Introduced by Assembly Member Kalra

December 3, 2018

An act to add Section 14132.265 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 50, as introduced, Kalra. Medi-Cal: Assisted Living Waiver program.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law requires the State Department of Health Care Services to develop a federal waiver program, known as the Assisted Living Waiver program, to test the efficacy of providing an assisted living benefit to beneficiaries under the Medi-Cal program. Existing law requires that the benefit include, but not be limited to, the care and supervision activities specified for residential care facilities for the elderly. Existing law requires implementation of the program only to the extent federal financial participation is available and funds are appropriated or otherwise available for the program.

This bill would require the department to submit, in 2019, to the federal Centers for Medicare and Medicaid Services a request for renewal of the Assisted Living Waiver program with specified amendments. The bill would require, as part of the amendments, the department to increase the number of participants in the program, as

AB 50 —2—

specified, in the 15 existing waiver counties, expansion of the program beyond those counties on a regional basis, and modification to the provider reimbursement tiers while also maintaining the program's budget-neutral provisions. The bill would require the department, before the submission of the waiver renewal request, to notify specified legislative committees about certain information relating to the increase in the participant population and the regional expansion, to conduct open in-person meetings with stakeholders, and to release a draft of the proposed waiver renewal for stakeholder comment, as specified.

The bill would condition implementation of the waiver amendments on obtaining the necessary federal approvals and on the availability of federal financial participation. The bill would require implementation of the waiver amendments to commence within 6 months of the department's receipt of authorization for the necessary resources, as specified.

The bill would also make legislative findings and declarations relating to the Assisted Living Waiver program.

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

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

- SECTION 1. The Legislature finds and declares all of the 1 2
- following: 3 (a) In 1999, the United States Supreme Court ruled in the case of Olmstead v. L.C. (1999) 527 U.S. 581, finding that the
- unnecessary institutionalization of people with disabilities is a violation of the federal Americans with Disabilities Act of 1990
- (ADA), thereby establishing the right of individuals with 8 disabilities to receive services in the most integrated setting.
- 9 (b) To meet the intent of the Olmstead decision, it is the state's 10 obligation to ensure that individuals have access to an array of necessary services and supports that meet each person's needs and preferences, regardless of age or degree of disability. 12

11

(c) The Assisted Living Waiver program has provided a valuable 13 14 alternative to institutionalization for individuals whose care needs 15 qualify them for Medicaid coverage of nursing facility care and who meet the criteria for admission to a licensed residential care 16 17 facility for the elderly. Demand for the program has outpaced -3- AB 50

counties: the Counties of Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma.

- (d) Despite the demand for the program, a number of challenges prevent the program from realizing its potential, including a dearth of available providers, little awareness of the program, low reimbursement rates that hamper provider participation, lack of availability across the remaining 43 counties that do not participate in the program, and ineffective administrative requirements.
- (e) According to the 2017 Long-Term Services and Supports Scorecard, almost 11 percent of California's 101,000 nursing home residents, or 11,000 individuals, are identified as having low-care needs. As an alternative to institutionalization, these individuals could receive care in the community, or in assisted living settings. However, for many of those individuals, either the opportunities to transition do not exist or these individuals are unaware of the alternatives.
- (f) As part of California's efforts to realize its commitment to the Olmstead decision, the participant population of the Assisted Living Waiver program should be increased, while also addressing the programmatic issues impacting its effectiveness.
- SEC. 2. Section 14132.265 is added to the Welfare and Institutions Code, immediately following Section 14132.26, to read:
- 14132.265. (a) In 2019, the department shall submit to the federal Centers for Medicare and Medicaid Services a request for renewal of the Assisted Living Waiver program described in Section 14132.26, with all of the following amendments to the program components:
- (1) The department shall increase the number of participants beyond the currently authorized 5,500 to at least 18,500. At least 60 percent of the expanded participant population shall be reserved for persons transitioning from an institutional setting.
- (2) The department shall phase in the 18,500 participants over the program renewal's five-year term, with the initial phase of additional participants prioritized for the 15 existing waiver counties.
- 39 (3) The department shall increase the geographic availability of the program on a regional basis. The department shall outline

AB 50 —4—

a process to expand the program beyond the 15 existing waiver counties to enable the program's availability on a regional basis in the state's northern, central, and southern regions that currently are without access to the program. The regional expansion shall be phased in throughout the program renewal's five-year term. As part of the minimum 18,500 number of participants, participants beyond those authorized for the 15 existing waiver counties shall be phased in on a regional basis.

