if the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant person for the month in which the birth is anticipated and for the six-month period immediately prior to the month in which the birth is anticipated, in the amount that would otherwise be paid to one person, as specified in subdivision (a), if the pregnant person and child, if born, would have qualified for aid under this chapter. Verification of pregnancy is required as a condition of eligibility for aid under this paragraph.

(C) A pregnant person may provide verification of pregnancy as required in subparagraphs (A) or (B) by means of a sworn statement or, if necessary, a verbal attestation. Medical verification of pregnancy shall be submitted within 30 working days following submission of the sworn statement or verbal attestation for benefits to continue. If the applicant fails to submit medical verification of pregnancy within 30 working days, the county human services agency shall continue aid when the applicant presents evidence of good-faith efforts to comply with this requirement.

(D) Subparagraph (A) shall apply only when the Cal-Learn Program is operative.

(2) (A) Notwithstanding paragraph (1), if the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant person as of the date of the application for aid, in the amount that would otherwise be paid to one person, as specified in subdivision (a), if the pregnant person or the child, if born, would have qualified for aid under this chapter. Verification of pregnancy shall be required as a condition of eligibility for aid under this paragraph.

(B) A pregnant person may provide verification of pregnancy as required in subparagraph (A) by means of a sworn statement or, if necessary, a verbal attestation. Medical verification of pregnancy shall be submitted within 30 working days following submission of the sworn statement or verbal attestation for benefits to continue. If the applicant fails to submit medical verification of pregnancy within 30 working days, the county human services agency shall continue aid when the applicant presents evidence of good-faith efforts to comply with this requirement.

(C) (i) A person who receives aid pursuant to this paragraph shall report to the county, orally or in writing, within 30 days following the end of their pregnancy.

(ii) Aid for persons under this paragraph shall discontinue at the end of the month following the month in which the person reports the end of their pregnancy to the county human services agency.

(iii) Prior to discontinuing aid for a person under this paragraph due to the end of their pregnancy, the county human services agency shall provide information about, and referral to, mental health services, including, but not limited to, services provided by the county human services agency, when appropriate.

(D) This paragraph shall take effect on July 1, 2022, or on the date that the department notifies the Legislature that the California Statewide Automated Welfare System can perform the necessary automation to implement this paragraph, whichever date is later.

(c) (1) The amount of forty-seven dollars ($47) per month shall be paid to a pregnant person qualified for aid under subdivision (a) or (b) to meet the special needs resulting from pregnancy if the pregnant person and child, if born, would have qualified for aid under this chapter. County welfare departments shall refer all recipients of aid under this subdivision to a local provider of the California Special Supplemental Nutrition Program for Women, Infants, and Children. If that payment to a pregnant person qualified for aid under subdivision (a) is considered income under federal law in the first five months of pregnancy, payments under this subdivision do not apply to a person eligible under subdivision (a), except for the month in which birth is anticipated and for the three-month period immediately prior to the month in which delivery is anticipated, if the pregnant person and child, if born, would have qualified for aid under this chapter.

(2) Beginning May 1, 2022, or on the date that the department notifies the Legislature that the California Statewide Automated Welfare System can perform the necessary automation to implement this paragraph, the special needs payment described in paragraph (1) shall be one hundred dollars ($100) per month.

(3) Beginning July 1, 2022, or on the date that the department notifies the Legislature that the California Statewide Automated Welfare System can perform the necessary automation to implement this paragraph, the special needs payment described in this subdivision shall discontinue at the end of the month following the month in which a person reports the end of their pregnancy to the county human services agency.

(d) For children receiving AFDC-FC under this chapter, there shall be paid, exclusive of any amount considered exempt as income, an amount of aid each month that, if added to the child’s income, is equal to the rate specified in Section 11460, 11461, 11462, or 11463. In addition, the child is eligible for special needs, as specified in departmental regulations.

(e) In addition to the amounts payable under subdivision (a) and former Section 11453.1, a family is entitled to receive an allowance for recurring special needs not common to a majority of recipients. These recurring special needs include, but are not limited to, special diets upon the recommendation of a physician for circumstances other than pregnancy, and unusual costs of transportation, laundry, housekeeping services, telephone, and utilities.

The recurring special needs allowance for each family per month shall not exceed that amount resulting from multiplying the sum of ten dollars ($10) by the number of recipients in the family who are eligible for assistance.

(f) After a family has used all available liquid resources, both exempt and nonexempt, in excess of one hundred dollars ($100), with the exception of funds deposited in a restricted account described in subdivision (a) of Section 11155.2, the family is also entitled to receive an allowance for nonrecurring special needs.

(1) An allowance for nonrecurring special needs shall be granted for replacement of clothing and household equipment and for emergency housing needs other than those needs addressed by paragraph (2). These needs shall be caused by sudden and unusual circumstances beyond the control of the needy family. The department shall establish the allowance for each of the nonrecurring special needs items. The sum of all nonrecurring special needs provided by this subdivision shall not exceed six hundred dollars ($600) per event.

(2) (A) (i) Homeless assistance is available to a homeless family seeking shelter when the family is eligible for aid under this chapter.

(ii) Homeless assistance for temporary shelter is also available to homeless families that are apparently eligible for aid under this chapter. Apparent eligibility exists when evidence presented by the applicant, or that is otherwise available to the county welfare department, and the information provided on the application documents indicate that there would be eligibility for aid under this chapter if the evidence and information were verified. However, an alien applicant who does not provide verification of their eligible alien status, or a person with no eligible children who does not provide medical verification of their pregnancy, is not apparently eligible for purposes of this section.

(iii) Homeless assistance for temporary shelter is also available to homeless families that would be eligible for aid under this chapter but for the fact that the only child or children in the family are in out-of-home placement pursuant to an order of the dependency court, if the family is receiving reunification services and the county determines that homeless assistance is necessary for reunification to occur.

(B) A family is considered homeless, for the purpose of this section, when the family lacks a fixed and regular nighttime residence, the family has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, or the family is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. A family is also considered homeless for the purpose of this section if the family has received a notice to pay rent or quit. The family shall demonstrate that the eviction is the result of a verified financial hardship as a result of extraordinary circumstances beyond their control, and not other lease or rental violations, and that the family is experiencing a financial crisis that may result in homelessness if preventive assistance is not provided.

(3) (A) (i) A nonrecurring special needs benefit of eighty-five dollars ($85) a day shall be available to families of up to four members for the costs of temporary shelter, subject to the requirements of this paragraph. The fifth and additional members of the family shall each receive fifteen dollars ($15) per day, up to a daily maximum of one hundred forty-five dollars ($145). County welfare departments may increase the daily amount available for temporary shelter as necessary to secure the additional bedspace needed by the family.

(ii) This special needs benefit shall be granted or denied immediately upon the family's application for homeless assistance, and benefits shall be available for up to three working days. The county welfare department shall verify the family's homelessness within the first three working days. If the family meets the criteria of questionable homelessness established by the department, the county welfare department shall refer the family to its early fraud prevention and detection unit, if the county has such a unit, for assistance in the verification of homelessness within this period.

(iii) After homelessness has been verified, the three-day limit shall be extended for a period of time that, when added to the initial benefits provided, does not exceed a total of 16 calendar days. This extension of benefits shall be done in increments of one week, and shall be based upon searching for permanent housing, which shall be documented on a housing search form, good cause, or other circumstances defined by the department. Documentation of a housing search is required for the initial extension of benefits beyond the three-day limit and on a weekly basis thereafter if the family is receiving temporary shelter benefits. Good cause shall include, but is not limited to, situations in which the county welfare department has determined that the family, to the extent it is capable, has made a good faith but unsuccessful effort to secure permanent housing while receiving temporary shelter benefits or that the family is homeless as a direct and primary result of a state or federally declared natural disaster.

(iv) Notwithstanding clauses (ii) and (iii), the county may waive the three-day limit and may provide benefits in increments of more than one week for a family that becomes homeless as a direct and primary result of a state or federally declared natural disaster.

(B) (i) A nonrecurring special needs benefit for permanent housing assistance is available to pay for last month's rent and security deposits if these payments are reasonable conditions of securing a residence, or to pay for up to two months of rent arrearages, if these payments are a reasonable condition of preventing eviction.

(ii) The last month's rent or monthly arrearage portion of the payment shall meet both of the following requirements:

(I) It shall not exceed 80 percent of the family's total monthly household income without the value of CalFresh benefits or special needs benefit for a family of that size.

(II) It shall only be made to families that have found permanent housing costing no more than 80 percent of the family's total monthly household

income without the value of CalFresh benefits or special needs benefit for a family of that size.

(iii) However, if the county welfare department determines that a family intends to reside with individuals who will be sharing housing costs, the county welfare department shall, in appropriate circumstances, set aside the condition specified in subclause (II) of clause (ii).

(C) The nonrecurring special needs benefit for permanent housing assistance is also available to cover the standard costs of deposits for utilities that are necessary for the health and safety of the family.

(D) A payment for, or denial of, permanent housing assistance shall be issued no later than one working day from the time that a family presents evidence of the availability of permanent housing. If an applicant family provides evidence of the availability of permanent housing before the county welfare department has established eligibility for aid under this chapter, the county welfare department shall complete the eligibility determination so that the payment for, or denial of, permanent housing assistance is issued within one working day from the submission of evidence of the availability of permanent housing, unless the family has failed to provide all of the verification necessary to establish eligibility for aid under this chapter.

(E) (i) Except as provided in clauses (ii) and (iii), eligibility for the temporary shelter assistance and the permanent housing assistance pursuant to this paragraph is limited to 16 cumulative calendar days of temporary assistance and one payment of permanent assistance every 12 months. A person who applies for homeless assistance benefits shall be informed that, with certain exceptions, the temporary shelter benefit is limited to a maximum of 16 calendar days for that 12-month period.

(ii) (I) A family that becomes homeless as a direct and primary result of a state or federally declared natural disaster is eligible for temporary and permanent homeless assistance.

(II) If there is a state or federally declared disaster in a county, the county human services agency shall coordinate with public and private disaster response organizations and agencies to identify and inform recipients of their eligibility for temporary and permanent homeless housing assistance available pursuant to subclause (I).

(iii) A family is eligible for temporary and permanent homeless assistance if homelessness is a direct result of domestic violence by a spouse, partner, or roommate; physical or mental illness that is medically verified that shall not include a diagnosis of alcoholism, drug addiction, or psychological stress; or the uninhabitability of the former residence caused by sudden and unusual circumstances beyond the control of the family, including natural catastrophe, fire, or condemnation. These circumstances shall be verified by a third-party governmental or private health and human services agency, except that domestic violence may also be verified by a sworn statement by the victim, as provided under Section 11495.25. Homeless assistance payments based on these specific circumstances may not be received more often than once in any 12-month period. In addition, if the domestic violence is verified by a sworn statement by the victim, the homeless assistance

payments shall be limited to two periods of not more than 16 cumulative calendar days of temporary assistance and two payments of permanent assistance. A county may require that a recipient of homeless assistance benefits who qualifies under this paragraph for a second time in a 24-month period participate in a homelessness avoidance case plan as a condition of eligibility for homeless assistance benefits. The county welfare department shall immediately inform recipients who verify domestic violence by a sworn statement of the availability of domestic violence counseling and services, and refer those recipients to services upon request.

(iv) If a county requires a recipient who verifies domestic violence by a sworn statement to participate in a homelessness avoidance case plan pursuant to clause (iii), the plan shall include the provision of domestic violence services, if appropriate.

(v) If a recipient seeking homeless assistance based on domestic violence pursuant to clause (iii) has previously received homeless avoidance services based on domestic violence, the county shall review whether services were offered to the recipient and consider what additional services would assist the recipient in leaving the domestic violence situation.

(vi) The county welfare department shall report necessary data to the department through a statewide homeless assistance payment indicator system, as requested by the department, regarding all recipients of aid under this paragraph.

(F) The county welfare departments, and all other entities participating in the costs of the CalWORKs program, have the right in their share to any refunds resulting from payment of the permanent housing. However, if an emergency requires the family to move within the 12-month period specified in subparagraph (E), the family shall be allowed to use any refunds received from its deposits to meet the costs of moving to another residence.

(G) Payments to providers for temporary shelter and permanent housing and utilities shall be made on behalf of families requesting these payments.

(H) The daily amount for the temporary shelter special needs benefit for homeless assistance may be increased if authorized by the current year's Budget Act by specifying a different daily allowance and appropriating the funds therefor.

(I) A payment shall not be made pursuant to this paragraph unless the provider of housing is any of the following:

(i) A commercial establishment.

(ii) A shelter.

(iii) A person with whom, or an establishment with which, the family requesting assistance has executed a valid lease, sublease, or shared housing agreement.

(J) (i) Commencing July 1, 2018, a CalWORKs applicant who provides a sworn statement of past or present domestic abuse and who is fleeing their abuser is deemed to be homeless and is eligible for temporary homeless assistance under clause (i) of subparagraph (A) and under subparagraph (E), notwithstanding any income and assets attributable to the alleged abuser.

(ii) The homeless assistance payments issued under this subparagraph shall be granted immediately after the family's application, and benefits shall be available in increments of 16 days of temporary shelter assistance pursuant to clause (i) of subparagraph (A). The homeless assistance payments shall be limited to two periods of not more than 16 cumulative calendar days each of temporary assistance within a lifetime. The homeless assistance payments issued under this subparagraph shall be in addition to other payments for which the CalWORKs applicant, if the applicant becomes a CalWORKs recipient, may later qualify under this subdivision.

(iii) For purposes of this subparagraph, the housing search documentation described in clause (iii) of subparagraph (A) shall be required only upon issuance of an immediate need payment pursuant to Section 11266 or the issuance of benefits for the month of application.

(g) The department shall establish rules and regulations ensuring the uniform statewide application of this section.

(h) The department shall notify all applicants and recipients of aid through the standardized application form that these benefits are available and shall provide an opportunity for recipients to apply for the funds quickly and efficiently.

(i) The department shall work with county human services agencies, the County Welfare Directors Association of California, and advocates of CalWORKs recipients to gather information regarding the actual costs of a nightly shelter and best practices for transitioning families from a temporary shelter to a permanent shelter, and to provide that information to the Legislature, to be submitted annually in accordance with Section 9795 of the Government Code.

(j) (1) Except for the purposes of Section 15200, the amounts payable to recipients pursuant to Section 11453.1 shall not constitute part of the payment schedule set forth in subdivision (a).

(2) The amounts payable to recipients pursuant to Section 11453.1 shall not constitute income to recipients of aid under this section.

(k) For children receiving Kin-GAP pursuant to Article 4.5 (commencing with Section 11360) or Article 4.7 (commencing with Section 11385), there shall be paid, exclusive of any amount considered exempt as income, an amount of aid each month, which, when added to the child's income, is equal to the rate specified in Sections 11364 and 11387.

(*l*) (1) A county shall implement the semiannual reporting requirements in accordance with Chapter 501 of the Statutes of 2011 no later than October 1, 2013.

(2) Upon completion of the implementation described in paragraph (1), each county shall provide a certificate to the director certifying that semiannual reporting has been implemented in the county.

(3) Upon filing the certificate described in paragraph (2), a county shall comply with the semiannual reporting provisions of this section.

(m) This section shall become operative on January 1, 2020, or when the department notifies the Legislature that the Statewide Automated Welfare

System can perform the necessary automation to implement this section, whichever date is later.

(n) This section shall become inoperative on July 1, 2021, or on the date the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement Section 11450, as added by Section 2 of the act that added this subdivision, whichever date is later, and is repealed on January 1 of the following year.

SEC. 36. Section 11450 of the Welfare and Institutions Code, as added by Section 2 of Chapter 152 of the Statutes of 2020, is amended to read:

11450. (a) (1) (A) Aid shall be paid for each needy family, which shall include all eligible brothers and sisters of each eligible applicant or recipient child and the parents of the children, but shall not include unborn children, or recipients of aid under Chapter 3 (commencing with Section 12000), qualified for aid under this chapter. In determining the amount of aid paid, and notwithstanding the minimum basic standards of adequate care specified in Section 11452, the family's income, exclusive of any amounts considered exempt as income or paid pursuant to subdivision (e) or Section 11453.1, determined for the prospective semiannual period pursuant to Sections 11265.1, 11265.2, and 11265.3, and then calculated pursuant to Section 11451.5, shall be deducted from the sum specified in the following table, as adjusted for cost-of-living increases pursuant to Section 11453 and paragraph (2). In no case shall the amount of aid paid for each month exceed the sum specified in the following table, as adjusted for cost-of-living increases pursuant to Section 11453 and paragraph (2), plus any special needs, as specified in subdivisions (c), (e), and (f):

Number of eligible needy persons in the same home	Maximum aid
1	$ 326
2	535
3	663
4	788
5	899
6	1,010
7	1,109
8	1,209
9	1,306
10 or more	1,403

(B) If, when, and during those times that the United States government increases or decreases its contributions in assistance of needy children in this state above or below the amount paid on July 1, 1972, the amounts specified in the above table shall be increased or decreased by an amount equal to that increase or decrease by the United States government, provided

that no increase or decrease shall be subject to subsequent adjustment pursuant to Section 11453.

(2) The sums specified in paragraph (1) shall not be adjusted for cost of living for the 1990–91, 1991–92, 1992–93, 1993–94, 1994–95, 1995–96, 1996–97, and 1997–98 fiscal years, and through October 31, 1998, nor shall that amount be included in the base for calculating any cost-of-living increases for any fiscal year thereafter. Elimination of the cost-of-living adjustment pursuant to this paragraph shall satisfy the requirements of former Section 11453.05, and no further reduction shall be made pursuant to that section.

