

Introduced by Senator Liu
(Principal coauthor: Assembly Member Brown)

February 26, 2015

An act to amend Section 12803 of the Government Code, and to add Division 121 (commencing with Section 152000) to the Health and Safety Code, relating to long-term care.

LEGISLATIVE COUNSEL'S DIGEST

SB 547, as introduced, Liu. Long-term care: Assistant Secretary of Aging and Long-term Care: Department of Community Living.

Existing law establishes the California Health and Human Services Agency consisting of the Departments of Aging, Child Support services, Community Services and Development, Developmental Services, Health Care Services, Managed Health Care, Public Health, Rehabilitation, Social Services, and State Hospitals.

Existing law sets forth legislative findings and declarations regarding long-term care services, including that consumers of those services experience great differences in service levels, eligibility criteria, and service availability that often result in inappropriate and expensive care that is not responsive to individual needs. Those findings and declarations also state that the laws governing long-term care facilities have established an uncoordinated array of long-term care services that are funded and administered by a state structure that lacks necessary integration and focus.

This bill would establish the Department of Community Living within the agency. The department would, among other duties, serve as the single state-level contact on issues of aging and long-term care, oversee statewide long-term care service delivery, promote coordinated long-term care service delivery and access to home and

community-based services at the local and regional level, and serve as the organizational unit designated to oversee all long-term care programs in the state and to consolidate all long-term care programs administered throughout all departments of the agency. The bill would also create the office of Assistant Secretary of Aging and Long-term Care Coordination within the agency, who would be appointed by the Governor and confirmed by the Senate.

The bill would require the Assistant Secretary to develop a systemwide long-term care plan that would, among other things, address the expansion of managed care and the changes to, and differences in, access to health care for older and disabled adults in counties throughout the state, propose a support network for unpaid family caregivers, and include an analysis of workforce needs, including the training and education requirements of a long-term care workforce, and a strategy for aligning the available resources to meet those needs.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

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

1 SECTION 1. Section 12803 of the Government Code is
2 amended to read:
3 12803. (a) The California Health and Human Services Agency
4 consists of the following departments: Aging; Community Services
5 and Development; Developmental Services; Health Care Services;
6 Managed Health Care; Public Health; Rehabilitation; Social
7 Services; and State Hospitals.
8 (b) The agency also includes the Emergency Medical Services
9 Authority, the Managed Risk Medical Insurance Board, the Office
10 of Health Information Integrity, the Office of Patient Advocate,
11 the Office of Statewide Health Planning and Development, the
12 Office of Systems Integration, the Office of Law Enforcement
13 Support, and the State Council on Developmental Disabilities.
14 (c) The Department of Child Support Services is hereby created
15 within the agency commencing January 1, 2000, and shall be the
16 single organizational unit designated as the state's Title IV-D
17 agency with the responsibility for administering the state plan and
18 providing services relating to the establishment of paternity or the
19 establishment, modification, or enforcement of child support
20 obligations as required by Section 654 of Title 42 of the United

1 States Code. State plan functions shall be performed by other
2 agencies as required by law, by delegation of the department, or
3 by cooperative agreements.

4 *(d) There shall be an Assistant Secretary of Aging and*
5 *Long-term Care Coordination within the agency who shall be*
6 *appointed by the Governor and confirmed by the Senate. The*
7 *person appointed shall have an appropriate background in and*
8 *knowledge of long-term care.*

9 *(e) The Department of Community Living is hereby created*
10 *within the agency.*

11 SEC. 2. Division 121 (commencing with Section 152000) is
12 added to the Health and Safety Code, to read:

13
14 DIVISION 121. DEPARTMENT OF COMMUNITY LIVING
15

16 152000. There is in the California Health and Human Services
17 Agency the Department of Community Living.

18 152001. The Assistant Secretary of Aging and Long-term Care
19 Coordination shall serve as liaison to the federal Administration
20 for Community Living and shall be responsible for ensuring that
21 the state maximizes the use of available federal funding
22 opportunities. The Assistant Secretary of Aging and Long-term
23 Care Coordination shall do all of the following:

24 (a) Consolidate data and programs regarding long-term care
25 from all departments and programs in the agency.

26 (b) Coordinate and direct the establishment of the Department
27 of Community Living.

28 (c) Lead the development and implementation of a statewide
29 long-term care strategic plan.

30 (d) Oversee and coordinate the integration of health care and
31 long-term care services.

32 (e) Work with rural and urban communities to identify
33 infrastructure capacity issues and lead in the development of access
34 standards for home and community-based services.

