Assembly Bill No. 172

Passed the Assembly September 9, 2021

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Chief Clerk of the Assembly

Passed the Senate September 9, 2021

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Secretary of the Senate

This bill was received by the Governor this _____ day of _____, 2021, at _____ o'clock ___M.

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Private Secretary of the Governor

CHAPTER _____

An act to amend Section 1798.24 of the Civil Code, to add Section 49557.4 to the Education Code, to amend Section 17400 of the Family Code, to amend Sections 1322 and 12803 of the Government Code, to amend Sections 1367.03, 1367.04, 1368.05, and 1502 of, to repeal Division 109.5 (commencing with Section 130250), Division 109.6 (commencing with Section 130275), Division 110 (commencing with Section 130300), and Division 115 (commencing with Section 136000) of, and to repeal and add Division 109 (commencing with Section 130200) of, the Health and Safety Code, to amend Section 10133.8 of the Insurance Code, to add Section 2755 to the Labor Code, to amend Sections 361.2, 4096, 11402, 11450, 11450.12, 16521.5, and 18997 of, to add Section 12316.1 to, and to add Chapter 20 (commencing with Section 18999.97) to Part 6 of Division 9 of, the Welfare and Institutions Code, and to add Item 4100-490 to Section 2.00 of the Budget Act of 2021, relating to human services, and making an appropriation therefor, to take effect immediately, bill related to the budget.

LEGISLATIVE COUNSEL'S DIGEST

AB 172, Committee on Budget. Human services.

(1) 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. Existing law, commencing January 1, 2023, requires 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.

This bill would instead require a local child support agency to cease enforcement of child support arrearages assigned to the state and other fees and costs owed to the state when the department or

local child support agency has determined that the amount is uncollectible.

(2) Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities by the State Department of Social Services. Under the act, community care facilities include various types of facilities, including community crisis homes, which are defined to mean facilities certified by the State Department of Developmental Services and licensed by the State Department of Social Services as adult residential facilities that provide 24-hour nonmedical care to individuals with developmental disabilities receiving regional center service, in need of crisis intervention services, and who would otherwise be at risk of admission to the acute crisis center at Fairview Developmental Center, Sonoma Developmental Center, an acute general hospital, an acute psychiatric hospital, an institution for mental disease, or an out-of-state placement.

This bill would eliminate the reference to the Sonoma Developmental Center for purposes of that definition.

(3) The California Community Care Facilities Act also provides for regulation of community care facilities that provide nonmedical care, including adult residential facilities and residential care facilities for the elderly.

Under existing law, the Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) is, pursuant to contract, administered by the federal government and the department. This program provides cash assistance to low-income aged, blind, and disabled persons. Other existing law requires the department to establish and supervise a county- or county consortia-administered program, known as the Cash Assistance Program for Immigrants (CAPI), which provides cash benefits to aged, blind, and disabled legal immigrants who meet specified criteria.

This bill would establish the Community Care Expansion Program. Under the program, the department would award grants, upon appropriation of funds in the annual Budget Act and as specified in the annual Budget Act, to qualified grantees to preserve or expand capacity of residential adult and senior care facilities through the acquisition, construction, or rehabilitation of property, or to grantees to provide capitalized operating subsidy reserves to existing licensed residential adult and senior care facilities that

serve at least one qualified resident, in order to avoid the closure of facilities, and to increase the acceptance of new qualified residents. The bill would define "qualified resident" to mean applicants for or recipients of SSI/SSP or CAPI benefits who need the care and supervision that is provided by the licensed facility that receives the grant. The bill would require the department to develop criteria for the program, including the methodology and distribution of the funds awarded to grantees under the program. The bill would require funds awarded pursuant to the program to be used to supplement, and not supplant, other funding available from existing local, state, or federal programs or from grants with similar purposes.

The California Constitution prohibits the development, construction, or acquisition in any manner of a low-rent housing project by any state public body, as defined, until a majority of the qualified electors of the city, town, or county in which it is proposed to develop, construct, or acquire the same, voting upon that issue, approve the project by voting in favor at an election. The California Constitution, for purposes of this prohibition, defines low-rent housing project to mean any development composed of urban or rural dwellings, apartments, or other living accommodations for persons of low income, financed in whole or in part by the federal government or a state public body or to which the federal government or a state public body extends assistance by supplying all or part of the labor, by guaranteeing the payment of liens, or otherwise. Existing law establishes exclusions from this definition of "low-rent housing project," including any development composed of urban or rural dwellings, apartments, or other living accommodations, that meets any one of specified criteria, including that the development is privately owned housing that receives no ad valorem property tax exemption, except as specified, and not more than 49% of the dwellings, apartments, or other living accommodations of the development may be occupied by persons of low income, or the development consists of the rehabilitation, reconstruction, improvement or addition to, or replacement of, dwelling units of a previously existing low-rent housing project, or a project previously or currently occupied by lower income households.

This bill would expand that exclusion to include the development of an adult or senior care facility that meets one or more of those criteria.

(4) Existing law requires the State Department of Developmental Services and the State Department of Social Services to jointly implement a licensing program to provide special health care and intensive support services to children and specifically authorizes the departments to license and regulate group homes for children with special health care needs. Existing law requires a group home for children with special health care needs to possess a community care facility license issued pursuant to the California Community Care Facilities Act.

This bill would define for the purposes of the act a "group home for children with special health care needs."

(5) Existing law establishes the jurisdiction of the juvenile court, which may adjudge a minor or nonminor to be a dependent or ward of the court under certain circumstances. Existing law authorizes a social worker who has supervision over a dependent of the court to place the child in specified homelike settings, including a group home for children.

This bill would require those group homes to be vendored by a regional center.

(6) Existing law establishes the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program, under which counties provide payments to foster care providers on behalf of qualified children in foster care. The program is funded by a combination of federal, state, and county funds. In order to be eligible for AFDC-FC, existing law requires a child or nonminor dependent to be placed in one of several specified placements, including, among others, a community care facility licensed under the California Community Care Facilities Act and vendored by a regional center.

This bill would specify that a child is not eligible for AFDC-FC if they are placed in a group home for children with special health care needs.

(7) Existing law generally requires, prior to the placement of a child in a short-term residential therapeutic programs or out-of-state residential facilities, that a qualified individual conduct an independent assessment and determination regarding the needs of the child.

Existing law provides for the confidentiality of information regarding a minor in proceedings in the juvenile court and related court proceedings and limits access to juvenile case files. Existing law authorizes only certain individuals to inspect a juvenile case file, including, among others, members of children's multidisciplinary teams, persons, or agencies providing treatment or supervision of the minor.

This bill would require that, for purposes of determining the individuals who may access a juvenile case file, a qualified individual be considered a member of the child's multidisciplinary team.

(8) Existing law requires the State Department of Social Services to convene a working group to develop a pregnancy prevention plan that effectively addresses the needs of adolescent male and female foster youth and includes, among other things, effective strategies and programs for preteen and older teen foster youth and nonminor dependents and selecting and providing appropriate materials to educate foster youth and nonminor dependents in family life education.

This bill would, subject to an appropriation for this purpose, require the department to compile and report annual performance and outcome data on the implementation of sexual and reproductive health training and education and the availability and use of sexual and reproductive health care services. The bill would require enumerated performance and outcome data to be included in the report and would require the department to consult with the working group in selecting additional performance and outcome data measures to include in the report. The bill would require the report to be completed annually, beginning July 1, 2023, and to be posted on the department's internet website.

(9) Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which, through a combination of state, county, and federal funds, each county provides cash assistance and other benefits to qualified low-income families and individuals. Under existing law, a CalWORKs recipient family is not eligible for further aid if reasonably anticipated income, less exempt income, as specified, equals or exceeds the maximum aid payment.

This bill would, commencing July 1, 2022, instead provide that a recipient family is not eligible for further aid if the family's

reasonably anticipated income, less exempt income, exceeds specified income reporting thresholds, and would also prohibit an applicant family from receiving aid if the family's reasonably anticipated income, less exempt income, as specified, equals or exceeds the maximum aid payment.

(10) 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 require the county human services agency to require a pregnant person to provide medical verification of pregnancy, as specified. By increasing the duties in administering the CalWORKs program, the bill would impose a state-mandated local program.

(11) Existing law provides for the federal Supplemental Nutrition Assistance Program (SNAP), administered in California as CalFresh, under which each county distributes nutrition assistance benefits provided by the federal government to eligible households. Existing law provides for the establishment of a statewide electronic benefit transfer (EBT) system, administered by the State Department of Social Services, for the purpose of providing financial and food assistance benefits.

Existing federal law provides for the Pandemic Electronic Benefit Transfer (P-EBT) program, under which the United States Secretary of Agriculture is authorized to approve state plans to provide eligible children with temporary emergency nutrition assistance benefits during fiscal years 2020 and 2021 in any case in which a school is closed or has reduced the number of days or hours that students attend the school during a public health emergency designation during which the school would otherwise be in session.

Existing law requires each school district or county superintendent of schools maintaining any kindergarten or any of grades 1 to 12, inclusive, to provide each needy pupil with one nutritionally adequate free or reduced-price meal during each schoolday. Existing law requires that all applications and records concerning any individual made or kept by any public officer or agency in connection with the administration of any provision of law relating to free or reduced-price meal eligibility be kept confidential, subject to specified exceptions.

This bill would authorize the State Department of Education and the State Department of Social Services to share data for the limited

purposes of administering the P-EBT food benefit program, including, but not limited to, identifying eligible students and evaluating program outcomes. The bill would authorize this data sharing to continue until the P-EBT program is terminated by federal law or federal approval to administer the program expires.

(12) Existing law provides for the In-Home Supportive Services program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons receive supportive services to allow them to remain in their own homes. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. Existing law authorizes certain Medi-Cal beneficiaries to receive waiver personal care services, as defined, to allow them to remain in their own homes.

This bill would require the State Department of Social Services to administer the Career Pathways Program for providers of in-home supportive services, related services, or waiver personal care services, to increase the quality of care, recruitment and retention of providers for recipients and to provide training opportunities for career advancement in the home care and health care industries. Under the bill, the program would be implemented as a pilot project no later than September 1, 2022, or as otherwise specified, and would remain operative until March 31, 2024, or until a later date, subject to an appropriation.

The bill would set forth the objectives and curriculum of the career pathways, certain criteria for provider participation in the program, and incentive payments for completion of specified activities. The bill would require the department to review and approve proposed training curriculum, enter into agreements with multiple qualified third-party entities, as defined, and determine the methodology and distribution of appropriated funds. Under the bill, provider participation in the training would be voluntary and at no cost to providers, and providers would be compensated for each hour of training, as specified, without requiring counties or public authorities to provide any funding for the training compensation.

The bill would require the department to contract with another entity to complete an evaluation of the project. The bill would require the submission of an interim report, as specified, to the

Legislature by no later than May 1, 2023, with a final report of the evaluation of the pilot project submitted to the Legislature by December 31, 2024.

(13) Existing law establishes the Office of Health Information Integrity to ensure the enforcement of state law mandating the confidentiality of medical information and requires the office to assume statewide leadership, coordination, policy formulation, direction, and oversight responsibilities for the implementation of, and compliance with, the federal Health Insurance Portability and Accountability Act, among other duties.

Existing law establishes the Office of Patient Advocate to provide assistance to, and advocate on behalf of, health care consumers by, among other things, coordinating amongst, providing assistance to, and collecting data from, all of the state agency consumer assistance or patient assistance programs and call centers, to better enable health care consumers to access the health care services to which they are eligible.

This bill would abolish the Office of Health Information Integrity and the Office of Patient Advocate, establish the Center for Data Insights and Innovation within the California Health and Human Services Agency, and transfer the duties of the Office of Health Information Integrity and the Office of Patient Advocate to the center. The bill would also require the center to assume responsibility for administering the State Committee for the Protection of Human Subjects, as specified. The bill would establish the Center for Data Insights and Innovation Fund and, upon appropriation by the Legislature, make moneys in the fund available to the center to accomplish its duties. The bill would also establish the Health Plan Improvement Trust Fund and, upon appropriation by the Legislature, make the moneys in the fund available to administer various duties relating to monitoring the quality of health care and patient experience.

This bill would require the Center for Data Insights and Innovation to keep all personal information obtained by the center confidential, as specified. The bill would require the center to meet various requirements with regard to the disclosure of information, including the development of a comprehensive program regarding the disclosure of information to qualified researchers according to specified data use agreements. The bill would specify that a violation of those data use agreements would be a misdemeanor.

By creating a new crime, this bill would impose a state-mandated local program.

Existing law authorizes the California Health and Human Services Agency, or one of the departments under its jurisdiction, to apply for federal funds made available through the federal American Recovery and Reinvestment Act of 2009 (ARRA) for health information technology and exchange, and establishes the California Health Information Technology and Exchange Fund for these purposes.

This bill would repeal those provisions.

Existing law authorizes the Office of Health Information Integrity to establish and administer demonstration projects to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy and security of personal health information, and enhance the trust of the stakeholders.

This bill would repeal those provisions.

(14) Existing law requires the State Department of Social Services, subject to an appropriation in the annual Budget Act, to administer the California Guaranteed Income Pilot Program to provide grants to eligible entities for the purpose of administering pilot programs and projects that provide a guaranteed income to participants. In order to receive grant funds under the program, existing law requires an eligible entity to, among other things, present commitments of additional funding from nongovernmental sources for its pilot program or project.

This bill would delete the requirement that the commitment of additional funds be from nongovernmental sources. The bill would additionally condition the receipt of grant funds on the eligible entity presenting a plan to provide certain benefits counseling and informational materials to individuals receiving guaranteed income payments funded with a grant.

(15) 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.

(16) 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.

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

This bill would instead provide that the continuous appropriation would not be made for purposes of implementing the requirements described in paragraphs (9) and (10).

(18) This bill would reappropriate up to $458,000 of the unencumbered balance of a budget item from the Budget Act of 2020, to be available for encumbrance or expenditure until June 30, 2022, from the Federal Trust Fund to the State Council on Developmental Disabilities, as specified.

(19) 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 1798.24 of the Civil Code is amended to read:

1798.24. An agency shall not disclose any personal information in a manner that would link the information disclosed to the individual to whom it pertains unless the information is disclosed, as follows:

(a) To the individual to whom the information pertains.

(b) With the prior written voluntary consent of the individual to whom the information pertains, but only if that consent has been obtained not more than 30 days before the disclosure, or in the time limit agreed to by the individual in the written consent.

(c) To the duly appointed guardian or conservator of the individual or a person representing the individual if it can be proven with reasonable certainty through the possession of agency forms,

documents, or correspondence that this person is the authorized representative of the individual to whom the information pertains.

(d) To those officers, employees, attorneys, agents, or volunteers of the agency that has custody of the information if the disclosure is relevant and necessary in the ordinary course of the performance of their official duties and is related to the purpose for which the information was acquired.

(e) To a person, or to another agency if the transfer is necessary for the transferee agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is in accordance with Section 1798.25. With respect to information transferred from a law enforcement or regulatory agency, or information transferred to another law enforcement or regulatory agency, a use is compatible if the use of the information requested is needed in an investigation of unlawful activity under the jurisdiction of the requesting agency or for licensing, certification, or regulatory purposes by that agency.

(f) To a governmental entity if required by state or federal law.

(g) Pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code).

(h) To a person who has provided the agency with advance, adequate written assurance that the information will be used solely for statistical research or reporting purposes, but only if the information to be disclosed is in a form that will not identify any individual.

(i) Pursuant to a determination by the agency that maintains information that compelling circumstances exist that affect the health or safety of an individual, if upon the disclosure notification is transmitted to the individual to whom the information pertains at the individual's last known address. Disclosure shall not be made if it is in conflict with other state or federal laws.

(j) To the State Archives as a record that has sufficient historical or other value to warrant its continued preservation by the California state government, or for evaluation by the Director of General Services or the director's designee to determine whether the record has further administrative, legal, or fiscal value.

(k) To any person pursuant to a subpoena, court order, or other compulsory legal process if, before the disclosure, the agency

reasonably attempts to notify the individual to whom the record pertains, and if the notification is not prohibited by law.

(*l*) To any person pursuant to a search warrant.

(m) Pursuant to Article 3 (commencing with Section 1800) of Chapter 1 of Division 2 of the Vehicle Code.

(n) For the sole purpose of verifying and paying government health care service claims made pursuant to Division 9 (commencing with Section 10000) of the Welfare and Institutions Code.

(o) To a law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes, unless the disclosure is otherwise prohibited by law.

(p) To another person or governmental organization to the extent necessary to obtain information from the person or governmental organization for an investigation by the agency of a failure to comply with a specific state law that the agency is responsible for enforcing.

(q) To an adopted person and disclosure is limited to general background information pertaining to the adopted person's biological parents, if the information does not include or reveal the identity of the biological parents.

(r) To a child or a grandchild of an adopted person and disclosure is limited to medically necessary information pertaining to the adopted person's biological parents. However, the information, or the process for obtaining the information, shall not include or reveal the identity of the biological parents. The State Department of Social Services shall adopt regulations governing the release of information pursuant to this subdivision. The regulations shall require licensed adoption agencies to provide the same services provided by the department as established by this subdivision.

(s) To a committee of the Legislature or to a Member of the Legislature, or the member's staff if authorized in writing by the member, if the member has permission to obtain the information from the individual to whom it pertains or if the member provides reasonable assurance that the member is acting on behalf of the individual.