(b) (1) (A) Until the date that paragraph (2) is effective, if the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant child who is 18 years of age or younger at any time after verification of pregnancy, in the amount that would otherwise be paid to one person, as specified in subdivision (a), if the pregnant child and the child, if born, would have qualified for aid under this chapter. Verification of pregnancy shall be required as a condition of eligibility for aid under this paragraph.

(B) Notwithstanding subparagraph (A), and until the date that paragraph (2) is effective, if the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant person for the month in which the birth is anticipated and for the six-month period immediately prior to the month in which the birth is anticipated, in the amount that would otherwise be paid to one person, as specified in subdivision (a), if the pregnant person and child, if born, would have qualified for aid under this chapter. Verification of pregnancy is required as a condition of eligibility for aid under this paragraph.

(C) Subparagraph (A) shall apply only when the Cal-Learn Program is operative.

(2) (A) Notwithstanding paragraph (1), if the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant person as of the date of the application for aid, in the amount that would otherwise be paid to one person, as specified in subdivision (a), if the pregnant person or the child, if born, would have qualified for aid under this chapter. Verification of pregnancy shall be required as a condition of eligibility for aid under this paragraph.

(B) A pregnant person may provide verification of pregnancy as required in subparagraph (A) by means of a sworn statement or, if necessary, a verbal attestation. Medical verification of pregnancy shall be submitted within 30 working days following submission of the sworn statement or verbal attestation for benefits to continue. If the applicant fails to submit medical verification of pregnancy within 30 working days, the county human services agency shall continue aid when the applicant presents evidence of good-faith efforts to comply with this requirement.

(C) (i) A person who receives aid pursuant to this paragraph shall report to the county, orally or in writing, within 30 days following the end of their pregnancy.

(ii) Aid for persons under this paragraph shall discontinue at the end of the month following the month in which the person reports the end of their pregnancy to the county human services agency.

(iii) Prior to discontinuing aid for a person under this paragraph due to the end of their pregnancy, the county human services agency shall provide information about, and referral to, mental health services, including, but not limited to, services provided by the county human services agency, when appropriate.

(D) This paragraph shall take effect on July 1, 2022, or on the date that the department notifies the Legislature that the California Statewide Automated Welfare System can perform the necessary automation to implement this paragraph, whichever date is later.

(c) (1) The amount of forty-seven dollars ($47) per month shall be paid to a pregnant person qualified for aid under subdivision (a) or (b) to meet the special needs resulting from pregnancy if the pregnant person and child, if born, would have qualified for aid under this chapter. County welfare departments shall refer all recipients of aid under this subdivision to a local provider of the California Special Supplemental Nutrition Program for Women, Infants, and Children. If that payment to a pregnant person qualified for aid under subdivision (a) is considered income under federal law in the first five months of pregnancy, payments under this subdivision do not apply to a person eligible under subdivision (a), except for the month in which birth is anticipated and for the three-month period immediately prior to the month in which delivery is anticipated, if the pregnant person and child, if born, would have qualified for aid under this chapter.

(2) Beginning May 1, 2022, or on the date that the department notifies the Legislature that the California Statewide Automated Welfare System can perform the necessary automation to implement this paragraph, the special needs payment described in paragraph (1) shall be one hundred dollars ($100) per month.

(3) Beginning July 1, 2022, or on the date that the department notifies the Legislature that the California Statewide Automated Welfare System can perform the necessary automation to implement this paragraph, the special needs payment described in this subdivision shall discontinue at the end of the month following the month in which a person reports the end of their pregnancy to the county human services agency.

(d) For children receiving AFDC-FC under this chapter, there shall be paid, exclusive of any amount considered exempt as income, an amount of aid each month that, if added to the child's income, is equal to the rate specified in Section 11460, 11461, 11462, 11462.1, or 11463. In addition, the child is eligible for special needs, as specified in departmental regulations.

(e) In addition to the amounts payable under subdivision (a) and former Section 11453.1, a family is entitled to receive an allowance for recurring special needs not common to a majority of recipients. These recurring special needs include, but are not limited to, special diets upon the recommendation of a physician for circumstances other than pregnancy, and unusual costs

of transportation, laundry, housekeeping services, telephone, and utilities. The recurring special needs allowance for each family per month shall not exceed that amount resulting from multiplying the sum of ten dollars ($10) by the number of recipients in the family who are eligible for assistance.

(f) (1) After a family has used all available liquid resources, both exempt and nonexempt, in excess of one hundred dollars ($100), with the exception of funds deposited in a restricted account described in subdivision (a) of Section 11155.2, the family is also entitled to receive an allowance for nonrecurring special needs. This paragraph does not apply to the allowance for nonrecurring special needs for homeless assistance pursuant to subparagraph (A) of paragraph (3).

(2) An allowance for nonrecurring special needs shall be granted for replacement of clothing and household equipment and for emergency housing needs other than those needs addressed by subparagraph (A) of paragraph (3). These needs shall be caused by sudden and unusual circumstances beyond the control of the needy family. The department shall establish the allowance for each of the nonrecurring special needs items. The sum of all nonrecurring special needs provided by this subdivision shall not exceed six hundred dollars ($600) per event.

(3) (A) (i) An allowance for nonrecurring special needs for homeless assistance is available to a homeless family seeking shelter when the family is eligible for aid under this chapter.

(ii) Homeless assistance for temporary shelter is also available to homeless families that are apparently eligible for aid under this chapter. Apparent eligibility exists when evidence presented by the applicant, or that is otherwise available to the county welfare department, and the information provided on the application documents indicate that there would be eligibility for aid under this chapter if the evidence and information were verified. However, an alien applicant who does not provide verification of their eligible alien status, or a person with no eligible children who does not provide medical verification of their pregnancy, is not apparently eligible for purposes of this section.

(iii) Homeless assistance for temporary shelter is also available to homeless families that would be eligible for aid under this chapter but for the fact that the only child or children in the family are in out-of-home placement pursuant to an order of the dependency court, if the family is receiving reunification services and the county determines that homeless assistance is necessary for reunification to occur.

(B) A family is considered homeless, for the purpose of this section, when the family lacks a fixed and regular nighttime residence, the family has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, or the family is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. A family is also considered homeless for the purpose of this section if the family has received a notice to pay rent or quit.

(4) (A) (i) A nonrecurring special needs benefit of eighty-five dollars ($85) a day shall be available to families of up to four members for the costs of temporary shelter, subject to the requirements of this paragraph. The fifth and additional members of the family shall each receive fifteen dollars ($15) per day, up to a daily maximum of one hundred forty-five dollars ($145). County welfare departments may increase the daily amount available for temporary shelter as necessary to secure the additional bedspace needed by the family.

(ii) This special needs benefit shall be granted or denied the same day as the family's application for homeless assistance, and benefits shall be available for up to three working days. Upon applying for homeless assistance, the family shall provide a sworn statement that the family is homeless. If the family meets the criteria of questionable homelessness, which means that there is reason to suspect that the family has permanent housing, the county human services agency shall refer the family to its early fraud prevention and detection unit, if the county has such a unit, for assistance in the verification of homelessness within this period.

(iii) After homelessness has been verified, the three-day limit shall be extended for a period of time that, when added to the initial benefits provided, does not exceed a total of 16 calendar days. This extension of benefits shall be done in increments of one week, and shall be based upon searching for permanent housing, which shall be documented on a housing search form, good cause, or other circumstances defined by the department. Documentation of a housing search is required for the initial extension of benefits beyond the three-day limit and on a weekly basis thereafter if the family is receiving temporary shelter benefits. Good cause shall include, but is not limited to, situations in which the county welfare department has determined that the family, to the extent it is capable, has made a good faith but unsuccessful effort to secure permanent housing while receiving temporary shelter benefits or that the family is homeless as a direct and primary result of a state or federally declared disaster.

(iv) Notwithstanding clauses (ii) and (iii), the county may waive the three-day limit and may provide benefits in increments of more than one week for a family that becomes homeless as a direct and primary result of a state or federally declared disaster.

(B) (i) A nonrecurring special needs benefit for permanent housing assistance is available to pay for last month's rent and security deposits if these payments are conditions of securing a residence, or to pay for up to two months of rent arrearages, if these payments are a reasonable condition of preventing eviction.

(ii) The last month's rent or monthly arrearage portion of the payment shall meet both of the following requirements:

(I) It shall not exceed 80 percent of the family's total monthly household income without the value of CalFresh benefits or special needs benefit for a family of that size.

(II) It shall only be made to families that have found permanent housing costing no more than 80 percent of the family's total monthly household

income without the value of CalFresh benefits or special needs benefit for a family of that size.

(iii) However, if the county welfare department determines that a family intends to reside with individuals who will be sharing housing costs, the county welfare department shall, in appropriate circumstances, set aside the condition specified in subclause (II) of clause (ii).

(C) The nonrecurring special needs benefit for permanent housing assistance is also available to cover the standard costs of deposits for utilities that are necessary for the health and safety of the family.

(D) A payment for, or denial of, permanent housing assistance shall be issued no later than one working day from the time that a family presents evidence of the availability of permanent housing. If an applicant family provides evidence of the availability of permanent housing before the county welfare department has established eligibility for aid under this chapter, the county welfare department shall complete the eligibility determination so that the payment for, or denial of, permanent housing assistance is issued within one working day from the submission of evidence of the availability of permanent housing, unless the family has failed to provide all of the verification necessary to establish eligibility for aid under this chapter.

(E) (i) Except as provided in clauses (ii) and (iii), eligibility for the temporary shelter assistance and the permanent housing assistance pursuant to this paragraph is limited to the number of days allowable under subparagraph (A) for temporary shelter assistance and one payment of permanent housing assistance every 12 months. A person who applies for homeless assistance benefits shall be informed that, with certain exceptions, the temporary shelter benefit is limited to the number of days allowable under subparagraph (A) for the 12-month period.

(ii) (I) A family that becomes homeless as a direct and primary result of a state or federally declared disaster is eligible for homeless assistance.

(II) If there is a state or federally declared disaster in a county, the county human services agency shall coordinate with public and private disaster response organizations and agencies to identify and inform recipients of their eligibility for homeless assistance available pursuant to subclause (H).

(iii) A family is eligible for homeless assistance if homelessness is a direct result of domestic violence by a spouse, partner, or roommate; physical or mental illness that is medically verified that shall not include a diagnosis of alcoholism, drug addiction, or psychological stress; or the uninhabitability of the former residence caused by sudden and unusual circumstances beyond the control of the family, including natural catastrophe, fire, or condemnation. These circumstances shall be verified by a third-party governmental or private health and human services agency, except that domestic violence may also be verified by a sworn statement by the victim, as provided under Section 11495.25. Homeless assistance payments based on these specific circumstances may not be received more often than once in any 12-month period. In addition, if the domestic violence is verified by a sworn statement by the victim, the homeless assistance payments shall be limited to two periods of not more than 16 cumulative calendar days of

temporary shelter assistance and two payments of permanent housing assistance. A county may require that a recipient of homeless assistance benefits who qualifies under this paragraph for a second time in a 24-month period participate in a homelessness avoidance case plan as a condition of eligibility for homeless assistance benefits. The county welfare department shall immediately inform recipients who verify domestic violence by a sworn statement of the availability of domestic violence counseling and services, and refer those recipients to services upon request.

(iv) If a county requires a recipient who verifies domestic violence by a sworn statement to participate in a homelessness avoidance case plan pursuant to clause (iii), the plan shall include the provision of domestic violence services, if appropriate.

(v) If a recipient seeking homeless assistance based on domestic violence pursuant to clause (iii) has previously received homeless avoidance services based on domestic violence, the county shall review whether services were offered to the recipient and consider what additional services would assist the recipient in leaving the domestic violence situation.

(vi) The county welfare department shall report necessary data to the department through a statewide homeless assistance payment indicator system, as requested by the department, regarding all recipients of aid under this paragraph.

(F) Payments to providers for temporary shelter and permanent housing and utilities shall be made on behalf of families requesting these payments.

(G) The daily amount for the temporary shelter special needs benefit for homeless assistance may be increased if authorized by the current year's Budget Act by specifying a different daily allowance and appropriating the funds therefor.

(H) A payment shall not be made pursuant to this paragraph unless the provider of housing is any of the following:

(i) A commercial establishment.

(ii) A shelter.

(iii) A person with whom, or an establishment with which, the family requesting assistance has executed a valid lease, sublease, or shared housing agreement.

(I) (i) Commencing July 1, 2018, a CalWORKs applicant who provides a sworn statement of past or present domestic abuse and who is fleeing their abuser is deemed to be homeless and is eligible for temporary shelter assistance under clause (i) of subparagraph (A) and under subparagraph (E), notwithstanding any income and assets attributable to the alleged abuser.

(ii) The homeless assistance payments issued under this subparagraph shall be granted the same day as the family's application, and benefits shall be available in increments of 16 days of temporary shelter assistance pursuant to clause (i) of subparagraph (A). The homeless assistance payments shall be limited to two periods of not more than 16 cumulative calendar days each of temporary shelter assistance within the applicant's lifetime. The second 16-day period shall continue to be available when the applicant becomes a CalWORKs recipient during the first 16-day period. The homeless

assistance payments issued under this subparagraph shall be in addition to other payments for which the CalWORKs applicant, if the applicant becomes a CalWORKs recipient, may later qualify under this subdivision.

(iii) For purposes of this subparagraph, the housing search documentation described in clause (iii) of subparagraph (A) shall be required only upon issuance of an immediate need payment pursuant to Section 11266 or the issuance of benefits for the month of application.

(g) The department shall establish rules and regulations ensuring the uniform statewide application of this section.

(h) The department shall notify all applicants and recipients of aid through the standardized application form that these benefits are available and shall provide an opportunity for recipients to apply for the funds quickly and efficiently.

(i) The department shall work with county human services agencies, the County Welfare Directors Association of California, and advocates of CalWORKs recipients to gather information regarding the actual costs of a nightly shelter and best practices for transitioning families from a temporary shelter to permanent housing, and to provide that information to the Legislature, to be submitted annually in accordance with Section 9795 of the Government Code.

(j) (1) Except for the purposes of Section 15200, the amounts payable to recipients pursuant to Section 11453.1 shall not constitute part of the payment schedule set forth in subdivision (a).

(2) The amounts payable to recipients pursuant to Section 11453.1 shall not constitute income to recipients of aid under this section.

(k) For children receiving Kin-GAP pursuant to Article 4.5 (commencing with Section 11360) or Article 4.7 (commencing with Section 11385), there shall be paid, exclusive of any amount considered exempt as income, an amount of aid each month, which, when added to the child's income, is equal to the rate specified in Sections 11364 and 11387.

(*l*) (1) A county shall implement the semiannual reporting requirements in accordance with Chapter 501 of the Statutes of 2011 no later than October 1, 2013.

(2) Upon completion of the implementation described in paragraph (1), each county shall provide a certificate to the director certifying that semiannual reporting has been implemented in the county.

(3) Upon filing the certificate described in paragraph (2), a county shall comply with the semiannual reporting provisions of this section.

(m) (1) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the State Department of Social Services may implement and administer this section by means of all-county letters or similar instructions from the department until regulations are adopted. These all-county letters or similar written instructions shall have the same force and effect as regulations until the adoption of regulations.

(2) The department shall adopt emergency regulations no later than 18 months following the completion of all necessary automation to implement this section. The department may readopt any emergency regulation authorized by this section that is the same as, or substantially equivalent to, an emergency regulation previously adopted under this section.

(3) The initial adoption of emergency regulations pursuant to this section and one readoption of emergency regulations shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. Initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and each shall remain in effect for no more than 180 days, by which time final regulations shall be adopted.

(n) This section shall become operative on July 1, 2021, or on the date the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement this section, whichever date is later.

(o) Notwithstanding subdivision (n), the individual changes imposed by the act adding this section that result in a cost shall become operative only if necessary funds are appropriated for these changes in the annual Budget Act or another statute for these purposes.

SEC. 37. Section 11450.025 of the Welfare and Institutions Code is amended to read:

11450.025. (a) (1) Notwithstanding any other law, effective on March 1, 2014, the maximum aid payments in effect on July 1, 2012, as specified in subdivision (b) of Section 11450.02, shall be increased by 5 percent.

(2) Effective April 1, 2015, the maximum aid payments in effect on July 1, 2014, as specified in paragraph (1), shall be increased by 5 percent.

(3) Effective October 1, 2016, the maximum aid payments in effect on July 1, 2016, as specified in paragraph (2), shall be increased by 1.43 percent.

(4) (A) Effective January 1, 2017, households eligible for aid under this chapter shall receive an increased aid payment consistent with the repeal of former Section 11450.04, as it read on January 1, 2016, known as the "maximum family grant rule."

(B) In recognition of the increased cost of aid payments resulting from that repeal, moneys deposited into the Child Poverty and Family Supplemental Support Subaccount shall be allocated to counties pursuant to Section 17601.50 as follows:

(i) One hundred seven million forty-seven thousand dollars ($107,047,000) for January 1, 2017, to June 30, 2017, inclusive.

(ii) Two hundred twenty-three million four hundred fifty-four thousand dollars ($223,454,000) for the 2017–18 fiscal year and for every fiscal year thereafter.

(5) Effective October 1, 2021, the maximum aid payments in effect on July 1, 2021, as specified in paragraph (3), shall be increased by 5.3 percent.

(b) Commencing in 2014 and annually thereafter, on or before January 10 and on or before May 14, the Director of Finance shall do all of the following:

(1) Estimate the amount of growth revenues pursuant to subdivision (f) of Section 17606.10 that will be deposited in the Child Poverty and Family Supplemental Support Subaccount of the Local Revenue Fund for the current fiscal year and the following fiscal year and the amounts in the subaccount carried over from prior fiscal years.