35 (f) Facilitate the coordination of long-term care services at the
36 local level.

37 (g) Report on an annual basis to the legislative and fiscal policy
38 committees regarding the current status of long-term care in the
39 state, the level of state spending on long-term care programs,
40 federal funding received, progress in improving the continuum of

1 services, and policy recommendations to enhance the coordination
2 and delivery of long-term care services.

3 152002. The department shall be aligned, to the extent
4 practicable, with the federal Administration for Community Living.
5 The department shall serve as the single state-level contact on
6 issues of aging and long-term care, oversee statewide long-term
7 care service delivery, promote coordinated long-term care service
8 delivery and access to home and community-based services at the
9 local and regional level, and provide leadership and information
10 to local agencies on best practices. The department shall also serve
11 as the organizational unit designated to oversee all long-term care
12 programs in the state and to consolidate all long-term care programs
13 administered throughout all departments of the agency, including
14 programs serving older adults and those serving persons with
15 disabilities. The department may develop statewide standards for
16 the delivery of long-term care services to ensure consistent access
17 to those services throughout the state, but shall provide sufficient
18 flexibility to local agencies to meet the specific needs of the local
19 population.

20 152003. The Assistant Secretary of Aging and Long-term Care
21 Coordination shall develop a system-wide long-term care plan.
22 The plan shall establish the priorities of the state, maximize the
23 use of limited resources, engage a range of stakeholders
24 representing the population of aging and disabled persons who
25 need long-term care services, and incorporate clear benchmarks
26 and timelines for achieving the goals set forth in the plan. The plan
27 shall do all of the following:

28 (a) The plan shall address the expansion of managed care in
29 Coordinated Care Initiative counties, as defined in Section
30 14182,16 of the Welfare and Institutions Code, and the changes
31 to, and differences in, access to health care for older and disabled
32 adults in counties throughout the state. The plan shall include a
33 strategy for integrating the health care system statewide, including
34 recommended budgeting practices and incentives to make home
35 and community-based services more accessible regardless of where
36 persons in need of long-term care reside.

37 (b) The plan shall propose a support network for unpaid family
38 caregivers in this state. The plan would review and analyze existing
39 programs, services, and deficiencies. The plan shall also consider

1 employment-related policies and offer proposals to improve the
2 support network, such as increasing the length of protected leave.

3 (c) The plan shall develop principles and standards for
4 person-centered planning in an integrated system of care to ensure
5 that individuals and families have the opportunity to engage in
6 service planning across the health and long-term care continuum
7 in a manner that reflects their needs, desires, and preferences.

8 (d) The plan shall include an analysis of workforce needs,
9 including the training and education requirements of a long-term
10 care workforce, and a strategy for aligning the available resources
11 to meet those needs.

12 (e) The plan shall include directives for ensuring that the
13 integrated long-term care system screens individuals prior to
14 placement in a “nursing home” or similar long-term care facility,
15 to avoid unnecessary admissions to those facilities. The plan shall
16 also examine how a preadmission screening program may be
17 integrated into a managed care system and shall include a
18 discussion of best practices in other states, such as Oregon, that
19 are used to determine whether an individual is appropriate for
20 community-based care as opposed to institutional placement. The
21 plan shall specify the minimum levels of functional limitations
22 that an individual must have in order for a facility to receive
23 Medi-Cal reimbursement.

24 (f) The plan shall include a strategy for developing a
25 public/private partnership to raise Californians’ awareness of, and
26 engagement in, long-term care planning. The plan shall consult
27 advocates, private foundations, and other stakeholders in
28 developing a strategy to engage the general population on
29 long-term care issues.

30 (g) The plan shall include guidance on enhancing
31 decision-making capacity for impaired individuals, as well as
32 options for supported and surrogate decision-making that are
33 appropriate for various levels of impairment and risk. The plan
34 shall also specify measures to evaluate a consumer’s capacity to
35 provide or oversee self-care and consent to or refuse services. The
36 plan shall also address how to educate long-term care consumers
37 and providers, the legal system, and the public about “safe”
38 advance directives, limited conservatorships, and affordable access
39 to conservators.

- 1 (h) The plan shall address end-of-life planning issues
- 2 emphasizing a consumer’s rights to make decisions about options
- 3 to die with dignity. The plan shall also address improvements to
- 4 end-of-life care, while promoting access to quality health and
- 5 long-term care services, including palliative care, for consumers
- 6 and their families.
- 7 (i) The plan shall consider how to expand local and state-level
- 8 innovations designed to address the challenges related to long-term
- 9 care services delivery. The plan shall examine model programs in
- 10 various cities and counties.