(t) (1) To the University of California, a nonprofit educational institution, an established nonprofit research institution performing

health or social services research, the Cradle-to-Career Data System, for purposes consistent with the creation and execution of the Cradle-to-Career Data System Act pursuant to Article 2 (commencing with Section 10860) of Chapter 8.5 of Part 7 of Division 1 of Title 1 of the Education Code, or, in the case of education-related data, another nonprofit entity, conducting scientific research, if the request for information is approved by the Committee for the Protection of Human Subjects (CPHS) for the California Health and Human Services Agency (CHHSA) or an institutional review board, as authorized in paragraphs (5) and (6). The approval shall include a review and determination that all the following criteria have been satisfied:

(A) The researcher has provided a plan sufficient to protect personal information from improper use and disclosures, including sufficient administrative, physical, and technical safeguards to protect personal information from reasonable anticipated threats to the security or confidentiality of the information.

(B) The researcher has provided a sufficient plan to destroy or return all personal information as soon as it is no longer needed for the research project, unless the researcher has demonstrated an ongoing need for the personal information for the research project and has provided a long-term plan sufficient to protect the confidentiality of that information.

(C) The researcher has provided sufficient written assurances that the personal information will not be reused or disclosed to any other person or entity, or used in any manner, not approved in the research protocol, except as required by law or for authorized oversight of the research project.

(2) The CPHS shall enter into a written agreement with the Office of Cradle-to-Career Data, as defined in Section 10862 of the Education Code, to assist the managing entity of that office in its role as the institutional review board for the Cradle-to-Career Data System.

(3) The CPHS or institutional review board shall, at a minimum, accomplish all of the following as part of its review and approval of the research project for the purpose of protecting personal information held in agency databases:

(A) Determine whether the requested personal information is needed to conduct the research.

(B) Permit access to personal information only if it is needed for the research project.

(C) Permit access only to the minimum necessary personal information needed for the research project.

(D) Require the assignment of unique subject codes that are not derived from personal information in lieu of social security numbers if the research can still be conducted without social security numbers.

(E) If feasible, and if cost, time, and technical expertise permit, require the agency to conduct a portion of the data processing for the researcher to minimize the release of personal information.

(4) Reasonable costs to the agency associated with the agency's process of protecting personal information under the conditions of CPHS approval may be billed to the researcher, including, but not limited to, the agency's costs for conducting a portion of the data processing for the researcher, removing personal information, encrypting or otherwise securing personal information, or assigning subject codes.

(5) The CPHS may enter into written agreements to enable other institutional review boards to provide the data security approvals required by this subdivision, if the data security requirements set forth in this subdivision are satisfied.

(6) Pursuant to paragraph (5), the CPHS shall enter into a written agreement with the institutional review board established pursuant to former Section 49079.6 of the Education Code. The agreement shall authorize, commencing July 1, 2010, or the date upon which the written agreement is executed, whichever is later, that board to provide the data security approvals required by this subdivision, if the data security requirements set forth in this subdivision and the act specified in subdivision (a) of Section 49079.5 of the Education Code are satisfied.

(u) To an insurer if authorized by Chapter 5 (commencing with Section 10900) of Division 4 of the Vehicle Code.

(v) Pursuant to Section 450, 452, 8009, or 18396 of the Financial Code.

(w) For the sole purpose of participation in interstate data sharing of prescription drug monitoring program information pursuant to the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and

Safety Code), if disclosure is limited to prescription drug monitoring program information.

This article does not require the disclosure of personal information to the individual to whom the information pertains if that information may otherwise be withheld as set forth in Section 1798.40.

SEC. 2. Section 49557.4 is added to the Education Code, to read:

49557.4. (a) Notwithstanding Sections 49076, 49557.3, and 49558, and accompanying regulations, the State Department of Education and the State Department of Social Services may share data for the limited purpose of administering the Pandemic Electronic Benefit Transfer (P-EBT) food benefit program established pursuant to Public Law 116-127, including, but not limited to, identifying eligible students and evaluating program outcomes.

(b) The authority provided by this section shall continue until the P-EBT program established pursuant to Public Law 116-127 has been terminated pursuant to federal law or federal approval to administer the program has expired.

SEC. 3. Section 17400 of the Family Code, as added by Section 4 of Chapter 85 of the Statutes of 2021, is amended 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) 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 assigned to the state and other fees and costs owed to the state that the department or the local child support agency has determined to be uncollectible.

If enforcement is ceased pursuant to this paragraph, cases shall be closed to the maximum extent permitted under Section 303.11 of Title 45 of the Code of Federal Regulations, as adopted under Section 118203 of Title 22 of the California Code of Regulations.

(B) In determining the meaning of uncollectible for purposes of arrearages assigned to the state and other fees and costs 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 other fees and costs.

(ii) Source of income.

(iii) Age of the arrearage or other fees and costs.

(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 assigned to the state or fees and costs 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. 4. Section 1322 of the Government Code is amended to read:

1322. In addition to any other statutory provisions requiring confirmation by the Senate of officers appointed by the Governor, the appointments by the Governor of the following officers and the appointments by the Governor to the listed boards and commissions are subject to confirmation by the Senate:

(a) California Horse Racing Board.

(b) Court Reporters Board of California.

(c) Chief, Division of Occupational Safety and Health.

(d) Chief, Division of Labor Standards Enforcement.

(e) Commissioner of Business Oversight.

(f) Contractors State License Board.

(g) Director of Fish and Game.

(h) Director of Health Care Services.
(i) Chief Deputy, State Department of Health Care Services.
(j) Real Estate Commissioner.
(k) State Athletic Commissioner.
(*l*) State Board of Barbering and Cosmetology Examiners.
(m) State Librarian.
(n) Director of Social Services.
(o) Chief Deputy, State Department of Social Services.
(p) Director of State Hospitals.
(q) Chief Deputy, State Department of State Hospitals.
(r) Director of Developmental Services.
(s) Chief Deputy, State Department of Developmental Services.
(t) Director of Alcohol and Drug Abuse.
(u) Director of Rehabilitation.
(v) Chief Deputy, Department of Rehabilitation.
(w) Director of the Office of Statewide Health Planning and Development.
(x) Deputy Secretary, California Health and Human Services Agency.
(y) Director, Department of Managed Health Care.
(z) State Public Health Officer, State Department of Public Health.
(aa) Chief Deputy, State Department of Public Health.

SEC. 5. Section 12803 of the Government Code, as added by Section 4 of Chapter 337 of the Statutes of 2020, is amended to read:

12803. (a) The California Health and Human Services Agency consists of the following departments: Aging; Community Services and Development; Developmental Services; Health Care Services; Managed Health Care; Public Health; Rehabilitation; Social Services; and State Hospitals.

(b) The agency also includes the Center for Data Insights and Innovation, the Emergency Medical Services Authority, the Office of Statewide Health Planning and Development, the Office of Systems Integration, the Office of Law Enforcement Support, the Office of the Surgeon General, the Office of Youth and Community Restoration, and the State Council on Developmental Disabilities.

(c) The Department of Child Support Services is hereby created within the agency and is the single organizational unit designated as the state's Title IV-D agency with the responsibility for

administering the state plan and providing services relating to the establishment of paternity or the establishment, modification, or enforcement of child support obligations as required by Section 654 of Title 42 of the United States Code. State plan functions shall be performed by other agencies as required by law, by delegation of the department, or by cooperative agreements.

(d) This section shall become operative on July 1, 2021.

SEC. 6. Section 1367.03 of the Health and Safety Code is amended to read:

1367.03. (a) Not later than January 1, 2004, the department shall develop and adopt regulations to ensure that enrollees have access to needed health care services in a timely manner. In developing these regulations, the department shall develop indicators of timeliness of access to care and, in so doing, shall consider the following as indicators of timeliness of access to care:

(1) Waiting times for appointments with physicians, including primary care and specialty physicians.

(2) Timeliness of care in an episode of illness, including the timeliness of referrals and obtaining other services, if needed.

(3) Waiting time to speak to a physician, registered nurse, or other qualified health professional acting within their scope of practice who is trained to screen or triage an enrollee who may need care.

(b) In developing these standards for timeliness of access, the department shall consider the following:

(1) Clinical appropriateness.

(2) The nature of the specialty.

(3) The urgency of care.

(4) The requirements of other provisions of law, including Section 1367.01 governing utilization review, that may affect timeliness of access.

(c) The department may adopt standards other than the time elapsed between the time an enrollee seeks health care and obtains care. If the department chooses a standard other than the time elapsed between the time an enrollee first seeks health care and obtains it, the department shall demonstrate why that standard is more appropriate. In developing these standards, the department shall consider the nature of the plan network.

(d) The department shall review and adopt standards, as needed, concerning the availability of primary care physicians, specialty

physicians, hospital care, and other health care, so that consumers have timely access to care. In so doing, the department shall consider the nature of physician practices, including individual and group practices as well as the nature of the plan network. The department shall also consider various circumstances affecting the delivery of care, including urgent care, care provided on the same day, and requests for specific providers. If the department finds that health care service plans and health care providers have difficulty meeting these standards, the department may make recommendations to the Assembly Committee on Health and the Senate Committee on Insurance of the Legislature pursuant to subdivision (i).

(e) In developing standards under subdivision (a), the department shall consider requirements under federal law, requirements under other state programs, standards adopted by other states, nationally recognized accrediting organizations, and professional associations. The department shall further consider the needs of rural areas, specifically those in which health facilities are more than 30 miles apart and any requirements imposed by the State Department of Health Care Services on health care service plans that contract with the State Department of Health Care Services to provide Medi-Cal managed care.

(f) (1) Contracts between health care service plans and health care providers shall ensure compliance with the standards developed under this section. These contracts shall require reporting by health care providers to health care service plans and by health care service plans to the department to ensure compliance with the standards.

(2) Health care service plans shall report annually to the department on compliance with the standards in a manner specified by the department. The reported information shall allow consumers to compare the performance of plans and their contracting providers in complying with the standards, as well as changes in the compliance of plans with these standards.

(3) The department may develop standardized methodologies for reporting that shall be used by health care service plans to demonstrate compliance with this section and any regulations adopted pursuant to it. The methodologies shall be sufficient to determine compliance with the standards developed under this section for different networks of providers if a health care service

plan uses a different network for Medi-Cal managed care products than for other products or if a health care service plan uses a different network for individual market products than for small group market products. The development and adoption of these methodologies shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) until January 1, 2020. The department shall consult with stakeholders in developing standardized methodologies under this paragraph.

(g) (1) When evaluating compliance with the standards, the department shall focus more upon patterns of noncompliance rather than isolated episodes of noncompliance.

(2) The director may investigate and take enforcement action against plans regarding noncompliance with the requirements of this section. Where substantial harm to an enrollee has occurred as a result of plan noncompliance, the director may, by order, assess administrative penalties subject to appropriate notice of, and the opportunity for, a hearing in accordance with Section 1397. The plan may provide to the director, and the director may consider, information regarding the plan's overall compliance with the requirements of this section. The administrative penalties shall not be deemed an exclusive remedy available to the director. These penalties shall be paid to the Managed Care Administrative Fines and Penalties Fund and shall be used for the purposes specified in Section 1341.45. The director shall periodically evaluate grievances to determine if any audit, investigative, or enforcement actions should be undertaken by the department.

(3) The director may, after appropriate notice and opportunity for hearing in accordance with Section 1397, by order, assess administrative penalties if the director determines that a health care service plan has knowingly committed, or has performed with a frequency that indicates a general business practice, either of the following:

(A) Repeated failure to act promptly and reasonably to assure timely access to care consistent with this chapter.

(B) Repeated failure to act promptly and reasonably to require contracting providers to assure timely access that the plan is required to perform under this chapter and that have been delegated by the plan to the contracting provider when the obligation of the plan to the enrollee or subscriber is reasonably clear.

(C) The administrative penalties available to the director pursuant to this section are not exclusive, and may be sought and employed in any combination with civil, criminal, and other administrative remedies deemed warranted by the director to enforce this chapter.

(4) The administrative penalties shall be paid to the Managed Care Administrative Fines and Penalties Fund and shall be used for the purposes specified in Section 1341.45.

(h) The department shall work with the Center for Data Insights and Innovation to assure that the quality of care report card incorporates information provided pursuant to subdivision (f) regarding the degree to which health care service plans and health care providers comply with the requirements for timely access to care.

(i) The department shall annually review information regarding compliance with the standards developed under this section and shall make recommendations for changes that further protect enrollees. Commencing no later than December 1, 2015, and annually thereafter, the department shall post its final findings from the review on its internet website.

(j) The department shall post on its internet website any waivers or alternative standards that the department approves under this section on or after January 1, 2015.

SEC. 7. Section 1367.04 of the Health and Safety Code is amended to read:

1367.04. (a) Not later than January 1, 2006, the department shall develop and adopt regulations establishing standards and requirements to provide health care service plan enrollees with appropriate access to language assistance in obtaining health care services.

(b) In developing the regulations, the department shall require every health care service plan and specialized health care service plan to assess the linguistic needs of the enrollee population, excluding Medi-Cal enrollees, and to provide for translation and interpretation for medical services, as indicated. A health care service plan that participates in the Healthy Families Program may assess the Healthy Families Program enrollee population separately from the remainder of its enrollee population for purposes of subparagraph (A) of paragraph (1). A health care service plan that chooses to separate its Healthy Families Program enrollment from

the remainder of its enrollee population shall treat the Healthy Families Program population separately for purposes of determining whether subparagraph (A) of paragraph (1) is applicable, and shall also treat the Healthy Families Program population separately for purposes of applying the percentage and numerical thresholds in subparagraph (A) of paragraph (1). The regulations shall include the following:

(1) Requirements for the translation of vital documents that include the following:

(A) A requirement that all vital documents, as defined pursuant to subparagraph (B), be translated into an indicated language, as follows:

(i) A health care service plan with an enrollment of 1,000,000 or more shall translate vital documents into the top two languages other than English as determined by the needs assessment as required by this subdivision and any additional languages when 0.75 percent or 15,000 of the enrollee population, whichever number is less, excluding Medi-Cal enrollment and treating Healthy Families Program enrollment separately indicates in the needs assessment as required by this subdivision a preference for written materials in that language.

(ii) A health care service plan with an enrollment of 300,000 or more but less than 1,000,000 shall translate vital documents into the top one language other than English as determined by the needs assessment as required by this subdivision and any additional languages when 1 percent or 6,000 of the enrollee population, whichever number is less, excluding Medi-Cal enrollment and treating Healthy Families Program enrollment separately indicates in the needs assessment as required by this subdivision a preference for written materials in that language.

(iii) A health care service plan with an enrollment of less than 300,000 shall translate vital documents into a language other than English when 3,000 or more or 5 percent of the enrollee population, whichever number is less, excluding Medi-Cal enrollment and treating Healthy Families Program enrollment separately indicates in the needs assessment as required by this subdivision a preference for written materials in that language.

(B) Specification of vital documents produced by the plan that are required to be translated. The specification of vital documents shall not exceed that of the United States Department of Health

and Human Services (HHS) Office for Civil Rights (OCR) Policy Guidance (65 Federal Register 52762 (August 30, 2000)), but shall include all of the following:

(i) Applications.

(ii) Consent forms.

(iii) Letters containing important information regarding eligibility and participation criteria.

(iv) Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal.

(v) Notices advising limited-English-proficient persons of the availability of free language assistance and other outreach materials that are provided to enrollees.

(vi) Translated documents shall not include a health care service plan's explanation of benefits or similar claim processing information that is sent to enrollees, unless the document requires a response by the enrollee.

(C) (i) For those documents described in subparagraph (B) that are not standardized but contain enrollee specific information, health care service plans shall not be required to translate the documents into the threshold languages identified by the needs assessment as required by this subdivision, but rather shall include with the documents a written notice of the availability of interpretation services in the threshold languages identified by the needs assessment as required by this subdivision. A health care service plan subject to the requirements in Section 1367.042 shall also include with the documents a written notice of the availability of interpretation services in the top 15 languages spoken by limited-English-proficient (LEP) individuals in California as determined by the State Department of Health Care Services.

(ii) Upon request, the enrollee shall receive a written translation of the documents described in clause (i). The health care service plan shall have up to, but not to exceed, 21 days to comply with the enrollee's request for a written translation. If an enrollee requests a translated document, all timeframes and deadline requirements related to the document that apply to the health care service plan and enrollees under the provisions of this chapter and under any regulations adopted pursuant to this chapter shall begin to run upon the health care service plan's issuance of the translated document.

(iii) For grievances that require expedited plan review and response in accordance with subdivision (b) of Section 1368.01, the health care service plan may satisfy this requirement by providing notice of the availability and access to oral interpretation services.

(D) A requirement that health care service plans advise limited-English-proficient enrollees of the availability of interpreter services.

(2) Standards to ensure the quality and accuracy of the written translations and that a translated document meets the same standards required for the English language version of the document. The English language documents shall determine the rights and obligations of the parties, and the translated documents shall be admissible in evidence only if there is a dispute regarding a substantial difference in the material terms and conditions of the English language document and the translated document.

(3) Requirements for surveying the language preferences and needs assessments of health care service plan enrollees within one year of the effective date of the regulations that permit health care service plans to utilize various survey methods, including, but not limited to, the use of existing enrollment and renewal processes, subscriber newsletters, or other mailings. Health care service plans shall update the needs assessment, demographic profile, and language translation requirements every three years.

(4) Requirements for individual enrollee access to interpretation services that include the following:

(A) A requirement that an interpreter meets, at a minimum, all of the following qualifications:

(i) Demonstrated proficiency in both English and the target language.

(ii) Knowledge in both English and the target language of health care terminology and concepts relevant to health care delivery systems.