(2) For the current fiscal year and the following fiscal year, determine the total cost of providing the increases described in subdivision (a), as well as any other increase in the maximum aid payments subsequently provided only under this section, after adjusting for updated projections of CalWORKs costs associated with caseload changes, as reflected in the local assistance subvention estimates prepared by the State Department of Social Services and released with the annual Governor's Budget and subsequent May Revision update.

(3) If the amount estimated in paragraph (1) plus the amount projected to be deposited for the current fiscal year into the Child Poverty and Family Supplemental Support Subaccount pursuant to subparagraph (3) of subdivision (e) of Section 17600.15 is greater than the amount determined in paragraph (2), the difference shall be used to calculate the percentage increase to the CalWORKs maximum aid payment standards that could be fully funded on an ongoing basis beginning the following fiscal year.

(4) If the amount estimated in paragraph (1) plus the amount projected to be deposited for the current fiscal year into the Child Poverty and Family Supplemental Support Subaccount pursuant to subparagraph (3) of subdivision (e) of Section 17600.15 is equal to or less than the amount determined in paragraph (2), no additional increase to the CalWORKs maximum aid payment standards shall be provided in the following fiscal year in accordance with this section.

(5) (A) Commencing with the 2014–15 fiscal year and for all fiscal years thereafter, if changes to the estimated amounts determined in paragraphs (1) or (2), or both, as of the May Revision, are enacted as part of the final budget, the Director of Finance shall repeat, using the same methodology used in the May Revision, the calculations described in paragraphs (3) and (4) using the revenue projections and grant costs assumed in the enacted budget.

(B) If a calculation is required pursuant to subparagraph (A), the Department of Finance shall report the result of this calculation to the appropriate policy and fiscal committees of the Legislature upon enactment of the Budget Act.

(c) An increase in maximum aid payments calculated pursuant to paragraph (3) of subdivision (b), or pursuant to paragraph (5) of subdivision (b) if applicable, shall become effective on October 1 of the following fiscal year.

(d) (1) An increase in maximum aid payments provided in accordance with this section shall be funded with growth revenues from the Child

Poverty and Family Supplemental Support Subaccount in accordance with paragraph (3) of subdivision (e) of Section 17600.15 and subdivision (f) of Section 17606.10, to the extent funds are available in that subaccount.

(2) If funds received by the Child Poverty and Family Supplemental Support Subaccount in a particular fiscal year are insufficient to fully fund any increases to maximum aid payments made pursuant to this section, the remaining cost for that fiscal year will be addressed through existing provisional authority included in the annual Budget Act. Additional increases to the maximum aid payments shall not be provided until and unless the ongoing cumulative costs of all prior increases provided pursuant to this section are fully funded by the Child Poverty and Family Supplemental Support Subaccount.

(e) Notwithstanding Section 15200, counties shall not be required to contribute a share of the costs to cover the increases to maximum aid payments made pursuant to this section.

SEC. 38. Section 11450.12 of the Welfare and Institutions Code is amended to read:

11450.12. (a) An applicant family shall not be eligible for aid under this chapter unless the family's income, exclusive of the first ninety dollars ($90) of earned income for each employed person, is less than the minimum basic standard of adequate care, as specified in Section 11452.

(b) A recipient family shall not be eligible for further aid under this chapter if reasonably anticipated income, less exempt income, determined for the semiannual period pursuant to Sections 11265.1, 11265.2, and 11265.3, and exclusive of amounts exempt under Section 11451.5, equals or exceeds the maximum aid payment specified in Section 11450.

(c) (1) This section shall become operative on April 1, 2013. A county shall implement the semiannual reporting requirements in accordance with the act that added this section no later than October 1, 2013.

(2) Upon implementation described in paragraph (1), each county shall provide a certificate to the director certifying that semiannual reporting has been implemented in the county.

(3) Upon filing the certificate described in paragraph (2), a county shall comply with the semiannual reporting provisions of this section.

(d) This section shall become inoperative on July 1, 2022, and, as of January 1, 2023, is repealed.

SEC. 39. Section 11450.12 is added to the Welfare and Institutions Code, to read:

11450.12. (a) (1) An applicant family shall not be eligible for aid under this chapter unless the family's income, exclusive of the first four hundred fifty dollars ($450) of earned income for each employed person, is less than the minimum basic standard of adequate care, as specified in Section 11452.

(2) If there are subsequent changes to the income exemption as specified in subdivision (c) of Section 11451.5, the earned income exemption amount specified in this section shall be changed by an equal amount.

(b) A recipient family shall not be eligible for further aid under this chapter if reasonably anticipated income, less exempt income, determined

for the semiannual period pursuant to Sections 11265.1, 11265.2, and 11265.3, and exclusive of amounts exempt under Section 11451.5, equals or exceeds the maximum aid payment specified in Section 11450.

(c) This section shall become operative on July 1, 2022.

SEC. 40. It is the intent of the Legislature that full alignment eventually be achieved between applicants and recipients in the CalWORKs program in the amount of earned income that is disregarded for eligibility determination.

SEC. 41. Section 11454 of the Welfare and Institutions Code, as added by Section 61 of Chapter 11 of the Statutes of 2020, is amended to read:

11454. (a) A parent or caretaker relative shall not be eligible for aid under this chapter when the parent or caretaker relative has received aid under this chapter or from any state under the Temporary Assistance for Needy Families program (Part A (commencing with Section 401) of Title IV of the federal Social Security Act (42 U.S.C. Sec. 601 et seq.)) for a cumulative total of 60 months.

(b) (1) Except as otherwise specified in subdivision (c), Section 11454.5, or other law, all months of aid received under this chapter from January 1, 1998, to the operative date of this section, inclusive, shall be applied to the 60-month time limit described in subdivision (a).

(2) All months of aid received from January 1, 1998, to the operative date of this section, inclusive, in any state pursuant to the Temporary Assistance for Needy Families program (Part A (commencing with Section 401) of Title IV of the federal Social Security Act (42 U.S.C. Sec. 601 et seq.)), shall be applied to the 60-month time limit described in subdivision (a).

(c) Subdivision (a) and paragraph (1) of subdivision (b) shall not be applicable when all parents or caretaker relatives of the aided child who are living in the home of the child meet any of the following requirements:

(1) They are 60 years of age or older.

(2) They meet one of the conditions specified in paragraph (4) or (5) of subdivision (b) of Section 11320.3.

(3) They are not included in the assistance unit.

(4) They are receiving benefits under Section 12200 or 12300, State Disability Insurance benefits or Workers' Compensation Temporary Disability Insurance, if the disability significantly impairs the recipient's ability to be regularly employed or participate in welfare-to-work activities.

(5) They are incapable of maintaining employment or participating in welfare-to-work activities, as determined by the county, based on the assessment of the individual and the individual has a history of participation and full cooperation in welfare-to-work activities.

(d) (1) Notwithstanding any other statute, regulation, or other state requirement, the department shall automate a one-time process that allows former CalWORKs recipients excluded from an existing assistance unit due to the formerly applicable 48-month time limit, but who have fewer than 60 countable months of time on aid in CalWORKs, to be added to the existing assistance unit if all information needed to complete an eligibility

determination is in the case record and all other eligibility requirements have been met.

(2) (A) Notwithstanding any other statute, regulation, or other state requirement, the county shall not require a former CalWORKs recipient excluded from an existing assistance unit due to the formerly applicable 48-month time limit to complete and submit CalWORKs forms CW 8, CW 8A, CW 2.1NA, or CW 2.1Q in order to add the former recipient to the existing assistance unit pursuant to paragraph (1).

(B) A CalWORKs recipient added to an existing assistance unit pursuant to paragraph (1) shall complete and submit to the county CalWORKs forms CW 2.1NA and CW 2.1Q pertaining to child support within 60 days of being added to the assistance unit, or by the next scheduled semiannual report or annual redetermination, whichever is earlier.

(3) This subdivision shall only remain operative for 120 days from the date of the operation of this section pursuant to subdivision (e).

(e) This section shall become operative on May 1, 2022, or when the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement this section, whichever date is later.

SEC. 42. Section 11523.4 is added to the Welfare and Institutions Code, to read:

11523.4. (a) The Legislature finds and declares all of the following:

(1) The Legislature has taken numerous steps in recent years to improve the CalWORKs program for the families who rely on it. These changes have moved California towards a more modern and compassionate approach to alleviating family poverty, and are grounded in awareness of the social determinants of health, adverse childhood experiences, and the neurotoxicity and trauma of intergenerational poverty.

(2) County human services departments have led a redesign of the welfare-to-work program, known as CalWORKs 2.0, over the past five years. CalWORKs 2.0 is based on input gathered from program participants, employment services staff, and other stakeholders, as well as recent behavioral science research. The redesigned approach to welfare-to-work engagement focuses on mutual engagement between county staff and clients, that helps families set and achieve personalized goals directly relevant to their lives. This approach requires more individualized case management, tailored to families' and individuals' needs and strengths.

(3) The Legislature adopted a new CalWORKs Outcome and Accountability Review (Cal-OAR) system in 2017. Cal-OAR establishes a locally focused, data-driven program management system that facilitates continuous improvement of county CalWORKs programs by collecting, analyzing, and disseminating outcomes and best practices. Cal-OAR has the potential to transform the CalWORKs program from one which focuses on work participation as the primary measure of success to one which measures a wide variety of real-life, participant-centered outcomes.

(4) The COVID-19 pandemic and the disproportionate health and economic impacts of the pandemic on low-income persons, exacerbated

within communities of color, make it even more clear how urgent and necessary implementation of CalWORKs 2.0 and Cal-OAR principles are in helping impoverished families and people of color, who are disproportionately represented in the program.

(5) Cal-OAR implementation efforts were delayed due to the COVID-19 pandemic, and the state is now entering a phase that will allow reengagement in employment services activities as well as a renewed focus on the CalWORKs 2.0 and Cal-OAR structures.

(b) It is the intent of the Legislature that all of the following are accomplished:

(1) To restart robust conversations around CalWORKs 2.0 and Cal-OAR and set an implementation timeline, including consideration of recommendations made in February 2020 by a legislatively mandated Cal-OAR workgroup. This effort should include development of training and resources for county CalWORKs staff in order to implement the necessary culture change within CalWORKs.

(2) To assist counties in developing and implementing training and resources for county CalWORKs staff, to reflect the racial, ethnic and cultural diversity of our families and communities in California and to promote equity and inclusion in CalWORKs policy and practice. Understanding and building on the steps counties have already taken in this regard is important to further building on that work statewide.

(3) To further the implementation of CalWORKs 2.0 and Cal-OAR statewide, it is the intent of the Legislature that the following steps will occur:

(A) Funding for intensive case management.

(B) Development of resources and training to assist counties in implementing program changes.

(C) Development of trauma-informed, anti-racist, and anti-stigma training for CalWORKs staff geared towards child and family well-being.

(c) It is the intent of the Legislature to consider approaches to the state's management of the federal work participation rate to diminish its negating effects on the intentional culture and program shift for the CalWORKs program.

SEC. 43. Section 11523.5 is added to the Welfare and Institutions Code, to read:

11523.5. (a) The State Department of Social Services shall convene and facilitate a Cal-OAR implementation steering committee (steering committee) no later than November 1, 2021. The steering committee shall make recommendations to the Legislature on how to implement Cal-OAR and CalWORKs 2.0 principles and practices statewide, and prioritize recommendations made by the Cal-OAR stakeholder group, by April 1, 2022. As part of the recommendations required pursuant to this subdivision, the steering committee shall provide its recommendations, including any recommendations for statutory amendments, and the reasons for these recommendations.

(b) The Cal-OAR implementation steering committee shall consist of representatives from the following organizations and stakeholders:

(1) The State Department of Social Services.

(2) The County Welfare Directors Association and its member county human services agencies.

(3) The exclusive representative of county CalWORKs staff.

(4) The Western Center on Law and Poverty.

(5) Parent Voices.

(6) Legislative staff.

(c) The steering committee may consult with other individuals, organizations, and entities as deemed appropriate for the purposes of implementing CalWORKs 2.0 and Cal-OAR.

SEC. 44. Section 11523.6 is added to the Welfare and Institutions Code, to read:

11523.6. (a) Subject to an appropriation of funds for this purpose in the annual Budget Act, the State Department of Social Services shall contract for the development of training for county CalWORKs staff. The department shall enter into one or more contracts to develop this training no later than July 1, 2022.

(b) The department shall consult with the County Welfare Directors Association of California, the exclusive representatives of county eligibility workers, client advocates, and other stakeholders, as deemed appropriate, in the development of this training. In developing the training, the department shall consider and draw upon, as appropriate, training and other materials already developed or in use by county human services agencies.

(c) The training required pursuant to subdivision (a) shall focus on all of the following:

(1) Resources to assist counties in implementing CalWORKs 2.0 and Cal-OAR and embedding these approaches into the program.

(2) Incorporating and building upon principles from CalWORKs 2.0, and relevant data from the Cal-OAR efforts, taking into account work counties have already accomplished in both areas of training focus.

(3) Acknowledging and addressing the intentional shift to a trauma-informed, anti-racist, anti-stigma, and implicit bias-aware culture and climate in the program, geared towards positive outcomes for child and family health and well-being.

(4) The impact of implicit bias, explicit bias, and systemic bias on public benefit programs and the effect this can have on individuals seeking eligibility for and services through public benefit programs.

(5) Actionable steps individuals can take to recognize and address their own implicit biases.

(d) The department shall work with the stakeholders listed in subdivision (b) to develop a plan for disseminating and delivering the training required pursuant to subdivision (a). This plan shall be shared with the Legislature no later than December 1, 2022. The plan shall include all of the following:

(1) The types and classifications of county staff who are to be trained and in what order the training of those staff should be prioritized.

(2) The entity or entities responsible for providing the training to counties, including consideration of providing direct training as well as train-the-trainer modes of training.

(3) The cost of providing the developed training to all identified staff in paragraph (1) in all counties.

(4) The proposed timeline for rolling out and implementing training in all counties.

(e) (1) Notwithstanding any other law, contracts established pursuant to this section shall be exempt from the personal services contracting requirements of Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code, from the Public Contract Code and the State Contracting Manual, and shall not be subject to the approval of the Department of General Services, including provisions pursuant to Chapter 6 (commencing with Section 14825) of Part 5.5. of Division 3 of the Title 2 of the Government Code.

(2) Notwithstanding Section 11546 of the Government Code, contracts established pursuant to this section are exempt from review or approval of any division of the Department of Technology, upon approval from the Department of Finance.

SEC. 45. Section 11523.7 is added to the Welfare and Institutions Code, to read:

11523.7. Payments, as determined by the State Department of Social Services, made to individuals serving either as individual participants or as a participant on an advisory group created by the State Department of Social Services, or the California Health and Human Services Agency, or through a user testing exercise through a contractor, for the purposes of this article shall not be taken into account as income or resources for purposes of determining the eligibility of that individual, or any other individual, for benefits or assistance, or the amount or extent of benefits or assistance, under any state or local program.

SEC. 46. Section 12201.06 of the Welfare and Institutions Code is amended to read:

12201.06. (a) Commencing January 1, 2017, the amount of aid paid pursuant to this article, in effect on December 31, 2016, less the federal benefit portion received under Part A of Title XVI of the federal Social Security Act, shall be increased by 2.76 percent.

(b) (1) Commencing January 1, 2022, the amount of aid paid pursuant to this article, in effect on December 31, 2021, less the federal benefit portion received under Part A of Title XVI of the federal Social Security Act, shall be increased by a percent increase, as determined by the State Department of Social Services and the Department of Finance that can be accomplished with two hundred ninety-one million two hundred and eighty-seven thousand dollars ($291,287,000).

(2) The State Department of Social Services and the Department of Finance shall provide a notice to the Assembly and Senate Health and Human Services budget subcommittees, Assembly and Senate Human Services policy committees, and the Legislative Analyst's Office of the final percent

increase effectuated by the appropriation included in the Budget Act of 2021 for the purposes of implementing paragraph (1) 30 days prior to notifying the federal Social Security Administration to operationalize the grant increase in this subdivision.

(3) Subject to an appropriation in the Budget Act of 2023, an additional grant increase shall commence January 1, 2024, subject to the same calculations, notifications, and implementation as described in paragraphs (1) and (2).

SEC. 47. Section 12300 of the Welfare and Institutions Code is amended to read:

12300. (a) The purpose of this article is to provide in every county in a manner consistent with this chapter and the annual Budget Act those supportive services identified in this section to aged, blind, or disabled persons, as defined under this chapter, who are unable to perform the services themselves and who cannot safely remain in their homes or abodes of their own choosing unless these services are provided.

(b) Supportive services shall include domestic services and services related to domestic services, heavy cleaning, personal care services, accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites, yard hazard abatement, protective supervision, teaching and demonstration directed at reducing the need for other supportive services, and paramedical services which make it possible for the recipient to establish and maintain an independent living arrangement.

(c) Personal care services shall mean all of the following:

(1) Assistance with ambulation.

(2) Bathing, oral hygiene, and grooming.

(3) Dressing.

(4) Care and assistance with prosthetic devices.

(5) Bowel, bladder, and menstrual care.

(6) Repositioning, skin care, range of motion exercises, and transfers.

(7) Feeding and assurance of adequate fluid intake.

(8) Respiration.

(9) Assistance with self-administration of medications.

