STATE OF CALIFORNIA
LEGISLATIVE COUNSEL BUREAU
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

Assembly Bill No. 1811

CHAPTER 35

An act to amend Section 69519 of the Education Code, to add Section 17566 to, and to add and repeal Section 17705 of, the Family Code, to amend Section 6253.2 of the Government Code, to add and repeal Sections 1531.6 and 1538.75 of the Health and Safety Code, to amend Section 246 of the Labor Code, and to amend Sections 9719.5, 10553.1, 11325.23, 11364, 11387, 11405, 11450, 11462.04, 12301.6, 14132.97, 16121, and 18941 of, to add Sections 10823.1, 10823.2, 11450.021, 11450.022, 11450.026, 11453.01, 11461.36, 12201.01, 14132.971, 16521.7, 18900.5, 18900.6, and 18900.7 to, to add Article 3.4 (commencing with Section 11330.6) to Chapter 2 of Part 3 of Division 9 of, to add Chapter 14 (commencing with Section 15770) to Part 3 of Division 9 of, to add and repeal Section 10072.3 of, to repeal Section 12200.5 of, and to repeal and add Section 10626 of, the Welfare and Institutions Code, relating to human services, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor June 27, 2018. Filed with Secretary of State June 27, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1811, Committee on Budget. Human services omnibus.

(1) Existing law establishes the Department of Child Support Services to administer 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 with responsibility for promptly and effectively enforcing child support obligations. Existing law establishes a quality assurance and performance improvement program within California's child support program, and requires local child support agencies, in partnership with the department, to monitor and measure program performance and compliance.

The bill would, beginning July 1, 2018, require the director of the Department of Child Support Services and the president of the Child Support Directors Association of California to jointly lead discussions for the purposes of identifying programwide operational efficiencies and further refinements to the budget methodology for the child support program, as needed. The bill would also require the department to submit a report to the chairs of the budget committees of each house of the Legislature that includes a description of the topics discussed and recommendations by July 1, 2019. The bill would repeal these provisions on January 1, 2021.

The bill would require the department, on or before March 1, 2019, and annually thereafter, to submit a status report to the Legislature on specific topics related to child support collection, including, among other topics,

case-to-staff ratios for each local child support agency and collections to families and recoupment collections to county, state, and federal governmental entities.

(2) Existing law requires the Office of Systems Integration to implement a statewide automated welfare system for specified public assistance programs. Existing law requires that statewide implementation of the statewide automated welfare system be achieved through no more than 4 county consortia, including the Interim Statewide Automated Welfare System (SAWS) consortia, and the Los Angeles Eligibility, Automated Determination, Evaluation, and Reporting (LEADER) System.

This bill would declare the intent of the Legislature that representatives from the State Department of Social Services, the State Department of Health Care Services, the Office of Systems Integration, the SAWS consortia, and the counties meet with advocates, clients, and other stakeholders no less than quarterly to review the development status of the California Automated Consortium Eligibility System (CalACES) and California Statewide Automated Welfare System (CalSAWS) projects. The bill would require the State Department of Social Services, the State Department of Health Care Services, the Office of Systems Integration, and the SAWS consortia to engage with stakeholders to discuss current and planned functionality changes, system demonstrations of public portals and mobile applications, and advocates' identification of areas of concern. The bill would require these meetings to commence in the summer of 2018 and to continue at least quarterly through development, implementation, and maintenance. The bill would also require the State Department of Social Services, the State Department of Health Care Services, and the Office of Systems Integration to develop, in consultation with the County Welfare Directors Association of California, the SAWS consortia, and stakeholders, a formal process for health and human services advocates and clients to provide input into new or changing public facing elements of CalACES and CalSAWS. By imposing a new duty on county members of the SAWS consortia to engage with stakeholders, the bill would impose a state-mandated local program.

(3) Existing law requires public social services for the deaf and hard of hearing to be available in at least 3 regions throughout the state. Existing law requires that those services include job development and placement and independent living skills instruction, among others. Existing law requires the State Department of Social Services to establish the criteria for funding public social services for the deaf and hard of hearing. Existing law requires the department to contract with public agencies or private nonprofit corporations for a period not to exceed one year for purposes of these provisions, as specified. Existing law authorizes the department to renegotiate those contracts on an annual basis. Existing law requires a private nonprofit corporation to submit a financial statement prior to renewal of a contract under these provisions.

This bill would instead require the department to contract with those entities for services pursuant to a competitive bid process, as prescribed.

The bill would authorize those contracts to be negotiated for a term not to exceed 5 years. The bill would require a private nonprofit corporation to submit a financial statement for its most recent fiscal year prior to any new award or renewal of a contract under these provisions.

(4) Existing law, commonly known as Continuum of Care Reform (CCR), states the intent of the Legislature in adopting CCR to improve California's child welfare system and its outcomes by increasing the use of home-based family care and the provision of services and supports to home-based family care, and creating faster paths to permanency resulting in shorter durations of involvement in the child welfare and juvenile justice systems, among other things. Existing law, as part of the CCR, requires the State Department of Social Services to implement a resource family approval process, which replaces the multiple processes for licensing foster family homes, certifying foster homes by foster family agencies, approving relatives and nonrelative extended family members as foster care providers, and approving guardians and adoptive families.

This bill would require the Department of Finance, in consultation with the specified entities, to develop and implement a methodology for determining the state's and each county's overall actual costs and savings resulting from the implementation of the CCR initiative, and would require the methodology to take into account the CCR-related assistance and administration costs and savings of the state and each county associated with the implementation of the CCR initiative, based on the best available data.

Existing law establishes the state-funded Kinship Guardianship Assistance Payment (Kin-GAP) program, the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program, and the Adoption Assistance Program (AAP), under which aid is provided based on a statutorily prescribed rate structure known as the basic foster care maintenance payment rate structure. Existing law, as part of CCR, updated payment rate structures for foster care programs.

This bill would instead require the home-based family care rate structure to be implemented as of January 1, 2017, in furtherance of CCR. The bill would require this rate structure to be the model under which aid is provided under Kin-Gap, AFDC-FC, and AAP, as described, excluding cases in which guardianship has been established in the probate court, which would receive the basic foster care maintenance structure effective and available as of December 31, 2016. The bill would make additional conforming changes. To the extent that this bill would affect agreements administered by county agencies, this bill would impose a state-mandated local program.

Under existing law, a child who is placed in the approved home of a relative is eligible for AFDC-FC if he or she is eligible for federal financial participation in the AFDC-FC payment, as specified. Existing law establishes the Approved Relative Caregiver Funding Program (ARC) for the purpose of making the amount paid to relative caregivers for the in-home care of children placed with them who are ineligible for AFDC-FC payments equal to the amount paid on behalf of children who are eligible for AFDC-FC

payments. Existing law requires counties, until June 30, 2018, to provide an emergency assistance payment or ARC payment to an emergency caregiver who meets specified requirements, and is caring for a child or nonminor dependent placed in the caregiver's home under specified circumstances, if the child or nonminor dependent resides in California, and is not otherwise eligible for AFDC-FC or ARC. Existing law requires the payments to be made either through ARC or through the Temporary Assistance to Needy Families (TANF) block grant Emergency Assistance Program for child welfare services, as specified.

This bill would extend indefinitely the requirement that counties provide an emergency assistance payment or ARC payment to an emergency caregiver, if the emergency caregiver has signed and submitted to the county an application for resource family approval and an application for the Emergency Assistance Program has been completed. The bill would provide for payments if the child or nonminor dependent is ineligible for the TANF block grant Emergency Assistance Program, and payments if the resource family application has not yet been approved or denied, as specified. The bill would require counties to document information and provide information to the State Department of Social Services monthly to receive the federal and state share of payment, as specified. By expanding the duties of counties, the bill would impose a state-mandated local program.

The California Community Care Facilities Act provides for the licensure and regulation of community care facilities by the State Department of Social Services. Existing law states that it is the policy of the state to facilitate the proper placement of every child in a residential care facility where the placement is in the best interests of the child. Existing law requires a group home, transitional housing placement provider, community treatment facility, runaway and homeless youth shelter, temporary shelter care facility, transitional shelter care facility, or short-term residential therapeutic program to report to the department's Community Care Licensing Division upon the occurrence of any incident concerning a child in the facility involving contact with law enforcement, as specified. Existing law requires the facility to provide a followup report for each incident, including identifying the type of incident. Under existing law, the department is required to inspect the facility at least once a year if the department determines that, based on the licensed capacity, the facility has reported a greater than average number of law enforcement contacts involving an alleged violation of specified crimes by a child residing in the facility. A violation of the act is a misdemeanor.

This bill would require each group home, transitional shelter care facility, short-term residential therapeutic program, and temporary shelter care facility to develop protocols that dictate the circumstances under which law enforcement may be contacted in response to the conduct of a child residing at the facility. The bill would require the protocols to, among other things, specify that contacting law enforcement shall only be used as a last resort once all other deescalation and intervention techniques have been exhausted and only upon approval of a staff supervisor. To the extent that the bill

would impose additional duties on county facilities and expand the scope of an existing crime, the bill would impose a state-mandated local program.

This bill would, until July 1, 2023, require the department to allocate funds appropriated to provide training and community-based, culturally relevant, trauma-informed services in order to reduce the frequency of law enforcement involvement and delinquency petitions arising from incidents at group homes and other facilities licensed to provide residential care to dependent children. Among other things, the bill would require the department to annually allocate funds appropriated to the department in the annual Budget Act to lead agencies that submit a 3-year plan with specified information by February 1 of the first year, and submit any modifications to the plan by February 1 of each subsequent year.

Existing law requires the State Department of Social Services to determine the rate classification level (RCL) for each group home. Existing law prohibits a new group home rate or changes to an existing rate pursuant to RCL except that the department may grant an exception, on a case-by-case basis and only through December 31, 2018, when there is a material risk to the welfare of children due to an inadequate supply of appropriate alternative placement options to meet the needs of children, as specified.

This bill would authorize the department to grant an additional extension to a group home beyond December 31, 2018, upon a county child welfare department submitting a written request on behalf of a provider and providing required documentation. The bill would authorize extensions in increments up to 6 months and not to exceed a total of 12 months. The bill would authorize the department to implement these provisions through all-county letters.

Existing federal law establishes the Chafee Educational and Training Vouchers Program for the purposes of providing financial aid to current and former foster youth who are attending qualifying postsecondary educational institutions. Existing law provides that the Student Aid Commission, through an interagency agreement with the State Department of Social Services, currently operates the program in California, and, commencing with the 2017–18 award year, requires the commission to make a new Chafee grant award to a student only if the student attends specified qualifying institutions.

This bill would, commencing with the 2018–19 award year and contingent upon an appropriation of sufficient funds in the annual Budget Act for this purpose, add the condition that the student not be 26 years of age or older by July 1 of the award year in order to receive a Chafee grant award. The bill would require the commission to annually report to the Legislature specified information regarding Chafee grant awards for the preceding award year, including the number of students that apply to receive the Chafee grant award, and the number of, and age of, students paid through the program.

Existing law authorizes the Director of Social Services to enter into an agreement with a tribe, consortium of tribes, or tribal organization regarding the care and custody of Indian children and jurisdiction over Indian child custody proceedings, under specified circumstances. Existing law requires

these agreements to provide for the delegation to the tribe, consortium of tribes, or tribal organization the responsibility that would otherwise be the responsibility of the county for the provision of child welfare services or assistance payments under the AFDC-FC program, or both.

This bill would, to the extent that funding is expressly provided in the annual Budget Act for these purposes, authorize an Indian tribe, consortium of tribes, or tribal organization, that is a party to an agreement to, in accordance with the agreement, be eligible to receive an allocation of child welfare services funds to assist in funding the startup costs associated with establishing a comprehensive child welfare services program.

(5) Existing law, as part of the Mello-Granlund Older Californians Act, establishes the Office of the State Long-Term Care Ombudsman, under the direction of the State Long-Term Care Ombudsman, in the California Department of Aging. Existing law provides for the State Long-Term Care Ombudsman Program under which funds are allocated to local ombudsman programs to assist elderly persons in long-term health care facilities and residential care facilities by, among other things, investigating and seeking to resolve complaints against these facilities. Existing law requires the department to allocate federal and state funds for local ombudsman programs according to a specified distribution, but prohibits the department from allocating less than $35,000 per fiscal year, except in areas with fewer than 10 facilities and fewer than 500 beds.

This bill would increase the base allocation for local ombudsman programs to $100,000 per fiscal year, regardless of the number of facilities or beds.

Existing law requires each county welfare department to establish and support a system of protective services for elderly and dependent adults who may be subjected to neglect, abuse, or exploitation or who are unable to protect their own interests. Existing law requires the county to establish and maintain a specialized entity within the county welfare department that has the lead responsibility for the operation of the adult protective services program.

This bill, subject to an appropriation of funds in the annual Budget Act, would establish the Home Safe Program, which would require the State Department of Social Services to award grants to counties, tribes, or groups of counties or tribes, that provide services to elder and dependent adults who experience abuse, neglect, and exploitation and otherwise meet the eligibility criteria for adult protective services, for the purpose of providing prescribed housing-related supports to eligible individuals. The bill would require the department to develop criteria and procedures to award the grants, as specified, and would require the department to enter into a contract with an independent evaluation and research agency to evaluate the impacts of the program.

(6) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, 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. Under existing law, one of the methods by which Medi-Cal

services are provided is pursuant to contracts with various types of managed care plans.

Existing law establishes the county-administered In-Home Supportive Services (IHSS) program to aged, blind, or disabled persons, as defined, who are unable to perform the services themselves and who cannot safely remain in their homes or abodes of their own choosing unless these services are provided. Existing law authorizes a county board of supervisors to contract with a nonprofit consortium or to establish a public authority to provide in-home supportive services, and provides that the public authority or nonprofit consortium shall be deemed to be the employer of in-home supportive services personnel for the purposes of collective bargaining over wages, hours, and other terms and conditions of employment.

Under the Medi-Cal program, services provided under the IHSS program are provided as a Medi-Cal benefit under the IHSS Plus option, and similar services, known as personal care services and home- and community-based attendant services and supports, are provided to eligible individuals. The Medi-Cal program also defines "waiver personal care services" to mean personal care services authorized by the State Department of Health Care Services for persons who are eligible for either nursing or model nursing facility waiver services.

This bill would provide that the county, or the public authority or nonprofit consortium established to provide in-home supportive services, shall be deemed the employer to meet and confer in good faith regarding wages, benefits, and other terms and conditions of employment of individuals providing waiver personal care services. The bill would, for purposes of these provisions, of bargaining unit placement, and of waiver personal care services, require individuals providing waiver personal care services to be deemed a part of the established bargaining unit of in-home supportive service providers of an employer of record in the county in which the individual delivers waiver personal care services. The bill would provide that these provisions shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and not otherwise jeopardized. The bill would also make conforming changes.

The California Public Records Act requires state and local agencies to make public records available for inspection by the public, subject to specified criteria and with specified exceptions. The act exempts from public inspection specified information regarding persons paid by the state to provide in-home supportive services or personal care services.

This bill would additionally exempt from public inspection specified information regarding persons paid by the state to provide in-home supportive services under the IHSS Plus option, home- and community-based attendant services and supports, and waiver personal care services.

Existing law entitles a provider of in-home supportive services who, on and after July 1, 2018, works in California for the same employer for 30 or more days within a year from the commencement of employment to paid sick days, as specified. Existing law requires the State Department of Social

Services, in consultation with stakeholders, to convene a workgroup to implement paid sick leave for in-home supportive services providers, as specified, and requires the work group to finish its implementation work by November 1, 2017.

This bill, no later than February 1, 2019, would require the State Department of Social Services, in consultation with the Department of Finance and stakeholders, to reconvene the paid sick leave workgroup for in-home supportive services. The bill would require the workgroup to discuss how paid sick leave affects the provision of in-home supportive services and to consider the potential need for a process to cover an in-home supportive services recipient's authorized hours when a provider should need to utilize his or her sick time. The bill would require the workgroup to finish its work by November 1, 2019.

(7) Existing law provides for the State Supplementary Program for the Aged, Blind, and Disabled (SSP), which requires the State Department of Social Services to contract with the United States Secretary of Health and Human Services to make payments to SSP recipients to supplement Supplemental Security Income (SSI) payments made available pursuant to the federal Social Security Act.

Under existing law, benefit payments under SSP are calculated by establishing the maximum level of nonexempt income and federal SSI and state SSP benefits for each category of eligible recipient, with an annual cost-of-living adjustment, effective January 1 of each year. Existing law prohibits, for each calendar year, commencing with the 2011 calendar year, any cost-of-living adjustment from being made to the maximum benefit payment unless otherwise specified by statute, except for the pass along of any cost-of-living increase in the federal SSI benefits. Existing law continuously appropriates funds for the implementation of SSP.