(iii) Adheres to generally accepted interpreter ethics principles, including client confidentiality.

(B) A requirement that the enrollee with limited English proficiency shall not be required to provide their own interpreter or rely on a staff member who does not meet the qualifications described in subparagraph (A) to communicate directly with the limited-English-proficient enrollee.

(C) A requirement that the enrollee with limited English proficiency shall not be required to rely on an adult or minor child accompanying the enrollee to interpret or facilitate communication except under either of the following circumstances:

(i) In an emergency, as described in Section 1317.1, if a qualified interpreter is not immediately available for the enrollee with limited English proficiency.

(ii) If the individual with limited English proficiency specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide that assistance, and reliance on that accompanying adult for that assistance is appropriate under the circumstances.

(5) Standards to ensure the quality and timeliness of oral interpretation services provided by health care service plans.

(c) In developing the regulations, standards, and requirements, the department shall consider the following:

(1) Publications and standards issued by federal agencies, such as the Culturally and Linguistically Appropriate Services (CLAS) in Health Care issued by the United States Department of Health and Human Services Office of Minority Health in December 2000, and the United States Department of Health and Human Services (HHS) Office for Civil Rights (OCR) Policy Guidance (65 Federal Register 52762 (August 30, 2000)).

(2) Other cultural and linguistic requirements under state programs, such as Medi-Cal Managed Care Policy Letters, cultural and linguistic requirements imposed by the State Department of Health Care Services on health care service plans that contract to provide Medi-Cal managed care services, and cultural and linguistic requirements imposed by the Managed Risk Medical Insurance Board on health care service plans that contract to provide services in the Healthy Families Program.

(3) Standards adopted by other states pertaining to language assistance requirements for health care service plans.

(4) Standards established by California or nationally recognized accrediting, certifying, or licensing organizations and medical and health care interpreter professional associations regarding interpretation services.

(5) Publications, guidelines, reports, and recommendations issued by state agencies or advisory committees, such as the report card to the public on the comparative performance of plans and

reports on cultural and linguistic services issued by the Center for Data Insights and Innovation and the report to the Legislature from the Task Force on Culturally and Linguistically Competent Physicians and Dentists established by former Section 852 of the Business and Professions Code.

(6) Examples of best practices relating to language assistance services by health care providers and health care service plans, including existing practices.

(7) Information gathered from complaints to the HMO Helpline and consumer assistance centers regarding language assistance services.

(8) The cost of compliance and the availability of translation and interpretation services and professionals.

(9) Flexibility to accommodate variations in plan networks and method of service delivery. The department shall allow for health care service plan flexibility in determining compliance with the standards for oral and written interpretation services.

(d) The department shall work to ensure that the biennial reports required by this section, and the data collected for those reports, are consistent with reports required by government-sponsored programs and do not require duplicative or conflicting data collection or reporting.

(e) The department shall seek public input from a wide range of interested parties through advisory bodies established by the director.

(f) A contract between a health care service plan and a health care provider shall require compliance with the standards developed under this section. In furtherance of this section, the contract shall require providers to cooperate with the plan by providing any information necessary to assess compliance.

(g) The department shall report biennially to the Legislature and advisory bodies established by the director regarding plan compliance with the standards, including results of compliance audits made in conjunction with other audits and reviews. The reported information shall also be included in the publication required under subparagraph (B) of paragraph (1) of subdivision (b) of Section 136000. The department shall also utilize the reported information to make recommendations for changes that further enhance standards pursuant to this section. The department may also delay or otherwise phase-in implementation of standards

and requirements in recognition of costs and availability of translation and interpretation services and professionals.

(h) (1) Except for contracts with the State Department of Health Care Services Medi-Cal program, the standards developed under this section shall be considered the minimum required for compliance.

(2) The regulations shall provide that a health plan is in compliance if the plan is required to meet the same or similar standards by the Medi-Cal program, either by contract or state law, if the standards provide as much access to cultural and linguistic services as the standards established by this section for an equal or higher number of enrollees and therefore meet or exceed the standards of the regulations established pursuant to this section, and the department determines that the health care service plan is in compliance with the standards required by the Medi-Cal program. To meet this requirement, the department shall not be required to perform individual audits. The department shall, to the extent feasible, rely on audits, reports, or other oversight and enforcement methods used by the State Department of Health Care Services.

(3) The determination pursuant to paragraph (2) shall only apply to the enrollees covered by the Medi-Cal program standards. A health care service plan subject to paragraph (2) shall comply with the standards established by this section with regard to enrollees not covered by the Medi-Cal program.

(i) This section does not prohibit a government purchaser from including in their contracts additional translation or interpretation requirements, to meet linguistic or cultural needs, beyond those set forth pursuant to this section.

SEC. 8. Section 1368.05 of the Health and Safety Code is amended to read:

1368.05. (a) (1) By enacting this section, which was originally enacted by Assembly Bill 922 (Chapter 552 of the Statutes of 2011), the Legislature recognizes that, because of the enactment of federal health care reform on March 23, 2010, and the implementation of various provisions by January 1, 2014, and the ongoing complexities of health care reform, it is appropriate to transfer the direct consumer assistance activities to the Department of Managed Health Care, and the Legislature recognizes that these new duties are necessary to be carried out by the department in

partnership with community-based consumer assistance organizations for the purposes of serving California's health care consumers.

(2) In addition to maintaining the toll-free telephone number for the purpose of receiving complaints regarding health care service plans as required in Section 1368.02, the department and its contractors shall carry out these new responsibilities, which include assisting consumers in navigating private and public health care coverage and assisting consumers in determining the regulator that regulates the health care coverage of a particular consumer. In order to further assist in implementing health care reform, the department and its contractors shall also receive and respond to inquiries, complaints, and requests for assistance and education concerning health care coverage available in California.

(b) (1) The department shall annually contract with community-based organizations in furtherance of providing assistance to consumers as described in subdivision (a), as authorized by and in accordance with Section 19130 of the Government Code.

(2) These organizations shall be community-based nonprofit consumer assistance programs that shall include in their mission the assistance of, and duty to, health care consumers.

(3) Contracting consumer assistance organizations shall have experience in assisting consumers in navigating the local health care system, advising consumers regarding their health care coverage options, assisting consumers with problems in accessing health care services, and serving consumers with special needs, including, but not limited to, consumers with limited-English language proficiency, consumers requiring culturally competent services, low-income consumers, consumers with disabilities, consumers with low literacy rates, and consumers with multiple health conditions, including behavioral health. The organizations shall also have experience with, and the capacity for, collecting and reporting data regarding the consumers they assist, including demographic data, source of coverage, regulator, type of problem or issue, and resolution of complaints.

SEC. 9. Section 1502 of the Health and Safety Code is amended to read:

1502. As used in this chapter:

(a) "Community care facility" means any facility, place, or building that is maintained and operated to provide nonmedical residential care, day treatment, adult daycare, or foster family agency services for children, adults, or children and adults, including, but not limited to, the physically handicapped, mentally impaired, incompetent persons, and abused or neglected children, and includes the following:

(1) "Residential facility" means any family home, group care facility, or similar facility determined by the department, for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual.

(2) "Adult day program" means any community-based facility or program that provides care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis.

(3) "Therapeutic day services facility" means any facility that provides nonmedical care, counseling, educational or vocational support, or social rehabilitation services on less than a 24-hour basis to persons under 18 years of age who would otherwise be placed in foster care or who are returning to families from foster care. Program standards for these facilities shall be developed by the department, pursuant to Section 1530, in consultation with therapeutic day services and foster care providers.

(4) "Foster family agency" means any public agency or private organization, organized and operated on a nonprofit basis, engaged in any of the following:

(A) Recruiting, certifying, approving, and training of, and providing professional support to, foster parents and resource families.

(B) Coordinating with county placing agencies to find homes for foster children in need of care.

(C) Providing services and supports to licensed or certified foster parents, county-approved resource families, and children to the extent authorized by state and federal law.

(5) "Foster family home" means any residential facility providing 24-hour care for six or fewer foster children that is owned, leased, or rented and is the residence of the foster parent or parents, including their family, in whose care the foster children

have been placed. The placement may be by a public or private child placement agency or by a court order, or by voluntary placement by a parent, parents, or guardian. It also means a foster family home described in Section 1505.2.

(6) "Small family home" means any residential facility, in the licensee's family residence, that provides 24-hour care for six or fewer foster children who have mental disorders or developmental or physical disabilities and who require special care and supervision as a result of their disabilities. A small family home may accept children with special health care needs, pursuant to subdivision (a) of Section 17710 of the Welfare and Institutions Code. In addition to placing children with special health care needs, the department may approve placement of children without special health care needs, up to the licensed capacity.

(7) "Social rehabilitation facility" means any residential facility that provides social rehabilitation services for no longer than 18 months in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling. Program components shall be subject to program standards pursuant to Article 1 (commencing with Section 5670) of Chapter 2.5 of Part 2 of Division 5 of the Welfare and Institutions Code.

(8) (A) "Community treatment facility" means any residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment. Program components shall be subject to program standards developed and enforced by the State Department of Health Care Services pursuant to Section 4094 of the Welfare and Institutions Code.

(B) This section does not prohibit or discourage placement of persons who have mental or physical disabilities into any category of community care facility that meets the needs of the individual placed, if the placement is consistent with the licensing regulations of the department.

(9) (A) "Full-service adoption agency" means any licensed entity engaged in the business of providing adoption services, that does all of the following:

(i) Assumes care, custody, and control of a child through relinquishment of the child to the agency or involuntary termination of parental rights to the child.

(ii) Assesses the birth parents, prospective adoptive parents, or child.

(iii) Places children for adoption.

(iv) Supervises adoptive placements.

(B) Private full-service adoption agencies shall be organized and operated on a nonprofit basis. As a condition of licensure to provide intercountry adoption services, a full-service adoption agency shall be accredited and in good standing according to Part 96 (commencing with Section 96.1) of Title 22 of the Code of Federal Regulations, or supervised by an accredited primary provider, or acting as an exempted provider, in compliance with Subpart F (commencing with Section 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

(10) (A) "Noncustodial adoption agency" means any licensed entity engaged in the business of providing adoption services, that does all of the following:

(i) Assesses the prospective adoptive parents.

(ii) Cooperatively matches children freed for adoption, who are under the care, custody, and control of a licensed adoption agency, for adoption, with assessed and approved adoptive applicants.

(iii) Cooperatively supervises adoption placements with a full-service adoptive agency, but does not disrupt a placement or remove a child from a placement.

(B) Private noncustodial adoption agencies shall be organized and operated on a nonprofit basis. As a condition of licensure to provide intercountry adoption services, a noncustodial adoption agency shall be accredited and in good standing according to Part 96 (commencing with Section 96.1) of Title 22 of the Code of Federal Regulations, or supervised by an accredited primary provider, or acting as an exempted provider, in compliance with Subpart F (commencing with Section 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

(11) "Transitional shelter care facility" means any group care facility that provides for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual. Program components shall be subject to program standards developed by the State Department of Social Services pursuant to Section 1502.3.

(12) "Transitional housing placement provider" means an organization licensed by the department pursuant to Section 1559.110 to provide transitional housing to foster children who are at least 16 years of age to promote their transition to adulthood. A transitional housing placement provider shall be privately operated and organized on a nonprofit basis.

(13) "Group home" means a residential facility that provides 24-hour care and supervision to children, delivered at least in part by staff employed by the licensee in a structured environment. The care and supervision provided by a group home shall be nonmedical, except as otherwise permitted by law.

(14) "Youth homelessness prevention center" means a group home licensed by the department to operate a program pursuant to Section 1502.35 to provide voluntary, short-term, shelter and personal services to homeless youth, youth who are at risk of homelessness, youth who are exhibiting status offender behavior, or runaway youth, as defined in paragraph (2) of subdivision (a) of Section 1502.35.

(15) "Enhanced behavioral supports home" means a facility certified by the State Department of Developmental Services pursuant to Article 3.6 (commencing with Section 4684.80) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, and licensed by the State Department of Social Services as an adult residential facility or a group home that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. An enhanced behavioral supports home shall have a maximum capacity of four consumers, shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations, and shall be eligible for federal Medicaid home- and community-based services funding.

(16) "Community crisis home" means a facility certified by the State Department of Developmental Services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, and licensed by the State Department of Social Services pursuant to Article 9.7 (commencing with Section 1567.80), as an adult residential facility, providing 24-hour nonmedical care to individuals with developmental disabilities receiving regional center service, in need of crisis intervention services, and who would otherwise be at risk of

admission to the acute crisis center at Fairview Developmental Center, an acute general hospital, acute psychiatric hospital, an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5 of the Welfare and Institutions Code, or an out-of-state placement. A community crisis home shall have a maximum capacity of eight consumers, as defined in subdivision (a) of Section 1567.80, shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations, and shall be eligible for federal Medicaid home- and community-based services funding.

(17) "Crisis nursery" means a facility licensed by the department to operate a program pursuant to Section 1516 to provide short-term care and supervision for children under six years of age who are voluntarily placed for temporary care by a parent or legal guardian due to a family crisis or stressful situation.

(18) "Short-term residential therapeutic program" means a residential facility operated by a public agency or private organization and licensed by the department pursuant to Section 1562.01 that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children that is trauma-informed, as defined in standards and regulations adopted by the department. The care and supervision provided by a short-term residential therapeutic program shall be nonmedical, except as otherwise permitted by law. Private short-term residential therapeutic programs shall be organized and operated on a nonprofit basis. A short-term residential therapeutic program may be operated as a children's crisis residential program.

(19) "Private alternative boarding school" means a group home licensed by the department to operate a program pursuant to Section 1502.2 to provide youth with 24-hour residential care and supervision, that, in addition to providing educational services to youth, provides, or holds itself out as providing, behavioral-based services to youth with social, emotional, or behavioral issues. The care and supervision provided by a private alternative boarding school shall be nonmedical, except as otherwise permitted by law.

(20) "Private alternative outdoor program" means a group home licensed by the department to operate a program pursuant to Section 1502.21 to provide youth with 24-hour residential care and supervision, that provides, or holds itself out as providing,

behavioral-based services in an outdoor living setting to youth with social, emotional, or behavioral issues. The care and supervision provided by a private alternative outdoor program shall be nonmedical, except as otherwise permitted by law.

(21) "Children's crisis residential program" means a facility licensed by the department as a short-term residential therapeutic program pursuant to Section 1562.02 and approved by the State Department of Health Care Services, or a county mental health plan to which the State Department of Health Care Services has delegated approval authority, to operate a children's crisis residential mental health program with approval pursuant to Section 11462.011 of the Welfare and Institutions Code, to serve children experiencing mental health crises as an alternative to psychiatric hospitalization.

(22) "Group home for children with special health care needs" means a group home certified by the State Department of Developmental Services pursuant to Article 3.5 (commencing with Section 4684.50) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code and licensed by the State Department of Social Services pursuant to Article 9 (commencing with Section 1567.50) of this code that provides 24-hour health care and intensive support services in a homelike setting. A group home for children with special health care needs shall have a maximum capacity of five children with developmental disabilities, as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code.

(b) "Department" or "state department" means the State Department of Social Services.

(c) "Director" means the Director of Social Services.

SEC. 10. Division 109 (commencing with Section 130200) of the Health and Safety Code is repealed.

SEC. 11. Division 109 (commencing with Section 130200) is added to the Health and Safety Code, to read:

DIVISION 109. CENTER FOR DATA INSIGHTS AND INNOVATION

130200. There is hereby established within the California Health and Human Services Agency the Center for Data Insights and Innovation to ensure the enforcement of state law mandating the confidentiality of medical information. The Center for Data

Insights and Innovation shall be administered by a director who shall also serve as the California Health and Human Services Chief Data Officer and shall be appointed by the Secretary of California Health and Human Services.

130201. The Legislature finds and declares all of the following:

(a) The California Health and Human Services Agency manages great amounts of valuable data on all aspects of life for Californians, including, but not limited to, health care delivery, business, social services, child welfare, and public health.

(b) California has long recognized that securing individual privacy rights and confidentiality of personal health and medical records is of paramount importance to establishing public confidence in the provision of state services, and that ensuring transparent accountability, governance, and oversight are critical components to maintaining the public's trust.

(c) Data is a fundamental asset that can be more fully utilized without compromising patient privacy and data security. Improving and streamlining collection practices, interoperability of data and technology, data infrastructure, data security, and data sharing is critical to the improvement of the lives of Californians and will foster person-centered and not program-centered decisionmaking.

(d) When data practices safeguard individual privacy, interpreting and using data improves public programs and policies and enriches the lives of people in many ways, including, but not limited to, all of the following:

(1) Analytics increase efficiency and help target resources to vulnerable and underserved populations.

(2) Data analytics allow for optimal use of existing resources and information assets to drive operational decisions and avoid changes that may result in adverse impacts or negative outcomes for vulnerable and underserved populations.

(3) Health and social services outcomes are improved through use of analytics to identify underserved populations, detect gaps in services, and improve and facilitate access to programs and services.

(4) Demographic and services information can be assessed to identify and address disparities, including racial, ethnic, gender, and geographic disparities, in health and socioeconomic status to advance equity and improve person-centered outcomes.

(e) Information sharing among state departments for integrated health and social services has been hindered by a lack of standardized interpretation and application of health privacy laws throughout the state. State departments often do not share information for integrated health and social services, even when sharing is appropriate, lawful, and permissible to all identifiable individuals. In order to provide efficient and effective health and social services, information should be securely exchanged among state departments in a manner that prioritizes individual privacy and autonomy over access to personal data.