(d) Personal care services are available if these services are provided in the beneficiary's home and other locations as may be authorized by the director. Among the locations that may be authorized by the director under this paragraph is the recipient's place of employment if all of the following conditions are met:

(1) The personal care services are limited to those that are currently authorized for a recipient in the recipient's home and those services are to be utilized by the recipient at the recipient's place of employment to enable the recipient to obtain, retain, or return to work. Authorized services utilized by the recipient at the recipient's place of employment shall be services that are relevant and necessary in supporting and maintaining employment. However, workplace services shall not be used to supplant any reasonable accommodations required of an employer by the Americans with Disabilities

Act (42 U.S.C. Sec. 12101 et seq.; ADA) or other legal entitlements or third-party obligations.

(2) The provision of personal care services at the recipient's place of employment shall be authorized only to the extent that the total hours utilized at the workplace are within the total personal care services hours authorized for the recipient in the home. Additional personal care services hours may not be authorized in connection with a recipient's employment.

(e) Where supportive services are provided by a person having the legal duty pursuant to the Family Code to provide for the care of their child who is the recipient, the provider of supportive services shall receive remuneration for the services only when the provider leaves full-time employment or is prevented from obtaining full-time employment because no other suitable provider is available and where the inability of the provider to provide supportive services may result in inappropriate placement or inadequate care.

These providers shall be paid only for the following:

(1) Services related to domestic services.

(2) Personal care services.

(3) Accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites.

(4) Protective supervision only as needed because of the functional limitations of the child.

(5) Paramedical services.

(f) To encourage maximum voluntary services, so as to reduce governmental costs, respite care shall also be provided. Respite care is temporary or periodic service for eligible recipients to relieve persons who are providing care without compensation.

(g) A person who is eligible to receive a service or services under an approved federal waiver authorized pursuant to Section 14132.951, or a person who is eligible to receive a service or services authorized pursuant to Section 14132.95, shall not be eligible to receive the same service or services pursuant to this article. If the waiver authorized pursuant to Section 14132.951, as approved by the federal government, does not extend eligibility to all persons otherwise eligible for services under this article, or does not cover a service or particular services, or does not cover the scope of a service that a person would otherwise be eligible to receive under this article, those persons who are not eligible for services, or for a particular service under the waiver or Section 14132.95 shall be eligible for services under this article.

(h) A person who is eligible for state-only funded full-scope Medi-Cal benefits under Chapter 7 (commencing with Section 14000), and who meets all other applicable eligibility criteria for receiving services under this article, shall be eligible for services available under this article.

(i) (1) All services provided pursuant to this article shall be equal in amount, scope, and duration to the same services provided pursuant to Section 14132.95, including any adjustments that may be made to those services pursuant to subdivision (e) of Section 14132.95.

(2) Notwithstanding any other provision of this article, the rate of reimbursement for in-home supportive services provided through any mode of service shall not exceed the rate of reimbursement established under subdivision (j) of Section 14132.95 for the same mode of service unless otherwise provided in the annual Budget Act.

(3) The maximum number of hours available under Section 14132.95, Section 14132.951, and this section, combined, shall be 283 hours per month. Any recipient of services under this article shall receive no more than the applicable maximum specified in Section 12303.4.

SEC. 48. 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, 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, 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, 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, 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 the provider's authorized services are provided within 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, 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 (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 recipient of the number of hours that the provider is available to work for that recipient, in accordance with this section.

(B) A recipient, the recipient's authorized representative, or any other 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 described in subdivision (a).

(d) A provider of services described in subdivision (a) is subject to all of the following, as applicable to 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. 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 the authorized representative of that recipient to schedule the work of the providers to ensure the authorized services of the recipient are provided in accordance with this section.

(B) 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, 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, 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, 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 a recipient's monthly authorized hours.

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

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

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

(iii) The provider is related, biologically, by adoption, or as a foster caregiver, legal guardian, or conservator, to all of the recipients for whom 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 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) 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) 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) The recipient is unable to hire another provider who speaks the same language as the recipient, resulting in the recipient being unable to direct 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 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 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 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 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 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 for authorized in-home supportive services. Contract rates negotiated pursuant to Section 12302 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) 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. 49. Section 12300.5 is added to the Welfare and Institutions Code, immediately following Section 12300.41, to read:

12300.5. The department, in consultation with stakeholders, shall create, and provide to the Legislature, the framework for a permanent provider backup system. The permanent backup provider system shall not be implemented, and state or federal funds appropriated in the 2021–22 fiscal year or any other fiscal year shall not be used, until statutes are enacted to define the parameters of this service, including, but not limited to, the criteria and circumstances when those services may be approved for a recipient who is authorized to receive in-home supportive services pursuant to this article or Sections 14132.95, 14132.952, or 14132.956, as administered by the department, or waiver personal care services pursuant to Section 14132.97, as administered by the State Department of Health Care Services, or any combination of these services.

SEC. 50. Section 12301.01 of the Welfare and Institutions Code is repealed.

SEC. 51. Section 12301.02 of the Welfare and Institutions Code is repealed.

SEC. 52. Section 12301.03 of the Welfare and Institutions Code is repealed.

SEC. 53. Section 12301.04 of the Welfare and Institutions Code is repealed.

SEC. 54. Section 12301.05 of the Welfare and Institutions Code is repealed.

SEC. 55. Section 12301.61 is added to the Welfare and Institutions Code, to read:

12301.61. (a) On or after October 1, 2021, if a public authority or nonprofit consortium established pursuant to Section 12301.6, acting as the employer of record, and the employee organization have not reached an agreement on a bargaining contract with in-home supportive services workers, either party may request mediation, pursuant to Section 3505.2 of the Government Code, which shall be mandatory. If the parties fail to agree on a mediator, the Public Employment Relations Board shall appoint one from the pool described in subdivision (c). The mediation shall be held no more than 15 business days from the date requested by either party.

(b) If the parties are unable to effect settlement through mediation, as described in subdivision (a), the parties shall submit their differences to factfinding, pursuant to Sections 3505 and 3505.4 of the Government Code. Alternatively, if both parties agree, the parties may bypass the mediation process in subdivision (a) and move directly to factfinding.

(1) The factfinding panel shall make findings of fact and recommend terms of settlement, which shall be advisory only, within 30 days after the panel is appointed by the Public Employment Relations Board.

(2) Within 15 days after the factfinding panel has released its findings of fact and recommended settlement terms, either party may request postfactfinding mediation consistent with Section 3505.2 of the Government Code, which shall be mandatory. If the parties fail to agree on a mediator, the Public Employment Relations Board shall appoint one from the pool described in subdivision (c).

(3) If either party elects postfactfinding mediation, the findings of fact and recommended settlement terms shall not be made public until the mediation has concluded.

(4) Mediation shall be held no more than 15 days from the date requested, and may include, at the mediator's discretion, the factfinding panel and representatives of both parties. The director, or the director's designee, shall be available to provide information and expertise, as necessary.

(5) The county board of supervisors shall hold a public hearing within 30 days of the factfinding panel's public release of its findings of fact and recommended settlement terms.

(c) The Public Employment Relations Board shall designate a pool of no more than five qualified individuals to serve as mediators or on a factfinding panel. The pool shall consist of individuals with relevant subject matter expertise. The board shall select individuals for the pool in consultation with the department and the affected employers and employee organizations. Priority shall be given to individuals with knowledge of the In-Home Supportive Services program. The board may designate the mediator to serve as the neutral member of the factfinding panel.

(d) The costs for the services of the factfinding panel and the mediator shall be equally divided between the parties, and shall include per diem fees, if any, and actual and necessary travel and subsistence expenses.

(e) If no individual is available to serve as a mediator or factfinder within the timelines specified in this section, the timelines shall be extended until the next mediator or factfinder is available.

(f) A county shall be subject to a withholding of 1991 Realignment funds if all of the following conditions are met:

(1) The parties have completed the process described in subdivisions (a) to (c), inclusive.

(2) The factfinding panel has issued findings of fact and recommended settlement terms that are more favorable to the employee organization than those proposed by the employer of record described in subdivision (a).

(3) The parties do not reach a collective bargaining agreement within 90 days after the release of the factfinding panel's recommended settlement terms described in paragraph (2). The parties shall make every good faith effort to reach an alternative mutually accepted agreement within this timeframe.

(4) The collective bargaining agreement for IHSS providers in the county has expired.

(g) On and after July 1, 2021, a county that has not reached an agreement after the release of the factfinding panel's recommended settlement terms released prior to June 30, 2021, shall have 90 days to reach an agreement with the employee organization. If an agreement is not reached within 90 days, the withholding described in subdivision (f) shall occur on October 1, 2021.

(h) The Public Employment Relations Board shall provide written notification to the county and the employee organization within 15 days of determining that the county is subject to a withholding pursuant to subdivision (f) or (g). The board shall also notify the Department of Finance and the State Controller of the withholding assessment.

(i) The amount of the 1991 Realignment funding withholding pursuant to subdivisions (f) and (g) shall be equivalent to 7 percent of the county's 2020–21 fiscal year IHSS Maintenance of Effort requirement, as reported by the department, prior to applying any offsets pursuant to Section 12306.17.

SEC. 56. Section 12306.1 of the Welfare and Institutions Code is amended to read:

12306.1. (a) When any increase in provider wages or benefits is locally negotiated, mediated, or imposed by a county, public authority, or nonprofit consortium, or any increase in provider wages or benefits is adopted by ordinance pursuant to Article 1 (commencing with Section 9100) of Chapter 2 of Division 9 of the Elections Code, then the county shall use county-only funds to fund both the county share and the state share, including employment taxes, of any increase in the cost of the program, unless otherwise provided for in the annual Budget Act or appropriated by statute. No increase in wages or benefits locally negotiated, mediated, imposed, or

adopted by ordinance pursuant to this section, and no increase in the public authority administrative rate, shall take effect unless and until, prior to its implementation, the increase is reviewed and determined to be in compliance with state law and the department has obtained the approval of the State Department of Health Care Services for the increase pursuant to a determination that it is consistent with federal law and to ensure federal financial participation for the services under Title XIX of the federal Social Security Act, and unless and until all of the following conditions have been met:

(1) Each county has provided the department with documentation of the approval of the county board of supervisors of the proposed public authority or nonprofit consortium rate, including wages and related expenditures. The documentation shall be received by the department before the department and the State Department of Health Care Services may approve the rate increase.

(2) Each county has met department guidelines and regulatory requirements as a condition of receiving state participation in the rate.

(b) Any rate approved pursuant to subdivision (a) shall take effect commencing on the first day of the month subsequent to the month in which final approval is received from the department. The department may grant approval on a conditional basis, subject to the availability of funding.

(c) The state shall pay 65 percent, and each county shall pay 35 percent, of the nonfederal share of wage and benefit increases pursuant to subdivision (a) and associated employment taxes, only in accordance with subdivision (d).

(d) (1) The state shall participate in a total of wages and individual health benefits up to twelve dollars and ten cents ($12.10) per hour until the amount specified in paragraph (1) of subdivision (b) of Section 1182.12 of the Labor Code reaches twelve dollars ($12) per hour at which point the state shall participate as provided in paragraph (2).

(2) For any increase in wages or individual health benefits locally negotiated, mediated, or imposed by a county, public authority, or nonprofit consortium, and the rate increase is approved by the department, or any increase in provider wages or benefits adopted by ordinance pursuant to Article 1 (commencing with Section 9100) of Chapter 2 of Division 9 of the Elections Code, the state shall participate as provided in subdivision (c) in a total of wages and individual health benefits up to one dollar and ten cents ($1.10) per hour above the amount per hour specified for the corresponding year in paragraph (1) of subdivision (b) of, subdivision (c) of, and subdivision (d) of, Section 1182.12 of the Labor Code.

(3) (A) For a county that is at or above twelve dollars and ten cents ($12.10) per hour in combined wages and individual health benefits, the state shall participate as provided in subdivision (c) in a cumulative total of up to 10 percent within a three-year period in the sum of the combined total of changes in wages or individual health benefits, or both.

(B) The state shall participate as provided in subparagraph (A) for no more than two three-year periods that commence prior to the date that the

minimum wage reaches the amount specified in subparagraph (F) of paragraph (1) of subdivision (b) of Section 1182.12 of the Labor Code, and no more than two three-year periods that commence on or after the date that the minimum wage reaches the amount specified in subparagraph (F) of paragraph (1) of subdivision (b) of Section 1182.12 of the Labor Code, after which point the county shall pay the entire nonfederal share of any future increases in wages and individual health benefits that exceed the amount specified in paragraphs (1) and (2).

(C) A three-year period is defined as three consecutive years. A new three-year period can only begin after the last year of the previous three-year period.

(4) Paragraphs (2) and (3) do not apply to contracts executed, or to increases in wages or individual health benefits, locally negotiated, mediated, imposed, or adopted by ordinance, prior to July 1, 2017.

SEC. 57. Section 12306.16 of the Welfare and Institutions Code, as amended by Section 280 of Chapter 370 of the Statutes of 2020, is amended to read:

12306.16. (a) Commencing July 1, 2019, all counties shall have a rebased County IHSS Maintenance of Effort (MOE).

(b) (1) The statewide total rebased County IHSS MOE base for the 2019–20 fiscal year shall be established at one billion five hundred sixty-three million two hundred eighty-two thousand dollars ($1,563,282,000).

(2) The Department of Finance shall consult with the department and the California State Association of Counties to determine each county's share of the statewide total rebased County IHSS MOE base amount. The rebased County IHSS MOE base shall be unique to each individual county.

(3) (A) The amount of General Fund moneys available for county administration and public authority administration is limited to the amount of General Fund moneys appropriated for those specific purposes in the annual Budget Act, and increases to this amount do not impact the rebased County IHSS MOE.

(B) The state shall pay 100 percent of the allowable nonfederal share of county administration and public authority administration costs for each county. Once the county's share of the appropriated General Fund moneys is exhausted, the county shall pay 100 percent of the remaining nonfederal share of county administration and public authority administration costs. Each county shall pay 100 percent of any costs for public authority administration that are in excess of the county's approved rate approved pursuant to subdivision (a) of Section 12306.1. At the end of the fiscal year, any remaining unspent General Fund moneys allocated for IHSS county administration or public authority administration shall be redistributed through a methodology determined in conjunction with the County Welfare Directors Association of California or the California Association of Public Authorities.

(C) Amounts expended by a county or public authority on administration in excess of the amount described in subparagraphs (A) and (B) shall not

be attributed towards the county meeting its rebased County IHSS MOE requirement.

(D) The department shall consult with the California State Association of Counties, the County Welfare Directors Association of California, and the California Association of Public Authorities to determine the county-by-county distribution of the amount of General Fund moneys appropriated in the annual Budget Act for county administration and public authority administration.

(c) Beginning on July 1, 2020, and annually thereafter, the rebased County IHSS MOE from the previous year shall be adjusted by an inflation factor of 4 percent.

(d) In addition to the adjustment in subdivision (c), the rebased County IHSS MOE shall be adjusted for the annualized cost of increases in provider wages, health benefits, or other benefits that are locally negotiated, mediated, or imposed, on or after July 1, 2019, including any increases in provider wages, health benefits, or other benefits adopted by ordinance pursuant to Article 1 (commencing with Section 9100) of Chapter 2 of Division 9 of the Elections Code or any future increases resulting from the same, including increases to health benefit premiums. For health benefit premium increases only, for any memorandum of understanding or collective bargaining agreement between the recognized employee organization and the county, public authority, or nonprofit consortium, executed or extended and submitted to the department for approval prior to July 1, 2019, through the end date, as specified in the memorandum of understanding or collective bargaining agreement described in this subdivision, the state shall cover 100 percent of the nonfederal share of health benefit premium increases, and there shall not be an adjustment to the rebased County IHSS MOE.

(1) (A) If the department approves the rate for an increase in provider wages or health benefits that are locally negotiated, mediated, imposed, or adopted by ordinance pursuant to Section 12306.1, the state shall pay 65 percent, and the affected county shall pay 35 percent, of the nonfederal share of the cost increase, in accordance with subparagraph (B).

(B) With respect to any increase in provider wages or health benefits approved on or after July 1, 2019, pursuant to subparagraph (A), the state shall participate in that increase as provided in subparagraph (A) up to the amount specified in paragraphs (1), (2), and (3) of subdivision (d) of Section 12306.1. The county shall pay the entire nonfederal share of any cost increase exceeding the amount specified in paragraphs (1), (2), and (3) of subdivision (d) of Section 12306.1.

(C) With respect to an increase in benefits, other than individual health benefits, locally negotiated, mediated, or imposed by a county, public authority, or nonprofit consortium, or adopted by ordinance, the county's County IHSS MOE shall include a one-time adjustment equal to 35 percent of the nonfederal share of the increased benefit costs. If the department, in consultation with the California State Association of Counties, determines that the increase is one in which the state does not participate, the county's

County IHSS MOE shall include a one-time adjustment for the entire nonfederal share.

(2) If the department does not approve the rate for an increase in provider wages or health benefits, or increase in other benefits pursuant to subparagraph (C) of paragraph (1), that are locally negotiated, mediated, imposed, or adopted by ordinance pursuant to Section 12306.1, or increase to the public authority administrative rate, the county shall pay the entire cost of the increase.

(3) The county share of increased expenditures pursuant to subparagraphs (A) through (C) of paragraph (1), shall be included in the rebased County IHSS MOE, in addition to the amount established under subdivision (c). For any increase in provider wages or health benefits, or increase in other benefits pursuant to subparagraph (C) of paragraph (1), that becomes effective on a date other than July 1, the department shall adjust the county's rebased County IHSS MOE to reflect the annualized cost of the county's share of the nonfederal cost of the wage or health benefit increase. This adjustment shall be calculated based on the county's 2019–20 paid IHSS hours and the appropriate cost-sharing ratio as grown by the applicable number of inflation factors pursuant to subdivision (c) that have occurred up to and including the fiscal year in which the increase becomes effective.