This bill would provide for an annual cost-of-living adjustment to the SSP benefit payment commencing July 1, 2022, which shall be 0%, unless otherwise specified in the annual Budget Act.

(8) Existing law establishes the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families using federal, state, and county funds.

This bill would, on and after January 1, 2019, establish the CalWORKs Home Visiting Initiative as a voluntary program for the purpose of supporting positive health, development, and well-being outcomes for eligible pregnant and parenting women, families, and infants born into poverty, expanding their future educational, economic, and financial capability opportunities, and improving the likelihood that they will exit poverty. The bill would include case management and evidence-based home visiting, as defined, as a primary component of the program, and would require home visiting to be offered to an individual who meets certain criteria, as specified, and to include, but not be limited to, specified resources and referrals relating to prenatal, infant, and toddler care, among other things. The bill would make participation in the program optional for counties and would require a county

that applies for funds under the program to agree to the terms of the program and to include specified information in its application. The bill would, subject to an appropriation in the annual Budget Act, require the State Department of Social Services to award funds to participating counties for the purposes of the program. The bill would authorize the department to implement and administer the program through all-county letters or similar instructions until regulations are adopted.

Existing law establishes the maximum aid payment amounts to be provided to each family receiving aid under CalWORKs, and increases the maximum aid payments by 1.43% effective October 1, 2016. Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program, and requires a county share of cost to be subtracted from that General Fund appropriation.

This bill would, effective April 1, 2019, increase the maximum aid payment amounts by an additional 10%. The bill would, commencing in the 2019–20 fiscal year, and for each fiscal year thereafter, if an incremental adjustment is made to the maximum aid payments, require the counties' share of that adjustment to be based upon the total incremental adjustment or the increase in the California Necessities Index, as specified, for the fiscal year in which the adjustment becomes effective, whichever is lower.

Existing law provides an annual cost-of-living adjustment to the maximum aid payment, but suspends the adjustment for certain periods, including for the 2010–11 fiscal year and each fiscal year thereafter.

This bill would provide for an annual cost-of-living adjustment to the maximum aid payment commencing July 1, 2022, which shall be 0%, unless otherwise specified in the annual Budget Act.

Existing law makes a homeless family that has used all available liquid resources in excess of $100 eligible for homeless assistance benefits to pay the costs of temporary shelter if the family is eligible for aid under the CalWORKs program. Under existing law, the nonrecurring special needs benefit to pay for temporary shelter for a family of up to 4 is $65 per day. Existing law provides up to $15 per day for the 5th and additional members of the family, up to a daily maximum of $125.

This bill would, on and after January 1, 2019, increase the nonrecurring special needs benefit to pay for temporary shelter for a family of up to 4 to $85 a day, and would provide that the daily maximum amount for the payment of additional family members is $145. The bill would require the State Department of Social Services to adopt emergency regulations to implement these provisions by January 1, 2021, as specified, and would authorize the department to implement those provisions by all-county letters or similar instructions until regulations are adopted. To the extent that this bill may increase the administrative duties of counties, it would impose a state-mandated local program.

Existing law requires a recipient of CalWORKs to participate in welfare-to-work activities as a condition of eligibility, but permits a student who is enrolled in an undergraduate degree or certificate program that leads to employment to continue in that program under specified conditions. If a

recipient's participation in educational or vocational training, as determined by the number of hours required for classroom, laboratory, or internship activities, is not at least 30 hours, or 20 hours, as specified, existing law provides that county shall require the recipient to participate concurrently in work activities, as specified.

This bill would include hours required for study time provided for by an educational or training institution when determining the minimum number of hours of participation in educational or vocational training necessary for a recipient to be exempt from concurrent work activities. To the extent that the bill would increase the number of individuals who maintain their eligibility for the CalWORKs program, the bill would impose a state-mandated local program.

Because moneys from the General Fund are continuously appropriated to defray a portion of county costs under the CalWORKs program, the bill would make an appropriation.

(9) Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law, administered by the State Department of Social Services, provides for the establishment of a statewide electronic benefits transfer (EBT) system for the purpose of providing financial and food assistance benefits, including CalFresh benefits.

This bill would establish the California Fruit and Vegetable EBT Pilot Project, which would require the department, in consultation with the Department of Food and Agriculture and stakeholders with experience operating CalFresh nutrition incentive programs, to include within the EBT system a supplemental benefits mechanism that allows an authorized retailer, as defined, to deliver and redeem supplemental benefits, as specified.

The bill would create in the State Treasury the California Fruit and Vegetable EBT Grant Fund, as specified. The bill would, upon the deposit of sufficient moneys into the fund, as determined by the department, and upon the appropriation of moneys from the fund by the Legislature for this purpose, also require the department to provide a minimum of 3 grants to nonprofit organizations or government agencies for pilot projects to implement and test the supplemental benefits mechanism in existing retail settings, and to develop and adopt guidelines for awarding the grants. The bill would require the department to evaluate the pilot projects and make recommendations to further refine and expand the supplemental benefits mechanism, and to submit a report to the Legislature with the outcomes of that evaluation when the department has sufficient data to evaluate the pilot, but no later than January 1, 2022. The bill would exempt contracts under the pilot project from specified public contracting requirements and would authorize the department to implement, interpret, or make specific these provisions through all-county letters or similar instructions without taking any regulatory action. The bill would require the department to seek any

necessary federal approvals to establish this pilot project, and would repeal these provisions on January 1, 2024.

Existing law requires that the eligibility of households for CalFresh benefits be determined to the extent permitted by federal law, and requires the State Department of Social Services to establish a program of categorical eligibility for CalFresh in accordance with federal law. Existing law requires SSP payments to be reduced for individuals and couples, as specified, for purposes of CalFresh eligibility, if permitted by federal law.

This bill would repeal SSP payment reductions for purposes of CalFresh eligibility, and would grant CalFresh eligibility, as specified, to recipients of SSI, SSP, or both as of June 1, 2019, or an alternate implementation date determined by the department that is no later than August 1, 2019. The bill would require a county welfare department to determine continuing eligibility and benefits for households, as specified. By imposing requirements on counties relative to CalFresh, the bill would impose a state-mandated local program.

This bill would establish the SSI/SSP Cash-In Supplemental Nutrition Benefit (SNB) Program to provide nutrition benefits to a CalFresh household that had its benefits reduced when a previously excluded SSI or SSP recipient was added to the household under the new eligibility provisions. The bill would also establish the SSI/SSP Cash-In Transitional Nutrition Benefit (TNB) Program to provide nutrition benefits to a CalFresh household that became ineligible when a previously excluded SSI or SSP recipient was added to the household under the new eligibility provisions. The bill would provide that the SNB and TNB program benefits would be granted only to the extent funding is appropriated in the annual Budget Act. The bill would make conforming changes to related provisions, as specified.

(10) The bill would authorize the State Department of Social Services to implement specified provisions of the bill through all-county letters or similar instructions and would require the department to adopt emergency regulations implementing these provisions no later than January 1, 2020.

(11) 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.

(12) 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.

(13) 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 69519 of the Education Code is amended to read:

69519. (a) The commission, through an interagency agreement with the State Department of Social Services, currently operates a federally funded scholarship program, known as the Chafee Educational and Training Vouchers Program, that provides grant aid to provide access to California's current and former foster youth to postsecondary education. Funds provided through an appropriation by the Legislature shall be supplemental to funds provided by the federal government, and are designated to ensure program availability in the absence of and prior to the annual receipt of federal funds for this purpose. The department shall opt in, as necessary, to expand program age eligibility of former foster youth up to 26 years of age pursuant to federal program guidelines. The department shall pursue and seek possible Chafee Educational and Training Vouchers Program federal matching dollars.

(b) Funds provided for this program shall be used to assist students who are current and former foster youth, for career and technical training or traditional college courses. The commission shall operate this program in accordance with the program instructions provided by the federal Department of Health and Human Services, Administration for Children and Families, and the program guidelines developed by the State Department of Social Services.

(c) The total amount of funding and the amount of individual awards shall depend upon the amount of federal funding provided in addition to state funding. The commission, in conjunction with the State Department of Social Services, shall determine the individual award amounts and total number of students awarded on an annual basis as the amount of total annual funding is determined.

(d) Commencing with the 2017–18 award year, the commission shall make a new Chafee grant award to a student only if the student attends either of the following:

(1) A qualifying institution that is eligible for participation in the Cal Grant Program pursuant to Section 69432.7.

(2) An institution that is not located in California that satisfies the provisions of subparagraphs (C) and (F) of paragraph (3) of subdivision (*l*) of Section 69432.7.

(e) (1) Commencing with the 2018–19 award year, the commission shall make a new Chafee grant award to a student only if the student meets both of the following conditions:

(A) He or she will not be 26 years of age or older by July 1 of the award year.

(B) He or she attends either of the following institutions:

(i) A qualifying institution that is eligible for participation in the Cal Grant Program pursuant to Section 69432.7.

(ii) An institution that is not located in California that satisfies the provisions of subparagraphs (C) and (F) of paragraph (3) of subdivision (*l*) of Section 69432.7.

(2) Implementation of this subdivision is contingent upon an appropriation of sufficient funds in the annual Budget Act for this purpose.

(f) The commission shall annually report to the Legislature all of the following information for the preceding award year:

(1) The number of students who apply to receive a Chafee grant award.

(2) The number of Chafee grants awarded.

(3) The number of Chafee applicants denied due to either of the following reasons:

(A) The Chafee applicant no longer meets the age requirements of the program.

(B) There is insufficient proof of the Chafee applicant's status as a current or former foster youth.

(4) The number of Chafee awardees unpaid due to any of the following reasons:

(A) Failure to meet minimum enrollment requirements.

(B) Failure to meet standard academic progress according to campus policy.

(C) Any other common reason that a Chafee awardee did not receive a payment.

(5) The number and age of students paid through the Chafee Educational and Training Vouchers Program.

(6) The average Chafee grant award amount.

(7) Qualifying institutions where Chafee grant awards are utilized.

(8) Degree levels for which Chafee grant awards are utilized.

SEC. 2. Section 17556 is added to the Family Code, to read:

17556. On or before March 1, 2019, and annually thereafter, the department shall submit a report to the Legislature providing information on the status of all of the following:

(a) Case-to-staff ratios for each local child support agency.

(b) Collections to families and recoupment collections to county, state, and federal governmental agencies.

(c) Cost avoidance benefits.

(d) The number of families served by the child support program.

SEC. 3. Section 17705 is added to the Family Code, to read:

17705. (a) Beginning July 1, 2018, the director of the Department of Child Support Services and the president of the Child Support Directors Association of California shall jointly lead discussions for the purposes of identifying programwide operational efficiencies and further refinements to the budget methodology for the child support program, as needed. The discussions shall include all of the following areas:

(1) Opportunities to improve operational efficiencies in the child support program at both the state and local level.

(2) Any additional refinements that are needed to the current allocation methodology.

(3) Cost-of-living, salary, and benefit increases in local child support agencies.

(b) The Department of Child Support Services shall submit a report to the chairs of the budget committees of both houses of the Legislature that includes a description of the topics described in subdivision (a) and recommendations by July 1, 2019.

(c) Pursuant to Section 10231.5 of the Government Code, this section is repealed on January 1, 2021.

SEC. 4. Section 6253.2 of the Government Code is amended to read:

6253.2. (a) Notwithstanding any other provision of this chapter to the contrary, information regarding persons paid by the state to provide in-home supportive services pursuant to Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code or personal care services pursuant to Section 14132.95, 14132.952, 14132.956, or 14132.97 of the Welfare and Institutions Code, is not subject to public disclosure pursuant to this chapter, except as provided in subdivision (b).

(b) Copies of names, addresses, home telephone numbers, personal cellular telephone numbers, and personal email addresses of persons described in subdivision (a) shall be made available, upon request, to an exclusive bargaining agent and to any labor organization seeking representation rights pursuant to subdivision (c) of Section 12301.6 or Section 12302.25 of the Welfare and Institutions Code or Chapter 10 (commencing with Section 3500) of Division 4 of Title 1. This information shall not be used by the receiving entity for any purpose other than the employee organizing, representation, and assistance activities of the labor organization.

(c) This section applies solely to individuals who provide services under the In-Home Supportive Services Program (Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code), the Personal Care Services Program pursuant to Section 14132.95 of the Welfare and Institutions Code, the In-Home Supportive Services Plus Option Program pursuant to Section 14132.952 of the Welfare and Institutions Code, the Community First Choice Option Program pursuant to Section 14132.956 of the Welfare and Institutions Code, or the Waiver Personal Care Services Program pursuant to Section 14132.97 of the Welfare and Institutions Code.

(d) This section does not alter the rights of parties under the Meyers-Milias-Brown Act (Chapter 10 (commencing with Section 3500) of Division 4) or any other labor relations law.

SEC. 5. It is the intent of the Legislature to maintain a child's safety, well-being, and healthy development when the child is removed from his or her family. Children and youth in foster care have been affected by trauma, both by the fact that they have been separated from their family, and by the circumstances that led to their removal. Recognizing this trauma and

minimizing additional trauma should be a top priority when placing a child or youth in foster care. It is, therefore, the intent of the Legislature to reduce the frequency of law enforcement involvement and delinquency petitions arising from incidents at children's residential facilities. The intent of this act is to give clear guidance and additional training and support to operators of children's residential facilities, to provide heightened protections for foster youth, and to ensure that contacting law enforcement shall be a last resort and shall not be relied upon as a substitute for appropriate behavioral management techniques.

SEC. 6. Section 1531.6 is added to the Health and Safety Code, to read:

1531.6. (a) Each group home, transitional shelter care facility, and short-term residential therapeutic program, as defined in Section 1502, and each temporary shelter care facility as defined in subdivision (c) of Section 1530.8, shall develop protocols that dictate the circumstances under which law enforcement may be contacted in response to the conduct of a child residing at the facility.

(b) The protocols shall, at a minimum, do all of the following:

(1) Employ trauma-informed and evidence-based deescalation and intervention techniques when staff is responding to the behavior of a child residing in the facility.

(2) Require staff to undergo annual training on the facility's protocols developed pursuant to this section.

(3) Specify that contacting law enforcement shall only be used as a last resort once all other deescalation and intervention techniques have been exhausted, and only upon approval of a staff supervisor.

(4) Address contacting law enforcement in an emergency situation if there is an immediate risk of serious harm to a child or others.

(5) Identify and describe collaborative relationships with community-based service organizations that provide culturally relevant and trauma-informed services to youth served by the facility to prevent, or as an alternative to, arrest, detention, and incarceration for system-impacted youth.

(c) This section does not prohibit a facility or a facility employee from contacting law enforcement in an instance in which the facility or a facility employee is required by law to report an incident, which includes, but is not limited to, mandated reporting of child abuse, or if the child is missing or has run away.

(d) Each group home, transitional shelter care facility, short-term residential therapeutic program, and temporary shelter care facility shall include the protocols developed pursuant to this section in its emergency intervention plan and its plan of operation.

(e) This section shall become inoperative on July 1, 2023, and, as of January 1, 2024, is repealed.

SEC. 7. Section 1538.75 is added to the Health and Safety Code, to read:

1538.75. (a) (1) The department shall allocate funds appropriated for the purpose of providing training and community-based, culturally relevant, trauma-informed services in order to reduce the frequency of law

enforcement involvement and delinquency petitions arising from incidents at group homes and other facilities licensed to provide residential care to dependent children. For county departments participating in the program, participation shall be at the county's option.

(2) The department's allocation of the funds shall include, at a minimum, both of the following:

(A) Consultation with stakeholders to establish a methodology to identify facilities in need of training and to establish a methodology for defining areas of highest need for services for youth. The department shall involve stakeholders from rural areas and counties with fewer than 1,000,000 residents.

(B) Identification of highest areas of need by county based on youth living in areas with the highest rate of crossover and dual status youth as described in subdivision (a) of Section 241.1 of the Welfare and Institutions Code, youth placed in probation-supervised foster care placements and foster youth placed in juvenile hall, and youth living in congregate care facilities specified in Sections 1536 and 1538.7, with excessive licensing complaints and excessive calls to law enforcement.

(b) (1) Eligible lead agencies include county child welfare departments, county behavioral health departments, county public health departments, or private nonprofit community-based agencies with experience providing social and mental health services to youth and families. For county departments participating in the program, participation shall be at the county's option.

(2) A group home, transitional shelter care facility, short-term residential therapeutic program, as defined in Section 1502, and temporary shelter care facility, as defined in subdivision (c) of Section 1530.8, is ineligible to receive funds as specified in this section.

(c) (1) By March 1, 2019, the department shall allocate the funds appropriated to it for these purposes in the annual Budget Act to lead agencies that submit a three-year plan via a request for proposal developed by the department. Funds awarded but not expended during any year shall remain eligible for expenditure by a selected lead agency in the following year. Up to 10 percent of funds awarded may be allocated to the lead agency for the coordination and administration of the program.