(f) Unmitigated sharing and centralization of personal data relating to individuals presents unique risks to privacy, as that data can be used in concert to produce profiles revealing intimate details of individuals' personal lives. Any policy related to data sharing, especially among governmental entities, must, therefore, be responsive to potential risks to personal privacy and include safeguards against invasive or excessive sharing of personal information.

(g) Data sharing has the potential to positively affect health and social services outcomes by linking vulnerable populations to services for which they are eligible.

(h) It is the intent of the Legislature to establish the Center for Data Insights and Innovation to do all of the following:

(1) Establish health information sharing guidance that balances the need for patient privacy with the benefits of data sharing to support and encourage integrated care and services to assist California health and social services organizations.

(2) Increase privacy protections by ensuring only required health data is transmitted for purposes and uses consistent with state and federal law.

(3) Administer the State Committee for the Protection of Human Subjects.

(4) Collect data and publish reports on quality of care and patient experience.

(5) Administer the California Health and Human Services Agency Open Data Portal.

(6) Develop and administer the California Health and Human Services Agency Research Data Hub and other future data initiatives.

(7) Improve and strengthen the security of data processes within the departments of the California Health and Human Services Agency.

(8) Identify and guide tangible and program-specific efforts, from the California Health and Human Services Agency leadership perspective, toward enhanced person-centered services that bridge and connect access to all health and social services programs for which an individual may be eligible.

130202. For the purposes of this division, the following definitions apply:

(a) "Bona fide research" has the same meaning as subdivision (f) of Section 820 of Title 11 of the California Code of Regulations.

(b) "Center" means the Center for Data Insights and Innovation.

(c) "Chief Data Officer" means the Director of the Center for Data Insights and Innovation.

(d) "CHHS Open Data Portal" means the California Health and Human Services Agency Open Data Portal.

(e) "Director" means the Director of the Center for Data Insights and Innovation.

(f) "HIPAA" means the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(g) "Research Data Hub" means the California Health and Human Services Agency Research Data Hub or future iterations and names of that product.

(h) "State entities" means all state departments, agencies, boards, commissions, programs, and other organizational units of the executive branch of state government.

(i) "Qualified researcher" means state entities, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes.

130203. (a) The center shall assume statewide leadership, coordination, policy formulation, direction, and oversight responsibilities for compliance with state and federal health information privacy laws, including, but not limited to, the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code), the federal

Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), and the federal Health Information Technology for Economic and Clinical Health Act (Title XIII of the federal American Recovery and Reinvestment Act of 2009 (Public Law 111-5)), and implementing regulations. The center shall exercise full authority relative to state entities to establish policy, provide direction to state entities, provide guidance on data sharing, monitor progress, and report on compliance activities.

(b) Beginning January 1, 2022, the center shall complete an independent security assessment as described in Section 11549.3 of the Government Code at least once every three years and, consistent with subdivision (d) of that section, submit any resulting report and recommendations to the Office of Emergency Services.

(c) All state entities subject to HIPAA shall complete an assessment, in a form specified by the center, to determine the impact of HIPAA on their operations. All state entities shall cooperate with the center to determine whether the state entity is subject to HIPAA, including, but not limited to, providing a completed assessment, as prescribed by the center.

(d) All state entities shall cooperate with the efforts of the center to monitor HIPAA and health information privacy compliance activities and to obtain information on these activities. Information obtained about these activities shall not include personal information, as defined in subdivision (a) of Section 1798.3 of the Civil Code.

(e) All state entities affected by HIPAA shall comply with the decisions of the director in achieving compliance with HIPAA and other health information privacy laws, including whether a state entity is subject to HIPAA and other state and federal health information privacy requirements.

(f) (1) The center shall assume statewide leadership, coordination, direction, and oversight responsibilities for determining which provisions of state law concerning health information are preempted by HIPAA, or are more protective of individually identifiable health information, pursuant to Section 160.203 of Title 45 of the Code of Federal Regulations. State entities impacted by HIPAA shall, at the direction of the center, do both of the following:

(i) Assist in determining which state laws concerning personal medical information are preempted by HIPAA.

(ii) Conform to all determinations made by the center concerning HIPAA preemption issues.

(2) If the center determines that a state law is preempted by HIPAA, the center shall provide the determination and a recommendation for a solution to the Secretary of California Health and Human Services.

(g) State entities are responsible for ensuring compliance with state and federal health information privacy laws, including, but not limited to, HIPAA. To the extent that funds are appropriated in the annual Budget Act, the center shall do all of the following to assist state entities in complying with health information requirements:

(1) Develop uniform policies on privacy, patient rights, and other matters related to health information requirements that shall be adopted and implemented by all state entities. In developing these policies, the center shall consult with representatives from the private sector, state government, and other public entities, including at least two consumer representatives, at least one of whom shall have expertise in privacy and security of health information.

(2) Specify training and tools, such as protocols for assessment and reporting and any other tools determined by the director, for compliance with health information requirements.

(3) Develop statewide guidance on health information sharing to support integrated health care and social services, including guidance on state and federal health information privacy laws, regulations, and policies. In developing this guidance, the center shall consult with representatives from the private sector, state government, and other public entities relevant to the provision of health care and social services, including privacy advocates, patient rights representatives, and county administrators of health and human services programs and their association representatives.

(4) Represent the State of California in discussions on health data sharing, data interoperability, HIPAA, and substance use disorder information requirements contained in Part 2 of Title 42 of the Code of Federal Regulations with the federal Department of Health and Human Services. The center may review and approve all comments related to data sharing, data interoperability, HIPAA, and substance use disorder information requirements contained in Part 2 of Title 42 of the Code of Federal Regulations that state

entities propose for submission to the federal Department of Health and Human Services or any other body or organization.

(5) Coordinate and communicate with other affected entities, including, but not limited to, the Department of Technology and State Chief Data Officer.

(6) Monitor the compliance activities of state entities with state and federal health information requirements and require these entities to report on their activities at times specified by the director, using a format prescribed by the director.

(7) Develop standards for the center's use in determining the extent of compliance with health information requirements.

(8) Provide technical assistance to state entities on information sharing and compliance with state and federal health information privacy requirements.

(h) (1) (A) Beginning March 1, 2022, and annually thereafter, the center shall provide to the Legislature, and post on its internet website, a written update that outlines its major endeavors, including the challenges encountered, the milestones achieved toward meeting set objectives to achieve a person-centered approach in health and human services, and the data collection and sharing practices employed by the center during the preceding year.

(B) An update to be submitted to the Legislature pursuant to subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.

(2) Upon the issuance of the update pursuant to subparagraph (A), the center shall meet with legislative staff representing the health and human services fiscal and policy areas to report on efforts for health and human services to become more person-centered in service delivery. The center shall provide updates on specific major programs serving or attempting to serve populations that are by definition considered underserved and vulnerable, including populations living in poverty and deep poverty, and who may lack access or face limitations due to age, disability, functional impairment, educational level, adverse childhood experiences, and cultural and linguistic challenges. This meeting shall occur through virtual or in-person meetings.

130204. (a) (1) The center shall compile annual publications, to be made publicly available on the center's internet website, including, but not limited to, a quality of care report card that

reflects health care service plans, preferred provider organizations, and medical groups.

(2) The Department of Managed Health Care, the State Department of Health Care Services, the Department of Insurance, the Exchange, the State Department of Social Services, the Office of Statewide Health Planning and Development, and any other public health coverage program or state entity shall provide to the center data concerning the quality of care report card in the time, manner, and format requested by the center. The center may also request data related to the cost of care, quality of care, patient experience, socioeconomic status impact on health, access to care, and access to social services programs.

(3) The center may request data from and contract with academic or nonprofit organizations related to quality of health care and patient experience to develop the quality of care report card.

(b) The center shall produce an annual report to be made publicly available on the center's internet website by December 31, 2022, and annually thereafter, of health care consumer or patient assistance help centers, call centers, ombudsperson, or other assistance centers operated by the Department of Managed Health Care, the State Department of Health Care Services, the Department of Insurance, and the Exchange, that includes, at a minimum, all of the following:

(1) The types of calls received and the number of calls.

(2) The call center's role with regard to each type of call, question, complaint, or grievance.

(3) The call center's protocol for responding to requests for assistance from health care consumers, including any performance standards.

(4) The protocol for referring or transferring calls outside the jurisdiction of the call center.

(5) The call center's methodology of tracking calls, complaints, grievances, or inquiries.

(c) (1) The center may collect and analyze data on problems and complaints by, and questions from, consumers about health care coverage for the purpose of providing public information about problems faced and information needed by consumers in obtaining coverage and care. The data collected shall include demographic data, insurer or plan data, appeals, source of coverage, regulator, type of problem or issue or comparable types of problems

or issues, and resolution of complaints, including timeliness of resolution. Notwithstanding Section 10231.5 of the Government Code, the center shall submit a report by December 31, 2022, and annually thereafter to the Legislature. The report shall be submitted in compliance with Section 9795 of the Government Code. The format may be modified annually as needed based upon comments from the Legislature and stakeholders.

(2) The Department of Managed Health Care, the State Department of Health Care Services, the Department of Insurance, the Exchange, and any other public health coverage programs shall provide to the center data concerning call centers to meet the reporting requirements in this section in the time, data elements, manner, and format requested by the center.

(3) For the purpose of publicly reporting information as required in paragraph (1) and this paragraph about the problems faced by consumers in obtaining care and coverage, the center shall analyze data on consumer complaints, appeals, and grievances resolved by the agencies listed in subdivision (b), including demographic data, source of coverage, insurer or plan, resolution of complaints, and other information intended to improve health care and coverage for consumers.

(d) To the extent that funds are appropriated in the annual Budget Act for this purpose, the center shall do all of the following to assist state entities that provide public health coverage programs or oversight of health insurance or health care service plans:

(1) After evaluation of data from the Department of Insurance and the Department of Managed Health Care, coordinate with public health coverage programs and state oversight departments of public and commercial health coverage programs to provide assistance related to addressing the quality of care and patient experience of public and commercial health coverage programs that have been determined to be deficient in the annual quality of care report card.

(2) Create and provide tools and education to consumers of health insurance and public health coverage programs to better enable them to access and utilize the quality of care report card and the health care services to which they are eligible.

(3) Develop tools and education related to improvement of consumer access to care, quality of care, and addressing the disparities in quality of care related to socioeconomic status.

(4) Develop and implement consumer surveys of the patient experience, quality of care, and any other topic consistent with this section.

(5) Develop standards for departments within the California Health and Human Services Agency related to public reports published by the departments to ensure consumer readability and understanding across programs.

(e) If the departmental letters or other similar instruction are only issued to other state entities, the center may implement, interpret, or make specific this section by means of a departmental letter or other similar instruction, as necessary, notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

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

(1) "Data" means information that is not individually identifiable health information, as defined in Section 160.103 of Title 45 of the Code of Federal Regulations.

(2) "Exchange" means the California Health Benefit Exchange established pursuant to Title 22 (commencing with Section 100500) of the Government Code.

(3) "Health care" includes services provided by any health care coverage program.

(4) "Health care service plan" has the same meaning as that set forth in subdivision (f) of Section 1345. Health care service plan includes "specialized health care service plans," including behavioral health plans.

(5) "Health coverage program" includes the Medi-Cal program, tax subsidies and premium credits under the Exchange, the Basic Health Program, if enacted, and county health care programs.

(6) "Health insurance" has the same meaning as set forth in Section 106 of the Insurance Code.

130205. (a) The center shall administer the State Committee for the Protection of Human Subjects, which is California's institutional review board. Before state information assets subject to the Information Practices Act (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code) are disclosed for research, the request for data shall be approved by the State Committee for the Protection of Human Subjects in compliance with the process in Section 1798.24 of the Civil Code. In its duties, the State Committee for the Protection of Human

Subjects board shall be fully independent in its review of requests for state data, institutional review board activities, and its activities under Section 1798.24 of the Civil Code.

(b) Upon appropriation by the Legislature, the center shall administer the CHHS Open Data Portal, develop and administer the Research Data Hub, and may develop and administer other significant data initiatives for California Health and Human Services Agency and its departments.

(c) The center shall use data to improve processes and provide strategic planning and services to the departments within the California Health and Human Services Agency, consistent with intent identified in subdivision (h) Section 130201.

130206. (a) The Legislature finds and declares that the center performs public health activities described in Section 164.512(b) of Title 45 of the Code of Federal Regulations when carrying out activities pursuant to this division. Personal information collected in accordance with this division is necessary to carry out projects with public health purposes.

(b) All personal information obtained or maintained by the center shall be confidential and shall be subject to the following requirements:

(1) Only deidentified and aggregated information shall be included in a publicly available analysis, data product, or research.

(2) All policies and procedures developed in implementing this division shall ensure that the privacy, security, and confidentiality of consumers' personal information is protected, as required by the Information Practices Act of 1977, and consistent with state and federal health privacy laws, including the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191) and the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), and data shall not be disclosed until the center has developed a policy regarding the release of data.

(c) Unless otherwise specified in this division, personal information collected by the center from other states entities shall be exempt from the disclosure requirements of the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code), and shall not be made available except pursuant to this division.

(d) Any information collected or obtained shall not be used for determinations regarding individual patient care or treatment and shall not be used for any individual eligibility or coverage decisions or similar purposes.

103206.1. (a) The center shall meet the following requirements with regard to the disclosure of information to qualified researchers:

(1) The center shall develop a comprehensive program for the use, access, and disclosure of personal information that includes data use agreements that require data users to comply with this division. The purpose of the program is to ensure that only aggregated, deidentified information is publicly accessible. The program shall be designed to recognize a consumer's right of privacy and shall include at least the privacy protection standards specified in Section 103206.2.

(2) Access to personal information shall be governed by the use, access, and disclosure program to be developed by the center pursuant to paragraph (1).

(3) The center shall establish a secure research environment for access to personal information. The environment shall include access controls sufficient to ensure that users access only the personal information specified in an approved request and that personal information is protected from unapproved use.

(4) The center shall maintain information about requests and the disposition of requests, and shall develop processes for the timely consideration and release of personal information.

(b) To meet the research and policy goals of the center, it is necessary that access to personal information by qualified researchers is controlled.

(c) Unless otherwise expressly permitted by federal or state law, the center shall not disclose personal information to anyone other than a qualified researcher, or a public health authority as defined in Section 164.501 of Title 45 of the Code of Federal Regulations.

103206.2. (a) (1) In granting access to qualified researchers or a public health authority pursuant to subdivision (c) of Section 103206.1, the center shall only grant access to the minimum amount of personal information necessary for an approved project or access to a dataset designed for an approved purpose.

(2) Each person who accesses or obtains personal information on behalf of a qualified researcher or public health authority shall sign a data use agreement.

(3) The data use agreement shall prohibit the recipient from further disclosure of the personal information received that is not otherwise expressly permitted by federal or state law.

(4) Violation of a data use agreement entered into pursuant to paragraph (2) shall be considered a violation of Section 1798.56 of the Civil Code and, if applicable, Section 1798.57 of the Civil Code.

(b) Access to personal information by qualified researchers shall be permissible only if the following requirements are met:

(1) If the personal information does not include any of the direct personal identifiers listed in Section 164.514(e) of Title 45 of the Code of Federal Regulations, access may be provided to qualified researchers for research and analysis purposes consistent with intent identified in subdivision (h) of Section 130201.

(2) If the personal information includes any of the direct personal identifiers listed in Section 164.514(e) of Title 45 of the Code of Federal Regulations, access may be provided only to qualified researchers for research projects that offer significant opportunities to achieve the center's intent identified in subdivision (h) of Section 130201 and shall meet all of the following criteria:

(A) The project has been approved by the Committee for the Protection of Human Subjects pursuant to subdivision (t) of Section 1798.24 of the Civil Code.

(B) The requester has documented expertise with privacy protection and with the analysis of large sets of confidential information.

(C) The research shall be made available to the center.

130207. (a) Effective July 1, 2021, the Center for Data Insights and Innovation Fund is hereby created in the State Treasury, and, upon appropriation by the Legislature, moneys in the fund shall be made available for the purpose of this division. Any moneys in the fund that are unexpended or unencumbered at the end of the fiscal year may be carried forward to the next succeeding fiscal year.

(b) The Center for Data Insights and Innovation Fund is the successor fund to the Office of Health Information Integrity Trust Fund. All the assets and liabilities of the Office of Health

Information Integrity Trust Fund shall become assets and liabilities of the Center for Data Insights and Innovation Fund upon establishment of the Center for Data Insights and Innovation Fund.

(c) Notwithstanding Section 16305.7 of the Government Code, all interest earned on moneys that have been deposited in the fund shall be retained in the fund and used for purposes consistent with this division.

(d) The fund shall be administered by the director and moneys in the fund shall be used to pay all costs arising from the implementation of this division and rendering services to state entities as required by this division, including, but not limited to, employment and compensation of necessary personnel and expenses, such as operating and other expenses of the center and costs associated with technical assistance, and to establish reserves. At the discretion of the director, segregated, dedicated accounts within the fund may be established.

(e) The fund shall consist of all of the following:

(1) Moneys appropriated and made available by the Legislature for the purposes of this division.

(2) All revenues received from the services provided for in this division.

(3) Any other moneys that may be made available to the center from any other source, including, but not limited to, the return from investments of moneys by the Treasurer and funds received pursuant to subdivision (g).

(f) The center may collect fee-for-service payments from a nonstate entity for services provided to the nonstate entity by the State Committee for the Protection of Human Subjects.