(4) (A) With respect to any rate increases to existing contracts that a county has already entered into pursuant to Section 12302, the state shall pay 65 percent, and the affected county shall pay 35 percent, of the nonfederal share of the amount of the rate increase up to the maximum amounts established pursuant to Sections 12302.1 and 12303. The county shall pay the entire nonfederal share of any portion of the rate increase exceeding the maximum amount established pursuant to Sections 12302.1 and 12303. This adjustment shall be calculated based on the county's 2019–20 paid IHSS contract hours, or the paid contract hours in the fiscal year in which the contract becomes effective if the contract becomes effective on or after July 1, 2019, using the appropriate cost-sharing ratio as grown by the applicable number of inflation factors pursuant to subdivision (c) that have occurred up to and including the fiscal year in which the increase becomes effective.

(B) With respect to rates for new contracts entered into by a county pursuant to Section 12302 on or after July 1, 2019, the state shall pay 65 percent, and the affected county shall pay 35 percent, of the nonfederal share of the difference between the locally negotiated, mediated, imposed, or adopted by ordinance provider wage and the contract rate for all of the hours of service to IHSS recipients to be provided under the contract up to the maximum amounts established pursuant to Sections 12302.1 and 12303. The county shall pay the entire nonfederal share of any portion of the contract rate exceeding the maximum amount established pursuant to Sections 12302.1 and 12303. This adjustment shall be calculated based on the county's paid contract hours in the fiscal year in which the contract becomes effective using the appropriate cost-sharing ratio.

(5) The county share of the expenditures described in paragraph (4) shall be included in the rebased County IHSS MOE, in addition to the amounts established under subdivision (c). For any rate increases for existing contracts or rates for new contracts, entered into by a county pursuant to Section 12302 on or after July 1, 2019, that become effective on a date other than July 1, the department shall adjust the county's rebased County IHSS MOE to reflect the annualized cost of the county's share of the nonfederal cost of the increase or rate for new contracts. This adjustment shall be calculated as follows:

(A) For a contract described in subparagraph (A) of paragraph (4), the first-year cost of the amount of the rate increase calculated using the pro rata share of the number of hours of service provided in the contract for the fiscal year in which the increase became effective.

(B) For a contract described in subparagraph (B) of paragraph (4), the first-year cost of the difference between the locally negotiated, mediated, imposed, or adopted by ordinance provider wage and the contract rate for all of the hours of service to IHSS recipients calculated using the pro rata share of the number of hours of service provided in the contract for the fiscal year in which the contract became effective.

(6) If the state ceases to receive enhanced federal financial participation for the provision of services pursuant to Section 1915(k) of the federal Social Security Act (42 U.S.C. Sec. 1396n(k)), the rebased County IHSS MOE shall be adjusted one time to reflect a 35-percent share of the enhanced federal financial participation that would have been received pursuant to Section 1915(k) of the federal Social Security Act (42 U.S.C. Sec. 1396n(k)) for the fiscal year in which the state ceases to receive the enhanced federal financial participation.

(7) The rebased County IHSS MOE shall not be adjusted for increases in individual provider wages that are locally negotiated pursuant to subdivision (a) of, and paragraphs (1) and (2) of subdivision (d) of, Section 12306.1 when the increase has been specifically negotiated to take effect at the same time as, and to be the same amount as, state minimum wage increases.

(8) (A) A county may negotiate a wage supplement.

(i) The wage supplement shall be in addition to the highest wage rate paid in the county since June 30, 2017.

(ii) The first time the wage supplement is applied, the county's rebased County IHSS MOE shall include a one-time adjustment by the amount of the increased cost resulting from the supplement, as specified in paragraph (1).

(B) A wage supplement negotiated pursuant to subparagraph (A) shall subsequently be applied to the minimum wage when the minimum wage increase is equal to or exceeds the county wage paid without inclusion of the wage supplement and the increase to the county wage paid takes effect at the same time as the minimum wage increase.

(C) For any changes to provider wages or health benefits locally negotiated, mediated, or imposed by a county, public authority, or nonprofit

consortium, for which a rate change request was submitted to the department prior to January 1, 2018, for review, clause (i) of subparagraph (A) and subparagraph (B) do not apply. A wage supplement subject to this subparagraph shall subsequently be applied to the minimum wage when the minimum wage is equal to or exceeds the county individual provider wage including the wage supplement.

(9) The Department of Finance shall consult with the California State Association of Counties to develop the computations for the annualized amounts pursuant to this subdivision.

(e) The rebased County IHSS MOE shall only be adjusted pursuant to subdivisions (c) and (d).

(f) This section shall become operative on July 1, 2019.

SEC. 58. Section 13276 of the Welfare and Institutions Code is amended to read:

13276. (a) (1) After setting aside the necessary state administrative funds, the department shall allocate appropriated federal funds for refugee social services programs to each eligible county and, if the department exercises its discretion pursuant to subdivision (b), to a qualified nonprofit organization, based on the number of refugees receiving aid in the eligible county or the number of refugees that reside in the eligible county. The department may, at its discretion, utilize funding adjustments based on the length of time that the refugees have resided in the United States.

(2) If an eligible county or qualified nonprofit organization that receives funds under paragraph (1) declines all or part of those funds, or returns unexpended funds, the department may exercise its discretion to reallocate the declined or returned funds among eligible counties and qualified nonprofit organizations.

(3) If the federal Office of Refugee Resettlement provides funding in addition to the annual appropriation described in paragraph (1) or designates funding for services to a specific population of eligible individuals, the department may exercise its discretion to allocate those funds among eligible counties and qualified nonprofit organizations consistent with federal law.

(b) (1) Notwithstanding any other law, and to the extent permitted by federal law, the department may, at its discretion, contract with, or award grants to, qualified nonprofit organizations for the purpose of administering refugee social services programs within a county. An eligible county providing refugee social services pursuant to this chapter may continue to administer those services while a contractor or grantee is also providing refugee social services pursuant to this chapter within the county.

(2) If an eligible county and a qualified nonprofit organization are administering refugee social services simultaneously within the same county, the department shall, at its discretion, determine the amount of the funds to be distributed to the eligible county and qualified nonprofit organization.

(3) Contracts or grants awarded pursuant to this subdivision shall require reporting, monitoring, or audits of services provided, as determined by the department.

SEC. 59. Section 13409 of the Welfare and Institutions Code is repealed.

SEC. 60. Chapter 5.9 (commencing with Section 13650) is added to Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Chapter 5.9. Enhanced Services for Asylees and Vulnerable Noncitizens

13650. (a) The Legislature finds and declares all of the following:

(1) Vulnerable noncitizens, asylees, and refugees are important to the fabric of our society.

(2) Regardless of their legal distinctions, noncitizens face many of the same challenges integrating into the state and are often living in the same communities.

(3) Refugees, asylees, and other noncitizens are granted different services due to the legal distinction of when they were identified, with refugees often being identified in the country of origin and asylees in the country of arrival.

(4) Between 2017 and 2019, the number of applicants granted asylum increased from 26,199 applicants to 46,508 applicants, representing a 56-percent increase. In 2019 alone, California was the settlement state for 34 percent of all new asylees, which was the highest rate of all states.

(5) Research indicates that while individuals granted asylum in this state are given eligibility to a wide range of benefits, most asylees do not get these benefits due to the lack of case management services and assistance in navigating the social safety net and health care systems.

(6) The state-funded Trafficking and Crime Victim Assistance Program (TCVAP) provides critical benefits and services to noncitizen victims of human trafficking, domestic violence, and other serious crimes. TCVAP benefits and services mirror those that are available to refugees after initial resettlement. These vulnerable noncitizens would benefit from initial case management services.

(7) Studies show that with proper case management support, noncitizens are better able to secure the benefits for which they are eligible, and find employment and bring immense contributions to the economy.

(b) The Enhanced Services for Asylees and Vulnerable Noncitizens (ESAVN) is hereby established to provide resettlement services for persons who are currently residing in California and who are granted asylum by the United States Attorney General or the United States Secretary of Homeland Security pursuant to Section 1158 of Title 8 of the United States Code or who are eligible for assistance and services under Section 13283.

(c) For purposes of this chapter, a "vulnerable noncitizen" is defined as any individual who would be eligible for services under Section 13283.

(d) Grants or contracts awarded pursuant to this section shall be executed only with nonprofit organizations that meet the requirements set forth in paragraph (3) or (5) of subsection (c) of Section 501 of the Internal Revenue Code and have at least three years of experience with both of the following:

(1) Providing case management services, as defined in subdivision (b) of Section 13651.

(2) Providing culturally and linguistically appropriate services.

(e) The department shall require qualified nonprofit organizations awarded contracts or grants pursuant to this section to report, monitor, or audit the services provided, as determined by the department.

(f) Funds allocated for these services may also be used to conduct a formal evaluation of the services provided by a qualified entity, as determined by the department.

13651. (a) The program shall provide culturally appropriate and responsive case management services for asylees and vulnerable noncitizens for up to 90 days within the first year following the grant of asylum or after having been deemed eligible for services under Section 13283.

(b) Case management services under the program shall include assistance in identifying and applying for all benefits to which the person is legally entitled, including cultural orientation and integration programs, support in accessing and navigating the public benefits and health care systems, community connection and relationship building, English language instruction, and employment training, job placement assistance, and professional recredentialing and licensing application assistance.

(c) The department shall, in collaboration with service providers, determine outcome metrics to define program success.

13652. Notwithstanding any other law:

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

(b) Contracts or grants awarded pursuant to this chapter shall be exempt from the Public Contract Code and the State Contracting Manual, and shall not be subject to the approval of the Department of General Services.

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

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

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

13653. The Legislature finds and declares that this chapter is a state law that may provide assistance and services for undocumented persons within the meaning of subsection (d) of Section 1621 of Title 8 of the United States Code.

13654. This chapter shall be implemented only to the extent that funds are appropriated for this purpose in the annual Budget Act.

SEC. 61. Section 15204.35 of the Welfare and Institutions Code is amended to read:

15204.35. (a) The State Department of Social Services shall work with representatives of county human services agencies and the County Welfare Directors Association of California to develop recommendations for revising the methodology used for development of the CalWORKs single allocation annual budget. As part of the process of developing these recommendations, the department shall consult with legislative staff, advocates, and organizations that represent county workers.

(b) (1) Recommendations for initial changes to the methodology for development of the CalWORKs single allocation for the 2018–19 fiscal year shall be made to the Legislature by January 10, 2018.

(2) Recommendations for additional changes to the methodology for the 2019–20 and subsequent fiscal years shall be made to the Legislature by October 1, 2018.

(c) The State Department of Social Services shall work with representatives of county human services agencies and the County Welfare Directors Association of California for purposes of continuing to develop the casework metrics used for the budgeting of funding for employment services in the CalWORKs single allocation and to develop the budgeting methodology for welfare-to-work direct services during the 2019–20 fiscal year. As part of the process of developing this budgeting methodology, the department shall consult with legislative staff, advocates, and organizations that represent county workers.

(d) The number of hours per case per month of case work time budgeted for intensive cases as defined pursuant to the budget methodology changes for the employment services component of the CalWORKs single allocation developed pursuant to this section shall be incrementally increased for each of the 2021–22 and 2022–23 fiscal years. Subject to an appropriation in the Budget Act of 2023, as of July 1, 2023, the number of hours per case per month of case work time budgeted for intensive cases shall again be incrementally increased, and in the 2024–25 fiscal year, effective July 1, 2024, it shall be 10 hours.

SEC. 62. Section 15610.02 is added to the Welfare and Institutions Code, to read:

15610.02. (a) The Legislature finds and declares all of the following:

(1) The adult protective services program (program), established by the Legislature as a statewide program in 1998, is a critical component of the state's safety net for vulnerable adults.

(2) The population served by the county-run, state-overseen program has grown and changed significantly since the program's inception and will continue to do so at a rapid pace, given the increasing number of older adults in California. California's over-65 years of age population is expected to be 87 percent higher in 2030 than in 2012, an increase of more than 4,000,000 people. The population over 85 years of age will increase at an even faster rate, with 489 percent growth between 2010 and 2060.

(3) The increasing population of older adults often has more complex needs, including persons with cognitive impairments and a growing number of those experiencing homelessness. Research indicates that approximately 50 percent of homeless individuals are over 50 years of age, and one-half of those individuals became homeless after 50 years of age.

(b) In order to address the safety and well-being of the growing number of diverse older adults who will need adult protective services, it is the intent of the Legislature to enhance the program in a number of ways, including enabling the program to provide longer term case management for those with more complex cases, expanding and making more flexible the Home Safe Program to aid clients facing homelessness, and encouraging the use of collaborative, multidisciplinary best practices across the state, including financial abuse specialist teams and forensic centers. It is further the intent of the Legislature to expand the age of clients served under the program in order to intervene earlier with aging adults before their situations reach a crisis point.

SEC. 63. Section 15610.10 of the Welfare and Institutions Code is amended to read:

15610.10. "Adult protective services" means those activities performed on behalf of elders and dependent adults who have come to the attention of the adult protective services agency due to potential abuse or neglect.

SEC. 64. Section 15610.55 of the Welfare and Institutions Code is amended to read:

15610.55. (a) "Multidisciplinary personnel team" means any team of two or more persons who are trained in the prevention, identification, management, or treatment of abuse of elderly or dependent adults and who are qualified to provide a broad range of services related to abuse of elderly or dependent adults.

(b) A multidisciplinary personnel team may include, but need not be limited to, any of the following:

(1) Psychiatrists, psychologists, or other trained counseling personnel.

(2) Police officers or other law enforcement agents, including district attorneys.

(3) Health practitioners, as defined in Section 15610.37.

(4) Social workers with experience or training in prevention of abuse of elderly or dependent adults.

(5) Public guardians, public conservators, or public administrators.

(6) The local long-term care ombudsman.

(7) Child welfare services personnel.

(8) Representatives of a health plan.

(9) Housing representatives.

(10) County counsel.

(11) A person with expertise in finance or accounting.

SEC. 65. Section 15610.57 of the Welfare and Institutions Code is amended to read:

15610.57. (a) "Neglect" means either of the following:

(1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.

(2) The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise.

(b) Neglect includes, but is not limited to, all of the following:

(1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.

(2) Failure to provide medical care for physical and mental health needs. A person shall not be deemed neglected or abused for the sole reason that the person voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.

(3) Failure to protect from health and safety hazards.

(4) Failure to prevent malnutrition or dehydration.

(5) Substantial inability or failure of an elder or dependent adult to manage their own finances.

(6) Failure of an elder or dependent adult to satisfy any of the needs specified in paragraphs (1) to (5), inclusive, for themselves as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.

(c) Neglect includes being homeless if the elder or dependent adult is also unable to meet any of the needs specified in paragraphs (1) to (5), inclusive, of subdivision (b).

SEC. 66. Section 15630 of the Welfare and Institutions Code is amended to read:

15630. (a) Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not they receive compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency, county in-home support services agency, county public authority, or a local law enforcement agency, is a mandated reporter.

(b) (1) Any mandated reporter who, in their professional capacity, or within the scope of their employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that they have experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone or through a confidential internet reporting tool, as authorized by Section 15658, immediately or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an internet report shall be made through the confidential internet reporting tool established in Section 15658, within two working days.

(A) If the suspected or alleged abuse is physical abuse, as defined in Section 15610.63, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, all of the following shall occur:

(i) If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, but also no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(ii) If the suspected abuse does not result in serious bodily injury, a telephone report shall be made to the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(iii) When the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia, and there is no serious bodily injury, as reasonably determined by the mandated reporter, drawing upon their training or experience, the reporter shall report to the local ombudsman or law enforcement agency by telephone, immediately or as soon as practicably possible, and by written report, within 24 hours.

(iv) When applicable, reports made pursuant to clauses (i) and (ii) shall be deemed to satisfy the reporting requirements of the federal Elder Justice Act of 2009, as set out in Subtitle H of the federal Patient Protection and Affordable Care Act (Public Law 111-148), Section 1418.91 of the Health and Safety Code, and Section 72541 of Title 22 of the California Code of Regulations. When a local law enforcement agency receives an initial report of suspected abuse in a long-term care facility pursuant to this subparagraph, the local law enforcement agency may coordinate efforts with the local ombudsman to provide the most immediate and appropriate response warranted to investigate the mandated report. The local ombudsman and local law enforcement agencies may collaborate to develop protocols to implement this subparagraph.

(B) Notwithstanding the rulemaking provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, or any other law, the department may implement subparagraph (A), in whole or in part, by means of all-county letters, provider bulletins, or other similar instructions without taking regulatory action.

(C) If the suspected or alleged abuse is abuse other than physical abuse, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, a telephone report and a written report shall be made to the local ombudsman or the local law enforcement agency.

(D) With regard to abuse reported pursuant to subparagraph (C), the local ombudsman and the local law enforcement agency shall, as soon as practicable, except in the case of an emergency or pursuant to a report required to be made pursuant to clause (v), in which case these actions shall be taken immediately, do all of the following:

(i) Report to the State Department of Public Health any case of known or suspected abuse occurring in a long-term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.

(ii) Report to the State Department of Social Services any case of known or suspected abuse occurring in a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, or in an adult day program, as defined in paragraph (2) of subdivision (a) of Section 1502 of the Health and Safety Code.

(iii) Report to the State Department of Public Health and the California Department of Aging any case of known or suspected abuse occurring in an adult day health care center, as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.