(2) (A) A prospective lead agency shall indicate its interest in participating in the program by submitting a three-year plan by February 1 of the first year, and shall submit any plan modifications by February 1 of each subsequent year.

(B) The plan shall designate the lead agency and the community-based organization or organizations that will provide services, including program descriptions and the targeted geographic areas in most need of services. The plan shall provide evidence of all of the following:

(i) Braided or matching county funds of at least 25 percent.

(ii) A memorandum of understanding (MOU) with local law enforcement assuring law enforcement participation in the training and diversion protocols. A plan that does not include a direct MOU with law enforcement

may be considered, but plans that include the MOU will have priority for funding.

(iii) Direct coordination of services with identified facilities and collaboration regarding the integration of services with the facility program.

(iv) Youth educational and well-being outcome measures developed in coordination with the department.

(C) The lead agency shall allocate no less than 90 percent of the funds awarded to one or more community-based service providers to provide direct services as described in this section.

(D) If the lead agency is also a community-based organization, the lead agency may directly administer services under this section.

(3) Funding provided to a county pursuant to this section shall supplement, and not supplant, county funding expended for purposes described in subdivision (a) as of the 2016–17 fiscal year.

(4) The department shall issue guidance to eligible lead agencies regarding fund and plan requirements by October 1 of each year in order to ensure maximum utilization of federal funding opportunities, and may periodically revise that guidance following consultation with county agencies, other state departments, advocates for children and youth, and other stakeholders.

(d) (1) For the purposes of this section, community-based, culturally relevant, trauma-informed services include, but are not limited to, mentoring, educational enrichment, college and career prep, arts, recreation, cultural and ethnic studies, cultural healing practices, permanency services, and self-awareness and health programming, which shall be provided as alternatives to arrest, detention, and incarceration for system-impacted youth living in areas with the highest rates of foster youth arrests and crossover youth.

(2) The services described in paragraph (1) shall be provided by nongovernmental organizations that are easily accessible to residents of the congregate care facilities.

(e) The department shall use five hundred thousand dollars ($500,000) of the funds appropriated to it in the annual Budget Act for purposes of this section to contract with one or more community-based organizations for training purposes pursuant to subdivision (a). The department shall seek federal matching funds to maximize funding for this purpose. The department shall consider the allocation of funds as specified in subdivision (c) when contracting for training purposes.

(1) Training and technical assistance to professionals interacting with youth shall include all of the following:

(A) Adolescent development principles.

(B) Deescalation techniques.

(C) Culturally relevant and trauma-informed interventions.

(2) Training shall be provided to group home, shelter, and short-term residential treatment program staff, and the responding local law enforcement serving youth living in the facilities or areas identified in paragraph (2) of subdivision (a).

(f) The department shall contract with a research firm or university to measure youth outcomes and justice system measures over a three-year period beginning July 1, 2019.

(1) Youth outcome measures may include, but are not limited to, exits to families from congregate care, improvement in the youths' health and well-being, school and community stability, educational attainment, and employment opportunities, as described in Section 11467 of the Welfare and Institutions Code.

(2) Justice system measures may include, but are not limited to, frequency of law enforcement responses to facilities for low-level offenses, number of charges filed resulting from law enforcement responses, number of hearings resulting from law enforcement responses, days youth spend in detention, youth placement in congregate care, school and placement disruptions, and facility staff turnover.

(3) The department shall seek any necessary federal approvals to obtain federal financial participation for the training and evaluation pursuant to this section, including any approvals necessary to obtain enhanced federal financial participation, as applicable.

(g) The department shall adopt regulations as required to implement the provisions of this section. Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through all-county letters or similar written instructions until regulations are adopted.

(h) Notwithstanding any other law, contracts or grants awarded 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.

(i) Notwithstanding any other law, contracts or grants awarded 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.

(j) This section shall become inoperative on July 1, 2023, and, as of January 1, 2024, is repealed.

SEC. 8. Section 246 of the Labor Code is amended to read:

246. (a) (1) An employee who, on or after July 1, 2015, works in California for the same employer for 30 or more days within a year from the commencement of employment is entitled to paid sick days as specified in this section.

(2) On and after July 1, 2018, a provider of in-home supportive services under Section 14132.95, 14132.952, or 14132.956 of, or Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of, the Welfare and Institutions Code, who works in California for 30 or more days within a year from the commencement of employment is entitled to paid sick days as specified in subdivision (e) and subject to the rate of accrual in paragraph (1) of subdivision (b).

(b) (1) An employee shall accrue paid sick days at the rate of not less than one hour per every 30 hours worked, beginning at the commencement of employment or the operative date of this article, whichever is later, subject to the use and accrual limitations set forth in this section.

(2) An employee who is exempt from overtime requirements as an administrative, executive, or professional employee under a wage order of the Industrial Welfare Commission is deemed to work 40 hours per workweek for the purposes of this section, unless the employee's normal workweek is less than 40 hours, in which case the employee shall accrue paid sick days based upon that normal workweek.

(3) An employer may use a different accrual method, other than providing one hour per every 30 hours worked, provided that the accrual is on a regular basis so that an employee has no less than 24 hours of accrued sick leave or paid time off by the 120th calendar day of employment or each calendar year, or in each 12-month period.

(4) An employer may satisfy the accrual requirements of this section by providing not less than 24 hours or three days of paid sick leave that is available to the employee to use by the completion of his or her 120th calendar day of employment.

(c) An employee shall be entitled to use accrued paid sick days beginning on the 90th day of employment, after which day the employee may use paid sick days as they are accrued.

(d) Accrued paid sick days shall carry over to the following year of employment. However, an employer may limit an employee's use of accrued paid sick days to 24 hours or three days in each year of employment, calendar year, or 12-month period. This section shall be satisfied and no accrual or carryover is required if the full amount of leave is received at the beginning of each year of employment, calendar year, or 12-month period. The term "full amount of leave" means three days or 24 hours.

(e) For a provider of in-home supportive services under Section 14132.95, 14132.952, or 14132.956 of, or Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of, the Welfare and Institutions Code, the term "full amount of leave" is defined as follows:

(1) Eight hours or one day in each year of employment, calendar year, or 12-month period beginning July 1, 2018.

(2) Sixteen hours or two days in each year of employment, calendar year, or 12-month period beginning when the minimum wage, as set forth in paragraph (1) of subdivision (b) of Section 1182.12 and accounting for any years postponed under subparagraph (D) of paragraph (3) of subdivision (d) of Section 1182.12, has reached thirteen dollars ($13) per hour.

(3) Twenty-four hours or three days in each year of employment, calendar year, or 12-month period beginning when the minimum wage, as set forth in paragraph (1) of subdivision (b) of Section 1182.12 and accounting for any years postponed under subparagraph (D) of paragraph (3) of subdivision (d) of Section 1182.12, has reached fifteen dollars ($15) per hour.

(f) An employer is not required to provide additional paid sick days pursuant to this section if the employer has a paid leave policy or paid time

off policy, the employer makes available an amount of leave applicable to employees that may be used for the same purposes and under the same conditions as specified in this section, and the policy satisfies one of the following:

(1) Satisfies the accrual, carryover, and use requirements of this section.

(2) Provided paid sick leave or paid time off to a class of employees before January 1, 2015, pursuant to a sick leave policy or paid time off policy that used an accrual method different than providing one hour per 30 hours worked, provided that the accrual is on a regular basis so that an employee, including an employee hired into that class after January 1, 2015, has no less than one day or eight hours of accrued sick leave or paid time off within three months of employment of each calendar year, or each 12-month period, and the employee was eligible to earn at least three days or 24 hours of sick leave or paid time off within nine months of employment. If an employer modifies the accrual method used in the policy it had in place prior to January 1, 2015, the employer shall comply with any accrual method set forth in subdivision (b) or provide the full amount of leave at the beginning of each year of employment, calendar year, or 12-month period. This section does not prohibit the employer from increasing the accrual amount or rate for a class of employees covered by this subdivision.

(3) Notwithstanding any other law, sick leave benefits provided pursuant to the provisions of Sections 19859 to 19868.3, inclusive, of the Government Code, or annual leave benefits provided pursuant to the provisions of Sections 19858.3 to 19858.7, inclusive, of the Government Code, or by provisions of a memorandum of understanding reached pursuant to Section 3517.5 that incorporate or supersede provisions of Section 19859 to 19868.3, inclusive, or Sections 19858.3 to 19858.7, inclusive of the Government Code, meet the requirements of this section.

(g) (1) Except as specified in paragraph (2), an employer is not required to provide compensation to an employee for accrued, unused paid sick days upon termination, resignation, retirement, or other separation from employment.

(2) If an employee separates from an employer and is rehired by the employer within one year from the date of separation, previously accrued and unused paid sick days shall be reinstated. The employee shall be entitled to use those previously accrued and unused paid sick days and to accrue additional paid sick days upon rehiring, subject to the use and accrual limitations set forth in this section. An employer is not required to reinstate accrued paid time off to an employee that was paid out at the time of termination, resignation, or separation of employment.

(h) An employer may lend paid sick days to an employee in advance of accrual, at the employer's discretion and with proper documentation.

(i) An employer shall provide an employee with written notice that sets forth the amount of paid sick leave available, or paid time off leave an employer provides in lieu of sick leave, for use on either the employee's itemized wage statement described in Section 226 or in a separate writing provided on the designated pay date with the employee's payment of wages.

If an employer provides unlimited paid sick leave or unlimited paid time off to an employee, the employer may satisfy this section by indicating on the notice or the employee's itemized wage statement "unlimited." The penalties described in this article for a violation of this subdivision shall be in lieu of the penalties for a violation of Section 226. This subdivision shall apply to employers covered by Wage Order 11 or 12 of the Industrial Welfare Commission only on and after January 21, 2016.

(j) An employer has no obligation under this section to allow an employee's total accrual of paid sick leave to exceed 48 hours or 6 days, provided that an employee's rights to accrue and use paid sick leave are not limited other than as allowed under this section.

(k) An employee may determine how much paid sick leave he or she needs to use, provided that an employer may set a reasonable minimum increment, not to exceed two hours, for the use of paid sick leave.

(*l*) For the purposes of this section, an employer shall calculate paid sick leave using any of the following calculations:

(1) Paid sick time for nonexempt employees shall be calculated in the same manner as the regular rate of pay for the workweek in which the employee uses paid sick time, whether or not the employee actually works overtime in that workweek.

(2) Paid sick time for nonexempt employees shall be calculated by dividing the employee's total wages, not including overtime premium pay, by the employee's total hours worked in the full pay periods of the prior 90 days of employment.

(3) Paid sick time for exempt employees shall be calculated in the same manner as the employer calculates wages for other forms of paid leave time.

(m) If the need for paid sick leave is foreseeable, the employee shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the employee shall provide notice of the need for the leave as soon as practicable.

(n) An employer shall provide payment for sick leave taken by an employee no later than the payday for the next regular payroll period after the sick leave was taken.

(o) The State Department of Social Services, in consultation with stakeholders, shall convene a workgroup to implement paid sick leave for in-home supportive services providers as specified in this section. This workgroup shall finish its implementation work by November 1, 2017, and the State Department of Social Services shall issue guidance such as an all-county letter or similar instructions by December 1, 2017.

(p) No later than February 1, 2019, the State Department of Social Services, in consultation with the Department of Finance and stakeholders, shall reconvene the paid sick leave workgroup for in-home supportive services providers. The workgroup shall discuss how paid sick leave affects the provision of in-home supportive services. The workgroup shall consider the potential need for a process to cover an in-home supportive services recipient's authorized hours when a provider needs to utilize his or her sick time. This workgroup shall finish its work by November 1, 2019.

(q) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the State Department of Social Services may implement, interpret, or make specific this section by means of an all-county letter, or similar instructions, without taking any regulatory action.

SEC. 9. Section 9719.5 of the Welfare and Institutions Code is amended to read:

9719.5. (a) (1) The department shall allocate all federal and state funds for local ombudsman programs according to the following distribution, but shall not allocate less than one hundred thousand dollars ($100,000) per fiscal year.

(2) After the base allocation, remaining funds shall be distributed in accordance with subdivision (b).

(b) (1) Fifty percent of the funds shall be allocated to each local program based on the number of facilities served by the program in proportion to the total number of facilities in the state.

(2) Forty percent of the funds shall be allocated based on the number of beds within the local program's area of service in proportion to the total number of beds in the state.

(3) Ten percent of the funds shall be allocated based on the total square miles within each local program's area of service in proportion to the total number of square miles in the state.

SEC. 10. The Legislature finds and declares all of the following:

(a) Despite California's wealth and agricultural abundance, millions of Californians struggle daily to make ends meet and provide their families with enough food. This inequity has deep negative impacts on the health of California families, contributing to high levels of food insecurity and diet-related diseases.

(b) Clear evidence indicates that increasing consumption of fruits and vegetables can help improve health outcomes, yet millions of low-income Californians report that they cannot consistently afford to purchase fruits and vegetables.

(c) Numerous studies and evaluations have found that the CalFresh benefit amount, which is set by the federal government, is inadequate to support the purchase of nutritious foods that support a healthy diet, particularly fruits and vegetables.

(d) In the past decade, programs providing supplemental benefits to CalFresh recipients piloted by numerous organizations in California and nationwide have demonstrated that when low-income families have additional money for fruits and vegetables, they buy and consume more fruits and vegetables. These programs have been funded with grants from the Specialty Crop Block Grant Program, the Nutrition Incentive Matching Grant Program, the United States Department of Agriculture's Food Insecurity Nutrition Incentive Grant Program, and private philanthropy.

(e) These supplemental benefit programs support California's farmers and agricultural sector by increasing sales of California-grown fruits and vegetables.

(f) For supplemental benefit programs to be widely available at grocery stores and farmers' markets statewide, customers and retailers need a system that is simple to use, is efficient to administer, and can be incorporated into existing retail business operations.

(g) Integrating supplemental benefits into the electronic benefit transfer (EBT) system provides a mechanism that would allow for many more retailers to easily disburse and redeem CalFresh supplemental benefits, and by extension, for many more CalFresh participants to access and afford an adequate and nutritious diet.

(h) It is the intent of the Legislature to build upon the success of existing nutrition incentive programs at various retail outlets, including, but not limited to, farmers' markets, farm stands, mobile markets, corner stores, and grocery stores, in order to support and enhance those programs and increase access to healthy food for low-income Californians.

SEC. 11. Section 10072.3 is added to the Welfare and Institutions Code, to read:

10072.3. (a) This section shall be known, and may be cited, as the California Fruit and Vegetable EBT Pilot Project.

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

(1) "Authorized retailer" means any retail establishment that is authorized to accept CalFresh benefits, including, but not limited to, grocery stores, corner stores, farmers' markets, farm stands, and mobile markets.

(2) "California-grown" means agricultural products that have been produced in the state, as specified in paragraph (1) of subdivision (a) of Section 43100 of the Food and Agricultural Code.

(3) "Fresh fruits and vegetables" means any variety of whole or cut fruits and vegetables without added sugars, fats, oils, or salt and that have not been processed with heat, drying, canning, or freezing.

(4) "Supplemental benefits" means additional funds delivered to a CalFresh recipient's EBT card upon purchase of California-grown fresh fruits and vegetables using CalFresh benefits, and to be redeemed only for purchases allowed under the CalFresh program at an authorized retailer.

(c) The department, in consultation with the Department of Food and Agriculture, county CalFresh administrators, and stakeholders with experience operating CalFresh nutrition incentive programs, shall include within the EBT system a supplemental benefits mechanism that allows an authorized retailer to deliver and redeem supplemental benefits. The supplemental benefits mechanism shall be compatible with operational procedures at farmers' markets with centralized point-of-sale terminals and at grocery stores with integrated point-of-sale terminals. The supplemental benefits mechanism shall ensure all of the following:

(1) Supplemental benefits can be transferable across any authorized retailer.

(2) Supplemental benefits can be accrued, tracked, and redeemed by CalFresh recipients in a seamless, integrated process through the EBT system.

(3) Supplemental benefits can only be accrued by CalFresh recipients through the purchase of California-grown fresh fruits and vegetables from an authorized retailer.

(4) Supplemental benefits can only be redeemed to make eligible purchases under the CalFresh program from an authorized retailer.

(5) The supplemental benefits mechanism complies with all applicable state and federal laws governing procedures to ensure privacy and confidentiality.

(6) Authorized retailers that use EBT-only point-of-sale terminals, such as farmers' markets, and those that use integrated point-of-sale terminals, such as grocery stores, shall be able to integrate the new supplemental benefits mechanism into their existing systems, including the free state-issued hardware provided to certified farmers' markets and farmers.

(7) The supplemental benefits mechanism provides a CalFresh benefits to supplemental benefits match ratio of at least 1:1.

(8) A CalFresh household may only accrue up to a limited amount of supplemental benefits, as determined by the department.