(g) The center may also solicit funding in any of the following ways:

(1) The center may apply to the United States Secretary of Health and Human Services for federal grants.

(2) To the extent permitted by federal law, the center may seek federal financial participation for assisting beneficiaries of the Medi-Cal program.

130208. (a) The Health Plan Improvement Trust Fund is hereby created in the State Treasury, and, upon appropriation by the Legislature, moneys in the fund shall be made available, on or before July 1, 2021, for the purposes of Section 130204.

(b) The Health Plan Improvement Trust Fund is the successor fund to The Office of Patient Advocate Trust Fund. All the assets and liabilities of the Office of Patient Advocate Trust Fund shall become assets and liabilities of the Health Plan Improvement Fund upon establishment of the Health Plan Improvement Trust Fund.

(c) The moneys in the Office of Patient Advocate Trust Fund shall be transferred and deposited into the Health Plan Improvement Trust Fund by July 1, 2021, for use by the center for the purposes of Section 130204. The Office of Patient Advocate Trust Fund shall be eliminated once all funds are transferred to the Health Plan Improvement Trust Fund.

(d) Notwithstanding Section 16305.7 of the Government Code, all interest earned on moneys that have been deposited in the fund shall be retained in the fund and used for purposes consistent with 130204.

130209. (a) Moneys transferred from the Managed Care Fund and the Insurance Fund for use by the center shall be deposited into the Health Plan Improvement Trust Fund.

(b) The share of funding from the Managed Care Fund shall be based on the number of covered lives in the state that are covered under plans regulated by the Department of Managed Health Care, including covered lives under Medi-Cal managed care, as determined by the Department of Managed Health Care, in proportion to the total number of all covered lives in the state.

(c) The share of funding to be provided from the Insurance Fund shall be based on the number of covered lives in the state that are covered under health insurance policies and benefit plans regulated by the Department of Insurance, including covered lives under Medicare supplement plans, as determined by the Department of Insurance, in proportion to the total number of all covered lives in the state.

130210. The director may adopt regulations to implement this division and the changes made to subdivision (t) of Section 1798.24 of the Civil Code by the act that added this section. Before adopting regulations, the center shall adopt the following standards:

(a) At least 45 days prior to adoption, the center shall post a proposed regulation on its internet website. Public comment shall be accepted by the center for at least 30 days after the proposed regulation is posted. If a member of the public requests a public hearing during the 30-day review period, the hearing shall be held

prior to adoption of the regulation. The process described in this subdivision shall apply to the adoption of new regulations and to changes to existing regulations until June 30, 2024.

(b) Adoption of, and changes to, regulations adopted pursuant to this division shall not be subject to the rulemaking requirements of Section 11343.4 of, and Article 5 (commencing with Section 11346) and Article 6 (commencing with Section 11349) of Chapter 3.5, of Part 1 of Division 3 of Title 2 of the Government Code until June 30, 2024.

(c) The director shall file any regulation adopted pursuant to this division with the Office of Administrative Law for filing with the Secretary of State and publication in the California Code of Regulations. Any regulation filed with the Office of Administrative Law pursuant to this subdivision shall include a citation to this section and any other applicable state or federal laws as providing authority for the adoption of the regulation.

(1) Any regulation adopted pursuant to this division shall become effective on the date it is filed with the Secretary of State unless the director prescribes a later date in the regulation or in a written instrument filed with the regulation.

(2) Any regulation adopted pursuant to this division shall expire the date that this division is repealed.

130211. The center may contract for the provision of services required to implement this division. The center shall adopt standards for the organizations with which it contracts pursuant to this section to ensure compliance with the privacy and confidentiality laws of this state, conduct privacy trainings as necessary, and regularly verify that the organizations have measures in place to ensure compliance with the adopted standards. The Legislature finds that these contracts are for a new state function and authorizes the performance of this work by independent contractors, pursuant to paragraph (2) of subdivision (b) of Section 19130 of the Government Code.

SEC. 12. Division 109.5 (commencing with Section 130250) of the Health and Safety Code is repealed.

SEC. 13. Division 109.6 (commencing with Section 130275) of the Health and Safety Code is repealed.

SEC. 14. Division 110 (commencing with Section 130300) of the Health and Safety Code is repealed.

SEC. 15. Division 115 (commencing with Section 136000) of the Health and Safety Code is repealed.

SEC. 16. Section 10133.8 of the Insurance Code is amended to read:

10133.8. (a) The commissioner shall, on or before January 1, 2006, promulgate regulations applicable to all individual and group policies of health insurance establishing standards and requirements to provide insureds with appropriate access to translated materials and language assistance in obtaining covered benefits. A health insurer that participates in the Healthy Families Program may assess the Healthy Families Program enrollee population separately from the remainder of its population for purposes of subparagraph (A) of paragraph (3) of subdivision (b). An insurer that chooses to separate its Healthy Families Program enrollment from the remainder of its population shall treat the Healthy Families Program population separately for purposes of determining whether subparagraph (A) of paragraph (3) of subdivision (b) is applicable and shall also treat the Healthy Families Program population separately for purposes of applying the percentage and numerical thresholds in subparagraph (A) of paragraph (3) of subdivision (b).

(b) The regulations described in subdivision (a) shall include the following:

(1) A requirement to conduct an assessment of the needs of the insured group, pursuant to this subdivision.

(2) Requirements for surveying the language preferences and assessment of linguistic needs of insureds within one year of the effective date of the regulations that permit health insurers to utilize various survey methods, including, but not limited to, the use of existing enrollment and renewal processes, newsletters, or other mailings. Health insurers shall update the linguistic needs assessment, demographic profile, and language translation requirements every three years. However, the regulations may provide that the surveys and assessments by insurers of supplemental insurance products may be conducted less frequently than three years if the commissioner determines that the results are unlikely to affect the translation requirements.

(3) Requirements for the translation of vital documents that include the following:

(A) A requirement that all vital documents, as defined pursuant to subparagraph (B), be translated into an indicated language, as follows:

(i) A health insurer with an insured population of 1,000,000 or more shall translate vital documents into the top two languages other than English as determined by the needs assessment pursuant to paragraph (2) and any additional languages when 0.75 percent or 15,000 of the insured population, whichever number is less, indicates in the needs assessment pursuant to paragraph (2) a preference for written materials in that language.

(ii) A health insurer with an insured population of 300,000 or more but less than 1,000,000 shall translate vital documents into the top one language other than English as determined by the needs assessment pursuant to paragraph (2) and any additional languages when 1 percent or 6,000 of the insured population, whichever number is less, indicates in the needs assessment pursuant to paragraph (2) a preference for written materials in that language.

(iii) A health insurer with an insured population of less than 300,000 shall translate vital documents into a language other than English when 3,000 or more or 5 percent of the insured population, whichever number is less, indicates in the needs assessment pursuant to paragraph (2) a preference for written materials in that language.

(B) Specification of vital documents produced by the insurer that are required to be translated. The specification of vital documents shall not exceed that of the United States Department of Health and Human Services (HHS) Office for Civil Rights (OCR) Policy Guidance (65 Federal Register 52762 (August 30, 2000)), but shall include all of the following:

(i) Applications.

(ii) Consent forms.

(iii) Letters containing important information regarding eligibility or participation criteria.

(iv) Notices pertaining to the denial, reduction, modification, or termination of services and benefits, the right to file a complaint or appeal.

(v) Notices advising limited-English-proficient persons of the availability of free language assistance and other outreach materials that are provided to insureds.

(vi) Translated documents shall not include an insurer's explanation of benefits or similar claim processing information that are sent to insureds unless the document requires a response by the insured.

(C) For those documents described in subparagraph (B) that are not standardized but contain insured specific information, health insurers shall not be required to translate the documents into the threshold languages identified by the needs assessment pursuant to paragraph (2) but rather shall include with the document a written notice of the availability of interpretation services in the threshold languages identified by the needs assessment pursuant to paragraph (2). A health insurer subject to the requirements in Section 10133.11 shall also include with the documents a written notice of the availability of interpretation services in the top 15 languages spoken by limited-English-proficient (LEP) individuals in California as determined by the State Department of Health Care Services.

(i) Upon request, the insured shall receive a written translation of those documents. The health insurer shall have up to, but not to exceed, 21 days to comply with the insured's request for a written translation. If an enrollee requests a translated document, all timeframes and deadlines requirements related to the documents that apply to the health insurer and insureds under the provisions of this chapter and under any regulations adopted pursuant to this chapter shall begin to run upon the health insurer's issuance of the translated document.

(ii) For appeals that require expedited review and response in accordance with the statutes and regulations of this chapter, the health insurer may satisfy this requirement by providing notice of the availability and access to oral interpretation services.

(D) A requirement that health insurers advise limited-English-proficient insureds of the availability of interpreter services.

(4) Standards to ensure the quality and accuracy of the written translation and that a translated document meets the same standards required for the English version of the document. The English language documents shall determine the rights and obligations of the parties, and the translated documents shall be admissible in evidence only if there is a dispute regarding a substantial difference

in the material terms and conditions of the English language document and the translated document.

(5) Requirements for individual access to interpretation services that include the following:

(A) A requirement that an interpreter meets, at a minimum, all of the following qualifications:

(i) Demonstrated proficiency in both English and the target language.

(ii) Knowledge in both English and the target language of health care terminology and concepts relevant to health care delivery systems.

(iii) Adheres to generally accepted interpreter ethics principles, including client confidentiality.

(B) A requirement that the insured with limited English proficiency shall not be required to provide their own interpreter or rely on a staff member who does not meet the qualifications described in subparagraph (A) to communicate directly with the limited-English-proficient insured.

(C) A requirement that the insured with limited English proficiency shall not be required to rely on an adult or minor child accompanying the insured to interpret or facilitate communication except under either of the following circumstances:

(i) In an emergency, as described in Section 1317.1 of the Health and Safety Code, if a qualified interpreter is not immediately available for the insured with limited English proficiency.

(ii) If the individual with limited English proficiency specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide that assistance, and reliance on that accompanying adult for that assistance is appropriate under the circumstances.

(6) Standards to ensure the quality and timeliness of oral interpretation services provided by health insurers.

(c) In developing the regulations, standards, and requirements described in this section, the commissioner shall consider the following:

(1) Publications and standards issued by federal agencies, including the Culturally and Linguistically Appropriate Services (CLAS) in Health Care issued by the United States Department of Health and Human Services Office of Minority Health in December 2000, and the United States Department of Health and

Human Services (HHS) Office for Civil Rights (OCR) Policy Guidance 65 (65 Federal Register 52762 (August 30, 2000)).

(2) Other cultural and linguistic requirements under state programs, including the Medi-Cal Managed Care Policy Letters, cultural and linguistic requirements imposed by the State Department of Health Care Services on health care service plans that contract to provide Medi-Cal managed care services, and cultural and linguistic requirements imposed by the Managed Risk Medical Insurance Board on health insurers that contract to provide services in the Healthy Families Program.

(3) Standards adopted by other states pertaining to language assistance requirements for health insurers.

(4) Standards established by California or nationally recognized accrediting, certifying, or licensing organizations and medical and health care interpreter professional associations regarding interpretation services.

(5) Publications, guidelines, reports, and recommendations issued by state agencies or advisory committees, such as the report card to the public on the comparative performance of plans and reports on cultural and linguistic services issued by the Center for Data Insights and Innovation and the report to the Legislature from the Task Force on Culturally and Linguistically Competent Physicians and Dentists required pursuant to former Section 852 of the Business and Professions Code.

(6) Examples of best practices relating to language assistance services by health care providers and health insurers that contract for alternative rates of payment with providers, including existing practices.

(7) Information gathered from complaints to the commissioner and consumer assistance help lines regarding language assistance services.

(8) The cost of compliance and the availability of translation and interpretation services and professionals.

(9) Flexibility to accommodate variations in networks and method of service delivery. The commissioner shall allow for health insurer flexibility in determining compliance with the standards for oral and written interpretation services.

(d) In designing the regulations, the commissioner shall consider all other relevant guidelines in an effort to accomplish maximum accessibility within a cost-efficient system of indemnification. The

commissioner shall seek public input from a wide range of interested parties.

(e) Services, verbal communications, and written materials provided by or developed by the health insurers that contract for alternative rates of payment with providers, shall comply with the standards developed under this section.

(f) Beginning on January 1, 2008, the department shall report biennially to the Legislature regarding health insurer compliance with the standards established by this section, including results of compliance audits made in conjunction with other audits and reviews. The department shall also utilize the reported information to make recommendations for changes that further enhance standards pursuant to this section. The commissioner shall work to ensure that the biennial reports required by this section, and the data collected for the reports, do not require duplicative or conflicting data collection with other reports that may be required by government-sponsored programs. The commissioner may also delay or otherwise phase in implementation of the standards and requirements in recognition of costs and availability of translation and interpretation services and professionals.

(g) This section does not prohibit government purchasers from including in their contracts additional translation or interpretation requirements, to meet the linguistic and cultural needs, beyond those set forth pursuant to this section.

SEC. 17. Section 2755 is added to the Labor Code, to read:

2755. (a) For purposes of implementing Section 12316.1 of the Welfare and Institutions Code, the state, counties, and public authorities are not the employer or joint employer of any In-Home Supportive Services provider, except as explicitly set forth under state law.

(b) It is the intent of the Legislature that, to the extent allowable under state and federal law, the Career Pathways Program shall be a separate and voluntary benefit and shall not produce an adverse effect to recipients or providers.

SEC. 18. Section 361.2 of the Welfare and Institutions Code is amended to read:

361.2. (a) If a court orders removal of a child pursuant to Section 361, the court shall first determine whether there is a parent of the child, with whom the child was not residing at the time that the events or conditions arose that brought the child within the

provisions of Section 300, who desires to assume custody of the child. If that parent requests custody, the court shall place the child with the parent unless it finds that placement with that parent would be detrimental to the safety, protection, or physical or emotional well-being of the child. The fact that the parent is enrolled in a certified substance abuse treatment facility that allows a dependent child to reside with their parent shall not be, for that reason alone, prima facie evidence that placement with that parent would be detrimental.

(b) If the court places the child with that parent, the court may do any of the following:

(1) Order that the parent become legal and physical custodian of the child. The court may also provide reasonable visitation by the noncustodial parent. The court shall then terminate its jurisdiction over the child. The custody order shall continue unless modified by a subsequent order of the superior court. The order of the juvenile court shall be filed in any domestic relation proceeding between the parents.

(2) Order that the parent assume custody subject to the jurisdiction of the juvenile court and require that a home visit be conducted within three months. In determining whether to take the action described in this paragraph, the court shall consider any concerns that have been raised by the child's current caregiver regarding the parent. After the social worker conducts the home visit and files their report with the court, the court may then take the action described in paragraph (1), (3), or this paragraph. However, this paragraph does not imply that the court is required to take the action described in this paragraph as a prerequisite to the court taking the action described in either paragraph (1) or (3).

(3) Order that the parent assume custody subject to the supervision of the juvenile court. In that case the court may order that reunification services be provided to the parent or guardian from whom the child is being removed, or the court may order that services be provided solely to the parent who is assuming physical custody in order to allow that parent to retain later custody without court supervision, or that services be provided to both parents, in which case the court shall determine, at review hearings held pursuant to Section 366, which parent, if either, shall have custody of the child.

(c) The court shall make a finding, either in writing or on the record, of the basis for its determination under subdivisions (a) and (b).

(d) Part 6 (commencing with Section 7950) of Division 12 of the Family Code shall apply to the placement of a child pursuant to paragraphs (1) and (2) of subdivision (e).

(e) If the court orders removal pursuant to Section 361, the court shall order the care, custody, control, and conduct of the child to be under the supervision of the social worker who may place the child in any of the following:

(1) The home of a noncustodial parent, as described in subdivision (a), regardless of the parent's immigration status.

(2) The approved home of a relative, or the home of a relative who has been assessed pursuant to Section 361.4 and is pending approval pursuant to Section 16519.5, regardless of the relative's immigration status.

(3) The approved home of a nonrelative extended family member, as defined in Section 362.7, or the home of a nonrelative extended family member who has been assessed pursuant to Section 361.4 and is pending approval pursuant to Section 16519.5.

(4) The approved home of a resource family, as defined in Section 16519.5, or a home that is pending approval pursuant to paragraph (1) of subdivision (e) of Section 16519.5.

(5) A foster home considering first a foster home in which the child has been placed before an interruption in foster care, if that placement is in the best interest of the child and space is available.

(6) If it is known or there is reason to know that the child is an Indian child, as defined by Section 224.1, a home or facility in accordance with the placement preferences contained in Section 361.31 and the federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.).

(7) A suitable licensed community care facility, except a youth homelessness prevention center licensed by the State Department of Social Services pursuant to Section 1502.35 of the Health and Safety Code.

(8) With a foster family agency, as defined in subdivision (g) of Section 11400 and paragraph (4) of subdivision (a) of Section 1502 of the Health and Safety Code, to be placed in a suitable family home certified or approved by the agency, with prior approval of the county placing agency.

(9) A community care facility licensed as a group home for children vendored by a regional center pursuant to Section 56004 of Title 17 of the California Code of Regulations or a short-term residential therapeutic program, as defined in subdivision (ad) of Section 11400 of this code and paragraph (18) of subdivision (a) of Section 1502 of the Health and Safety Code. A child of any age who is placed in a community care facility licensed as a group home for children vendored by a regional center or a short-term residential therapeutic program shall have a case plan that indicates that placement is for purposes of providing short-term, specialized, and intensive treatment for the child, the case plan specifies the need for, nature of, and anticipated duration of this treatment, pursuant to paragraph (2) of subdivision (d) of Section 16501.1, and the case plan includes transitioning the child to a less restrictive environment and the projected timeline by which the child will be transitioned to a less restrictive environment. Any placement longer than six months shall be documented consistent with paragraph (3) of subdivision (a) of Section 16501.1 and, unless subparagraph (A) or (B) applies to the child, shall be approved by the deputy director or director of the county child welfare department no less frequently than every six months.