(iv) Report to the Bureau of Medi-Cal Fraud and Elder Abuse any case of known or suspected criminal activity.

(v) Report all cases of known or suspected physical abuse and financial abuse to the local district attorney's office in the county where the abuse occurred.

(E) (i) If the suspected or alleged abuse or neglect occurred in a state mental hospital or a state developmental center, and the suspected or alleged abuse or neglect resulted in any of the following incidents, a report shall be made immediately, but no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting abuse, to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, and also to the local law enforcement agency:

(I) A death.

(II) A sexual assault, as defined in Section 15610.63.

(III) An assault with a deadly weapon, as described in Section 245 of the Penal Code, by a nonresident of the state mental hospital or state developmental center.

(IV) An assault with force likely to produce great bodily injury, as described in Section 245 of the Penal Code.

(V) An injury to the genitals when the cause of the injury is undetermined.

(VI) A broken bone when the cause of the break is undetermined.

(ii) All other reports of suspected or alleged abuse or neglect that occurred in a state mental hospital or a state developmental center shall be made immediately, but no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting abuse, to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, or to the local law enforcement agency.

(iii) When a local law enforcement agency receives an initial report of suspected or alleged abuse or neglect in a state mental hospital or a state developmental center pursuant to clause (i), the local law enforcement agency shall coordinate efforts with the designated investigators of the State Department of State Hospitals or the State Department of Developmental Services to provide the most immediate and appropriate response warranted to investigate the mandated report. The designated investigators of the State Department of State Hospitals or the State Department of Developmental Services and local law enforcement agencies may collaborate to develop protocols to implement this clause.

(iv) Except in an emergency, the local law enforcement agency shall report, as soon as practicable, any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.

(v) Notwithstanding any other law, a mandated reporter who is required to report pursuant to Section 4427.5 shall not be required to report under clause (i).

(F) If the abuse has occurred in any place other than a long-term care facility, a state mental hospital, or a state developmental center, the report shall be made to the adult protective services agency or the local law enforcement agency.

(2) (A) A mandated reporter who is a clergy member who acquires knowledge or reasonable suspicion of elder or dependent adult abuse during a penitential communication is not subject to paragraph (1). For purposes of this subdivision, "penitential communication" means a communication that is intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member who, in the course of the discipline or practice of their church, denomination, or organization is authorized or accustomed to hear those communications and under the discipline tenets, customs, or practices of their church, denomination, or organization, has a duty to keep those communications secret.

(B) This subdivision shall not be construed to modify or limit a clergy member's duty to report known or suspected elder and dependent adult abuse if the clergy member is acting in the capacity of a care custodian, health practitioner, or employee of an adult protective services agency.

(C) Notwithstanding this section, a clergy member who is not regularly employed on either a full-time or part-time basis in a long-term care facility or does not have care or custody of an elder or dependent adult shall not be responsible for reporting abuse or neglect that is not reasonably observable or discernible to a reasonably prudent person having no specialized training or experience in elder or dependent care.

(3) (A) A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report, pursuant to paragraph (1), an incident if all of the following conditions exist:

(i) The mandated reporter has been told by an elder or dependent adult that they have experienced behavior constituting physical abuse, as defined

in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect.

(ii) The mandated reporter is unaware of any independent evidence that corroborates the statement that the abuse has occurred.

(iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.

(iv) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

(B) This paragraph does not impose upon mandated reporters a duty to investigate a known or suspected incident of abuse and shall not be construed to lessen or restrict any existing duty of mandated reporters.

(4) (A) In a long-term care facility, a mandated reporter shall not be required to report as a suspected incident of abuse, as defined in Section 15610.07, an incident if all of the following conditions exist:

(i) The mandated reporter is aware that there is a proper plan of care.

(ii) The mandated reporter is aware that the plan of care was properly provided or executed.

(iii) A physical, mental, or medical injury occurred as a result of care provided pursuant to clause (i) or (ii).

(iv) The mandated reporter reasonably believes that the injury was not the result of abuse.

(B) This paragraph does not require a mandated reporter to seek, or preclude a mandated reporter from seeking, information regarding a known or suspected incident of abuse before reporting. This paragraph shall apply only to those categories of mandated reporters that the State Department of Public Health determines, upon approval by the Bureau of Medi-Cal Fraud and Elder Abuse and the state long-term care ombudsman, have access to plans of care and have the training and experience necessary to determine whether the conditions specified in this section have been met.

(c) (1) Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that their emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.

(2) If the suspected or alleged abuse occurred in a long-term care facility other than a state mental health hospital or a state developmental center, the report may be made to the long-term care ombudsman program. Except in an emergency, the local ombudsman shall report any case of known or suspected abuse to the State Department of Public Health and any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

(3) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of State Hospitals or the State Department of Developmental Services or to a local law enforcement

agency. Except in an emergency, the local law enforcement agency shall report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

(4) If the suspected or alleged abuse occurred in a place other than a place described in paragraph (2) or (3), the report may be made to the county adult protective services agency.

(5) If the conduct involves criminal activity not covered in subdivision (b), it may be immediately reported to the appropriate law enforcement agency.

(d) If two or more mandated reporters are present and jointly have knowledge or reasonably suspect that types of abuse of an elder or a dependent adult for which a report is or is not mandated have occurred, and there is agreement among them, the telephone report or internet report, as authorized by Section 15658, may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(e) A telephone report or internet report, as authorized by Section 15658, of a known or suspected instance of elder or dependent adult abuse shall include, if known, the name of the person making the report, the name and age of the elder or dependent adult, the present location of the elder or dependent adult, the names and addresses of family members or any other adult responsible for the elder's or dependent adult's care, the nature and extent of the elder's or dependent adult's condition, the date of the incident, and any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.

(f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with this chapter.

(g) (1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall provide, immediately upon request, a copy of its investigative report concerning the reported matter to that county adult protective services agency.

(2) Whenever this section requires a law enforcement agency to report to a county adult protective services agency, the county adult protective services agency shall provide, immediately upon request, to that law enforcement agency a copy of its investigative report concerning the reported matter.

(3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision allow disclosure

of any reports or records if the disclosure would be prohibited by state or federal law.

(h) Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars ($1,000), or by both that fine and imprisonment. Any mandated reporter who willfully fails to report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars ($5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals their failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of Section 15630 discovers the offense.

(i) For purposes of this section, "dependent adult" shall have the same meaning as in Section 15610.23.

SEC. 67. Section 15651 is added to the Welfare and Institutions Code, to read:

15651. County adult protective service agencies and the Home Safe Program, as established in Chapter 14 (commencing with Section 15770), may refer individuals with complex or intensive needs to the appropriate state or local agencies, as determined by the adult protective services agency or the Home Safe Program case workers, and based on a determination that the individual may be eligible for services and that those services may support the individual's safety goals. A referral may be made before or after an individual begins to receive adult protective services, and a referral does not preclude the individual from receiving adult protective services or Home Safe program services.

SEC. 68. Section 15701.05 of the Welfare and Institutions Code is amended to read:

15701.05. "Appropriate temporary residence" means any of the following:

(a) A home or dwelling belonging to a member of the endangered adult's family or next of kin, if it would not constitute a risk to the endangered or dependent adult.

(b) An adult residential care facility or residential care facility for the elderly designated by the county as an emergency shelter and that is licensed by the State of California to deal with the needs of elder or dependent adults.

(c) A 24-hour health facility, as designated by Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

(d) Any other home, dwelling, or congregate care unit that meets the needs of the adult.

(e) This chapter shall not be used to circumvent or supplant the involuntary detention and evaluation process provided for pursuant to Chapter 2 (commencing with Section 5150) of Part 1 of Division 5. A person shall not be deemed an "endangered adult" for the sole reason that the person voluntarily relies on treatment by spiritual means through prayer alone, in lieu of medical treatment.

(f) This chapter shall not be used to effectuate placement in jails or correctional treatment centers, as defined in paragraph (1) of subdivision (j) of Section 1250 of the Health and Safety Code.

SEC. 69. Section 15750 of the Welfare and Institutions Code is amended to read:

15750. (a) The definitions contained in Chapter 11 (commencing with Section 15600) shall govern the construction of this chapter.

(b) Notwithstanding subdivision (a), and for the purposes of investigating or providing services under an adult protective services program pursuant to this chapter, the following definitions apply:

(1) (A) "Dependent adult" means any person residing in this state between 18 and 59 years of age, inclusive, who resides in this state, and who has a combination of a disability and the inability to protect their own interest, or who has an inability to carry out normal activities to protect their rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age.

(B) "Dependent adult" includes any person between 18 and 59 years of age, inclusive, who is admitted as an inpatient to a 24-hour facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

(2) "Elder" means any person residing in this state 60 years of age or older.

(c) Subdivision (b) shall be operative on January 1, 2022.

(d) To the extent that this section has an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any program costs that may be incurred by a local agency pursuant to this section that is above the level of funding which has been appropriated in the annual Budget Act shall not require a subvention of funds by the state or otherwise be subject to Section 6 of Article XIII B of the California Constitution.

SEC. 70. Section 15763 of the Welfare and Institutions Code is amended to read:

15763. (a) Each county shall establish an emergency response adult protective services program that shall provide in-person response, 24 hours per day, seven days per week, to reports of abuse of an elder or a dependent adult, for the purpose of providing immediate intake or intervention, or both, to new reports involving immediate life threats and to crises in existing

cases. The program shall include policies and procedures to accomplish all of the following:

(1) Provision of case management services that include investigation of the protection issues, assessment of the person's concerns, needs, strengths, problems, and limitations, stabilization and linking with community services, and development of a service plan to alleviate identified problems utilizing counseling, monitoring, followup, and reassessment.

(2) Provisions for emergency shelter or in-home protection to guarantee a safe place for the elder or dependent adult to stay until the dangers at home can be resolved.

(3) Establishment of multidisciplinary teams to develop interagency treatment strategies, to ensure maximum coordination with existing community resources, to ensure maximum access on behalf of elders and dependent adults, and to avoid duplication of efforts. The multidisciplinary team may include community-based agencies, health plans, and other state- and county-based service providers.

(4) Provisions for homeless prevention through the Home Safe Program established in Chapter 14 (commencing with Section 15770), to the extent that funding is provided for this purpose in the annual Budget Act and the county receives those funds.

(b) (1) A county shall respond immediately to any report of imminent danger to an elder or dependent adult in other than a long-term care facility, as defined in Section 9701, or a residential facility, as defined in Section 1502 of the Health and Safety Code. For reports involving persons in a long-term care facility or a residential care facility, the county shall report to the local long-term care ombudsman program. Adult protective services staff shall consult, coordinate, and support efforts of the ombudsman program to protect vulnerable residents. Except as specified in paragraph (2), the county shall respond to all other reports of danger to an elder or dependent adult in other than a long-term care facility or residential care facility within 10 calendar days or as soon as practicably possible.

(2) An immediate or 10-day in-person response is not required when the county, based upon an evaluation of risk, determines and documents that the elder or dependent adult is not in imminent danger and that an immediate or 10-day in-person response is not necessary to protect the health or safety of the elder or dependent adult.

(3) The State Department of Social Services, in consultation with the County Welfare Directors Association of California, shall develop requirements for implementation of paragraph (2), including, but not limited to, guidelines for determining appropriate application of this section and any applicable documentation requirements.

(4) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall implement the requirements developed pursuant to paragraph (3) by means of all-county letters or similar instructions before adopting regulations for that purpose. Thereafter, the department shall adopt regulations in accordance

with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) A county shall not be required to report or respond to a report pursuant to subdivision (b) that involves danger to an elder or dependent adult residing in any facility for the incarceration of prisoners that is operated by or under contract to the Federal Bureau of Prisons, the Department of Corrections and Rehabilitation, a county sheriff's department, a county probation department, a city police department, or any other law enforcement agency when the abuse reportedly has occurred in that facility.

(d) A county shall provide case management services to elders and dependent adults who are determined to be in need of adult protective services for the purpose of bringing about changes in the lives of victims and to provide a safety net to enable victims to protect themselves in the future. Case management services shall include all of the following, to the extent services are appropriate for the individual:

(1) Investigation of the protection issues, including, but not limited to, social, medical, environmental, physical, emotional, and developmental.

(2) Assessment of the person's concerns and needs on whom the report has been made and the concerns and needs of other members of the family and household.

(3) Analysis of problems and strengths.

(4) Establishment of a service plan for each person on whom the report has been made to alleviate the identified problems.

(5) Client input and acceptance of proposed service plans.

(6) Counseling for clients and significant others to alleviate the identified problems and to implement the service plan.

(7) Stabilizing and linking with community services, including, but not limited to, those provided by health plans, other county-based service providers, and community agencies.

(8) Monitoring and followup.

(9) Reassessments, as appropriate.

(e) (1) To the extent resources are available, each county shall provide emergency shelter in the form of a safe haven or in-home protection for victims. Shelter and care appropriate to the needs of the victim shall be provided for frail and disabled victims who are in need of assistance with activities of daily living.

(2) To the extent a county receives grant funds under the Home Safe Program (Chapter 14 (commencing with Section 15770)), counties may provide housing assistance and support to elders and dependent adults who are homeless or at risk of becoming homeless.

(f) Each county shall designate an adult protective services agency to establish and maintain multidisciplinary teams including, but not limited to, adult protective services, law enforcement, probation departments, home health care agencies, hospitals, adult protective services staff, the public guardian, private community service agencies, public health agencies, and mental health agencies for the purpose of providing interagency treatment strategies.

(g) Each county shall provide tangible support services, to the extent resources are available, which may include, but not be limited to, emergency food, clothing, repair or replacement of essential appliances, plumbing and electrical repair, blankets, linens, and other household goods, advocacy with utility companies, and emergency response units.

SEC. 71. Section 15767 is added to the Welfare and Institutions Code, to read:

15767. (a) The department, in consultation with representatives from the County Welfare Directors Association of California, the California Elder Justice Coalition, and other relevant stakeholders, shall convene a workgroup to develop recommendations to create or establish a statewide adult protective services case management or data warehouse system. The recommendations shall include identification of potential outcome measures and other data elements that can be tracked and made publicly available for purposes of program planning.

(b) (1) The department shall submit recommendations developed pursuant to subdivision (a) to the Legislature by November 1, 2022.

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

SEC. 72. Section 15770 of the Welfare and Institutions Code is amended to read:

15770. For purposes of this chapter, the following definitions shall apply:

(a) "Adult protective services" has the same meaning as defined in Section 15610.10.

(b) "Eligible individual" means an individual that, at a minimum, meets all of the following conditions:

(1) Is an adult protective services client or is in the process of intake to adult protective services, or is an individual who may be served through a tribal social services agency who appears to be eligible for adult protective services, as defined in Section 15610.10.

(2) Is homeless or at imminent risk of homelessness as a result of elder or dependent abuse, neglect, self-neglect, or financial exploitation, as determined by the adult protective services agency or tribal agency.

(3) Voluntarily agrees to participate in the program.

(c) "Homeless or at risk of homelessness" means any of the following:

(1) A person who lacks a fixed or regular nighttime residence and either of the following apply:

(A) The person has a primary nighttime residence that is a supervised publicly or privately operated shelter, hotel, or motel, designed to provide temporary living accommodations.

(B) The person resides in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

(2) A person who is in receipt of a judgment for eviction, as ordered by the court.

(3) A person who has received a pay rent or quit notice or who will otherwise imminently lose their primary nighttime residence, which may

include individuals who have not yet received an eviction notice, if all of the following are true:

(A) The right or permission to occupy their current housing or living situation will be, or there is credible evidence that it will be, terminated within 21 days after the date of application for assistance.

(B) A subsequent residence has not been identified or secured, including, but not limited to, an individual exiting a medical facility, long-term care facility, prison, or jail.

(C) The individual lacks the resources or support network, including, but not limited to, family, friends, or faith-based or other social network, needed to obtain other permanent housing.

(4) A person who has a primary nighttime residence or living situation that is either directly associated with a substantiated report of abuse, neglect, or financial exploitation or that poses an imminent health and safety risk, and the person lacks the resources or support network needed to obtain other permanent housing.

(d) "Multidisciplinary personnel team" has the same meaning as defined in Section 15610.55.

(e) "Permanent housing" means a place to live without a predetermined limit on the length of stay subject to landlord-tenant laws pursuant to Chapter 2 (commencing with Section 1940) of Title 5 of Part 4 of Division 3 of the Civil Code.

(f) "Primary nighttime residence or living situation" includes housing that an individual owns, rents, lives in without paying rent, or is sharing with others, or rooms in hotels or motels used as temporary shelter.

(g) "Program" means the Home Safe Program established pursuant to this chapter.

(h) "Supportive housing" has the same meaning as defined in paragraph (2) of subdivision (b) of Section 50675.14 of the Health and Safety Code, except that the program is not restricted to serving only projects with five or more units.

SEC. 73. Section 15771 of the Welfare and Institutions Code is amended to read:

15771. (a) Subject to an appropriation of funds for this purpose in the annual Budget Act, the department shall award grants to counties, tribes, or groups of counties or tribes, that provide services to elder and dependent adults who experience abuse, neglect, self-neglect, or exploitation and otherwise meet the eligibility criteria for adult protective services, for the purpose of providing housing-related supports to eligible individuals.

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

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

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

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

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

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

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

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

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

(G) Referrals and coordination of services to access mental or behavioral health assistance, as necessary or appropriate.

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

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

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

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

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

(B) The number of people receiving assistance from the program and the duration of that assistance.

(C) The types of housing assistance received by recipients.

(D) The housing status six months and one year after receiving assistance from the program.