(9) There shall be no expiration date for use of supplemental benefits, but the benefits may be expunged in accordance with federal Supplemental Nutrition Assistance Program (SNAP) regulations.

(d) There is hereby created in the State Treasury the California Fruit and Vegetable EBT Grant Fund. The fund shall consist of moneys from state, federal, and other public and private sources to provide grants pursuant to subdivision (e).

(e) Upon the deposit of sufficient moneys into the California Fruit and Vegetable EBT Grant Fund, as determined by the department, and upon the appropriation of moneys from the fund by the Legislature for this purpose, the department shall provide grants for pilot projects to implement and test the supplemental benefits mechanism in existing retail settings. The goal of the pilot project is to develop and refine a scalable model for increasing the purchase and consumption of California-grown fresh fruits and vegetables by delivering supplemental benefits to CalFresh recipients in a way that can be easily adopted by authorized retailers of various types, sizes, and locations in the future. The department, in consultation with the Department of Food and Agriculture, shall develop and adopt guidelines for awarding the grants, which shall include, at a minimum, all of the following requirements:

(1) (A) A minimum of three grants shall be awarded to nonprofit organizations or government agencies.

(B) At least one of the grants shall provide the ability to test the supplemental benefit mechanism at farmers' markets. A farmers' market that operates a centralized point-of-sale terminal and a scrip system and that also participates as a pilot project pursuant to this section may disburse scrips for supplemental benefits and for California-grown fresh fruit and vegetables concurrently.

(2) Selection criteria shall require that grant applicants demonstrate all of the following:

(A) Previous experience and effectiveness in administering CalFresh nutrition incentive programs, or similar supplemental benefits programs.

(B) Partnership commitment from at least one existing authorized retailer that already accepts CalFresh benefits and sells fresh fruits and vegetables, including a variety of California-grown fresh fruits and vegetables, and commits to selling California-grown fresh fruits and vegetables during the pilot project period.

(C) Ability to ensure that supplemental benefits are only accrued and delivered when purchasing California-grown fresh fruits and vegetables with CalFresh benefits and will be used only to make purchases authorized under the CalFresh program.

(D) Status as a nonprofit organization or government agency.

(E) Ability to provide the minimum data deemed necessary for the department to successfully evaluate the pilot project, as described in paragraph (1) of subdivision (f).

(F) Any other criteria that the department deems necessary for successful pilot project implementation, such as the level of need in the community, the size of the CalFresh population, and the need for geographic diversity.

(3) Grantees shall be responsible for all of the following:

(A) Securing the commitment of at least one authorized retailer willing to participate in the pilot project.

(B) Conducting community outreach.

(C) Providing evaluation data to the department.

(D) Ensuring the integrity of the pilot project following guidelines adopted by the department pursuant to this subdivision.

(f) (1) The department shall evaluate the pilot projects and make recommendations to further refine and expand the supplemental benefits mechanism. These recommendations shall also include a strategy for CalFresh client education, developed in consultation with county CalFresh administrators and advocates. The evaluation shall examine the efficacy of supplemental benefits accrual, delivery, and redemption from the perspective of CalFresh recipients, participating retailers, and state administrators. The evaluation shall also provide recommendations for further modifications that would make the mechanism easier for CalFresh recipients to use, for a variety of authorized retailer types to adopt, and for the department to administer. The department may contract with an independent evaluator to conduct this evaluation.

(2) Nine months after the department has received sufficient data to evaluate the pilot, but no later than January 1, 2022, the department shall submit a report to the Legislature that includes the results of the evaluation required pursuant to paragraph (1).

(g) Notwithstanding any other law, all of the following shall apply for the purposes of this section:

(1) Contracts or grants awarded 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.

(2) Contracts or grants awarded pursuant to 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 or the Department of Technology.

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

(4) 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 without taking any regulatory action.

(h) Notwithstanding Sections 18927 and 11004, the supplemental benefits described in this section are not subject to recovery for an overissuance caused by intentional program violation, fraud, inadvertent household error, or administrative error, and shall not be subject to review under Section 10950.

(i) The supplemental benefits described in this section are not entitlement benefits, and the department shall provide those benefits pursuant to this section only to the extent that funding is appropriated in the annual Budget Act for purposes of this section.

(j) The department shall seek any necessary federal approvals to establish this pilot project.

(k) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 12. Section 10553.1 of the Welfare and Institutions Code is amended to read:

10553.1. (a) Notwithstanding any other law, the director may enter into an agreement, in accordance with Section 1919 of Title 25 of the United States Code, and consistent with Section 16000.6, with any California Indian tribe or any out-of-state Indian tribe that has reservation lands that extend into this state, consortium of tribes, or tribal organization regarding the care and custody of Indian children and jurisdiction over Indian child custody proceedings, including, but not limited to, agreements that provide for orderly transfer of jurisdiction on a case-by-case basis, for exclusive tribal or state jurisdiction, or for concurrent jurisdiction between the state and tribes.

(b) (1) An agreement under subdivision (a) regarding the care and custody of Indian children shall provide for the delegation to the tribe, consortium of tribes, or tribal organization of the responsibility that would otherwise be the responsibility of the county for the provision of child welfare services or assistance payments under the AFDC-FC program, or both.

(2) An agreement under subdivision (a) concerning the provision of child welfare services shall ensure that a tribe, consortium of tribes, or tribal organization meets current service delivery standards provided for under

Chapter 5 (commencing with Section 16500) of Part 4, and provides the tribal matching share of costs required by Section 10553.11.

(3) An agreement under subdivision (a) concerning assistance payments under the AFDC-FC program shall ensure that a tribe, consortium of tribes, or tribal organization meets current foster care standards provided for under Article 5 (commencing with Section 11400) of Chapter 2 of Part 3, and provides the tribal matching share of costs required by Section 10553.11.

(4) An agreement under subdivision (a) concerning adoption assistance shall ensure that a tribe, consortium of tribes, or tribal organization meets the current service delivery standards provided for under Chapter 2.1 (commencing with Section 16115) of Part 4, and provides the tribal matching share of costs required by Section 10553.11.

(c) Upon the implementation date of an agreement authorized by subdivision (b), the county that would otherwise be responsible for providing the child welfare services or AFDC-FC payments specified in the agreement as being provided by the tribe, consortium of tribes, or tribal organization shall no longer be subject to that responsibility to children served under the agreement.

(d) Upon the effective date of an agreement authorized by subdivision (b), the tribe, consortium of tribes, or tribal organization shall comply with fiscal reporting requirements specified by the department for federal and state reimbursement child welfare or AFDC-FC services for programs operated under the agreement.

(e) An Indian tribe, consortium of tribes, or tribal organization, that is a party to an agreement under subdivision (a), shall, in accordance with the agreement, be eligible to receive allocations of child welfare services funds.

(f) An Indian tribe, consortium of tribes, or tribal organization, that is a party to an agreement under subdivision (a), may, in accordance with the agreement, be eligible to receive an allocation of child welfare services funds to assist in funding the startup costs associated with establishing a comprehensive child welfare services program. The allocation shall be available for expenditure by the Indian tribe, consortium of tribes, or tribal organization for three years of the agreement under subdivision (a). The department may extend the time for expenditure of the allocation upon a showing of good cause by the party seeking an extension. This subdivision shall be implemented only to the extent that funding is expressly provided in the annual Budget Act for these purposes.

(g) Implementation of an agreement under subdivision (a) does not impose liability upon, or to require indemnification by, the participating county or the State of California for any act or omission performed by an officer, agent, or employee of the participating tribe, consortium of tribes, or tribal organization, pursuant to this section.

SEC. 13. Section 10626 of the Welfare and Institutions Code is repealed.

SEC. 14. Section 10626 is added to the Welfare and Institutions Code, to read:

10626. (a) The department shall contract with public agencies or private nonprofit corporations for purposes of this chapter. Those contracts shall

be competitively bid pursuant to a request for proposals, either statewide or by specific region or regions. Each contract shall have a term not to exceed five years. Before the end of each contract term, the department shall conduct a timely competitive request for proposals that allows sufficient time for execution of a subsequent contract to avoid a lapse in services.

(b) Notwithstanding any other law, contracts necessary 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.

(c) A private nonprofit corporation shall submit a complete financial statement for its most recent fiscal year as prepared by a certified public accountant prior to a renewal or new award of a contract.

SEC. 15. The Legislature finds and declares all of the following:

(a) Through the Statewide Automated Welfare System (SAWS) consortia, the state and counties provide health and human services to over 13 million Californians.

(b) The state is currently working in partnership with the federal government to consolidate the existing consortia systems and functionality into one single California Statewide Automated Welfare System (CalSAWS). This consolidation will heavily leverage the existing Los Angeles Eligibility, Automated Determination, Evaluation, and Reporting (LEADER) Replacement System, rather than building a new system.

(c) California, its counties, and stakeholders have a decades-long partnership and commitment to excellence in service delivery for its health and human services programs. This partnership is a relationship built on effective communication, transparency, and a shared vision of service to millions of low-income and vulnerable Californians.

(d) The CalSAWS will be the primary automation system for delivering benefits for several decades.

(e) The CalSAWS development process will be improved through meaningful stakeholder, client, and advocate input on elements that impact service delivery.

SEC. 16. Section 10823.1 is added to the Welfare and Institutions Code, to read:

10823.1. (a) It is the intent of the Legislature that representatives from the State Department of Social Services, the State Department of Health Care Services, the Office of Systems Integration, the SAWS consortia, and the counties meet with advocates, clients, and other stakeholders no less than quarterly to review the development status of the California Automated Consortium Eligibility System (CalACES) and the California Statewide Automated Welfare System (CalSAWS) projects.

(b) Meeting agendas shall be established based on input from all parties, who may indicate their priorities for discussion.

(c) The State Department of Social Services, the State Department of Health Care Services, the Office of Systems Integration, and the SAWS consortia shall engage with stakeholders to discuss current and planned functionality changes, system demonstrations of public portals and mobile

applications, and advocates' identification of areas of concern, especially with the design of public-facing elements and other areas that directly impact clients.

(d) These meetings shall commence in the summer of 2018 and shall continue at least quarterly through development, implementation, and maintenance.

SEC. 17. Section 10823.2 is added to the Welfare and Institutions Code, to read:

10823.2. (a) The State Department of Social Services, the State Department of Health Care Services, and the Office of Systems Integration shall develop, in consultation with the County Welfare Directors Association of California, the SAWS consortia, and stakeholders, a formal process for health and human services advocates and clients to provide input into new or changing public facing elements of CalACES and CalSAWS.

(b) The process described in subdivision (a) shall include public portals, mobile applications, notices, certain ancillary services, and intercounty transfers.

(c) The process described in subdivision (a) may include focus groups, user-centered design sessions, and user acceptance testing.

SEC. 18. Section 11325.23 of the Welfare and Institutions Code is amended to read:

11325.23. (a) (1) Except as provided in paragraph (2), any student who, at the time he or she is required to participate under this article pursuant to Section 11320.3, is enrolled in any undergraduate degree or certificate program that leads to employment may continue in that program if he or she is making satisfactory progress in that program, the county determines that continuing in the program is likely to lead to self-supporting employment for that recipient, and the welfare-to-work plan reflects that determination.

(2) Any individual who possesses a baccalaureate degree shall not be eligible to participate under this section unless the individual is pursuing a California regular classroom teaching credential in a college or university with an approved teacher credential preparation program.

(3) (A) Subject to the limitation provided in subdivision (f), a program shall be determined to lead to employment if it is on a list of programs that the county welfare department and local education agencies or providers agree lead to employment. The list shall be agreed to annually, with the first list completed no later than January 31, 1998. By January 1, 2000, all educational providers shall report data regarding programs on the list for the purposes of the report card established under former Section 15037.1 of the Unemployment Insurance Code for the programs to remain on the list.

(B) For students not in a program on the list prepared under subparagraph (A), the county shall determine if the program leads to employment. The recipient shall be allowed to continue in the program if the recipient demonstrates to the county that the program will lead to self-supporting employment for that recipient and the documentation is included in the welfare-to-work plan.

(C) If participation in educational or vocational training, as determined by the number of hours required for classroom, laboratory, study time provided for by an educational or training institution, or internship activities, is not at least 30 hours, or if subparagraph (B) of paragraph (1) of subdivision (a) of Section 11322.8 applies, 20 hours, the county shall require concurrent participation in work activities pursuant to subdivisions (a) to (j), inclusive, of Section 11322.6 and Section 11325.22.

(b) Participation in the self-initiated education or vocational training program shall be reflected in the welfare-to-work plan required by Section 11325.21. The welfare-to-work plan shall provide that whenever an individual ceases to participate in, refuses to attend regularly, or does not maintain satisfactory progress in the self-initiated program, the individual shall participate under this article in accordance with Section 11325.22.

(c) Any person whose previously approved self-initiated education or training program is interrupted for reasons that meet the good cause criteria specified in subdivision (f) of Section 11320.3 may resume participation in the same program if the participant maintained good standing in the program while participating and the self-initiated program continues to meet the approval criteria.

(d) Supportive services reimbursement shall be provided for any participant in a self-initiated training or education program approved under this subdivision. This reimbursement shall be provided if no other source of funding for those costs is available. Any offset to supportive services payments shall be made in accordance with subdivision (e) of Section 11323.4.

(e) Any student who, at the time he or she is required to participate under this article pursuant to Section 11320.3, has been enrolled and is making satisfactory progress in a degree or certificate program, but does not meet the criteria set forth in subdivision (a), shall have until the beginning of the next educational semester or quarter break to continue his or her educational program if he or she continues to make satisfactory progress. At the time the educational break occurs, the individual is required to participate pursuant to Section 11320.1. A recipient not expected to complete the program by the next break may continue his or her education, provided he or she transfers at the end of the current quarter or semester to a program that qualifies under that subdivision, the county determines that participation is likely to lead to self-supporting employment of the recipient, and the welfare-to-work plan reflects that determination.

(f) Any degree, certificate, or vocational program offered by a private postsecondary training provider shall not be approved under this section unless the program is either approved or exempted by the appropriate state regulatory agency and the program is in compliance with all other provisions of law.

SEC. 19. Article 3.4 (commencing with Section 11330.6) is added to Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 3.4. CalWORKs Home Visiting Initiative Program

11330.6. (a) (1) The Legislature hereby establishes the CalWORKs Home Visiting Initiative as a voluntary program for the purpose of supporting positive health, development, and well-being outcomes for pregnant and parenting women, families, and infants born into poverty, expanding their future educational, economic, and financial capability opportunities, and improving the likelihood that they will exit poverty.

(2) The program shall provide high-quality, evidence-based, culturally competent services to pregnant women, parents or caretaker relatives, and children for 24 months or until the child's second birthday, whichever is later, that meet the needs of at-risk assistance units, including those in underserved, rural, tribal, impoverished, and other communities.

(b) Subject to an appropriation in the annual Budget Act, the department shall award funds to participating counties for the purposes of this article in order to provide voluntary evidence-based home visiting services to any assistance unit that meets the requirements of this article. The services authorized pursuant to this section are not entitlement services and participating counties may limit the number of families participating in the program to ensure that the costs do not exceed the amount of funds awarded to the county for this purpose. Funding awarded for the purpose of home visiting services provided under this article shall not supplant expenditures from any other existing funding sources subject to county control for home visiting services. Funding appropriated may be used in combination with funding from other sources, if the entirety of services provided meet the award requirements of the program.

(c) (1) Participation in the program established in this article is optional for counties, and counties that apply for, and are awarded, funds shall agree to the terms of this article. In the county's application for funding, the county shall describe all of the following:

(A) How the program's purposes, as specified in subdivision (a), will be accomplished.

(B) How the county will integrate and coordinate the evidence-based home visiting programs with county workers and core CalWORKs services to maximize the utilization of those services provided to CalWORKs recipients.

(C) How the county consulted with existing home visiting programs, if applicable.

(D) The county's plan to recruit and retain home visitors that reflect the population of its CalWORKs program.

(E) The voluntary population of CalWORKs applicants the county intends to serve, which shall include those populations identified in paragraph (2).

(2) A voluntary participant shall meet all of the following criteria:

(A) The individual is a member of a CalWORKs assistance unit, or the parent or caretaker relative for a child-only case.

(B) (i) The individual is pregnant and has no other children at the time he or she enrolls in the program, or the individual is a first time parent or

caretaker relative of a child less than 24 months of age at the time he or she enrolls in the program.

(ii) A county may serve additional individuals not described in clause (i), but only if the county continues to offer home visiting to all individuals described in clause (i) and provides those services to those who volunteer to participate.

(3) The department shall work with counties to develop the outreach and engagement process that will effectively reach the priority populations.

(4) The county shall demonstrate in its application to the department how services will be designed and provided as specified in Section 11330.7.

(d) (1) Participation in the program for eligible assistance units shall not be considered a condition of CalWORKs eligibility and this shall be explained in the document required pursuant to paragraph (2).