(A) A child under six years of age shall not be placed in a community care facility licensed as a group home for children vendored by a regional center or a short-term residential therapeutic program except under the following circumstances:

(i) If the facility meets the applicable regulations adopted under Section 1530.8 of the Health and Safety Code and standards developed pursuant to Section 11467.1 of this code, and the deputy director or director of the county child welfare department has approved the case plan.

(ii) The short-term, specialized, and intensive treatment period shall not exceed 120 days, unless the county has made progress toward or is actively working toward implementing the case plan that identifies the services or supports necessary to transition the child to a family setting, circumstances beyond the county's control have prevented the county from obtaining those services or supports within the timeline documented in the case plan, and the need for additional time pursuant to the case plan is documented by the caseworker and approved by a deputy director or director of the county child welfare department.

(iii) To the extent that placements pursuant to this paragraph are extended beyond an initial 120 days, the requirements of clauses (i) and (ii) shall apply to each extension. In addition, the deputy director or director of the county child welfare department shall approve the continued placement no less frequently than every 60 days.

(iv) In addition, if a case plan indicates that placement is for purposes of providing family reunification services, the facility shall offer family reunification services that meet the needs of the individual child and their family, permit parents, guardians, or Indian custodians to have reasonable access to their children 24 hours a day, encourage extensive parental involvement in meeting the daily needs of their children, and employ staff trained to provide family reunification services. In addition, one of the following conditions exists:

(I) The child's parent, guardian, or Indian custodian is also under the jurisdiction of the court and resides in the facility.

(II) The child's parent, guardian, or Indian custodian is participating in a treatment program affiliated with the facility and the child's placement in the facility facilitates the coordination and provision of reunification services.

(III) Placement in the facility is the only alternative that permits the parent, guardian, or Indian custodian to have daily 24-hour access to the child in accordance with the case plan, to participate fully in meeting all of the daily needs of the child, including feeding and personal hygiene, and to have access to necessary reunification services.

(B) A child who is 6 to 12 years of age, inclusive, may be placed in a community care facility licensed as a group home for children vendored by a regional center or a short-term residential therapeutic program under the following conditions:

(i) The deputy director of the county welfare department shall approve the case prior to initial placement.

(ii) The short-term, specialized, and intensive treatment period shall not exceed six months, unless the county has made progress or is actively working toward implementing the case plan that identifies the services or supports necessary to transition the child to a family setting, circumstances beyond the county's control have prevented the county from obtaining those services or supports within the timeline documented in the case plan, and the

need for additional time pursuant to the case plan is documented by the caseworker and approved by a deputy director or director of the county child welfare department.

(iii) To the extent that placements pursuant to this paragraph are extended beyond an initial six months, the requirements of this subparagraph shall apply to each extension. In addition, the deputy director or director of the county child welfare department shall approve the continued placement no less frequently than every 60 days.

(10) Any child placed in a short-term residential therapeutic program shall be either of the following:

(A) A child who has been assessed as meeting one of the placement requirements set forth in subdivisions (b) and (h) of Section 11462.01.

(B) A child under six years of age who is placed with their minor parent or for the purpose of reunification pursuant to clause (iv) of subparagraph (A) of paragraph (9).

(11) This subdivision does not allow a social worker to place any dependent child outside the United States, except as specified in subdivision (f).

(f) (1) A child under the supervision of a social worker pursuant to subdivision (e) shall not be placed outside the United States prior to a judicial finding that the placement is in the best interest of the child, except as required by federal law or treaty.

(2) The party or agency requesting placement of the child outside the United States shall carry the burden of proof and shall show, by clear and convincing evidence, that placement outside the United States is in the best interest of the child.

(3) In determining the best interest of the child, the court shall consider, but not be limited to, all of the following factors:

(A) Placement with a relative.

(B) Placement of siblings in the same home.

(C) Amount and nature of any contact between the child and the potential guardian or caretaker.

(D) Physical and medical needs of the dependent child.

(E) Psychological and emotional needs of the dependent child.

(F) Social, cultural, and educational needs of the dependent child.

(G) Specific desires of any dependent child who is 12 years of age or older.

(4) If the court finds that a placement outside the United States is, by clear and convincing evidence, in the best interest of the child, the court may issue an order authorizing the social worker to make a placement outside the United States. A child subject to this subdivision shall not leave the United States prior to the issuance of the order described in this paragraph.

(5) For purposes of this subdivision, "outside the United States" shall not include the lands of any federally recognized American Indian tribe or Alaskan Natives.

(6) This subdivision shall not apply to the placement of a dependent child with a parent pursuant to subdivision (a).

(g) (1) If the child is taken from the physical custody of the child's parent, guardian, or Indian custodian and unless the child is placed with relatives, the child shall be placed in foster care in the county of residence of the child's parent, guardian, or Indian custodian in order to facilitate reunification of the family.

(2) If there are no appropriate placements available in the parent's, guardian's, or Indian custodian's county of residence, a placement may be made in an appropriate place in another county, preferably a county located adjacent to the parent's, guardian's, or Indian custodian's community of residence.

(3) This section does not require multiple disruptions of the child's placement corresponding to frequent changes of residence by the parent, guardian, or Indian custodian. In determining whether the child should be moved, the social worker shall take into consideration the potential harmful effects of disrupting the placement of the child and the parent's, guardian's, or Indian custodian's reason for the move.

(4) If it has been determined that it is necessary for a child to be placed in a county other than the child's parent's, guardian's, or Indian custodian's county of residence, the specific reason the out-of-county placement is necessary shall be documented in the child's case plan. If the reason the out-of-county placement is necessary is the lack of resources in the sending county to meet the specific needs of the child, those specific resource needs shall be documented in the case plan.

(5) If it has been determined that a child is to be placed out of county either in a group home for children vendored by a regional center or a short-term residential therapeutic program, or with a foster family agency for subsequent placement in a certified foster

family home, and the sending county is to maintain responsibility for supervision and visitation of the child, the sending county shall develop a plan of supervision and visitation that specifies the supervision and visitation activities to be performed and specifies that the sending county is responsible for performing those activities. In addition to the plan of supervision and visitation, the sending county shall document information regarding any known or suspected dangerous behavior of the child that indicates the child may pose a safety concern in the receiving county. Upon implementation of the Child Welfare Services Case Management System, the plan of supervision and visitation, as well as information regarding any known or suspected dangerous behavior of the child, shall be made available to the receiving county upon placement of the child in the receiving county. If placement occurs on a weekend or holiday, the information shall be made available to the receiving county on or before the end of the next business day.

(6) If it has been determined that a child is to be placed out of county and the sending county plans that the receiving county shall be responsible for the supervision and visitation of the child, the sending county shall develop a formal agreement between the sending and receiving counties. The formal agreement shall specify the supervision and visitation to be provided the child, and shall specify that the receiving county is responsible for providing the supervision and visitation. The formal agreement shall be approved and signed by the sending and receiving counties prior to placement of the child in the receiving county. In addition, upon completion of the case plan, the sending county shall provide a copy of the completed case plan to the receiving county. The case plan shall include information regarding any known or suspected dangerous behavior of the child that indicates the child may pose a safety concern to the receiving county.

(h) (1) Subject to paragraph (2), if the social worker must change the placement of the child and is unable to find a suitable placement within the county and must place the child outside the county, the placement shall not be made until the social worker has served written notice on the parent, guardian, Indian custodian, the child's tribe, the child's attorney, and, if the child is 10 years of age or older, on the child, at least 14 days prior to the placement, unless the child's health or well-being is endangered by delaying

the action or would be endangered if prior notice were given. The notice shall state the reasons that require placement outside the county. The child or parent, guardian, Indian custodian, or the child's tribe may object to the placement not later than seven days after receipt of the notice and, upon objection, the court shall hold a hearing not later than five days after the objection and prior to the placement. The court shall order out-of-county placement if it finds that the child's particular needs require placement outside the county.

(2) (A) The notice required prior to placement, as described in paragraph (1), may be waived if the child and family team has determined that the identified placement is in the best interest of the child, no member of the child and family team objects to the placement, and the child's attorney has been informed of the intended placement and has no objection, and, if applicable, the Indian custodian or child's tribe has been informed of the intended placement and has no objection.

(B) If the child is transitioning from a temporary shelter care facility, as described in Section 11462.022, and all of the circumstances set forth in subparagraph (A) do not exist, the county shall provide oral notice to the child's parents, guardian, Indian custodian, the child's tribe, the child's attorney, and, if the child is 10 years of age or older, to the child no later than one business day after the determination that out-of-county placement is necessary and the circumstances in subparagraph (A) do not exist. The oral notice shall state the reasons that require placement outside the county and shall be immediately followed by written notice stating the reasons. The child, parent, guardian, Indian custodian, or tribe may object to the placement not later than seven days after oral notice is provided and, upon objection, the court shall hold a hearing not later than two judicial days after the objection is made. The court may authorize that the child remain in the temporary shelter care facility pending the outcome of the hearing. The court shall order out-of-county placement if it finds that the child's particular needs require placement outside the county. This subparagraph does not preclude placement of the child without prior notice if the child's health or well-being is endangered by delaying the action or would be endangered if prior notice were given.

(i) If the court has ordered removal of the child from the physical custody of the child's parents pursuant to Section 361, the court shall consider whether the family ties and best interest of the child will be served by granting visitation rights to the child's grandparents. The court shall clearly specify those rights to the social worker.

(j) If the court has ordered removal of the child from the physical custody of the child's parents pursuant to Section 361, the court shall consider whether there are any siblings under the court's jurisdiction, or any nondependent siblings in the physical custody of a parent subject to the court's jurisdiction, the nature of the relationship between the child and their siblings, the appropriateness of developing or maintaining the sibling relationships pursuant to Section 16002, and the impact of the sibling relationships on the child's placement and planning for legal permanence.

(k) (1) An agency shall ensure placement of a child in a home that, to the fullest extent possible, best meets the day-to-day needs of the child. A home that best meets the day-to-day needs of the child shall satisfy all of the following criteria:

(A) The child's caregiver is able to meet the day-to-day health, safety, and well-being needs of the child.

(B) The child's caregiver is permitted to maintain the least restrictive family setting that promotes normal childhood experiences and that serves the day-to-day needs of the child.

(C) The child is permitted to engage in reasonable, age-appropriate day-to-day activities that promote normal childhood experiences for the foster child.

(2) The foster child's caregiver shall use a reasonable and prudent parent standard, as defined in paragraph (2) of subdivision (a) of Section 362.04, to determine day-to-day activities that are age appropriate to meet the needs of the child. This section does not permit a child's caregiver to permit the child to engage in day-to-day activities that carry an unreasonable risk of harm, or subject the child to abuse or neglect.

SEC. 19. Section 4096 of the Welfare and Institutions Code is amended to read:

4096. (a) This section governs interagency placement committees related to the placement of dependents and wards into short-term residential therapeutic programs, as specified in Section

11462.01, or in an out-of-state residential facility, as defined in subdivision (b) of Section 7910 of the Family Code. This section shall also apply to determinations made pursuant to paragraph (1) of subdivision (e) of Section 4094.5, as applicable.

(1) Interagency collaboration and children's program services shall be structured in a manner that will facilitate implementation of the goals of Part 4 (commencing with Section 5850) of Division 5 to develop protocols outlining the roles and responsibilities of placing agencies and programs regarding nonemergency placements of foster children in certified residential therapeutic programs.

(2) Components shall be added to state-county performance contracts required in Section 5650 that provide for reports from counties on how this section is implemented.

(3) The State Department of Health Care Services shall develop performance contract components required by paragraph (2).

(4) Performance contracts subject to this section shall document that the procedures to be implemented in compliance with this section have been approved by the county social services department and the county probation department.

(b) Funds specified in subdivision (a) of Section 17601 for services to wards of the court and dependent children of the court shall be allocated and distributed to counties based on the number of wards of the court and dependent children of the court in the county.

(c) A county may utilize funds allocated pursuant to subdivision (b) only if the county has established an operational interagency placement committee with a membership that includes at least the county placement agency and a licensed mental health professional from the county department of mental health. If necessary, the funds may be used for costs associated with establishing the interagency placement committee.

(d) Funds allocated pursuant to subdivision (b) shall be used to provide services to wards of the court and dependent children of the court jointly identified by county mental health, social services, and probation departments as the highest priority. Every effort shall be made to match those funds with funds received pursuant to Title XIX of the federal Social Security Act, contained in Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code.

(e) (1) Each interagency placement committee shall establish procedures whereby a ward of the court or dependent child of the court, a child who is the subject of a petition filed pursuant to Section 300, a child detained pursuant to Section 636, or a voluntarily placed child whose placement is funded by the Aid to Families with Dependent Children-Foster Care program, who is to be placed or is currently placed in a program, as specified in subdivision (a), shall be determined to meet one of the following:

(A) The child or ward meets the medical necessity criteria for Medi-Cal specialty mental health services, as the criteria are described in Section 1830.205 or 1830.210 of Title 9 of the California Code of Regulations.

(B) The child or ward is assessed as seriously emotionally disturbed, as described in subdivision (a) of Section 5600.3.

(C) The child's or ward's individual behavioral or treatment needs can only be met by the level of care provided in a program, as specified in subdivision (a).

(2) The determination required by paragraph (1) shall do all of the following:

(A) Ensure that the care and services that the child needs, including any care or service needs determined by the qualified individual assessment, are provided by a program, as specified in subdivision (a), and include documentation regarding how medically necessary Medi-Cal specialty mental health services will be provided in a provisionally licensed program.

(B) Ensure that the requirements of subdivision (c) of Section 16514 have been met with respect to commonality of need.

(C) Consider the detailed history that shall be provided by the placing agency outlining behavior that may pose a threat to the health or safety of that child and the other children residing in the program and consider any potential interference with the effectiveness of the care and services provided to that child and the other children residing in the program, as specified in subdivision (a).

(D) Describe additional safety measures and therapeutic interventions needed to mitigate identified challenging behaviors or risks to the safety of the child and other children in the facility.

(E) Present the determination to the placing agency within five business days of the referral.

(3) This subdivision does not prohibit an interagency placement committee from considering an assessment that was provided by a licensed mental health professional, as described in subdivision (j), and that was developed consistent with procedures established by the county pursuant to paragraph (1).

(4) The State Department of Health Care Services and the State Department of Social Services shall develop a dispute resolution process or utilize an existing dispute resolution process currently operated by each department to jointly review a disputed interagency placement committee determination made pursuant to this subdivision. The departments shall report the developed or utilized dispute resolution process to the appropriate policy and fiscal committees of the Legislature no later than January 1, 2017, and shall track the number of disputes reported and resolved, and provide that information to the Legislature annually as part of the State Budget process. 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 departments may issue guidance on the joint review process for dispute resolution by written directive.

(f) The interagency placement committee shall document the results of the determination required by subdivision (e) and shall notify the appropriate provider in writing, of those results within 10 days of the completion of the determination.

(g) (1) For a placement in a short-term therapeutic residential program, or in an out-of-state residential facility, as defined by paragraph (2) of subdivision (b) of Section 7910 of the Family Code, made on or after October 1, 2021, a qualified individual, as defined pursuant to subdivision (*l*) of Section 16501, shall conduct an assessment pursuant to this subdivision if the child is placed by a county child welfare or probation placing agency.

(2) (A) Unless the placement is an emergency placement pursuant to paragraph (3) of subdivision (h) of Section 11462.01, the qualified individual shall conduct an independent assessment and determination regarding the needs of the child prior to placement in a short-term therapeutic residential program or in an out-of-state residential facility, as defined by paragraph (2) of subdivision (b) of Section 7910 of the Family Code. In the event of an emergency placement, the qualified individual shall conduct

the independent assessment and determination regarding the needs of the child within 30 days of the start of the placement.

(B) In connection with the activities required by the qualified individual, placing agencies shall adopt, and all parties to the child's case shall utilize, the universal release of information identified by the State Department of Social Services and the State Department of Health Care Services.

(3) The assessment conducted by the qualified individual shall include, at a minimum, all of the following:

(A) Engagement with the child and family team members and, in the case of an Indian child, the Indian child's tribe, in conducting the assessment.

(B) An assessment of the strengths and needs of the child or nonminor dependent, using an age-appropriate, evidence-based, validated, functional assessment tool and methodology approved by the State Department of Social Services and the State Department of Health Care Services. If the authorized assessment tool has already been completed as part of the child and family team within the last two months, the qualified individual may utilize or update those results at the discretion of the qualified individual.

(C) The identification of the child-specific short- and long-term mental and behavioral health goals and treatment needs of the child.

(D) In the case of an Indian child, the qualified individual's efforts to consult with the child's tribe. The qualified individual shall consult and confer with a representative of the child's tribe or, at the direction of the tribal representative, the qualified expert witness, as described in Section 224.6. Such consultation shall include, but not be limited to, determination of the social and cultural standards of the Indian child's tribe.

(4) The qualified individual shall determine and document the following in writing:

(A) Whether the assessed needs of the child or nonminor dependent can be met with family members, in a tribally approved home in the case of an Indian child, or in another family-based setting.