- (4) Before submission of the waiver renewal request, the department shall notify the appropriate fiscal and policy committees of the Legislature of the methodology for allotting the number of participants of the waiver among the 15 existing waiver counties and the process for regional expansion, along with supporting data for those numbers.
- (5) The department shall address all of the following components within the waiver renewal process:
- (A) Accommodations. The department shall consider the appropriateness of requiring participating residential care facilities for the elderly to provide private or semiprivate bedrooms and bathrooms, and refrigerators and microwave ovens. The department shall consider the program participant's quality of life, provider participation in the program, and other relevant concerns. Considerations related to accommodations shall be addressed in the stakeholder process described in paragraph (6).
- (B) Financial eligibility and exploration of expansion of the waiver.
- (i) In the 2019 waiver renewal request, the department shall provide for financial eligibility standards that are no more restrictive than the financial eligibility standards as set forth in the currently applicable waiver application, effective since March 1, 2017, and as implemented through the current requirements of the department's Medi-Cal Eligibility Procedures Manual.
- (ii) As part of the stakeholder process described in paragraph (6), the department shall provide written clarification regarding the department's Assisted Living Waiver program financial eligibility standards for all waiver eligibility categories indicated on the federally approved current waiver document, including eligibility for recipients under the Supplemental Security Income program, recipients under the State Supplementary Payment program, aged or disabled persons with eligibility based on the

5 AB 50

federal poverty level, medically needy persons, and persons in the special home and community-based waiver group under Section 435.217 of Title 42 of the Code of Federal Regulations.

- (iii) During the same stakeholder process, the department shall also explore and explain options to expand financial eligibility to include persons not currently eligible, or to make participation in the program more financially feasible to persons who, under current eligibility rules, may be eligible but are without adequate resources to pay for room and board and other essential expenses.
- (C) Provider reimbursement. The department shall modify its provider reimbursement tiers to ensure sufficient participation from providers, while also maintaining the program's budget-neutral provisions.
- (D) The department shall establish requirements and procedures so that any person on the program's waiting list each month is able to know his or her position on the waiting list and when he or she is likely to reach the top of the waiting list. The department shall clearly indicate all methodologies and prioritizations used in selecting persons from the waiting list, including, but not limited to, any priorities based on imminent risk of institutionalization, current residence in a nursing home, care needs, or county of residence.
- (6) (A) As part of the waiver renewal process, the department shall conduct open in-person meetings in the northern, central, and southern areas of the state with stakeholders, including, but not limited to, consumers, providers, and families of consumers, and shall receive input on the design and oversight of the program. The department shall also seek written feedback from stakeholders on the provisions included within the program. The department shall give at least a 30-day notice of each of the in-person meetings, and at least a 30-day notice of the opportunity to submit written feedback.
- (B) Before submission of the waiver renewal request, the department shall release a draft of the proposed waiver renewal for stakeholder comment. The release of the draft shall allow for at least a 30-day comment period, and shall precede the submission of the waiver renewal request to the federal Centers for Medicare and Medicaid Services by at least 60 days.

AB 50 — 6 —

1

(b) (1) The department shall implement this section only to the extent federal financial participation is available and only if any necessary federal approvals have been obtained.

(2) Upon federal approval of the waiver renewal request with the amendments described in this section, implementation of the amended waiver program shall commence within six months of the department receiving authorization for the necessary resources to provide the services to additional program participants.