(2) Participation in the program shall be offered in writing to an eligible parent or caretaker relative. A document that includes a description of the program, its anticipated benefits and duration, a description of how to opt into the home visiting program, and a description of how to terminate participation shall be given to the parent or caretaker relative. Other forms of outreach are permitted and encouraged.

(3) An assistance unit agreeing to receive services under this article need not be eligible for, nor shall be required to participate in, the welfare-to-work program established pursuant to Article 3.2 (commencing with Section 11320). If an assistance unit does choose to participate in the welfare-to-work program, the scheduled hours to be spent directly with the home visitor shall count toward allowable activities under a welfare-to-work plan.

(4) Participation in this program shall not affect a family's application for aid nor eligibility for any other CalWORKs benefits, supports, or services, including, but not limited to, welfare-to-work exemptions pursuant to subdivision (b) of Section 11320.3, good cause for not participating pursuant to subdivision (f) of Section 11320.3, participating in housing support services pursuant to Article 3.3 (commencing with Section 11330), or participating in family stabilization pursuant to Section 11325.24.

(5) If the parent or assisted caretaker has been removed from the assistance unit or exits the CalWORKs program, voluntary home visiting services may continue until completion of the evidence-based home visiting program or until he or she terminates his or her own participation.

(e) The following definitions shall apply for purposes of this article:

(1) "Cultural competence" means the ability to interact effectively with people of different cultures.

(2) "Evidence-based home visiting" means a home visiting model approved by the department, which shall be evaluated considering criteria developed by the United States Department of Health and Human Services for evidence-based home visiting.

(3) "Home" means a temporary or permanent residence or living space, or another location identified by the assistance unit.

11330.7. (a) A primary component of the program described in this article shall be case management and evidence-based home visiting for the

purpose of family support, which shall commence upon the determination that an individual is eligible in accordance with paragraph (2) of subdivision (c) of Section 11330.6 and shall continue until the eligible individual completes the evidence-based home visiting program or terminates his or her own participation.

(b) Home visiting shall include, but not be limited to, resources and referrals to all of the following:

(1) Prenatal, infant, and toddler care.

(2) Infant and child nutrition.

(3) Developmental screening and assessments.

(4) Parent education, parent and child interaction, child development, and child care.

(5) Job readiness and barrier removal.

(6) Domestic violence and sexual assault, mental health, and substance abuse treatment, as applicable.

(c) Home visitors shall encourage participants to enroll their child in a high-quality, early learning setting, or participate in playgroups, or other child enrichment activities, as appropriate, and parent participation in this early learning setting shall count towards allowable activities under a welfare-to-work plan developed by the parent or caretaker relative under Section 11325.21.

(d) Home visiting services shall only be those intended to achieve the goals established in subdivision (a) of Section 11330.6 and that are provided in the home of an assistance unit or at a location agreed upon by the parent or caretaker relative and the home visitor. Home visiting services shall only be provided by a registered nurse, nurse practitioner, social worker, or other person able to provide culturally appropriate services who is trained and certified according to the requirements of this article, has completed a background check, and has completed training as specified in subdivision (g) for the purposes of implementing this article.

(e) Home visiting services and visits shall not be mandatory, random, or unannounced.

(f) Counties may give preferential treatment to contractors of home visiting programs that are able to collocate home visitors and CalWORKs caseworkers in order to facilitate communication and coordination.

(g) (1) All home visiting providers shall complete training in the following areas before providing services to a CalWORKs recipient:

(A) CalWORKs, Medi-Cal, CalFresh, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and other programs, with county-specific information about how the home visiting professionals can help a parent access additional services for which he or she may be eligible and troubleshoot problems with benefits or eligibility that would impact his or her access to services.

(i) This training shall be administered by the county and shall include, but not be limited to, the demographics of the population served and the supports and services available for CalWORKs recipients.

(ii) Any costs incurred shall be funded as part of the allocation from the department to that county.

(B) Cultural competency and implicit bias.

(i) It is the responsibility of the contractor to ensure that all home visitors have received implicit bias and cultural competency trainings. The department shall establish the minimum training standards as required in this section.

(ii) Contractors are encouraged to partner with local organizations to develop a curriculum that best suits the needs of the home visiting program participants.

(C) Strengths-based practices for working with families with unmet needs.

(2) Either the contracted provider or the county shall administer the training specified in paragraph (1).

(3) A county that staffs its home visiting program solely with county staff is exempt from the requirements of paragraph (1) to the extent the training would duplicate training already received.

(h) Counties, in coordination with home visitors and CalWORKs staff, may establish processes to provide one-time, as-needed funding for the purchase of material goods for a program participant's household related to care, health, and safety of the child and family, which shall not exceed five hundred dollars ($500).

11330.8. (a) For the purpose of implementing this article, the department shall form and consult with a workgroup of stakeholders, including legislative staff, representatives of counties and county human services agencies, CalWORKs eligibility workers, home visitors with experience serving CalWORKs recipients, current or former CalWORKs clients, advocates for clients, local and state First 5 representatives, the State Department of Health Care Services, the State Department of Public Health, home visiting program administrators, home visiting programs experts and advocates, and other stakeholders. The workgroup shall be maintained indefinitely to provide continuous quality improvement, utilizing the data collected and received pursuant to subdivision (c), and shall biennially provide technical assistance to county home visiting programs.

(b) The department shall convene counties with participating home visiting programs to gather twice annually, beginning April 1, 2019, to share challenges, lessons learned, and best practices. These meetings shall be open to all stakeholders described in subdivision (a).

(c) The department shall collect, and counties and participating home visitation organizations shall provide, as a condition of funding, data necessary to administer the program and also related to the outcomes of participants and children, including by race, ethnicity, national origin, primary and secondary language, and county. The data shall include program outcomes for the parents and children served in the program and these data components shall be identified in consultation with the stakeholder workgroup referenced in subdivision (a), and pursuant to subdivision (d). All state, county, and other participating organizations shall protect the

personal information of individuals and families collected or maintained against loss, unauthorized access, and illegal use or disclosure, consistent with applicable state and federal laws.

(d) (1) The department shall work with at least one independent, research-based institution to identify existing, and establish additional, outcome measurements. The Legislature shall be consulted as part of the outcomes measurement development process. These measurements shall inform an evaluation report that shall be provided to the Legislature no later than January 10, 2022. The evaluation shall include program outcomes for the parents and children served in the program, models utilized, and measures specific to CalWORKs objectives. Notwithstanding any other law, the department may accept and expend funds from nongovernment sources for the evaluation, for a longitudinal study of the home visiting program that is in addition to the evaluation, or for both. The report shall include, but not be limited to, all of the following information, with respect to the period of evaluation:

(A) Rates of children receiving regular well-child check-ups and, if available, immunization rates according to the American Academy of Pediatrics Bright Futures guidelines.

(B) Rates of children receiving developmental screening and referrals for further assessment.

(C) Rates of participation in early learning programs.

(D) Service referrals by type.

(E) Services accessed by type.

(F) Number of home visits completed, including data on duration of families' enrollment in home visiting services.

(G) Parental satisfaction with their gains in parenting skills and knowledge.

(H) Food and housing stability.

(I) Workforce training, employment, and financial stability.

(J) Participation in educational programs or English as a Second Language programs, or both, as applicable.

(K) Access to immigration services and remedies.

(L) Indicators of home visiting program workforce capacity, including demographics, characteristics, composition, including employer and certification status, and future training needs of the home visiting workforce.

(M) Child welfare referrals and outcomes.

(N) Additional descriptive and outcome indicators, as appropriate.

(2) The requirement for submitting a report pursuant to paragraph (1) is inoperative on January 10, 2026, pursuant to Section 10231.5 of the Government Code.

11330.9. This article shall become operative on January 1, 2019.

SEC. 20. Section 11364 of the Welfare and Institutions Code is amended to read:

11364. (a) In order to receive payments under this article, the county child welfare agency, probation department, Indian tribe, consortium of tribes, or tribal organization that has entered into an agreement pursuant to

Section 10553.1, shall negotiate and enter into a written, binding, kinship guardianship assistance agreement with the relative guardian of an eligible child, and provide the relative guardian with a copy of the agreement.

(b) The agreement shall specify, at a minimum, all of the following:

(1) The amount of and manner in which the kinship guardianship assistance payment will be provided under the agreement, and that the amount is subject to any applicable increases pursuant to cost-of-living adjustments established by statute, and the manner in which the agreement may be adjusted periodically, but no less frequently than every two years, in consultation with the relative guardian, based on the circumstances of the relative guardian and the needs of the child.

(2) Additional services and assistance for which the child and relative guardian will be eligible under the agreement.

(3) A procedure by which the relative guardian may apply for additional services, as needed, including the filing of a petition under Section 388 to have dependency jurisdiction resumed pursuant to subdivision (b) of Section 366.3.

(4) That the agreement shall remain in effect regardless of the state of residency of the relative guardian.

(5) The responsibility of the relative guardian for reporting changes in the needs of the child or the circumstances of the relative guardian that affect payment.

(6) For guardianships established on and after January 1, 2012, payment shall be made for reasonable and verified nonrecurring expenses associated with obtaining legal guardianship not to exceed the amount specified in federal law. Reimbursement shall not be made for costs otherwise reimbursed from other sources, including the foster care maintenance payment. The agreement shall indicate the maximum amount, the purpose of the expense, and the process for obtaining reimbursement of the nonrecurring expenses to be paid.

(c) In accordance with the Kin-GAP agreement, the relative guardian shall be paid an amount of aid based on the child's needs otherwise covered in AFDC-FC payments and the circumstances of the relative guardian, but that shall not exceed the foster care maintenance payment that would have been paid based on the age-related state-approved foster family home care rate and any applicable specialized care increment for a child placed in a licensed or approved family home pursuant to subdivisions (a) to (d), inclusive, of Section 11461. In addition, the rate paid for a child eligible for a Kin-GAP payment shall include an amount equal to the clothing allowance, as set forth in subdivision (f) of Section 11461, including any applicable rate adjustments. For a child eligible for a Kin-GAP payment who is a teen parent, the rate shall include the two-hundred-dollar ($200) monthly payment made to the relative caregiver in a whole family foster home pursuant to paragraph (3) of subdivision (d) of Section 11465.

(d) Commencing on the effective date of the act that added this subdivision, and notwithstanding subdivision (c), in accordance with the Kin-GAP agreement, the relative guardian shall be paid an amount of aid

based on the child's needs otherwise covered in AFDC-FC payments and the circumstances of the relative guardian, as follows:

(1) For cases in which the dependency has been dismissed pursuant to Section 366.3 or wardship has been terminated pursuant to subdivision (d) of Section 728, concurrently or subsequently to establishment of the guardianship, on or before June 30, 2011, or the date specified in a final order, for which the time to appeal has passed, issued by a court of competent jurisdiction in California State Foster Parent Association, et al. v. William Lightbourne, et al. (U.S. Dist. Ct. No. C 07-05086 WHA), whichever is earlier, the rate paid shall not exceed the basic foster care maintenance payment rate structure in effect prior to the effective date specified in the order described in this paragraph.

(2) For cases in which dependency has been dismissed pursuant to Section 366.3 or wardship has been terminated pursuant to subdivision (d) of Section 728, concurrently or subsequently to establishment of the guardianship, on or after July 1, 2011, or the date specified in the order described in paragraph (1), whichever is earlier, and through December 31, 2016, the rate paid shall not exceed the basic foster care maintenance payment rate structure effective and available as of December 31, 2016.

(3) For cases in which dependency has been dismissed pursuant to Section 366.3 or wardship has been terminated pursuant to Section 728, concurrently or subsequently to establishment of the guardianship, on or after January 1, 2017, the rate paid shall not exceed the home-based family care rate structure developed pursuant to paragraph (1) of subdivision (g) of Section 11461 and Section 11463.

(4) Beginning with the 2011–12 fiscal year, the Kin-GAP benefit payments rate structure shall be adjusted annually by the percentage change in the California Necessities Index, as set forth in paragraph (2) of subdivision (g) of Section 11461, without requiring a new agreement.

(5) In addition to the rate paid for a child eligible for a Kin-GAP payment, a specialized care increment, if applicable, as set forth in subdivision (e) of Section 11461, also shall be paid.

(6) In addition to the rate paid for a child eligible for a Kin-GAP payment, a clothing allowance, as set forth in subdivision (f) of Section 11461, also shall be paid.

(7) For a child eligible for a Kin-GAP payment who is a teen parent, the rate shall include the two-hundred-dollar ($200) monthly payment made to the relative caregiver in a whole family foster home pursuant to paragraph (3) of subdivision (d) of Section 11465.

(e) The county child welfare agency, probation department, Indian tribe, consortium of tribes, or tribal organization that entered into an agreement pursuant to Section 10553.1 shall provide the relative guardian with information, in writing, on the availability of the Kin-GAP program with an explanation of the difference between these benefits and Adoption Assistance Program benefits and AFDC-FC benefits. The agency shall also provide the relative guardian with information on the availability of mental health services through the Medi-Cal program or other programs.

(f) The county child welfare agency, probation department, Indian tribe, consortium of tribes, or tribal organization, as appropriate, shall assess the needs of the child and the circumstances of the related guardian and is responsible for determining that the child meets the eligibility criteria for payment.

(g) Payments on behalf of a child who is a recipient of Kin-GAP benefits and who is also a consumer of regional center services shall be based on the rates established by the State Department of Social Services pursuant to Section 11464.

SEC. 21. Section 11387 of the Welfare and Institutions Code is amended to read:

11387. (a) In order to receive federal financial participation for payments under this article, the county child welfare agency or probation department, Indian tribe, consortium of tribes, or tribal organization that entered into an agreement pursuant to Section 10553.1 shall negotiate and enter into a written, binding, kinship guardianship assistance agreement with the relative guardian of an eligible child, and provide the relative guardian with a copy of the agreement. The negotiated agreement shall be executed prior to establishment of the guardianship.

(b) The agreement shall specify, at a minimum, all of the following:

(1) The amount of and manner in which the kinship guardianship assistance payment will be provided under the agreement, that the amount is subject to any applicable increases pursuant to cost-of-living adjustments established by statute and the manner in which the agreement may be adjusted periodically, but no less frequently than every two years, in consultation with the relative guardian, based on the circumstances of the relative guardian and the needs of the child.

(2) Additional services and assistance for which the child and relative guardian will be eligible under the agreement.

(3) A procedure by which the relative guardian may apply for additional services, as needed, including, but not limited to, the filing of a petition under Section 388 to have dependency jurisdiction resumed pursuant to subdivision (b) of Section 366.3.

(4) The agreement shall provide that it shall remain in effect regardless of the state of residency of the relative guardian.

(5) The responsibility of the relative guardian for reporting changes in the needs of the child or the circumstances of the relative guardian that affect payment.

(6) For a guardianship established on and after January 1, 2012, payment shall be made for reasonable and verified nonrecurring expenses associated with obtaining legal guardianship not to exceed the amount specified in federal law. Reimbursement shall not be made for costs otherwise reimbursed from other sources, including the foster care maintenance payment. The agreement shall indicate the maximum amount, the purpose of the expense, and the process for obtaining reimbursement of the nonrecurring expenses to be paid.

(c) In accordance with the Kin-GAP agreement, the relative guardian shall be paid an amount of aid based on the child's needs otherwise covered in AFDC-FC payments and the circumstances of the relative guardian but that shall not exceed the foster care maintenance payment that would have been paid based on the age-related state-approved foster family home care rate and any applicable specialized care increment for a child placed in a licensed or approved family home pursuant to subdivisions (a) to (d), inclusive, of Section 11461. In addition, the rate paid for a child eligible for a Kin-GAP payment shall include an amount equal to the clothing allowance, as set forth in subdivision (f) of Section 11461, including any applicable rate adjustments. For a child eligible for a Kin-GAP payment who is a teen parent, the rate shall include the two-hundred-dollar ($200) monthly payment made to the relative caregiver in a whole family foster home pursuant to paragraph (3) of subdivision (d) of Section 11465.

(d) Commencing on the effective date of the act that added this subdivision, and notwithstanding subdivision (c), in accordance with the Kin-GAP agreement the relative guardian shall be paid an amount of aid based on the child's needs otherwise covered in AFDC-FC payments and the circumstances of the relative guardian, as follows:

(1) For cases in which the dependency has been dismissed pursuant to Section 366.3 or wardship has been terminated pursuant to subdivision (e) of Section 728, concurrently or subsequently to establishment of the guardianship, on or before June 30, 2011, or the date specified in a final order, for which the time to appeal has passed, issued by a court of competent jurisdiction in California State Foster Parent Association et al. v. William Lightbourne, et al. (U.S. Dist. Ct. No. C 07-05086 WHA), whichever is earlier, the rate paid shall not exceed the basic foster care maintenance payment rate structure in effect prior to the effective date specified in the order described in this paragraph.