(B) If the child or nonminor dependent's needs cannot be met with family members, in a tribally approved home in the case of

an Indian child, or in another family-based setting, all of the following:

(i) Why the needs of the child cannot be met with family members of the child or in another family-based setting identified by the placing agency, or in a tribally approved home in the case of an Indian child.

(ii) Why a short-term residential therapeutic program, or, where applicable, an out-of-state residential facility, as defined by paragraph (2) of subdivision (b) of Section 7910 of the Family Code, is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment.

(iii) How a short-term residential therapeutic program intervention, or the program intervention of an applicable out-of-state residential facility, as defined by paragraph (2) of subdivision (b) of Section 7910 of the Family Code, is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child, and for an Indian child, will meet the child's needs consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.

(iv) The mental and behavioral health interventions and treatment that the program will implement to improve functioning and well-being and, for an Indian child, how the interventions and treatment will be conducted in a manner consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.

(v) The potential impact of transferring the responsibility to authorize, arrange or provide, and pay for, specialty mental health services from one county mental health plan to another, pursuant to Section 14717.1.

(vi) Any known multiagency care coordination needs that should be planned for during discharge and aftercare planning, as developed pursuant to Section 4096.6, upon the child's transition to a family-based setting.

(C) The engagement with the child and family team members and, in the case of an Indian child, the Indian child's tribe.

(5) The assessment of the qualified individual does not replace or replicate existing case planning or case management activities, roles, and responsibilities of the county placing agency caseworker in preparation of the child's case plan pursuant to Section 16501.1

or requirements of the interagency placement committee established pursuant to this section.

(6) The qualified individual shall provide the assessment required by paragraph (3) and the report required by paragraph (4) to the county placing agency and the short-term residential therapeutic program, or, where applicable, the out-of-state residential facility, as defined by paragraph (2) of subdivision (b) of Section 7910 of the Family Code, in which the child or nonminor dependent is or will be placed.

(7) It is the intent of the Legislature that the assessments of a qualified individual provided pursuant to this subdivision are provided as specialty mental health services, whenever possible, consistent with all state and federal Medicaid requirements.

(8) For purposes of subparagraph (K) of paragraph (1) of subdivision (a) of Section 827, a qualified individual shall be considered a member of the child's multidisciplinary team.

(h) (1) The State Department of Social Services and the State Department of Health Care Services shall issue joint guidance that shall include, but not be limited to, all of the following:

(A) The statewide standards and approval requirements for qualified individuals, as defined in subdivision (*l*) of Section 16501.

(B) The requirements for referrals to, and the assessment conducted by, the qualified individual pursuant to subdivision (g).

(C) Documentation requirements necessary to meet state and federal child welfare requirements and documentation requirements for Medi-Cal specialty mental health activities conducted by the qualified individual.

(D) The applicable state and federal privacy and confidentiality laws that permit or limit the dissemination of the assessment of the qualified individual developed pursuant to subdivision (g).

(2) The guidance issued pursuant to this subdivision shall be issued on or before July 31, 2021.

(i) Nothing in this section shall be interpreted to prevent a county placing agency from making a placement in a short-term residential therapeutic program on an emergency basis, as permitted pursuant to subdivision (h) of Section 11462.01, prior to the determination by the interagency placement committee pursuant to this section.

(j) If the child's or youth's placement is not funded by the Aid to Families with Dependent Children-Foster Care program a licensed mental health professional, or an otherwise recognized

provider of mental health services, shall certify that the child has been assessed as meeting the medical necessity criteria for Medi-Cal specialty mental health Early and Periodic Screening, Diagnosis, and Treatment services, as the criteria are described in Section 1830.210 of Title 9 of the California Code of Regulations, or assessed as seriously emotionally disturbed, as described in subdivision (a) of Section 5600.3. A "licensed mental health professional" includes a physician licensed under Section 2050 of the Business and Professions Code, a licensed psychologist within the meaning of subdivision (a) of Section 2902 of the Business and Professions Code, a licensed clinical social worker within the meaning of subdivision (a) of Section 4996 of the Business and Professions Code, a licensed marriage and family therapist within the meaning of subdivision (b) of Section 4980 of the Business and Professions Code, or a licensed professional clinical counselor within the meaning of subdivision (e) of Section 4999.12.

(k) (1) Notwithstanding any other law, contracts awarded by the State Department of Social Services for purposes of 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.

(2) Notwithstanding any other law, contracts awarded by the State Department of Social Services for purposes of this section 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.

SEC. 20. Section 11402 of the Welfare and Institutions Code is amended to read:

11402. In order to be eligible for AFDC-FC, a child or nonminor dependent shall be placed in one of the following:

(a) Before January 1, 2021:

(1) The approved home of a relative, provided the child or youth is otherwise eligible for federal financial participation in the AFDC-FC payment.

(2) The approved home of a nonrelative extended family member, as described in Section 362.7.

(3) The licensed family home of a nonrelative.

(b) The approved home of a resource family, as defined in Section 16519.5, if either of the following is true:

(1) The caregiver is a nonrelative.

(2) The caregiver is a relative, and the child or youth is otherwise eligible for federal financial participation in the AFDC-FC payment.

(c) A small family home, as defined in paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code.

(d) A housing unit, as described in Section 1559.110 of the Health and Safety Code, certified by a licensed transitional housing placement provider, as defined in paragraph (12) of subdivision (a) of Section 1502 of the Health and Safety Code and subdivision (r) of Section 11400.

(e) An approved supervised independent living setting for nonminor dependents, as described in subdivision (w) of Section 11400.

(f) A licensed foster family agency, as defined in subdivision (g) of Section 11400 and paragraph (4) of subdivision (a) of Section 1502 of the Health and Safety Code, for placement into a certified or approved home used exclusively by the foster family agency.

(g) A short-term residential therapeutic program, as defined in subdivision (ad) of Section 11400 and paragraph (18) of subdivision (a) of Section 1502 of the Health and Safety Code.

(h) An out-of-state residential facility that meets the requirements of paragraph (2) of subdivision (c) of Section 11460, provided that the placement worker, in addition to complying with all other statutory requirements for placing a child or youth in an out-of-state residential facility, documents that the requirements of Section 7911.1 of the Family Code have been met.

(i) A community treatment facility, as defined in paragraph (8) of subdivision (a) of Section 1502 of the Health and Safety Code, and as set forth in Article 5 (commencing with Section 4094) of Chapter 3 of Part 1 of Division 4.

(j) A community care facility licensed pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code and vendored by a regional center pursuant to Section 56004 of Title 17 of the California Code of Regulations, unless the facility is a group home for children with special health care needs, as defined in paragraph (2) of subdivision (a) of Section 4684.50 of this code.

(k) The home of a nonrelated legal guardian or the home of a former nonrelated legal guardian if the guardianship of a child or

youth who is otherwise eligible for AFDC-FC has been dismissed due to the child or youth attaining 18 years of age.

(*l*) A dormitory or other designated housing of a postsecondary educational institution in which a minor dependent who is enrolled at the postsecondary educational institution is living independently, as described in Section 11402.7.

(m) On or after April 1, 2021, a residential family-based treatment facility for substance abuse, in which an eligible child is placed with a parent in treatment, licensed pursuant to Chapter 7.5 (commencing with Section 11834.01) of Part 2 of Division 10.5 of the Health and Safety Code, and the placement and facility meets all of the requirements of subdivision (j) of Section 672 of Title 42 of the United States Code.

SEC. 21. Section 11450 of the Welfare and Institutions Code, as amended by Section 35 of Chapter 85 of the Statutes of 2021, 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. The county human services agency shall require a pregnant person to provide medical verification of pregnancy. The county human services agency 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) A pregnant person may provide the verification of pregnancy required by paragraph (1) 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 the pregnancy special need benefit to continue. If the pregnant person fails to submit medical verification of pregnancy within 30 working days,

the county human services agency shall continue the benefit when the applicant presents evidence of good faith efforts to comply with this requirement.

(3) 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.

(4) 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. 22. Section 11450 of the Welfare and Institutions Code, as amended by Section 36 of Chapter 85 of the Statutes of 2021, 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. The county human services agency shall require a pregnant person to provide medical verification of pregnancy. The county human services agency 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) A pregnant person may provide the verification of pregnancy required by paragraph (1) 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 the pregnancy special need benefit to continue. If the pregnant person fails to submit medical verification of pregnancy within 30 working days, the county human services agency shall continue the benefit when the applicant presents evidence of good faith efforts to comply with this requirement.

(3) 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.

(4) 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. 23. Section 11450.12 of the Welfare and Institutions Code, as added by Section 39 of Chapter 85 of the Statutes of 2021, is amended 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) An applicant family shall not be eligible for aid under this chapter if reasonably anticipated income, less exempt income, and exclusive of amounts of disability-based unearned income and earned income exempt under Section 11451.5, equals or exceeds the maximum aid payment specified in Section 11450.

(c) A recipient family shall not be eligible for further aid under this chapter if reasonably anticipated income, less exempt income, exceeds the income reporting threshold specified in Sections 11265.3 and 11265.47.

(d) This section shall become operative on July 1, 2022.

SEC. 24. Section 12316.1 is added to the Welfare and Institutions Code, to read:

12316.1. (a) (1) The department shall administer the Career Pathways Program for providers of in-home supportive services under this article, or Section 14132.95, 14132.952, or 14132.956, or waiver personal care services under Section 14132.97, to increase the quality of care, recruitment and retention of providers for recipients and to provide training opportunities for career advancement in the home care and health care industries. Providers who have completed provider enrollment but who may not currently be providing services to a recipient, and are eligible to work for a recipient, including registry and emergency backup providers, may participate in the Career Pathways Program.

(2) The objectives of the career pathways include, but are not limited to, all of the following:

(A) Promotion of recipient self-determination principles.

(B) Dignity in providing and receiving care through meaningful collaboration between the recipient and provider.

(C) Advancement of health and service equity, including the quality of care, care outcomes, and life.

(D) Promotion of a culturally and linguistically competent workforce to serve the growing racial, ethnic, and linguistic diversity of an aging population.

(E) Increase in both provider employment retention and recruitment of new providers to maintain a stable workforce for recipients.

(3) Each career pathway shall include multiple courses of related curriculum on a given topic. Five career pathways shall be offered, including all of the following:

(A) The basic skills career pathways are (i) general health and safety and (ii) adult education topics.

(B) The specialized skills career pathways are (i) cognitive impairments and behavioral health, (ii) complex physical care needs, and (iii) transitioning to home and community-based living from out-of-home care or homelessness.

(b) In administering this section, the department shall do all of the following:

(1) Review and approve proposed training curriculum that is consistent with the requirements of subdivision (a).

(2) Upon completion of a competitive process, enter into agreements with multiple qualified third-party entities that the department deems qualified to provide training as approved pursuant to subparagraph (1).

(3) Determine the methodology and distribution of appropriated funds pursuant to this section.

(c) (1) For purposes of this section, "qualified third-party entity" means a county, public authority, or nonprofit consortium as defined in Section 12301.6, a nonprofit entity that is tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code, or a Taft-Hartley Labor Management Partnership. For-profit entities are strictly excluded from this definition.

(2) A qualified third-party entity shall have both of the following:

(A) Experience in training in person or online, using live instructor-led sessions or self-paced learning modules, which include a competency-based curriculum that is grounded in adult educational principles and that supports multiple languages wherever possible.

(B) The capacity to recruit and enroll providers electronically, in person, or both.

(d) Provider participation in the training described in subdivision (a) shall be voluntary, and the training shall be offered at no cost to providers. Providers shall be compensated for each hour of training at a rate equivalent to the county's hourly negotiated wage rate for in-home supportive services providers. Counties and public authorities shall not be required to provide any funding for compensation to providers for training provided pursuant to this section.

(e) To the extent possible, career pathways may include curriculum that promotes retention of providers or that meets licensing and certification course requirements to assist providers in achieving their identified career advancement in the home care and health care industries.

(f) A provider shall be eligible to receive an incentive payment or multiple incentive payments, with an incentive payment available for each of the individual activities specified in paragraphs (1) to (3), inclusive. The amounts of the incentive payments shall be determined by the department, in collaboration with the employer representative unions, county human services agencies and their representatives, public authorities or nonprofit consortia as defined in Section 12301.6, and other relevant stakeholders. The individual activities eligible for incentive payments pursuant to this subdivision include all of the following:

(1) Successfully completing 15 hours of coursework for a specific career pathway.

(2) Successfully completing 15 hours of coursework for a specialized skills career pathway, subsequently beginning work for a recipient who needs that type of specialized care, and providing 40 authorized hours of care to one or more recipients in the first month of service.

(3) Successfully completing 15 hours of coursework for a specialized skills career pathway, subsequently beginning work for a recipient who needs that type of specialized care, and providing 40 authorized hours of care to one or more recipients per month for at least six months.

(g) A qualified third-party entity that has entered into an agreement with the department pursuant to subdivision (b) shall inform providers of the availability of career pathways training

described in this section. The qualified third-party entity or entities, pursuant to the aforementioned agreement or agreements, shall assist interested providers in registering for offered courses for desired career pathways identified by the provider and track the successful completion of the coursework by a provider.

(h) Incentive payments set forth in subdivision (f), when applicable, shall be issued by the department through the Case Management Information and Payrolling System (CMIPS).

(i) The recipient, as the provider's employer, shall continue to have the right to hire, fire, train, and direct services provided by their provider.

(j) This section shall be implemented as a pilot project no later than September 1, 2022, or as soon as the necessary automation occurs to implement this section. Except for subdivision (*l*) to accommodate the December 31, 2024, reporting deadline, this section shall remain operative until March 31, 2024, or until a later date, subject to an appropriation.

(k) The department shall contract with an entity, separate from the participating qualified third-party entities, to complete an evaluation of the pilot project that shall include all of the following criteria:

(1) The number of new and existing providers who enrolled in courses to pursue a career pathway.

(2) The number of providers that successfully completed a career pathway and identification of the career pathways completed.

(3) Pursuant to provider surveys, focus groups, and interviews, the effectiveness of the training and whether the successful completion of a career pathway resulted in a related license or certificate as well as new or retained employment in the home care and health care industries.

(4) The number of providers who were subsequently employed by a recipient with specialized care needs after completing a specialized career pathway and were retained in that employment for a period of at least six months.

(5) The number of providers who were subsequently employed by a recipient with specialized care needs after completing a specialized career pathway and were retained in that employment for a period of at least 12 months.

(6) The incentive payment amount administered to in-home supportive services providers and waiver personal care services

providers for each incentive payment category, pursuant to this section.

(*l*) An interim report containing updated information on the components specified in subdivision (k) shall be submitted to the Legislature, in compliance with Section 9795 of the Government Code, by no later than May 1, 2023, with a final report of the evaluation of the pilot project submitted to the Legislature by December 31, 2024.

(m) Agreements entered into 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, the Public Contract Code, and the State Contracting Manual, and shall not be subject to the approval of the Department of General Services.

(n) 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 section by means of all-county letters or similar instructions.

(o) If funding is provided for purposes of this section pursuant to Section 11.95 of the Budget Act of 2021 (Chapter 69 of the Statutes of 2021), that funding shall only be used to implement the activities set forth in this section for which the State Department of Health Care Services obtains the necessary federal approval for the Career Pathways Program pursuant to paragraph (1) of subdivision (g) of Section 14124.12.

SEC. 25. Section 16521.5 of the Welfare and Institutions Code is amended to read:

16521.5. (a) A foster care provider, in consultation with the county case manager, shall be responsible for ensuring that adolescents, including nonminor dependents, as described in subdivision (v) of Section 11400, who remain in long-term foster care, as defined by the department, receive age-appropriate pregnancy prevention information to the extent state and county resources are provided.

(b) A foster care provider, in consultation with the county case manager, shall be responsible for ensuring that a foster youth or nonminor dependent is provided with appropriate referrals to health services when the foster youth either reaches 18 years of age or

the nonminor dependent exits foster care, and to the extent county and state resources are provided.

(c) As part of the home study process, the prospective foster care provider shall notify the county if the provider objects to participating in adolescent pregnancy prevention training or the dissemination of information pursuant to subdivisions (a) and (b). A licensed foster care provider shall notify the county if the provider objects to participation. If the provider objects, the county case manager shall assume this responsibility.

(d) Subdivisions (a), (b), and (c) shall not take effect until the department, in consultation with the workgroup, develops guidelines that describe the duties and responsibilities of foster care providers and county case managers in delivering pregnancy prevention services and information.

(e) (1) The department, in consultation with the State Department of Health Care Services, shall convene a working group for the purpose of developing a pregnancy prevention plan that will effectively address the needs of adolescent male and female foster youth. The workgroup shall meet not more than three times and thereafter shall provide consultation to the department upon request.

(2) The working group shall include representatives from the California Youth Connection, the Foster Parent's Association, group home provider associations, the County Welfare Director's Association, providers of teen pregnancy prevention programs, a foster care caseworker, an expert in pregnancy prevention curricula, a representative of the Independent Living Program, and an adolescent health professional.

(f) The plan required pursuant to subdivision (e) shall include, but not be limited to, all of the following:

(1) Effective strategies and programs for preteen and older teen foster youth and nonminor dependents.

(2) The role of foster care and group home care providers.

(3) The role of the assigned case management worker.

(4) How to involve foster youth and nonminor peers.

(5) Selecting and providing appropriate materials to educate foster youth and nonminors in family life education.

(6) The training of foster care and group home care providers and, when necessary, county case managers in adolescent pregnancy prevention.

(g) Counties currently mandating foster care provider training shall be encouraged to include the pregnancy prevention curricula guidelines and educational materials that may be developed by the workgroup pursuant to subdivision (f).

