File	No.	190155

Committee	Item	No.			
Board Item	No.		33		

COMMITTEE/BOARD OF SUPERVISORS

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	California State Assembly Bill 50	- 12/03/18
Prepared by: Prepared by:	Lisa Lew	Date: February 8, 2019 Date:

[Supporting California State Assembly Bill 50 (Kalra) - Expansion of the State Assisted Living Waiver Program]

Resolution urging the Board of Supervisors to support California State Assembly Bill 50, Medi-Cal: Assisted Living Waiver program expansion statewide and advocate for greater slots to be allocated to San Francisco residents, authored by Assembly Member Ash Kalra.

WHEREAS, 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 disabilities to receive services in the most integrated setting; and

WHEREAS, To meet the intent of the Olmstead decision, it is the state's 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; and

WHEREAS, The Assisted Living Waiver (ALW) program has provided a valuable alternative to institutionalization for individuals whose care needs qualify them for Medicaid coverage of nursing facility care and who meet the criteria for admission to a licensed residential care facility for the elderly; and

WHEREAS, The Assisted Living Waiver is a Medi-Cal Home and Community-Based Services waiver program that supports individuals who require skilled nursing level of care to delay placement in skilled nursing facilities; and

WHEREAS, Demand for the ALW program has outpaced supply and has operated with a significant waiting list across 15 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; and

WHEREAS, 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; and

WHEREAS, According to the 2017 Long-Term Services and Supports Scorecard, almost 11% of California's 101,000 nursing home residents, or 11,000 individuals, are identified as having low-care needs; and

WHEREAS, As an alternative to institutionalization, these individuals could receive care in the community, or in assisted living settings; and

WHEREAS, However, for many of those individuals, either the opportunities to transition do not exist or these individuals are unaware of the alternatives; and

WHEREAS, In San Francisco, seniors age 60 and older account for 20% (165,138) and adults with disabilities account for 4% (35,101) of the City's total population, according to San Francisco's Human Services Agency 2016 assessment; and

WHEREAS, San Francisco's older adult population is the fastest age group and will grow to nearly 30% of the City's total population by 2030; and

WHEREAS, A majority of San Francisco's older adults live on fixed incomes, with 14% living below the federal poverty level; and

WHEREAS, The average Social Security benefits are \$15,214 a year; and WHEREAS, The average cost needed for a single older renter to meet basic needs is \$31,488; and

WHEREAS, The average cost needed for a single older homeowner to meet basic needs is \$42,024; and

WHEREAS, Nearly 30% of San Francisco's older adults are living alone and social isolation increases the risk of exacerbating physical, mental and emotional health issues; and

WHEREAS, The average cost for in-home support services in San Francisco is \$32,880 and becoming increasingly expensive; and

WHEREAS, Assisted Living Facilities provide a critical type of community-based housing as part of the City's continuum of care; and

WHEREAS, Providing an adequate supply of affordable Assisted Living Facilities and publicly funded subsidies are critical to supporting seniors to age in place; and

WHEREAS, Assisted Living, particularly affordable assisted living facilities have declined by 26% in San Francisco since 2012, due to high costs of operation and other factors; and

WHEREAS, The average monthly rate for an assisted living facility placement is \$4,382; and

WHEREAS, Average daily ALW subsidies range from \$65 to \$102 depending on level of care; and

WHEREAS, The ALW slots are allocated on a first come, first served basis; and WHEREAS, It currently takes an average 12-15 months to reach the top of the waitlist; and

WHEREAS, Currently there are only five San Francisco assisted living facilities with ALW-certified beds; and

WHEREAS, 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; and

WHEREAS, The Assisted Living Waiver program reached its capacity of 3,700 participants in March 2017; and

WHEREAS, As of January 2019, there were about 4,000 people on the centralized ALW waitlist; and

WHEREAS, In Fiscal Year 2018-2019, the program will be expanded by an additional 2,000 slots, from 3,744 to 5,744 slots, as authorized by Governor Brown; and