(2) For cases in which dependency has been dismissed pursuant to Section 366.3 or wardship has been terminated pursuant to subdivision (d) of Section 728, concurrently or subsequently to establishment of the guardianship, on or after July 1, 2011, or the date specified in the order described in paragraph (1), whichever is earlier, and through December 31, 2016, the rate paid shall not exceed the basic foster care maintenance payment rate structure effective and available as of December 31, 2016.

(3) For cases in which dependency has been dismissed pursuant to Section 366.3 or wardship has been terminated pursuant to Section 728, concurrently or subsequently to establishment of the guardianship, on or after January 1, 2017, the rate paid shall not exceed the home-based family care rate structure developed pursuant to paragraph (1) of subdivision (g) of Section 11461 and Section 11463.

(4) Beginning with the 2011–12 fiscal year, the Kin-GAP benefit payment rate structure shall be adjusted annually by the percentage change in the California Necessities Index, as set forth in paragraph (2) of subdivision (g) of Section 11461, without requiring a new agreement.

(5) In addition to the rate paid for a child eligible for a Kin-GAP payment, a specialized care increment, if applicable, as set forth in subdivision (e) of Section 11461, shall be paid.

(6) In addition to the rate paid for a child eligible for a Kin-GAP payment, a clothing allowance, as set forth in subdivision (f) of Section 11461, shall be paid.

(7) For a child eligible for a Kin-GAP payment who is a teen parent, the rate shall include the two-hundred-dollar ($200) monthly payment made to the relative caregiver in a whole family foster home pursuant to paragraph (3) of subdivision (d) of Section 11465.

(e) The county child welfare agency or probation department, Indian tribe, consortium of tribes, or tribal organization that entered into an agreement pursuant to Section 10553.1 shall provide the relative guardian with information, in writing, on the availability of the federal Kin-GAP program with an explanation of the difference between these benefits and Adoption Assistance Program benefits and AFDC-FC benefits. The agency shall also provide the relative guardian with information on the availability of mental health services through the Medi-Cal program or other programs.

(f) The county child welfare agency, probation department, or Indian tribe, as appropriate, shall assess the needs of the child and the circumstances of the related guardian and is responsible for determining that the child meets the eligibility criteria for payment.

(g) Payments on behalf of a child who is a recipient of Kin-GAP benefits and who is also a consumer of regional center services shall be based on the rates established by the State Department of Social Services pursuant to Section 11464.

SEC. 22. Section 11405 of the Welfare and Institutions Code is amended to read:

11405. (a) Except for nonminors described in paragraph (2) of subdivision (e), AFDC-FC benefits shall be paid to an otherwise eligible child living with a nonrelated legal guardian, provided that the legal guardian cooperates with the county welfare department in all of the following:

(1) Developing a written assessment of the child's needs.

(2) Updating the assessment no less frequently than once every six months.

(3) Carrying out the case plan developed by the county.

(b) Except for nonminors described in paragraph (2) of subdivision (e), when AFDC-FC is applied for on behalf of a child living with a nonrelated legal guardian the county welfare department shall do all of the following:

(1) Develop a written assessment of the child's needs.

(2) Update those assessments no less frequently than once every six months.

(3) Develop a case plan that specifies how the problems identified in the assessment are to be addressed.

(4) Make visits to the child as often as appropriate, but in no event less often than once every six months.

(c) Where the child is a parent and has a child living with him or her in the same eligible facility, the assessment required by paragraph (1) of subdivision (a) shall include the needs of his or her child.

(d) Nonrelated legal guardians of eligible children who are in receipt of AFDC-FC payments described in this section shall be exempt from the requirement to register with the Statewide Registry of Private Professional Guardians pursuant to former Sections 2850 and 2851 of the Probate Code.

(e) (1) On and after January 1, 2012, a nonminor youth whose nonrelated guardianship was ordered in juvenile court pursuant to Section 360 or 366.26, and whose dependency was dismissed, shall remain eligible for AFDC-FC benefits until the youth attains 19 years of age, effective January 1, 2013, until the youth attains 20 years of age, and effective January 1, 2014, until the youth attains 21 years of age, provided that the youth enters into a mutual agreement with the agency responsible for his or her guardianship, and the youth is meeting the conditions of eligibility, as described in paragraphs (1) to (5), inclusive, of subdivision (b) of Section 11403.

(2) A nonminor former dependent or ward as defined in paragraph (2) of subdivision (aa) of Section 11400 shall be eligible for benefits under this section until the youth attains 21 years of age if all of the following conditions are met:

(A) The nonminor former dependent or ward attained 18 years of age while in receipt of Kin-GAP benefits pursuant to Article 4.7 (commencing with Section 11385).

(B) The nonminor's relationship to the kinship guardian is defined in paragraph (2), (3), or (4) of subdivision (c) of Section 11391.

(C) The nonminor was under 16 years of age at the time the Kin-GAP negotiated agreement payments commenced.

(D) The guardian continues to be responsible for the support of the nonminor.

(E) The nonminor otherwise is meeting the conditions of eligibility, as described in paragraphs (1) to (5), inclusive, of subdivision (b) of Section 11403.

(f) On or after January 1, 2012, a child whose nonrelated guardianship was ordered in probate court pursuant Article 2 (commencing with Section 1510) of Chapter 1 of Part 2 of Division 4 of the Probate Code, who is attending high school or the equivalent level of vocational or technical training on a full-time basis, or who is in the process of pursuing a high school equivalency certificate before his or her 18th birthday may continue to receive aid following his or her 18th birthday as long as the child continues to reside in the guardian's home, remains otherwise eligible for AFDC-FC benefits and continues to attend high school or the equivalent level of vocational or technical training on a full-time basis, or continues to pursue a high school equivalency certificate, and the child may reasonably be expected to complete the educational or training program or to receive a high school equivalency certificate, before his or her 19th birthday. Aid shall be provided to an individual pursuant to this section provided that both the individual and the agency responsible for the foster care placement have

signed a mutual agreement, if the individual is capable of making an informed agreement, documenting the continued need for out-of-home placement.

(g) (1) For cases in which a guardianship was established on or before June 30, 2011, or the date specified in a final order, for which the time for appeal has passed, issued by a court of competent jurisdiction in California State Foster Parent Association, et al. v. William Lightbourne, et al. (U.S. Dist. Ct. No. C 07-05086 WHA), whichever is earlier, the AFDC-FC payment described in this section shall be the foster family home rate structure in effect before the effective date specified in the order described in this paragraph.

(2) For cases in which guardianship has been established on or after July 1, 2011, or the date specified in the order described in paragraph (1), whichever is earlier, and through December 31, 2016, the AFDC-FC payments described in this section shall be the basic foster family home rate structure effective and available as of December 31, 2016.

(3) For cases in which guardianship has been established by the juvenile court on or after January 1, 2017, the AFDC-FC payments described in this section shall not exceed the home-based family care rate structure developed pursuant to paragraph (1) of subdivision (g) of Section 11461 and Section 11463.

(4) For cases in which guardianship has been established in the probate court on or after January 1, 2017, the AFDC-FC payments described in this section shall not exceed the basic foster care maintenance payment rate structure effective and available as of December 31, 2016.

(5) Beginning with the 2011–12 fiscal year, the AFDC-FC payments identified in this subdivision shall be adjusted annually by the percentage change in the California Necessities Index rate as set forth in paragraph (2) of subdivision (g) of Section 11461.

(h) In addition to the AFDC-FC rate paid, all of the following also shall be paid:

(1) A specialized care increment, if applicable, as set forth in subdivision (e) of Section 11461.

(2) A clothing allowance, as set forth in subdivision (f) of Section 11461.

(3) For a child eligible for an AFDC-FC payment who is a teen parent, the rate shall include the two hundred dollar ($200) monthly payment made to the relative caregiver in a whole family foster home pursuant to paragraph (3) of subdivision (d) of Section 11465.

SEC. 23. Section 11450 of the Welfare and Institutions Code 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 Section 11453.05, and no further reduction shall be made pursuant to that section.

(b) (1) When 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 child and her 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 subdivision.

(2) Notwithstanding paragraph (1), when the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant woman 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 woman and 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 subdivision.

(3) Paragraph (1) shall apply only when the Cal-Learn Program is operative.

(c) The amount of forty-seven dollars ($47) per month shall be paid to pregnant women qualified for aid under subdivision (a) or (b) to meet special needs resulting from pregnancy if the woman and child, if born, would have qualified for aid under this chapter. County welfare departments shall refer all recipients of aid under this subdivision to a local provider of the Women, Infants, and Children program. If that payment to pregnant women qualified for aid under subdivision (a) is considered income under federal law in the first five months of pregnancy, payments under this subdivision shall not apply to persons 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 woman and child, if born, would have qualified for aid under this chapter.

(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, when 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 shall be eligible for special needs, as specified in departmental regulations.

(e) In addition to the amounts payable under subdivision (a) and Section 11453.1, a family shall be entitled to receive an allowance for recurring special needs not common to a majority of recipients. These recurring special needs shall include, but not be 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 shall also be 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 his or her eligible alien status, or a woman with no eligible children who does not provide medical verification of 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; or 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 could result in homelessness if preventative assistance is not provided.

(3) (A) (i) A nonrecurring special needs benefit of sixty-five dollars ($65) 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 twenty-five dollars ($125). County welfare departments may increase the daily amount available for temporary shelter as necessary to secure the additional bedspace needed by the family. This clause shall become inoperative on January 1, 2019.

(ii) On and after January 1, 2019, 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.

(iii) 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 and 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.

(iv) 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 shall be required for the initial extension of benefits beyond the three-day limit and on a weekly basis thereafter as long as 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.

(v) Notwithstanding clauses(iii) and (iv), 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 when these payments are reasonable conditions of securing a residence, or to pay for up to two months of rent arrearages, when these payments are a reasonable condition of preventing eviction.

(ii) The last month's rent or monthly arrearage portion of the payment (I) 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 and (II) 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 which 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 shall be limited to one period of up to 16 consecutive 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 the temporary shelter benefit of up to 16 consecutive days is available only once every 12 months, with certain exceptions, and that a break in the consecutive use of the benefit constitutes exhaustion of the temporary benefit 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 shall be eligible for temporary and permanent homeless assistance.

(II) In the event of 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 shall be eligible for temporary and permanent homeless assistance when 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 consecutive 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) No payment shall be made pursuant to this paragraph unless the provider of housing is a commercial establishment, shelter, or person in the business of renting properties who has a history of renting properties.

(J) (i) Commencing July 1, 2018, a CalWORKs applicant who provides a sworn statement of past or present domestic abuse and who is fleeing his or her abuser shall be deemed to be homeless and shall be 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 consecutive periods of not more than 16 consecutive 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 he or she 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, 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 annually submitted 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.

SEC. 24. Section 11450.021 is added to the Welfare and Institutions Code, to read:

11450.021. (a) Notwithstanding any other law, effective April 1, 2019, the maximum aid payments pursuant to paragraph (1) of subdivision (a) of Section 11450 in effect on July 1, 2018, shall be increased by 10 percent.

(b) The counties' share of costs resulting from implementation of the increase to maximum aid payments pursuant to subdivision (a) shall be subject to Section 15200.

SEC. 25. Section 11450.022 is added to the Welfare and Institutions Code, to read:

11450.022. (a) It is the intent of the Legislature to increase CalWORKs maximum aid payment levels in the 2018–19, 2019–20, and 2020–21 fiscal years, or until the maximum aid payment levels reach 50 percent of the federal poverty level for the family size that is one greater than the assistance unit.

(b) As a first step toward this goal, the Legislature is adopting a 10-percent increase to the maximum aid payment levels to become effective April 1, 2019, as specified in Section 11450.021.

(c) For the second step, it is the intent of the Legislature to increase the maximum aid payment levels to close the gap by one-half between the maximum aid payment levels prior to taking the second step and 50 percent of the federal poverty level for the family size that is one greater than the assistance unit goal for that year.

(d) For the third step, it is the intent of the Legislature to increase the maximum aid payment levels to fully close the gap between the maximum aid payment levels prior to taking the third step and 50 percent of the federal poverty level for the family size that is one greater than the assistance unit goal for that year.

(e) Any increases to maximum aid payment levels after July 1, 2018, are contingent upon an appropriation in the annual Budget Act.

SEC. 26. Section 11450.026 is added to the Welfare and Institutions Code, to read:

11450.026. (a) Commencing in the 2019–20 fiscal year and for each fiscal year thereafter, if an incremental adjustment is made to the maximum aid payments pursuant to paragraph (1) of subdivision (a) of Section 11450, the counties' share of that adjustment, as required pursuant to Section 15200, shall be based upon the total incremental adjustment or the increase in the California Necessities Index pursuant to Section 11453 for the fiscal year in which the adjustment becomes effective, whichever is lower.

(b) If more than one incremental adjustment is made to maximum aid payments pursuant to paragraph (1) of subdivision (a) of Section 11450 during a single fiscal year, the counties' share of those combined adjustments, as required pursuant to Section 15200, shall be based upon the total combined incremental adjustments or the increase in the California Necessities Index pursuant to Section 11453 for the fiscal year in which the adjustments become effective, whichever is lower.

(c) This section shall not apply to any incremental increases or decreases made to the maximum aid payments prior to July 1, 2019.

(d) This section shall not apply to any incremental increases or decreases made to maximum aid payments pursuant to Section 11450.025.

SEC. 27. Section 11453.01 is added to the Welfare and Institutions Code, to read:

11453.01. (a) Commencing July 1, 2022, and each year thereafter, the maximum aid payment set forth in subdivision (a) of Section 11450 shall be adjusted annually to reflect any increases or decreases in the cost of living, and these adjustments shall become effective October 1 of each year. The annual cost-of-living adjustment shall be based on the increase in the

California Necessities Index for the year in which the adjustment becomes effective.

(b) Notwithstanding subdivision (a), unless otherwise specified in the annual Budget Act, the cost-of-living adjustment pursuant to subdivision (a), commencing on or after July 1, 2022, and for each year thereafter, shall be 0 percent.

SEC. 28. Section 11461.36 is added to the Welfare and Institutions Code, to read:

11461.36. (a) It is the intent of the Legislature to provide support to emergency caregivers, as defined in subdivision (c), who care for children and nonminor dependents before approval of an application under the Resource Family Approval Program.

(b) For placements made on and after July 1, 2018, each county shall provide a payment equivalent to the resource family basic level rate of the home-based family care rate structure, pursuant to Section 11463, to an emergency caregiver on behalf of a child or nonminor dependent placed in the home of the caregiver pursuant to subdivision (d) of Section 309 or Section 361.45, or based on a compelling reason pursuant to subdivision (e) of Section 16519.5, subject to the availability of state and federal funds pursuant to subdivision (e), if all of the following criteria are met:

(1) The child or nonminor dependent is not otherwise eligible for AFDC-FC or the Approved Relative Caregiver Funding Program, pursuant to Section 11461.3, while placed in the home of the emergency caregiver.

(2) The child or nonminor dependent resides in California.

(3) The emergency caregiver has signed and submitted to the county an application for resource family approval.

(4) An application for the Emergency Assistance Program has been completed.

(c) For purposes of this section, an "emergency caregiver" means an individual who has a pending resource family application filed with an appropriate agency on or after July 1, 2018, and who meets one of the following requirements:

(1) The individual has been assessed pursuant to Section 361.4.

(2) The individual has successfully completed the home environment assessment portion of the resource family approval pursuant to paragraph (2) of subdivision (d) of Section 16519.5.

(d) The beginning date of aid for payments made pursuant to subdivision (b) shall be the date of placement.

(e) Funding for payments made pursuant to subdivision (b) shall be as follows:

(1) For emergency or compelling reason placements made during the 2018–19 fiscal year:

(A) Payments shall be made to an emergency caregiver through the Emergency Assistance Program included in the state's Temporary Assistance for Needy Families block grant.

(B) The county shall be solely responsible for the nonfederal share of cost.

(C) Notwithstanding subparagraphs (A) and (B), if the child or nonminor dependent is determined to be ineligible for the Emergency Assistance Program included in the state's Temporary Assistance for Needy Families block grant, 70 percent of the cost of emergency payments made to the emergency caregiver shall be funded by the department and 30 percent shall be funded by the county.

(D) Notwithstanding subparagraphs (A), (B), and (C), payments required to be provided pursuant to subdivision (b) shall not be eligible for the federal or state share of cost upon approval or denial of the resource family application, consistent with subdivision (g), beyond 180 days, or, if the conditions of subparagraph (E) are met, beyond 365 days, whichever occurs first.

(E) The federal and state share of payment made pursuant to this paragraph shall be available beyond 180 days of payments, and up to 365 days of payments, if the following conditions are met:

(i) On a monthly basis, the county has documented good cause for the delay in approving the resource family application that is outside the direct control of the county, which may include delays in processing background check clearances or exemptions, medical examinations, or delays that are based on the needs of the family.