(E) The number of substantiated adult protective services reports six months and one year after receiving assistance from the program.

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

(1) (A) Except as otherwise provided in subparagraph (B), grantees shall match the funding on a dollar-for-dollar basis, which may be met by cash or in-kind contributions.

(B) Between July 1, 2021, and June 30, 2024, grantees that receive state funds under this chapter shall not be required to match any funding provided during that period.

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

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

(4) Grantees shall coordinate with the local homeless continuum of care network.

(f) Funding pursuant to this section shall supplement, and not supplant, the level of county or tribal funding spent on these purposes in the 2017–18 fiscal year.

(g) Utilizing the funds appropriated for purposes of this chapter, the department shall, in consultation with the County Welfare Directors Association of California, tribes, the California Elder Justice Coalition, and the California Commission on Aging, enter into a contract with an independent evaluation and research agency to evaluate the impacts of the program, which may include, but are not limited to, the following:

(1) The likelihood of future homelessness and housing instability among recipients.

(2) The likelihood of future instances of abuse and neglect among recipients.

(3) Program costs and benefits.

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

SEC. 74. Section 16523 of the Welfare and Institutions Code is amended to read:

16523. For purposes of this article, the following definitions shall apply:

(a) "Child welfare services" has the same meaning as defined in Section 16501.

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

(c) "Eligible family" means any individual or family that, at a minimum, meets all of the following conditions:

(1) Receives child welfare services at the time eligibility is determined.

(2) Is homeless, is at risk of homelessness, or is in a living situation that cannot accommodate the child or multiple children in the home, which may

include, but is not limited to, individuals who have not yet received an eviction notice.

(3) Voluntarily agrees to participate in the program.

(4) Either of the following:

(A) Has been determined appropriate for reunification of a child to a biological parent or guardian by the county human services agency or tribe handling the case, the court with jurisdiction over the child, or both.

(B) A child or children in the family is or are at risk of foster care placement, and the county human services agency or tribe determines that safe and stable housing for the family will prevent the need for the child's or children's removal from the parent or guardian.

(d) "Homeless" means any of the following:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence.

(2) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including, but not limited to, a car, park, abandoned building, bus station, train station, airport, or camping ground.

(3) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, including hotels or motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, or transitional housing.

(4) An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where the individual temporarily resided.

(5) An individual or family who will imminently lose their housing, including, but not limited to, housing they own, rent, or live in without paying rent, are sharing with others, or rooms in hotels or motels not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, if any of the following criteria are met:

(A) The primary nighttime residence will be lost within 14 days, as evidenced by any of the following:

(i) A court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days.

(ii) The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days.

(iii) Credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause.

(B) The individual or family has no subsequent residence identified.

(C) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

(6) Unaccompanied youth and homeless families with children and youth defined as homeless under any other federal statute, as of the effective date of this program, who meet all of the following:

(A) Have experienced a long-term period without living independently in permanent housing.

(B) Have experienced persistent instability as measured by frequent moves over that long-term period.

(C) Can be expected to continue in that status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

(e) "Homelessness" means the status of being homeless, as defined in subdivision (d).

(f) "Permanent housing" means a place to live without a limit on the length of stay in the housing that exceeds the duration of funding for the program, subject to landlord-tenant laws pursuant to Chapter 2 (commencing with Section 1940) of Title 5 of Part 4 of Division 3 of the Civil Code.

(g) "Program" means the Bringing Families Home Program established pursuant to this article.

(h) "Supportive housing" has the same meaning as defined in paragraph (2) of subdivision (b) of Section 50675.14 of the Health and Safety Code, except that the program is not restricted to serving only projects with five or more units.

SEC. 75. Section 16523.1 of the Welfare and Institutions Code is amended to read:

16523.1. (a) To the extent funds are appropriated in the annual Budget Act, the department shall award program funds to counties and tribal governments for the purpose of providing housing-related supports to eligible families experiencing homelessness if that homelessness prevents reunification between an eligible family and a child receiving child welfare services, or where lack of housing prevents a parent or guardian from addressing issues that could lead to foster care placement.

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

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

(2) Housing-related supports available to participating families shall include, but not be limited to, the following:

(A) An assessment of each family's housing and service needs, including a plan to assist them in meeting those needs, using an assessment tool developed in the local community or an assessment tool used in other jurisdictions.

(B) Housing navigation or search assistance to recruit landlords, and assist families in locating housing affordable to the family.

(C) The use of evidence-based models, such as motivational interviewing and trauma-informed care, to build relationships with a parent or guardian.

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

(E) (i) Housing stabilization services, including ongoing tenant engagement, case management, public systems assistance, legal services, credit repair assistance, life skills training, and conflict mediation with landlords and neighbors.

(ii) Services provided pursuant to clause (i) shall be provided with input from the family, based on the needs of the family, and in coordination with other services being provided by child welfare services or tribes, family resource centers, family courts, and other services.

(F) If the family requires supportive housing, long-term housing through tenant or project-based rental assistance or operating subsidies and services promoting housing stability, subject to available funding pursuant to subdivision (a).

(d) The department shall award program funds to county child welfare agencies and tribes according to criteria developed by the department, in consultation with the County Welfare Directors Association of California, the Corporation for Supportive Housing, and Housing California, subject to all of the following requirements:

(1) (A) Except as otherwise provided in subparagraph (B), a county or tribe that receives state funds under this program shall match that funding on a dollar-by-dollar basis. The county or tribal funds used for this purpose shall supplement, not supplant, county or tribal funding already intended for these purposes.

(B) Between July 1, 2021, and June 30, 2024, a county or tribe that receives state funds under this article shall not be required to match any funding provided during that period.

(2) A county or tribe that receives state funds under this program shall partner with a local homeless continuum of care that participates in a homeless services coordinated entry and assessment system, as required by the United States Department of Housing and Urban Development.

(3) A county or tribe that receives state funds under the program shall utilize a cross-agency liaison to coordinate activities under the program with the homeless continuum of care and the county child welfare or tribal agency, including housing-related and child welfare services for families.

(e) The department, in consultation with Housing California, the Corporation for Supportive Housing, and the County Welfare Directors Association of California, shall develop all of the following:

(1) The criteria by which counties and tribal governments may be awarded funds to provide housing-related assistance to eligible families pursuant to this article.

(2) The proportion of program funding to be expended on reasonable and appropriate administrative activities to minimize overhead and maximize services.

(3) Eligible sources of funds for a county's or tribe's matching contribution.

(4) Tracking and reporting procedures for the program.

(5) A process for evaluating program data.

SEC. 76. Section 16523.2 is added to the Welfare and Institutions Code, to read:

16523.2. (a) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer the changes made to this article by the act that added this section by means of all-county letters or similar instructions from the department that shall have the same force and effect as regulations until regulations are adopted.

(b) The department shall adopt regulations implementing the changes specified in subdivision (a) no later than July 1, 2024.

SEC. 77. Section 18900.3 is added to the Welfare and Institutions Code, to read:

18900.3. Subject to an appropriation in the annual Budget Act for these purposes, in order to increase client access and retention within CalFresh, on or before July 1, 2023, the department shall develop a CalFresh user-centered simplified paper application that minimizes the burdens of the overall enrollment process for households that include older adults 60 years of age or older, or the age otherwise applicable under federal law, and people with disabilities who are eligible to be enrolled in the Elderly Simplified Application Project, a demonstration project operated by the United States Department of Agriculture. To the extent that the Elderly Simplified Application Project is no longer operational, the department shall maintain the simplified paper application for older adults and people with disabilities.

SEC. 78. Section 18900.4 is added to the Welfare and Institutions Code, to read:

18900.4. (a) (1) To the extent permitted under federal law, an individual shall have the option to complete an application or recertification interview and provide the required client signature by telephone.

(2) To fulfill the requirements of paragraph (1), counties may implement any method of electronic signature, including telephonic signature, in compliance with state and federal program requirements, that is supported by county business practices and available technology.

(3) Counties currently using the Consortium IV (C-IV) or LEADER Replacement System (LRS) of the Statewide Automated Welfare System (SAWS) shall comply with this subdivision beginning on or before January 1, 2023, and counties currently using the CalWORKs Information Network (CalWIN) system of SAWS shall comply with this section beginning on or before January 1, 2024.

(b) (1) The department, in consultation with counties, representatives of the statewide automated welfare system consortia, recognized exclusive representatives of eligibility workers, and advocates for CalFresh participants shall develop recommendations to implement a fully telephone-based service model statewide, including, but not limited to, the ability to complete the application, semi-annual report and recertification processes by telephone in all counties. The recommendations shall assess implementation of a telephone-based service model statewide in addition to, not in place of, existing options to complete the application, semi-annual report, and recertification for CalFresh in person, by mail, or online.

(2) The recommendations shall be provided to the Legislature during the 2022–23 budget hearings.

(3) The fully telephone-based service model assessed pursuant to subdivision (b) shall, to the extent permitted under federal law, satisfy both of the following criteria:

(A) Use simple, user-friendly language and instructions for CalFresh applicants, participants, eligibility workers, and application assisters.

(B) Provide service and assistance to applicants and participants in a manner that is accessible to individuals with disabilities and those who have limited English proficiency as required by applicable state and federal laws.

SEC. 79. Section 18900.7 of the Welfare and Institutions Code is amended to read:

18900.7. (a) There is hereby created the SSI/SSP Cash-In Transitional Nutrition Benefit (TNB) Program.

(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 benefits when a previously excluded individual receiving Supplemental Security Income/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 TNB provided to each household shall be based on a TNB table developed by the department.

(2) The benefit table described in paragraph (1) shall be issued annually and be 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 was 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) TNB provided pursuant to 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) A household that is eligible for TNB shall be initially certified for one 12-month period and may be recertified for additional 12-month periods through a recertification process developed by the department, following consultation with counties and stakeholders, if the household continues to meet all of the following criteria:

(1) The household includes at least one individual added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(2) This individual continues to receive Supplemental Security Income/State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3.

(3) This individual remains ineligible for CalFresh benefits.

(f) The department shall develop client notices for the TNB program, as appropriate.

(g) (1) 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, 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 90 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.

(2) The department, in consultation with representatives of county human services agencies and the County Welfare Directors Association of California, shall develop and implement a process that maintains eligibility for all beneficiaries of benefits provided under this section for two years by pausing the discontinuances described in paragraph (1) and marking all recertifications as complete. The pause shall take effect as soon as possible after the effective date of the act that added this paragraph, and shall continue for two years from the commencement of the pause, or until the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement subdivision (e), whichever date is later.

(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.

SEC. 80. Section 18900.8 of the Welfare and Institutions Code is amended to read:

18900.8. The State Department of Social Services shall work with representatives of county human services agencies and the County Welfare Directors Association of California to update the budgeting methodology used to determine the annual funding for county administration of the CalFresh program beginning with the 2022–23 fiscal year. As part of the process of updating the budgeting methodology, the ongoing workload and costs to counties of expanding the CalFresh program to recipients of

Supplemental Security Income and State Supplementary Payment Program benefits shall be examined, and legislative staff, advocates, and organizations that represent county workers shall be consulted.

SEC. 81. Section 18900.9 is added to the Welfare and Institutions Code, to read:

18900.9. Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may do both of the following:

(a) Implement all waivers approved by the United States Secretary of Agriculture for a period of less than 24 months through all-county letters or similar instructions.

(b) Implement all waivers approved by the United States Secretary of Agriculture for a period of 24 months or longer through all-county letters or similar instructions until regulations are adopted, which shall occur no later than 24 months after implementation occurs.

SEC. 82. Section 18901.10 of the Welfare and Institutions Code is amended to read:

18901.10. To the extent permitted by federal law, and subject to the limitation in subdivision (d), each county welfare department shall, if appropriate, exempt a household from complying with face-to-face interview requirements for purposes of determining eligibility at initial application and recertification, according to the following:

(a) The county welfare department shall screen each household's need for exemption status at application and recertification.

(b) A person eligible for an exemption under this section may request a face-to-face interview to establish initial eligibility or to comply with recertification requirements.

(c) (1) No later than January 1, 2022, for purposes of interview scheduling and rescheduling at initial application and recertification, county welfare departments shall implement one or more of the following interview scheduling techniques in addition to providing written notice, to the extent they are not currently in use: time-block, telephonic contact in conjunction with, or prior to, the provision of written communication about the need to schedule an interview, and same-day interviews.

(2) The department, in consultation with the counties and client advocates, may authorize additional scheduling techniques to fulfill the requirement described in paragraph (1).

(d) This section does not limit a county's ability to require an applicant or recipient to make a personal appearance at a county welfare department office if the applicant or recipient no longer qualifies for an exemption or for other good cause.

SEC. 83. Section 18918.1 of the Welfare and Institutions Code is amended to read:

18918.1. (a) In an effort to expand CalFresh program outreach and retention and improve dual enrollment between the CalFresh and Medi-Cal

programs, county welfare departments shall, no later than January 1, 2023, complete all of the following:

(1) Ensure that Medi-Cal applicants applying in-person, online, or by telephone, and who also may be eligible for CalFresh, are screened and given the opportunity to apply at the same time they are applying for Medi-Cal or submitting information for the renewal process.

(2) Ensure the same staff that receive Medi-Cal and CalFresh applications pursuant to paragraph (1) during the Medi-Cal application, renewal, or application and renewal processes conduct the eligibility determination functions needed to determine eligibility or ineligibility to CalFresh.

(3) Designate one or more county liaisons to establish CalFresh application referral and communication procedures on outreach activities between counties and community-based organizations facilitating Medi-Cal enrollment.

(b) Upon certification to the Legislature that the California Statewide Automated Welfare System (CalSAWS) can perform the necessary automation to implement this section, counties shall provide prepopulated CalFresh applications to Medi-Cal beneficiaries who are apparently CalFresh eligible and not dually enrolled during the Medi-Cal renewal process.

SEC. 84. Section 18919 of the Welfare and Institutions Code is amended to read:

18919. (a) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department shall issue an annual all-county letter providing guidance that lists which counties or regions are eligible to participate in the Restaurant Meals Program (RMP) because they meet the requirements established in Section 4014 of the federal Agricultural Act of 2014 (Public Law 113-79). The department's all-county letter shall include instructions for how a county may choose to administer the RMP in that county or appeal a noneligible determination by the department.

(b) The department shall design the electronic benefits transfer (EBT) system established pursuant to Chapter 3 (commencing with Section 10065) of Part 1 to, automatically and upon issuance of an EBT card, allow all CalFresh recipients who are eligible for the RMP to utilize their benefits in all restaurants that have been approved to participate in the RMP.

(c) Except for direct farm purchasing programs or if otherwise not required at a certified farmer's market, a restaurant shall not operate as a vendor in the program unless the restaurant permits customers to make in-store purchases, maintains a current public health license, and complies with all federal, state, and local health and safety laws, regulations, and ordinances. For the purpose of this section, "in-store purchase" means any purchase that is not delivered to the purchaser.

(d) To the extent permitted by federal law, a county, in administering its RMP program, shall not be precluded from determining the number, type, and location of restaurants the county chooses to include as vendors to align

with county administrative capacity or other factors, including, but not limited to, location of participating restaurants and recipient demand.

(e) (1) To the extent permitted by federal law, the department, in consultation with various stakeholders, including, but not limited to, county human services agencies and advocates for CalFresh recipients, shall establish a statewide RMP.

(2) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department shall implement this subdivision by means of all-county letters or similar instructions from the director on or before September 1, 2021.

(f) To prevent hunger among college students who are homeless, elderly, or disabled, and to facilitate compliance with Section 66025.93 of the Education Code, the department may enter into a statewide memorandum of understanding with the Chancellor of the California State University, the Chancellor of the California Community Colleges, or both. Any qualifying food facility located on a campus of the California State University or a campus of the California Community Colleges may participate in the CalFresh RMP through this statewide memorandum of understanding.

(g) For purposes of this section, unless it is specifically excluded from participation in the RMP by federal law or guidance, a restaurant includes, but is not necessarily limited to, an on-campus qualifying food facility, as defined in Section 66025.93 of the Education Code, an eat-in establishment, a grocery store delicatessen, and a takeaway-only restaurant.

SEC. 85. Section 18927.1 is added to the Welfare and Institutions Code, to read:

18927.1. (a) A county shall establish a claim to recover an overissuance of CalFresh benefits due to inadvertent household error, as defined by subdivision (b) of Section 273.18 of Title 7 of the Code of Federal Regulations, or administrative error for which 24 months or fewer have elapsed between the month the overissuance occurred and the month the county welfare department determined the overissuance occurred. A county shall not establish a claim to recover an overissuance due to inadvertent household error or administrative error for which more than 24 months have elapsed between the month the overissuance occurred and the month the county welfare department determined the overissuance occurred.

(b) A claim established pursuant to this section shall equal the total amount of overissuance during the 24 months immediately preceding the date the overissuance due to the inadvertent household error or administrative error was discovered. A county shall not collect any portion of an overissuance that occurred more than 24 months before the date the county discovered the overissuance.

(c) This section shall become operative on July 1, 2022, or upon the department's notification to the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement this section, whichever date is later.

(d) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through all-county letters or similar instructions, which shall have the same force and effect as regulations, until regulations are adopted.

(e) The department shall adopt emergency regulations implementing this section no later than January 1, 2023. The department may readopt any emergency regulation authorized by this section that is the same as, or substantially equivalent to, any emergency regulation previously adopted pursuant to this section. The initial adoption of regulations pursuant to this section and one readoption of emergency regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. Initial emergency regulations and one readoption of emergency regulations authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State, and each shall remain in effect for no more than 180 days, by which time final regulations shall be adopted.