(h) In order to train case management workers and foster care providers, the department shall develop a curriculum that is consistent with, and in addition to, the pregnancy prevention plan and the curricula guidelines and educational materials developed by the workgroup pursuant to subdivisions (e) and (f).

(i) The curriculum created pursuant to subdivision (h) shall include, but not be limited to, all of the following:

(1) The rights of youth and nonminor dependents in foster care to sexual and reproductive health care and information, to confidentiality of sensitive health information, and the reasonable and prudent parent standard.

(2) How to document sensitive health information, including, but not limited to, sexual and reproductive health issues, in a case plan.

(3) The duties and responsibilities of the assigned case management worker and the foster care provider in ensuring youth and nonminor dependents in foster care can obtain sexual and reproductive health services and information.

(4) Guidance about how to engage and talk with youth and nonminor dependents about healthy sexual development and reproductive and sexual health in a manner that is medically accurate, developmentally and age appropriate, trauma informed, and strengths based.

(5) Information about current contraception methods and how to select and provide appropriate referral resources and materials for information and service delivery.

(j) (1) Subject to an appropriation for this purpose, the department shall compile and report annual performance and outcome data on the implementation of sexual and reproductive health training and education and the availability and use of sexual and reproductive health care services.

(A) Performance data shall include the total number and rate of all of the following:

(i) County social workers and probation officers who have received the information described in subdivision (i) through a training program described in Section 16206.

(ii) Judges who have received the information described in subdivision (i) through a training program described in Section 304.7.

(iii) Group home administrators who have received the information described in subdivision (i) through a training described in subdivision (c) of Section 1522.41 of the Health and Safety Code.

(B) (i) Outcome data shall include integrated data drawn from data maintained by the State Department of Social Services, the State Department of Health Care Services, and the State Department of Public Health. The categories included in the outcome data, as well as the specific indicators used within each category, shall be determined in consultation with the work group convened pursuant to subdivision (e) and shall include, but not be limited to, those categories listed in clause (ii). Outcome indicators used within each category may include, but are not limited to, measures found in the Core Set of Children's Health Care Quality Measure for Medicaid and CHIP (Child Core Set), and the Healthcare Effectiveness Data and Information Set (HEDIS), or measures developed using Medi-Cal, Family PACT, and other administrative and claims data codes.

(ii) Categories of outcome data shall include, but not be limited to, all of the following:

(I) The total number and rate of youth who gave birth, the number of live births, and the number of live births weighing less than 2,500 grams, such as indicator National Quality Forum (NQF) 1382 from the Child Core Set.

(II) Maternal health outcomes for youth, such as indicator NQF 0471 from the Child Core Set.

(III) Prenatal care received by youth, including, but not limited to, date of initiation of prenatal care by trimester, frequency of service delivery, and type of provider of care, such as indicator NQF 1517 from the Child Core Set.

(IV) Postnatal care received by youth, including, but not limited to, frequency, type of service delivery, and type of provider of care.

(V) The total number and rate of youth who received contraceptive counseling, initiated contraception, and contraception method selected, such as indicators NQF 2902, 2903, and 2904 from the Child Core Set.

(VI) Testing and treatment for sexually transmitted infection in youth, such as indicator NQF 0033 from the Child Core Set or Chlamydia Screening in Women Ages 16-20 (CHL-CH) from HEDIS.

(VII) Frequency with which treatment of youth for sexually transmitted infection was followed by testing the same youth for reinfection within a one- to six-month time span.

(VIII) Receipt of annual wellness exam, such as Adolescent Well-Care Visits (AWC) from HEDIS, and frequency with which a general health exam or annual exam was paired with contraceptive counseling, pregnancy testing, sexually transmitted infection testing, or contraceptive initiation.

(iii) Outcome data shall be disaggregated and reported by age, race, ethnicity, sexual orientation, gender identity, county, and county placement type, if possible.

(iv) Outcome data shall be reported in a way that does not identify individual youth and complies with all applicable state and federal confidentiality and privacy laws and regulations.

(2) The department shall consult the working group convened pursuant to subdivision (e) in the selection of additional performance and outcome data categories and measures to include in the report and in the development of the report framework. Every three years, or earlier if needed, the department shall consult the State Department of Health Care Services and the State Department of Public Health and revise measures, if necessary.

(3) The report shall be completed annually, commencing on January 1, 2023, and shall be posted on the department's internet website in a manner that is publicly accessible.

(4) For the purposes of this subdivision, "youth" means foster youth 10 years of age and older and nonminor dependents.

(k) The department shall adopt regulations to implement this section.

SEC. 26. Section 18997 of the Welfare and Institutions Code is amended to read:

18997. (a) Subject to an appropriation for this purpose in the annual Budget Act, the State Department of Social Services shall administer the California Guaranteed Income Pilot Program to provide grants to eligible entities for the purpose of administering pilot programs and projects that provide a guaranteed income to participants. The department shall prioritize funding for pilot

programs and projects that serve California residents who age out of the extended foster care program at or after 21 years of age or who are pregnant individuals. The department, in consultation with relevant stakeholders, shall determine the methodology for, and manner of, distributing grants awarded pursuant to this chapter. In determining the methodology and manner of distributing grants, the department shall ensure that grant funds are awarded in an equitable manner to eligible entities in both rural and urban counties and in proportion to the number of individuals anticipated to be served by an eligible entity's pilot program or project.

(b) In order to receive grant funds pursuant to this chapter, an eligible entity shall do all of the following:

(1) Present commitments of additional funding for pilot programs and projects to be funded with a grant received pursuant to this chapter equal to or greater than 50 percent of the amount of funding to be provided to the pilot program or project from a grant received pursuant to this chapter.

(2) Present a plan for providing all individuals who receive guaranteed income payments funded with a grant provided under this chapter with sufficient benefits counseling and informational materials to ensure that they are aware of any impact the receipt of a guaranteed income payment from the pilot program or project may have on their eligibility for other public benefit programs.

(3) Agree to assist the department in obtaining, or to pursue, to the extent necessary, all available exemptions or waivers to ensure that guaranteed income payments made under those pilots and projects are not considered income or resources for the recipient of the guaranteed income payments or any member of their household in any means-tested federal, state, or local public benefit programs.

(c) (1) Notwithstanding any other law, guaranteed income payments received by an individual from a pilot program or project funded pursuant to this chapter shall not be considered income or resources for purposes of determining the individual's, or any member of their household's, eligibility for benefits or assistance, or the amount or extent of benefits or assistance, under any state or local benefit or assistance program.

(2) The department shall, in consultation with stakeholders, and after consultation with the Legislature, identify federal benefit and assistance programs that require an exemption or waiver in order

for a guaranteed income payment funded with a grant provided under this chapter to be excluded from consideration as income or resources for purposes of the federal program. Notwithstanding any other law, a state department or agency that administers a program identified by the department shall, if possible, approve an exemption or waiver, or provide any other authority deemed necessary by the department, to exclude guaranteed income payments from consideration as income or resources for purposes of the federal program, or, if the state department or agency does not have that authority, seek a federal waiver or exemption. The state's failure to be granted a federal exemption or waiver, as described in this paragraph, shall not affect the department's ability to administer the California Guaranteed Income Pilot Program, and the department may consider alternatives to prevent adverse consequences for participants, in consultation with the Legislature and stakeholders.

(d) Notwithstanding any other law, for the purposes of determining eligibility to receive benefits, or the amount or extent of medical assistance, under the Medi-Cal program, a guaranteed income payment funded with a grant provided under this chapter shall not be considered income or resources for a period of 12 months from receipt. This subdivision shall only be implemented by the State Department of Health Care Services to the extent consistent with federal law and any waivers received for the implementation of this subdivision, and federal financial participation for the Medi-Cal program is available and not otherwise jeopardized.

(e) (1) The department shall review and evaluate the pilot programs and projects funded pursuant to this chapter to determine, at a minimum, the economic impact of the programs and projects and their impact on the outcomes of individuals who receive guaranteed income payments funded with a grant provided under this chapter. The department shall consult with stakeholders and legislative staff on the details of, and data components to include in, the evaluation, as well as any other topics to be addressed by the review and evaluation, in advance of any decision to contract for this evaluation. Notwithstanding any other law, the department may accept and, subject to an appropriation for this purpose, expend funds from nongovernmental sources for the review and evaluation.

(2) (A) The department shall submit a report to the Legislature regarding the review and evaluation conducted pursuant to paragraph (1) and shall post a copy of the report on its internet website.

(B) The report described in subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.

(f) Upon allocation of funding to eligible entities, as described in this section, the department shall report to the Legislature, and post publicly on its internet website, information about the grants funded, including which specific eligible entities received grants, the expected number of foster youth receiving guaranteed income payments funded with a grant provided under this chapter, characteristics about, and the number of, other populations receiving guaranteed income payments funded with a grant provided under this chapter, and the length of time each guaranteed income pilot program or project will be administered.

(g) For the purposes of this section, "eligible entity" means either of the following:

(1) A city, county, or city and county.

(2) A nonprofit organization that is exempt from federal income taxation under Section 501(c)(3) or 501(c)(5) of the Internal Revenue Code of 1986, as amended, and that provides a letter of support for its pilot or project from any county or city and county in which the organization will operate its pilot or project.

SEC. 27. Chapter 20 (commencing with Section 18999.97) is added to Part 6 of Division 9 of the Welfare and Institutions Code, to read:

Chapter 20. Community Care Expansion Program

18999.97. (a) The Community Care Expansion Program is hereby established. Under the program, qualified grantees shall administer projects for the acquisition, construction, or rehabilitation of property to be operated as residential adult and senior care facilities, or to promote the sustainability of existing licensed residential adult and senior care facilities through the provision of capitalized operating subsidy reserves.

(b) (1) The department may enter into an agreement with one or more entities to facilitate the grant awards. A contracting entity shall act as a third-party administrator to provide operational

services under the contract with the department. The services may include, but are not limited to, all of the following:

(A) Supporting the development of the notice of funding availability.

(B) Developing an online application portal.

(C) Executing contracts.

(D) Processing invoices and making grant payments.

(E) Providing technical assistance via webinars, learning collaboratives, application assistance, and other methods.

(F) Reporting.

(2) Funds appropriated for the purposes of this section shall be awarded, at the discretion of the department, to qualified grantees that include, but are not limited to, counties, tribes, or jointly applying counties and tribes.

(3) Qualified grantees may award grant funds to one or more subgrantees for projects consistent with the requirements of this chapter.

(c) Subject to an appropriation of funds in the annual Budget Act for the following purposes, the department shall award grants for one or both of the following as specified in the annual Budget Act:

(1) To preserve or expand capacity of residential adult and senior care facilities through the acquisition, construction, or rehabilitation of property.

(A) Qualified grantees may also use a portion of grant funds to establish capitalized operating subsidy reserves.

(B) Counties and tribes receiving funds under this paragraph shall provide matching funds or real property.

(C) The department, at its discretion, may award grants in a manner that takes into consideration the prioritization of qualified residents who are experiencing homelessness or who are at risk of homelessness.

(2) To provide capitalized operating subsidy reserves to existing licensed residential adult and senior care facilities that serve at least one qualified resident, in order to avoid the closure of facilities and to increase the acceptance of new qualified residents, consistent with Provision 19 of Item 5180-151-0001 of the Budget Act of 2021 (Ch. 69, Stats. 2021).

(A) The department shall award grants in a manner that prioritizes preserving the placement of qualified residents currently

residing within a licensed residential adult or senior care facility that is at risk of closure and facilities with the highest percentage of qualified residents.

(B) As a condition of accepting funds, facilities are required to prioritize applications from prospective qualified residents, including those who are currently or formerly homeless or who are at risk of homelessness.

(C) The department shall report to the Legislature at the midpoint of program implementation and within six months after program completion on outcome monitoring, the use of funds, and the impact on retention of current capacity and additional capacity as a result of receiving operating subsidies. The report shall include data on the capacity of facilities serving individuals with a serious mental illness.

(d) The department shall develop criteria for the program, including, but not limited to, all of the following:

(1) The methodology and distribution of the funds awarded to qualified grantees under paragraphs (1) and (2) of subdivision (c). The department shall consider the distribution of adult and senior care facilities in counties across the state, the share of the latest homeless point-in-time count across the counties, and the relative cost of construction, acquisition, and rehabilitation between counties. The department shall set aside 8 percent of funds for a competitive program for small counties with a population of less than 200,000, and shall redistribute any unexpended funds.

(2) The proportion of funds that may be expended on capitalized operating subsidy reserves pursuant to subparagraph (A) of paragraph (1) of subdivision (c).

(3) Allowable use of funds awarded under paragraphs (1) and (2) of subdivision (c).

(4) Tracking and reporting procedures.

(e) "Qualified resident" for the purpose of this section means applicants or recipients of the Supplementary Security Income/State Supplemental Program (SSI/SSP) pursuant to Subchapter 16 (commencing with Section 1381) of Chapter 7 of Title 42 of the United States Code and Chapter 3 (commencing with Section 12000), and applicants or recipients the Cash Assistance Program for Immigrants (CAPI) pursuant to Chapter 10.3 (commencing with Section 18937), who need the care and supervision that is provided by the licensed facility that receives the grant. "Qualified

resident" shall not include SSI/SSP or CAPI applicants or recipients who are receiving services through a regional center.

(f) "Capitalized operating subsidy reserve" for the purpose of this section means an interest bearing account maintained by the qualified grantee, the residential adult or senior care facility, or a third-party entity and created to cover potential or projected operating deficits on a facility that is deed restricted to provide licensed residential care for at least the term of the reserve. The department shall develop guidelines on the qualified grantees' use of capitalized operating subsidy reserves to ensure safeguards for those reserves, based on use in other state programs.

(g) Funds awarded pursuant to this section shall be used to supplement, and not supplant, other funding available from existing local, state, or federal programs or grants with similar purposes.

(h) A qualified grantee or entity operating a program pursuant to this chapter shall be exempt from any data entry or reporting requirements pursuant to Chapter 6.5 (commencing with Section 8255) of Division 8.

(i) Utilizing the funds appropriated for purposes of this section, the department shall, in consultation with legislative staff and relevant stakeholders, enter into a contract with an independent evaluation and research agency to evaluate the impacts of the program, collect data, and provide technical assistance.

(j) For purposes of implementing this section, contracts entered into or amended pursuant to this section shall be exempt from 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.

(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 department may implement and administer this chapter through all-county letters or similar instruction that shall have the same force and effect as regulations.

(*l*) Any project that receives funds pursuant to this section shall be deemed consistent and in conformity with any applicable local plan, standard, or requirement, and any applicable coastal plan, local or otherwise, shall be allowed as a permitted use, within the zone in which the structure is located, shall not be subject to a conditional use permit, discretionary permit, or any other discretionary reviews or approvals, and shall be deemed as a ministerial action under Section 15268 of Title 14 of the California Code of Regulations.

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

18999.98. The term "low-rent housing project," as defined in Section 1 of Article XXXIV of the California Constitution, does not apply to the development of an adult or senior care facility that meets any one of the following criteria:

(a) (1) The development is privately owned housing, receiving no ad valorem property tax exemption, other than exemptions granted pursuant to subdivision (f) or (g) of Section 214 of the Revenue and Taxation Code, not fully reimbursed to all taxing entities; and (2) not more than 49 percent of the dwellings, apartments, or other living accommodations of the development may be occupied by persons of low income.

(b) The development is privately owned housing, is not exempt from ad valorem taxation by reason of any public ownership, and is not financed with direct long-term financing from a public body.

(c) The development is intended for owner-occupancy, which may include a limited equity housing cooperative as defined in Section 50076.5 of the Health and Safety Code, or cooperative or condominium ownership, rather than for rental-occupancy.

(d) The development consists of newly constructed, privately owned, one-to-four family dwellings not located on adjoining sites.

(e) The development consists of existing dwelling units leased by the state public body from the private owner of these dwelling units.

(f) The development consists of the rehabilitation, reconstruction, improvement or addition to, or replacement of,

dwelling units of a previously existing low-rent housing project, or a project previously or currently occupied by lower income households, as defined in Section 50079.5 of the Health and Safety Code.

(g) The development consists of the acquisition, rehabilitation, reconstruction, improvement, or any combination thereof, of a development which, prior to the date of the transaction to acquire, rehabilitate, reconstruct, improve, or any combination thereof, was subject to a contract for federal or state public body assistance for the purpose of providing affordable housing for low-income households and maintains, or enters into, a contract for federal or state public body assistance for the purpose of providing affordable housing for low-income households.

SEC. 28. The Legislature finds and declares that Section 11 of this act, which adds Section 130206 to the Health and Safety 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:

The Center for Data Insights and Innovation will have access to personal health information and as such, it is crucial that the information in its possession not be available to the public.

SEC. 29. 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. 30. No appropriation pursuant to Section 15200 of the Welfare and Institutions Code shall be made for purposes of implementing Section 20, 21, or 22 of this act.

SEC. 31. Item 4100-490 is added to Section 2.00 of the Budget Act of 2021, to read:

4100-490—Reappropriation, State Council on Developmental Disabilities. The amount specified in the following citations are reappropriated for the purposes provided for in those appropriations and shall be available for encumbrance or expenditure until June 30, 2022:

0890—Federal Trust Fund

(1) Up to $458,000 of the unencumbered balance of Schedule (3) in Item 4100-001-0890, Budget Act of 2020 (Ch. 6, Stats. 2020).

SEC. 32. 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.

Approved _____, 2021

_____

Governor