(ii) On a monthly basis, the deputy director or director of the county child welfare department, or his or her designee, has been notified of the delay in approving the resource family application and that notification is documented in the resource family approval file.

(iii) On a monthly basis, the county provides to the department a list of the resource family applications that have been pending for more than 90 days and the reason for the delays.

(2) For emergency or compelling reason placements made during the 2019–20 fiscal year, and each fiscal year thereafter:

(A) Payments shall be made to an emergency caregiver through the Emergency Assistance Program included in the state's Temporary Assistance for Needy Families block grant.

(B) The county shall be solely responsible for the nonfederal share of cost.

(C) Notwithstanding subparagraphs (A) and (B), if the child or nonminor dependent is determined to be ineligible for the Emergency Assistance Program included in the state's Temporary Assistance for Needy Families block grant, 70 percent of the cost of emergency payments made to the emergency caregiver shall be funded by the department and 30 percent shall be funded by the county.

(D) Notwithstanding subparagraphs (A), (B), and (C), payments required to be provided pursuant to subdivision (b) shall not be eligible for the federal or state share of cost upon approval or denial of the resource family application, consistent with subdivision (g), or beyond 90 days, whichever occurs first.

(E) The department shall consider extending the payments required pursuant to subdivision (b) beyond the 90-day limit identified in

subparagraph (D) if it makes a determination that the resource family approval process cannot be completed within 90 days due to circumstances outside of a county's control.

(f) (1) An emergency caregiver eligible for payments pursuant to subdivision (b) of Section 11461.35, as that section read on June 30, 2018, shall continue to be eligible for those payments on and after July 1, 2018, until the emergency caregiver's resource family application is approved or denied.

(2) Funding for a payment described in paragraph (1) shall be as follows:

(A) If the emergency caregiver was eligible to receive payments funded through the Approved Relative Caregiver Funding Program, payments shall be made through that program until the application for resource family approval is approved or denied.

(B) If the emergency caregiver was eligible to receive payments funded through the Emergency Assistance Program, payments shall be made through that program, subject to the following conditions:

(i) Up to 180 total days or, if the conditions of subparagraph (D) are met, up to 365 total days of payments shall be made to the emergency caregiver through the Emergency Assistance Program. For the purpose of this subdivision, "total days of payments" includes all payments made to the emergency caregiver through the Emergency Assistance Program pursuant to this section and Section 11461.35, as that section read on June 30, 2018.

(ii) The county shall be solely responsible for the nonfederal share of cost.

(C) Notwithstanding subparagraphs (A) and (B), payments required to be provided pursuant to subdivision (b) shall not be eligible for the federal or state share of cost upon approval or denial of the resource family application, consistent with subdivision (g), beyond 180 days, or, if the conditions of subparagraph (D) are met, beyond 365 days, whichever occurs first.

(D) The federal and state share of payment made pursuant to this subdivision shall be available beyond 180 total days of payments, and up to 365 total days of payments, when the following conditions are met:

(i) On a monthly basis, the county has documented good cause for the delay in approving the resource family application that is outside the direct control of the county, which may include delays in processing background check clearances or exemptions, medical examinations, or delays that are based on the needs of the family.

(ii) On a monthly basis, the deputy director or director of the county child welfare department, or his or her designee, has been notified of the delay in approving the resource family application and that notification is documented in the resource family approval file.

(iii) On a monthly basis, the county provides to the department a list of the resource family applications that have been pending for more than 90 days, the number of cases that have received more than 90 total days of payments pursuant to this section and Section 11461.35, and the reason for the delays in approval or denial of the resource family applications.

(g) (1) If the application for resource family approval is approved, the funding source for the placement shall be changed to AFDC-FC or the Approved Relative Caregiver Funding Program, as appropriate and consistent with existing eligibility requirements.

(2) If the application for resource family approval is denied, eligibility for funding pursuant to this section shall be terminated.

(h) A county shall not be liable for any federal disallowance or penalty imposed on the state as a result of a county's action in reliance on the state's instruction related to implementation of this section.

(i) (1) For the 2018–19 and 2019–20 fiscal years, the department shall determine, on a county-by-county basis, whether the timeframe for the resource family approval process resulted in net assistance costs or net assistance savings for assistance payments, pursuant to this section.

(2) For the 2018–19 and 2019–20 fiscal years, the department shall also consider, on a county-by-county basis, the impact to the receipt of federal Title IV-E funding that may result from implementation of this section.

(3) The department shall work with the California State Association of Counties to jointly determine the timeframe for subsequent reviews of county costs and savings beyond the 2019–20 fiscal year.

(j) (1) The department shall monitor the implementation of this section, including, but not limited to, tracking the usage and duration of Emergency Assistance Program payments made pursuant to this section and evaluating the duration of time a child or nonminor dependent is in a home pending resource family approval. The department may conduct county reviews or case reviews, or both, to monitor the implementation of this section and to ensure successful implementation of the county plan, submitted pursuant to subparagraph (B) of paragraph (2) of subdivision (e) of Section 11461.35, to eliminate any resource family approval backlog by September 1, 2018.

(2) The department may request information or data necessary to oversee the implementation of this section until data collection is available through automation. Pending the completion of automation, information or data collected manually shall be determined in consultation with the County Welfare Directors Association.

(k) An appropriation shall not be made pursuant to Section 15200 for purposes of implementing this section.

(*l*) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through an all-county letter or similar instructions, which shall include instructions regarding the eligibility standards for the Emergency Assistance program, until regulations are adopted.

SEC. 29. Section 11462.04 of the Welfare and Institutions Code is amended to read:

11462.04. (a) Notwithstanding any other law, commencing January 1, 2017, no new group home rate or change to an existing rate shall be established pursuant to the Rate Classification Level (RCL) system.

(b) Notwithstanding subdivision (a), the department may grant an exception as appropriate, on a case-by-case basis, when a written request and supporting documentation are provided by a county placing agency, including a county welfare or probation director, that absent the granting of that exception, there is a material risk to the welfare of children due to an inadequate supply of appropriate alternative placement options to meet the needs of children.

(c) For group homes being paid under the RCL system, and those granted an exception pursuant to paragraph (b), group home rates shall terminate on December 31, 2016, unless granted an extension under the exception process in subdivision (d).

(d) A group home may request an exception to extend its rate as follows:

(1) The department may grant an extension for up to two years, through December 31, 2018, except as provided in paragraph (2), on a case-by-case basis, when a written request and supporting documentation are provided by a county placing agency, including a county welfare or probation director, that absent the granting of that exception, there is a material risk to the welfare of children due to an inadequate supply of appropriate alternative placement options to meet the needs of children. The exception may include time to meet the program accreditation requirement or the mental health certification requirement.

(A) The department may grant an additional extension to a group home beyond December 31, 2018, upon a county child welfare department submitting a written request on behalf of a provider and providing documentation in a format to be determined by the department pursuant to subparagraph (B). If granted, the extension requests shall be provided in increments up to six months and may be renewed by the director if the documentation is provided. Extensions granted pursuant to this subparagraph shall not exceed a total of 12 months.

(B) In order to be eligible to maintain placement of placed foster youth in a group home receiving an extension pursuant to subparagraph (A), the county child welfare agency, in partnership with the county mental health plan, shall submit a plan to the department by August 15, 2018. This plan shall do all of the following:

(i) Describe the agency’s plan to transition all foster youth under the jurisdiction of the county residing in group homes into a home-based placement, or, if determined by the interagency placement committee, to a licensed short-term residential therapeutic program (STRTP) within the extension period.

(ii) Address the need, availability, and capacity of STRTPs and other therapeutic placement options for the youth under the jurisdiction of the county and document prior and ongoing efforts taken to solicit or develop needed STRTP capacity.

(iii) Develop and document child specific transition plans that include a description of all of the following:

(I) Intensive family finding and engagement for every child lacking an identified home-based caregiver, including those youth identified for STRTP transition.

(II) Child and family team-driven case plans that identify and respond to barriers to home-based placement.

(III) Documentation of the trauma-informed and permanency-competent specialty mental health services to be provided, including wraparound, collateral, intensive care coordination and intensive home-based services, and therapeutic behavioral services.

(iv) Document efforts to expand or establish intensive services foster care, therapeutic foster care programs, and other home-based services that provide timely access to trauma-informed care, in conjunction with the county behavioral health department.

(v) Detail any barriers to achieving the goals in clauses (i) to (iv), inclusive, that have led the county to support the extension.

(vi) Identify any additional solutions to the barriers that are not addressed in the efforts identified in clauses (i) to (iv), inclusive, which may include needed action from partner agencies such as county boards of supervisors, county behavioral health directors, the department, the State Department of Health Care Services, STRTPs, foster family agencies, or other local agencies, including, but not limited to, regional centers and special education agencies, that would aid the county child welfare agency in delivering appropriate services to foster youth.

(C) The department shall require a provider on whose behalf an extension is being sought pursuant to subparagraph (A) to document the provider's efforts to convert to a STRTP, foster family agency, or other service provider.

(2) Pursuant to Section 11462.041, after the expiration of the extension afforded in paragraph (1), the department may grant an additional extension to a group home beyond December 31, 2018, upon a provider submitting a written request and the county probation department providing documentation stating that absent the granting of that extension, there is a significant risk to the safety of the youth or the public, due to an inadequate supply of short-term residential therapeutic programs or resource families necessary to meet the needs of probation youth. The extension granted to any provider through this section may be reviewed annually by the department if concerns arise regarding that provider's facility. Pursuant to subdivision (e) of Section 11462.041, the final report submitted to the Legislature shall address whether or not the extensions are still necessary.

(3) The exception shall allow the provider to continue to receive the rate under the prior ratesetting system.

(4) A provider granted an extension pursuant to this section shall continue to operate and be governed by the applicable laws and regulations that were operative on December 31, 2016.

(5) If the exception request granted pursuant to this subdivision is not made by the host county, the placing county shall notify and provide a copy to the host county.

(e) (1) The extended rate granted pursuant to either paragraph (1) or (2) of subdivision (d) shall be provisional and subject to terms and conditions set by the department during the provisional period.

(2) Consistent with Section 11466.01, for provisional rates, the following shall be established:

(A) Terms and conditions, including the duration of the provisional rate.

(B) An administrative review process for provisional rate determinations, including denials, reductions, and terminations.

(C) An administrative review process that includes a departmental review, corrective action, and a protest with the department. 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), this process shall be disseminated by written directive pending the promulgation of regulations.

(f) Upon termination of an existing group home rate under the RCL system, a new rate shall not be paid until an application is approved and a rate is granted by the department pursuant to Section 11462 as a short-term residential therapeutic program or, effective January 1, 2017, the rate set pursuant to Section 11463 as a foster family agency.

(g) The department shall, in the development of the new rate structures, consider and provide for placement of all children who are displaced as a result of reclassification of treatment facilities.

(h) Notwithstanding the provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 1340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement this section through all-county letters.

SEC. 30. Section 12200.5 of the Welfare and Institutions Code is repealed.

SEC. 31. Section 12201.01 is added to the Welfare and Institutions Code, to read:

12201.01. (a) Commencing July 1, 2022, and each year thereafter, the payment schedules set forth in Section 12200 shall be adjusted annually to reflect any increases or decreases in the cost of living, and these adjustments shall become effective January 1 of each year. The annual cost-of-living adjustment shall be based on the increase in the California Necessities Index for the year in which the adjustment becomes effective.

(b) Notwithstanding subdivision (a), unless otherwise specified in the annual Budget Act, the cost-of-living adjustment pursuant to subdivision (a), commencing on or after July 1, 2022, and for each year thereafter, shall be 0 percent.

SEC. 32. Section 12301.6 of the Welfare and Institutions Code is amended to read:

12301.6. (a) Notwithstanding Sections 12302 and 12302.1, a county board of supervisors may, at its option, elect to do either of the following:

(1) Contract with a nonprofit consortium to provide for the delivery of in-home supportive services.

(2) Establish, by ordinance, a public authority to provide for the delivery of in-home supportive services.

(b) (1) To the extent that a county elects to establish a public authority pursuant to paragraph (2) of subdivision (a), the enabling ordinance shall specify the membership of the governing body of the public authority, the qualifications for individual members, the manner of appointment, selection, or removal of members, how long they shall serve, and other matters as the board of supervisors deems necessary for the operation of the public authority.

(2) A public authority established pursuant to paragraph (2) of subdivision (a) shall be both of the following:

(A) An entity separate from the county, and shall be required to file the statement required by Section 53051 of the Government Code.

(B) A corporate public body, exercising public and essential governmental functions and that has all powers necessary or convenient to carry out the delivery of in-home supportive services, including the power to contract for services pursuant to Sections 12302 and 12302.1 and that makes or provides for direct payment to a provider chosen by the recipient for the purchase of services pursuant to Sections 12302 and 12302.2. Employees of the public authority shall not be employees of the county for any purpose.

(3) (A) As an alternative, the enabling ordinance may designate the board of supervisors as the governing body of the public authority.

(B) Any enabling ordinance that designates the board of supervisors as the governing body of the public authority shall also specify that no fewer than 50 percent of the membership of the advisory committee shall be individuals who are current or past users of personal assistance services paid for through public or private funds or recipients of services under this article.

(C) If the enabling ordinance designates the board of supervisors as the governing body of the public authority, it shall also require the appointment of an advisory committee of not more than 11 individuals who shall be designated in accordance with subparagraph (B).

(D) Prior to making designations of committee members pursuant to subparagraph (C), or governing body members in accordance with paragraph (4), the board of supervisors shall solicit recommendations of qualified members of either the governing body of the public authority or of any advisory committee through a fair and open process that includes the provision of reasonable written notice to, and a reasonable response time by, members of the general public and interested persons and organizations.

(4) If the enabling ordinance does not designate the board of supervisors as the governing body of the public authority, the enabling ordinance shall require the membership of the governing body to meet the requirements of subparagraph (B) of paragraph (3).

(c) (1) Any public authority created pursuant to this section shall be deemed to be the employer of in-home supportive services personnel referred to recipients under paragraph (3) of subdivision (e) within the meaning of Chapter 10 (commencing with Section 3500) of Division 4 of Title 1 of the

Government Code. Recipients shall retain the right to hire, fire, and supervise the work of any in-home supportive services personnel providing services to them.

(2) (A) Any nonprofit consortium contracting with a county pursuant to this section shall be deemed to be the employer of in-home supportive services personnel referred to recipients pursuant to paragraph (3) of subdivision (e) for the purposes of collective bargaining over wages, hours, and other terms and conditions of employment.

(B) Recipients shall retain the right to hire, fire, and supervise the work of any in-home supportive services personnel providing services for them.

(d) A public authority established pursuant to this section or a nonprofit consortium contracting with a county pursuant to this section, when providing for the delivery of services under this article by contract in accordance with Sections 12302 and 12302.1, by direct payment to a provider chosen by a recipient in accordance with Sections 12302 and 12302.2, or by way of a provider of waiver personal care services provided pursuant to Section 14132.97, shall comply with and be subject to, all statutory and regulatory provisions applicable to the respective delivery mode.

(e) Any nonprofit consortium contracting with a county pursuant to this section or any public authority established pursuant to this section shall provide for all of the following functions under this article, but shall not be limited to those functions:

(1) The provision of assistance to recipients in finding in-home supportive services personnel or waiver personal care services authorized pursuant to Section 14132.97 through the establishment of a registry.

(2) (A) (i) The investigation of the qualifications and background of potential personnel. Upon the effective date of the amendments to this section made during the 2009–10 Fourth Extraordinary Session of the Legislature, the investigation with respect to any provider in the registry or prospective registry applicant shall include criminal background checks requested by the nonprofit consortium or public authority and conducted by the Department of Justice pursuant to Section 15660, for those public authorities or nonprofit consortia using the agencies on the effective date of the amendments to this section made during the 2009–10 Fourth Extraordinary Session of the Legislature. Criminal background checks shall be performed no later than July 1, 2010, for any provider who is already on the registry on the effective date of amendments to this section made during the 2009–10 Fourth Extraordinary Session of the Legislature, for whom a criminal background check pursuant to this section has not previously been provided, as a condition of the provider's continued enrollment in the IHSS program or the program authorizing waiver personal care services pursuant to Section 14132.97. Criminal background checks shall be conducted at the provider's expense.

(ii) Upon notice from the Department of Justice notifying the public authority or nonprofit consortium that the prospective registry applicant has been convicted of a criminal offense specified in Section 12305.81, the public authority or nonprofit consortium shall deny the request to be placed

on the registry for providing supportive services to any recipient of in-home supportive services or waiver personal care services authorized pursuant to Section 14132.97.