SEC. 86. Section 18930 of the Welfare and Institutions Code is amended to read:

18930. (a) The State Department of Social Services shall establish a Food Assistance Program to provide assistance for those persons described in subdivision (b). The department shall enter into an agreement with the United States Department of Agriculture to use the existing federal Supplemental Nutrition Assistance Program coupons for the purposes of administering this program. Persons who are members of a household receiving CalFresh benefits under this chapter or under Chapter 10 (commencing with Section 18900), and are receiving CalWORKs benefits under Chapter 2 (commencing with Section 11200) of Part 3 on September 1, 1998, shall have eligibility determined under this chapter without need for a new application no later than November 1, 1998, and the beginning date of assistance under this chapter for those persons shall be September 1, 1998.

(b) (1) Except as provided in paragraphs (2), (3), and (4) and Section 18930.5, noncitizens of the United States shall be eligible for the program established pursuant to subdivision (a) if the person's immigration status meets the eligibility criteria of the federal Supplemental Nutrition Assistance Program in effect on August 21, 1996, but the person is not eligible for federal Supplemental Nutrition Assistance Program benefits solely due to the person's immigration status under Public Law 104-193 and any subsequent amendments thereto.

(2) Noncitizens of the United States shall be eligible for the program established pursuant to subdivision (a) if the person is a battered immigrant spouse or child or the parent or child of the battered immigrant, as described in Section 1641(c) of Title 8 of the United States Code, as amended by

Section 5571 of Public Law 105-33, or if the person is a Cuban or Haitian entrant as described in Section 501(e) of the federal Refugee Education Assistance Act of 1980 (Public Law 96-122).

(3) An applicant who is otherwise eligible for the program but who entered the United States on or after August 22, 1996, shall be eligible for aid under this chapter only if the applicant is sponsored and one of the following apply:

(A) The sponsor has died.

(B) The sponsor is disabled as defined in subparagraph (A) of paragraph (3) of subdivision (b) of Section 11320.3.

(C) The applicant, after entry into the United States, is a victim of abuse by the sponsor or the spouse of the sponsor if the spouse is living with the sponsor.

(4) An applicant who is otherwise eligible for the program but who entered the United States on or after August 22, 1996, who does not meet one of the conditions of paragraph (3), shall be eligible for aid under this chapter beginning on October 1, 1999.

(5) The applicant shall be required to provide verification that one of the conditions of subparagraph (A), (B), or (C) of paragraph (3) has been met.

(6) For purposes of subparagraph (C) of paragraph (3), abuse shall be defined in the same manner as provided in Section 11495.1 and Section 11495.12. A sworn statement of abuse by a victim, or the representative of the victim if the victim is not able to competently swear, shall be sufficient to establish abuse if one or more additional items of evidence of abuse is also provided. Additional evidence may include, but is not limited to, the following:

(A) Police, government agency, or court records or files.

(B) Documentation from a domestic violence program, legal, clinical, medical, or other professional from whom the applicant or recipient has sought assistance in dealing with abuse.

(C) A statement from any other individual with knowledge of the circumstances that provided the basis for the claim.

(D) Physical evidence of abuse.

(7) If the victim cannot provide additional evidence of abuse, then the sworn statement shall be sufficient if the county makes a determination documented in writing in the case file that the applicant is credible.

(c) (1) To the extent allowed by federal law, the income, resources, and deductible expenses of those persons described in subdivision (b) shall be excluded when calculating CalFresh benefits under Chapter 10 (commencing with Section 18900).

(2) No household shall receive more CalFresh benefits under this section than it would if no household member was rendered ineligible pursuant to Title IV of Public Law 104-193 and any subsequent amendments thereto.

(d) This section shall become inoperative on the date that the department has notified the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement Section 18930, as added

by the act that added this subdivision, and, as of January 1 of the following year, is repealed.

SEC. 87. Section 18930 is added to the Welfare and Institutions Code, to read:

18930. (a) There is hereby created the California Food Assistance Program (CFAP).

(b) CFAP shall utilize existing CalFresh and electronic benefits transfer system infrastructure to the extent permissible by federal law.

(c) The State Department of Social Services shall use state funds appropriated for CFAP to provide nutrition benefits to households that are ineligible for CalFresh benefits solely due to their immigration status. In accordance with Section 1621(d) of Title 8 of the United States Code, this chapter provides benefits for undocumented persons.

(1) Subject to an appropriation in the Budget Act of 2023, the Legislature intends to begin a targeted, age-based implementation of the expansion of CFAP regardless of immigration status.

(2) Except as provided in paragraphs (3), (4), and (5) and Section 18930.5, noncitizens of the United States shall be eligible for the program established pursuant to subdivision (a) if the person's immigration status meets the eligibility criteria of the federal Supplemental Nutrition Assistance Program in effect on August 21, 1996, but the person is not eligible for federal Supplemental Nutrition Assistance Program benefits solely due to the person's immigration status under Public Law 104-193 and any subsequent amendments thereto.

(3) Noncitizens of the United States shall be eligible for the program established pursuant to subdivision (a) if the person is a battered immigrant spouse or child or the parent or child of the battered immigrant, as described in Section 1641(c) of Title 8 of the United States Code, as amended by Section 5571 of Public Law 105-33, or if the person is a Cuban or Haitian entrant as described in Section 501(e) of the federal Refugee Education Assistance Act of 1980 (Public Law 96-422).

(4) An applicant who is otherwise eligible for the program but who entered the United States on or after August 22, 1996, shall be eligible for aid under this chapter if the applicant is sponsored and one of the following apply:

(A) The sponsor has died.

(B) The sponsor is disabled, as defined in subparagraph (A) of paragraph (3) of subdivision (b) of Section 11320.3.

(C) The applicant, after entry into the United States, is a victim of abuse by the sponsor or the spouse of the sponsor if the spouse is living with the sponsor.

(5) An applicant who is otherwise eligible for the program but who entered the United States on or after August 22, 1996, who does not meet one of the conditions of paragraph (4), shall be eligible for aid under this chapter beginning on October 1, 1999.

(6) The applicant shall be required to provide verification that one of the conditions of subparagraph (A), (B), or (C) of paragraph (4) has been met.

(7) For purposes of subparagraph (C) of paragraph (4), abuse shall be defined in the same manner as provided in Section 11495.1 and Section 11495.12. A sworn statement of abuse by a victim, or the representative of the victim if the victim is not able to competently swear, shall be sufficient to establish abuse if one or more additional items of evidence of abuse are also provided. Additional evidence may include, but is not limited to, the following:

(A) Police, government agency, or court records or files.

(B) Documentation from a domestic violence program, legal, clinical, medical, or other professional from whom the applicant or recipient has sought assistance in dealing with abuse.

(C) A statement from any other individual with knowledge of the circumstances that provided the basis for the claim.

(D) Physical evidence of abuse.

(8) If the victim cannot provide additional evidence of abuse, then the sworn statement shall be sufficient if the county makes a determination documented in writing in the case file that the applicant is credible.

(d) (1) The amount of nutrition benefits provided to each CFAP household shall be identical to the amount that would otherwise be provided to a household eligible for CalFresh benefits.

(2) The benefit amount for a CFAP recipient who is an excluded member of a CalFresh household shall be limited to the amount that the recipient would have received as their share of a CalFresh household benefit, had they not been excluded due to their immigration status.

(3) To the extent permissible under federal law, the delivery of CFAP nutrition benefits shall be identical to the delivery of CalFresh benefits to eligible CalFresh households.

(e) (1) To the extent allowed by federal law, the income, resources, and deductible expenses of those persons described in subdivision (c) shall be excluded when calculating CalFresh benefits under Chapter 10 (commencing with Section 18900).

(2) No household shall receive more CalFresh benefits under this section than it would if no household member was rendered ineligible pursuant to Title IV of Public Law 104-193 and any subsequent amendments thereto.

(f) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the State Department of Social Services may implement and administer this section through all-county letters or similar instructions without taking regulatory action until final regulations are adopted, but no later than 18 months after the date upon which this subdivision becomes operative.

(g) This section shall become operative on the date that the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement this section.

SEC. 88. Section 18999.1 of the Welfare and Institutions Code is amended to read:

18999.1. (a) Subject to an appropriation of funds for this purpose in the annual Budget Act, the State Department of Social Services shall administer the Housing and Disability Income Advocacy Program to provide state funds to participating counties, tribes, or combinations of counties or tribes for the provision of outreach, case management, and advocacy services to individuals as described in Section 18999. Housing assistance shall also be offered to individuals described in subdivision (b) of Section 18999.2.

(b) Funds appropriated for this chapter shall be awarded to grantees by the department according to criteria developed by the department, in consultation with the County Welfare Directors Association of California, tribes, and advocates for clients, subject to the following restrictions:

(1) State funds appropriated for this chapter shall be used only for the purposes specified in this chapter.

(2) (A) Except as specified in subparagraph (B), a grantee shall match state funds received, including any funds from the annual ongoing appropriation of funds for this chapter, which is defined as a twenty-five million dollar ($25,000,000) General Fund appropriation, on a dollar-for-dollar basis. The grantee's matching funds used for this purpose shall supplement, and not supplant, other funding for these purposes.

(B) Notwithstanding subparagraph (A), between July 1, 2021, and June 30, 2024, a grantee that receives state funds under this chapter shall not be required to match any funding for that period that comes from an appropriation that is in excess of the annual ongoing appropriation of funds for this chapter, as defined in subparagraph (A).

(3) A grantee shall, at a minimum, maintain a level of funding for the outreach, active case management, advocacy, and housing assistance services described in this chapter that is at least equal to the total of the amounts expended by the grantee for those services in the 2015–16 fiscal year.

(4) As part of its application to receive state funds under this chapter, a prospective grantee shall identify how it will collaborate locally among, at a minimum, the county departments and tribal entities, as may be appropriate, that are responsible for health, including behavioral health, and human or social services in carrying out the activities required by this chapter. This collaboration shall include, but is not limited to, the sharing of information among these departments or other entities as necessary to carry out the activities required by this chapter.

(c) For purposes of this chapter, "grantee" means a participating county, tribe, or combination of counties or tribes receiving state funds pursuant to this chapter.

(d) (1) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer the changes made to this section by the act that added this subdivision by means of all-county letters or similar instructions from the department that shall have the same force and effect as regulations until regulations are adopted.

(2) The department shall adopt regulations implementing the changes specified in paragraph (1) no later than July 1, 2024.

SEC. 89. Section 18999.2 of the Welfare and Institutions Code is amended to read:

18999.2. (a) (1) A grantee shall provide, or contract for, outreach, active case management, and advocacy services related to all of the following programs, as appropriate:

(A) The Supplemental Security Income/State Supplementary Program for the Aged, Blind, and Disabled (SSI/SSP).

(B) The federal Social Security Disability Insurance (SSDI) program.

(C) The Cash Assistance Program for Immigrants.

(D) Veterans benefits provided under federal law, including, but not limited to, disability compensation.

(E) Any disability benefits that are not identified in subparagraphs (A) to (D), inclusive, that an individual may be eligible to receive.

(2) The outreach and case management services required by this subdivision shall include, but not be limited to, all of the following:

(A) Receiving referrals.

(B) Conducting outreach, training, and technical assistance.

(C) Providing assessment and screening.

(D) Coordinating record retrieval and other necessary means of documenting disability.

(E) Coordinating the provision of health care, including behavioral health care, for clients, as appropriate.

(3) The advocacy services required by this subdivision, which may be provided though legal representation, shall include, but not be limited to, the following:

(A) Developing and filing competently prepared benefit applications, appeals, reconsiderations, reinstatements, and recertifications.

(B) Coordinating with federal and state offices regarding pending benefit applications, appeals, reconsiderations, reinstatements, and recertifications and advocating on behalf of the client.

(b) A grantee shall use screening tools to identify populations of individuals who are likely to be eligible for the programs listed in subdivision (a), in accordance with the following:

(1) The grantee shall give highest priority to either individuals who are chronically homeless or individuals who are homeless and rely most heavily on government-funded services.

(2) Other populations to be targeted by the program include, but are not limited to, the following:

(A) General assistance or general relief applicants or recipients with disabilities or who are likely to have disabilities and who are homeless or at risk of homelessness, which may include individuals who have not yet received an eviction notice.

(B) Parents who receive CalWORKs or tribal Temporary Aid to Needy Families (tribal TANF) assistance, parents whose children receive CalWORKs or tribal TANF assistance, or children who are recipients of

CalWORKs or tribal TANF assistance in families where one or more members has a disability or is likely to have a disability and that are homeless or at risk of homelessness, which may include individuals who have not yet received an eviction notice.

(C) Low-income individuals with disabilities or who are likely to have disabilities who can be diverted from, or who are being discharged from, jails or prisons and who are homeless or at risk of homelessness, which may include individuals who have not yet received an eviction notice.

(D) Low-income veterans with disabilities or who are likely to have disabilities who are homeless or at risk of homelessness, which may include individuals who have not yet received an eviction notice.

(E) Low-income individuals with disabilities or who are likely to have disabilities who are being discharged from hospitals, long-term care facilities, or rehabilitation facilities and who are homeless or at risk of homelessness, which may include individuals who have not yet received an eviction notice.

(c) (1) A grantee, as may be appropriate, may refer an individual to workforce development programs who is not likely to be eligible for the programs listed in subdivision (a) and who may benefit from workforce development programs.

(2) In consultation with an individual who has been served by the Housing and Disability Income Advocacy Program and considering the circumstances of the individual's disabilities, a grantee may, upon approval or final denial of disability benefits, refer an individual who may benefit from workforce development programs to those programs.

(3) An individual's participation in a workforce development program pursuant to this subdivision is voluntary.

SEC. 90. Section 18999.4 of the Welfare and Institutions Code is amended to read:

18999.4. (a) (1) Pursuant to Section 18999.1, a grantee shall offer housing assistance to individuals described in subdivision (b) of Section 18999.2 and shall use funds received under this program to establish or expand programs that provide housing assistance, including interim housing, recuperative care, rental subsidies, or, only when necessary, shelters, for clients receiving services under Section 18999.2 during the clients' application periods for disability benefits programs described in that section. The grantee shall make a reasonable effort to place a client who receives subsidies in housing that the client can sustain without a subsidy upon approval of disability benefits, or consider providing limited housing assistance until an alternative subsidy, affordable housing voucher, or other sustainable housing option is secured. Upon approval or denial of disability benefits, where needed, case management staff shall assist in developing a transition plan for housing support.

(2) A client's participation in housing assistance programs or services is voluntary.

(b) To the extent authorized under federal law, a grantee, with the assistance of the department, shall seek reimbursement of funds used for housing assistance, general assistance, or general relief from the federal

Commissioner of Social Security pursuant to an interim assistance reimbursement agreement authorized by Section 1631(g) of the federal Social Security Act, and shall expend funds received as reimbursement for housing assistance only on additional housing assistance for clients receiving services under this chapter.

(c) The requirement to seek reimbursement of funds pursuant to subdivision (b) is waived through June 30, 2024.

SEC. 91. Section 18999.6 of the Welfare and Institutions Code is amended to read:

18999.6. (a) A grantee shall report at least annually to the department on its funding of advocacy and outreach programs in the prior year and its use of state funding provided under this chapter, including, to the extent that data is available, all of the following:

(1) The number of clients served in each of the targeted populations described in subdivision (b) of Section 18999.2 and any other populations the grantee chose to target.

(2) The demographics of the clients served, including race or ethnicity, age, and gender.

(3) The number of applications for benefits, and type of benefits, filed with the assistance of the grantee.

(4) The number of applications approved initially, the number approved after reconsideration, the number approved after appeal, and the number not approved, including the average processing time from submission of applications while in the Housing and Disability Income Advocacy Program to final determination.

(5) For applications that were denied, the reason or reasons for denial.

(6) The number of clients who received subsidized housing during their enrollment in the Housing and Disability Advocacy Program.

(7) A description of how housing impacted the clients and the rates of completed applications or approval.

(8) The number of clients who received subsidized housing who maintained that housing during the disability benefits application period.

(9) The percentage of clients approved for disability benefits who retain permanent housing 6 and 12 months after the approval of disability benefits.

(10) The number of individuals eligible to be served by this program but who have not yet received services.

(11) Any additional data requirements established by the department after consultation with the County Welfare Directors Association of California, tribes, and advocates for clients.

(b) The department shall annually inform the Legislature of the implementation progress of the program and make related data available on its internet website. Beginning in 2020, the department shall also submit an annual report, by February 1, to the Legislature, in compliance with Section 9795 of the Government Code, regarding the implementation of the program, including the information reported by participating grantees pursuant to this section.

SEC. 92. Section 92 of Chapter 11 of the Statutes of 2020 is repealed.

SEC. 93. Section 93 of Chapter 11 of the Statutes of 2020 is repealed.

SEC. 94. No appropriation pursuant to Section 15201 of the Welfare and Institutions Code shall be made for purposes of implementing the amendments to Section 12201.06 of the Welfare and Institutions code made by this act.

SEC. 95. Sections 16 and 17 of this act shall become operative only if Assembly Bill 136 of the 2021–2022 Regular Session is enacted and becomes effective.

SEC. 96. The Legislature finds and declares that Section 60 of this act, which adds Section 13652 to the Welfare and Institutions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy of recipients of benefits with respect to personal and legal information related to provision of those benefits, it is necessary that the information and those records be confidential.

SEC. 97. To the extent that this act has an overall effect of increasing certain costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any new program or higher level of service provided by a local agency pursuant to this act above the level for which funding has been provided shall not require a subvention of funds by the state or otherwise be subject to Section 6 of Article XIII B of the California Constitution.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SEC. 98. This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.

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