WHEREAS, The available waitlist data suggests at least 103 individuals have expressed a need for subsidized Assisted Living Facility placement through City-funded Department of Health, Department of Aging and Adult Services, and the state-funded Assisted Living Waiver program; and

WHEREAS, Last year, Assembly Member Ash Kalra (AD-27, San Jose) introduced legislation to expand the ALW program by an additional 12,800 over five years, totaling 18,500 slots state-wide; and

WHEREAS, Though the state legislature passed the bill, it was vetoed by Governor Brown on the basis of allowing time for the 2,000 slot expansion to be first implemented and evaluated; and

WHEREAS, On December 3, 2018, Assembly Member Kalra reintroduced his legislation as Assembly Bill 50; and

WHEREAS, The Assisted Living Facilities Workgroup convened by Mayor London Breed and Supervisor Norman Yee produced a report this January 2019 recommending that the City and County of San Francisco support and advocated for the state passage of AB 50; and

WHEREAS, The Workgroup advises the City should explore further options to advocate for a significant number of slots to be assigned to San Francisco and for

reimbursement rates to be regionally-based to account for higher costs in urban counties;; now, therefore, be it

RESOLVED, That the Board of Supervisors of the City and County of San Francisco supports AB50 as a strategy to mitigate the number of out-of-county placements and preventing homelessness of older adults and adults with disabilities; and, be it

FURTHER RESOLVED, That the Board of Supervisors of the City and County of San Francisco urges our local delegation who represent San Francisco in the State Legislature to support AB50 – the Medi-Cal: Assisted Living Waiver program; and, be it

FURTHER RESOLVED, That the Clerk of the Board be directed to send a copy of this resolution to the office of Assembly Member Ash Kalra; Assembly Members Jim Wood and Chad Mayes, Chairs of the Assembly Health Committee; and Governor Gavin Newsom.

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

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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:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
 - (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 disabilities to receive services in the most integrated setting.
- 9 (b) To meet the intent of the Olmstead decision, it is the state's 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.
- 13 (c) The Assisted Living Waiver program has provided a valuable 14 alternative to institutionalization for individuals whose care needs 15 qualify them for Medicaid coverage of nursing facility care and 16 who meet the criteria for admission to a licensed residential care 17 facility for the elderly. Demand for the program has outpaced 18 supply and has operated with a significant waiting list across 15

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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.

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- (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 40 of the program on a regional basis. The department shall outline

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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

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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.

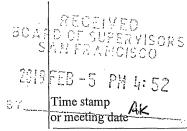
- (b) (1) The department shall implement this section only to the extent federal financial participation is available and only if any necessary federal approvals have been obtained.
- (2) Upon federal approval of the waiver renewal request with the amendments described in this section, implementation 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.

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Print Form

Introduction Form

By a Member of the Board of Supervisors or Mayor



I hereby submit the following item for introduction (select only one):	or meeting date
1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amen	dment).
2. Request for next printed agenda Without Reference to Committee.	
3. Request for hearing on a subject matter at Committee.	·
4. Request for letter beginning:"Supervisor	inquiries"
5. City Attorney Request.	
6. Call File No. from Committee.	•
7. Budget Analyst request (attached written motion).	
8. Substitute Legislation File No.	
9. Reactivate File No.	
10. Topic submitted for Mayoral Appearance before the BOS on	·
Louis and the state of the stat	
Please check the appropriate boxes. The proposed legislation should be forwarded to the	e following:
Small Business Commission	ics Commission
Planning Commission Building Inspection Com	nmission
Note: For the Imperative Agenda (a resolution not on the printed agenda), use the In	mperative Form.
Sponsor(s):	•
Yee, Mandelman	
Subject:	,
Urging the Board of Supervisors to support Assembly Bill 50 and the expansion of the st program	ate Assisted Living Waiver
The text is listed:	•
Signature of Sponsoring Supervisor:	
For Clerk's Use Only	V