(iii) Commencing 90 days after the effective date of the act that adds Section 12305.87, and upon notice from the Department of Justice that an applicant who is subject to the provisions of that section has been convicted of, or incarcerated following conviction for, an offense described in subdivision (b) of that section, the public authority or nonprofit consortium shall deny the applicant's request to become a provider of supportive services to any recipient of in-home supportive services or waiver personal care services, subject to the individual waiver and exception processes described in that section. An applicant who is denied on the basis of Section 12305.87 shall be informed by the public authority or nonprofit consortium of the individual waiver and exception processes described in that section.

(B) (i) Notwithstanding any other law, the public authority or nonprofit consortium shall provide an individual with a copy of his or her state-level criminal offender record information search response as provided to the entity by the Department of Justice if the individual has been denied placement on the registry for providing supportive services to any recipient of the In-Home Supportive Services program or waiver personal care services based on this information. The copy of the state-level criminal offender record information search response shall be included with the individual's notice of denial. Along with the notice of denial, the public authority or public consortium shall also provide information in plain language on how an individual may contest the accuracy and completeness of, and refute any erroneous or inaccurate information in, his or her state-level criminal offender record information search response as provided by the Department of Justice as authorized by Section 11126 of the Penal Code. The state-level criminal offender record information search response shall not be modified or altered from its form or content as provided by the Department of Justice.

(ii) The department shall develop a written appeal process for the current and prospective providers who are determined ineligible to receive payment for the provision of services in the In-Home Supportive Services program or waiver personal care services. Notwithstanding any other law, the public authority or nonprofit consortium shall provide the department with a copy of the state-level criminal offender record information search response as provided to the entity by the Department of Justice for any individual who has requested an appeal of a denial of placement on the registry for providing supportive services to any recipient of in-home supportive services or waiver personal care services based on clause (ii) or (iii) of subparagraph (A). The state-level criminal offender record information search response shall not be modified or altered from its form or content as provided by the Department of Justice and shall be provided to the address specified by the department in its written request.

(C) This paragraph does not prohibit the Department of Justice from assessing a fee pursuant to Section 11105 or 11123 of the Penal Code to cover the cost of furnishing summary criminal history information.

(D) As used in this section, "nonprofit consortium" means a nonprofit public benefit corporation that has all powers necessary to carry out the delivery of in-home supportive services or waiver personal care services under the delegated authority of a government entity.

(E) A nonprofit consortium or a public authority authorized to secure a criminal background check clearance pursuant to this section shall accept a clearance for an applicant described in clause (i) of subparagraph (A) who has been deemed eligible by another nonprofit consortium, public authority, or county with criminal background check authority pursuant to either Section 12305.86 or this section, to receive payment for providing services pursuant to this article. Existence of a clearance shall be determined by verification through the case management, information, and payrolling system, that another county, nonprofit consortium, or public authority with criminal background check authority pursuant to Section 12305.86 or this section has deemed the current or prospective provider to be eligible to receive payment for providing services pursuant to this article.

(3) Establishment of a referral system under which in-home supportive services personnel or waiver personal care services personnel shall be referred to recipients.

(4) Providing for training for providers and recipients.

(5) (A) Performing any other functions related to the delivery of in-home supportive services or waiver personal care services.

(B) (i) Upon request of a recipient of in-home supportive services pursuant to this chapter, or a recipient of personal care services under the Medi-Cal program pursuant to Section 14132.95, a public authority or nonprofit consortium may provide a criminal background check on a nonregistry applicant or provider from the Department of Justice, in accordance with clause (i) of subparagraph (A) of paragraph (2) of subdivision (e). If the person who is the subject of the criminal background check is not hired or is terminated because of the information contained in the criminal background report, the provisions of subparagraph (B) of paragraph (2) of subdivision (e) shall apply.

(ii) A recipient of in-home supportive services pursuant to this chapter or a recipient of personal care services under the Medi-Cal program may elect to employ an individual as their service provider notwithstanding the individual's record of previous criminal convictions, unless those convictions include any of the offenses specified in Section 12305.81.

(6) Ensuring that the requirements of the personal care option pursuant to Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code are met.

(f) (1) Any nonprofit consortium contracting with a county pursuant to this section or any public authority created pursuant to this section shall be deemed not to be the employer of in-home supportive services personnel or waiver personal care services personnel referred to recipients under this section for purposes of liability due to the negligence or intentional torts of the in-home supportive services personnel or waiver personal care services personnel.

(2) A nonprofit consortium contracting with a county pursuant to this section or any public authority created pursuant to this section is not liable for the action or omission of any in-home supportive services personnel or waiver personal care services personnel whom the nonprofit consortium or public authority did not list on its registry or otherwise refer to a recipient.

(3) Counties and the state shall be immune from any liability resulting from their implementation of this section in the administration of the In-Home Supportive Services program or in the administration of waiver personal care services authorized under Section 14132.97. Any obligation of the public authority or consortium pursuant to this section, whether statutory, contractual, or otherwise, shall be the obligation solely of the public authority or nonprofit consortium, and shall not be the obligation of the county or state.

(g) Any nonprofit consortium contracting with a county pursuant to this section shall ensure that it has a governing body that complies with the requirements of subparagraph (B) of paragraph (3) of subdivision (b) or an advisory committee that complies with subparagraphs (B) and (C) of paragraph (3) of subdivision (b).

(h) Recipients of services under this section may elect to receive services from in-home supportive services personnel or waiver personal care services personnel who are not referred to them by the public authority or nonprofit consortium. Those personnel shall be referred to the public authority or nonprofit consortium for the purposes of wages, benefits, and other terms and conditions of employment.

(i) (1) This section does not affect the state's responsibility with respect to the state payroll system, unemployment insurance, or workers' compensation and other provisions of Section 12302.2 for providers of in-home supportive services or for individuals who are employed by a recipient of waiver personal care services authorized under Section 14132.97.

(2) The Controller shall make any deductions from the wages of in-home supportive services personnel or waiver personal care services personnel, who are employees of a public authority pursuant to paragraph (1) of subdivision (c), that are agreed to by that public authority in collective bargaining with the designated representative of the in-home supportive services personnel or waiver personal care services personnel pursuant to Chapter 10 (commencing with Section 3500) of Division 4 of Title 1 of the Government Code and transfer the deducted funds as directed in that agreement.

(3) Any county that elects to provide in-home supportive services pursuant to this section shall be responsible for any increased costs to the in-home supportive services case management, information, and payrolling system attributable to that election. The department shall collaborate with any county that elects to provide in-home supportive services pursuant to this section prior to implementing the amount of financial obligation for which the county shall be responsible.

(j) To the extent permitted by federal law, personal care option funds, obtained pursuant to Subchapter 19 (commencing with Section 1396) of

Chapter 7 of Title 42 of the United States Code, along with matching funds using the state and county sharing ratio established in subdivision (c) of Section 12306, or any other funds that are obtained pursuant to Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code, may be used to establish and operate an entity authorized by this section.

(k) Notwithstanding any other law, the county, in exercising its option to establish a public authority, shall not be subject to competitive bidding requirements. However, contracts entered into by either the county, a public authority, or a nonprofit consortium pursuant to this section shall be subject to competitive bidding as otherwise required by law.

(*l*) (1) The department may adopt regulations implementing this section as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For the purposes of the Administrative Procedure Act, the adoption of the regulations shall be deemed an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, these emergency regulations shall not be subject to the review and approval of the Office of Administrative Law.

(2) Notwithstanding subdivision (h) of Section 11346.1 and Section 11349.6 of the Government Code, the department shall transmit these regulations directly to the Secretary of State for filing. The regulations shall become effective immediately upon filing by the Secretary of State.

(3) Except as otherwise provided for by Section 10554, the Office of Administrative Law shall provide for the printing and publication of these regulations in the California Code of Regulations. Emergency regulations adopted pursuant to this subdivision shall remain in effect for no more than 180 days.

(m) (1) If a county elects to form a nonprofit consortium or public authority pursuant to subdivision (a) before the State Department of Health Care Services has obtained all necessary federal approvals pursuant to paragraph (3) of subdivision (j) of Section 14132.95, all of the following shall apply:

(A) Subdivision (d) shall apply only to those matters that do not require federal approval.

(B) The second sentence of subdivision (h) shall not be operative.

(C) The nonprofit consortium or public authority shall not provide services other than those specified in paragraphs (1), (2), (3), (4), and (5) of subdivision (e).

(2) Paragraph (1) shall become inoperative when the State Department of Health Care Services has obtained all necessary federal approvals pursuant to paragraph (3) of subdivision (j) of Section 14132.95.

(n) (1) One year after the effective date of the first approval by the department granted to the first public authority, the Bureau of State Audits shall commission a study to review the performance of that public authority.

(2) The study shall be submitted to the Legislature and the Governor not later than two years after the effective date of the approval specified in subdivision (a). The study shall give special attention to the health and welfare of the recipients under the public authority, including the degree to which all required services have been delivered, out-of-home placement rates, prompt response to recipient complaints, and any other issue the director deems relevant.

(3) The report shall make recommendations to the Legislature and the Governor for any changes to this section that will further ensure the well-being of recipients and the most efficient delivery of required services.

(o) Commencing July 1, 1997, the department shall provide annual reports to the appropriate fiscal and policy committees of the Legislature on the efficacy of the implementation of this section, and shall include an assessment of the quality of care provided pursuant to this section.

(p) (1) Notwithstanding any other law, and except as provided in paragraph (2), the department shall, no later than January 1, 2009, implement subparagraphs (A) and (B) through an all-county letter from the director:

(A) Subparagraphs (A) and (B) of paragraph (2) of subdivision (e).

(B) Subparagraph (B) of paragraph (5) of subdivision (e).

(2) The department shall, no later than July 1, 2009, adopt regulations to implement subparagraphs (A) and (B) of paragraph (1).

(q) The amendments made to paragraphs (2) and (5) of subdivision (e) made by the act that added this subdivision during the 2007–08 Regular Session of the Legislature shall be implemented only to the extent that an appropriation is made in the annual Budget Act or other statute, except for the amendments that added subparagraph (D) of paragraph (2) of subdivision (e), which shall go into effect January 1, 2009.

SEC. 33. Section 14132.97 of the Welfare and Institutions Code is amended to read:

14132.97. (a) (1) For purposes of this section, "waiver personal care services" means personal care services authorized by the department for persons who are eligible for either nursing or model nursing facility waiver services.

(2) Waiver personal care services shall satisfy all of the following criteria:

(A) The services shall be defined in the nursing and model nursing facility waivers.

(B) The services shall differ in scope from services that may be authorized under Section 14132.95 or 14132.952.

(C) The services shall not replace any hours of services authorized or that may be authorized under Section 14132.95 or 14132.952.

(b) An individual may receive waiver personal care services if all of the following conditions are met:

(1) The individual has been approved by the department to receive services in accordance with a waiver approved under Section 1915(c) of the federal Social Security Act (42 U.S.C. Sec. 1396n(c)) for persons who would otherwise require care in a nursing facility.

(2) The individual has doctor's orders that specify that he or she requires waiver personal care services in order to remain in his or her own home.

(3) The individual chooses, either personally or through a substitute decisionmaker who is recognized under state law for purposes of giving consent for medical treatment, to receive waiver personal care services, as well as medically necessary skilled nursing services, in order to remain in his or her own home.

(4) The waiver personal care services and all other waiver services for the individual do not result in costs that exceed the fiscal limit established under the waiver.

(c) The department shall notify the administrator of the In-Home Supportive Services program in the county of residence of any individual who meets all requirements of subdivision (b) and has been authorized by the department to receive waiver personal care services. The county of residence shall then do the following:

(1) Inform the department of the services that the individual is authorized to receive under Section 14132.95 or 14132.952 at the time he or she becomes eligible for waiver personal care services.

(2) Determine the individual's eligibility for services under Section 14132.95 or 14132.952 if he or she is not currently authorized to receive those services and if he or she has not been previously determined eligible for those services.

(3) Implement the department's authorization for waiver personal care services for the individual at the quantity and scope authorized by the department.

(d) (1) Waiver personal care services approved by the department for individuals who meet the requirements of subdivision (b) may be provided in either of the following ways, or a combination of both:

(A) By a licensed and certified home health agency participating in the Medi-Cal program.

(B) By one or more providers of personal care services under Article 7 (commencing with Section 12300) of Chapter 3 and subdivision (d) of Section 14132.95, when the individual elects, in writing, to utilize these service providers.

(2) The department shall approve waiver personal care services for individuals who meet the requirements of subdivision (b) only when the department finds that the individual's receipt of waiver personal care services is necessary in order to enable the individual to be maintained safely in his or her own home and community.

(3) When waiver personal care services are provided by a licensed and certified home health agency, the home health agency shall receive payment in the manner by which it would receive payment for any other service approved by the department.

(4) (A) When waiver personal care services are provided by one or more providers of personal care services under Article 7 (commencing with Section 12300) of Chapter 3 and subdivision (d) of Section 14132.95, the providers shall receive payment on a schedule and in a manner by which

providers of personal care services receive payment. The State Department of Social Services shall commence making payments for waiver personal care services when its payment system has been modified to accommodate those payments. A county is not obligated to administer waiver personal care services until the State Department of Social Services payment system has been modified to accommodate those payments. However, any county or public authority or nonprofit consortium that administers the In-Home Supportive Services and personal care services programs may pay providers for the delivery of waiver personal care services if it chooses to do so. In that case, the county, public authority, or nonprofit consortium shall be reimbursed by the department for the waiver personal care services authorized by the department and provided to an individual upon submittal of documentation as required by the waiver, and in accordance with the requirements of the department.

(B) For purposes of subparagraph (A) and to the extent the department obtains any federal approvals it deems necessary to implement this subparagraph, "payment" includes wages and benefits. Payments provided pursuant to subparagraph (A) shall be available for service dates on or after the effective date specified in the applicable federal approval obtained by the department and only after the Case Management Information and Payroll System (CMIPS) system has been modified to accommodate these payments, or on July 1, 2019, whichever is sooner.

(e) Waiver personal care services shall not be included as alternative resources in a county's determination of the amount of services an individual may receive under Section 14132.95 or 14132.952.

(f) Any administrative costs to the State Department of Social Services, a county, or a public authority or nonprofit consortium associated with implementing this section shall be considered administrative costs under the waiver and shall be reimbursed by the department.

(g) Two hundred fifty thousand dollars ($250,000) is appropriated from the General Fund to the State Department of Social Services for the 1998–99 fiscal year for the purpose of making changes to the case management, information, and payrolling system that are necessary for the implementation of this section.

(h) This section shall not be implemented until the department has obtained federal approval of any necessary amendments to the existing nursing facility and model nursing facility waivers and the state plan under Title 19 of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.). Any amendments to the existing nursing facility and model nursing facility waivers and the state plan which are deemed to be necessary by the director shall be submitted to the federal Health Care Financing Administration by April 1, 1999.

(i) The department shall implement this section only to the extent that its implementation results in fiscal neutrality, as required under the terms of the waivers.

SEC. 34. Section 14132.971 is added to the Welfare and Institutions Code, to read:

14132.971. (a) The county, or the public authority or nonprofit consortium established pursuant to Section 12301.6, shall be deemed to be the employer to meet and confer in good faith, in accordance with Chapter 10 (commencing with Section 3500) of Division 4 of Title 1 of the Government Code, regarding wages, benefits, and other terms and conditions of employment of individuals providing waiver personal care services pursuant to Section 14132.97. For purposes of this section, bargaining unit placement pursuant to Section 3507.1 of the Government Code, and waiver personal care services, individuals providing waiver personal care services shall be deemed a part of the established bargaining unit of in-home supportive services providers of an employer of record described in Section 12301.6 in the county in which the individual delivers waiver personal care services.

(b) Recipients shall retain the right to hire, fire, and supervise the work of any waiver personal care services personnel providing services to them.

(c) For service dates on or after the effective date specified in the applicable federal approval obtained by the department pursuant to subdivision (e), wages, benefits, and all other terms and conditions of employment for individuals providing waiver personal care services pursuant to Section 14132.97 shall be equal to the wages, benefits, and other terms and conditions of employment in the respective county for the individual provider mode of services in the In-Home Supportive Services (IHSS) program pursuant to Article 7 (commencing with Section 12300) of Chapter 3.

(d) If eligibility for benefits requires a provider to work a threshold number of hours, eligibility shall be determined based on the aggregate number of monthly hours worked between IHSS and waiver personal care services.

(e) This section shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and not otherwise jeopardized.

SEC. 35. Chapter 14 (commencing with Section 15770) is added to Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Chapter 14. Home Safe Program

15770. For purposes of this chapter, the following definitions shall apply:

(a) "Adult protective services" has the same meaning as defined in Section 15610.10.

(b) "Eligible individual" means an individual that, at a minimum, meets all of the following conditions:

(1) Is an adult protective services client.

(2) Is homeless or at imminent risk of homelessness as a result of elder or dependent abuse, neglect, self-neglect, or financial exploitation, as determined by the adult protective services agency.

(3) Voluntarily agrees to participate in the program.

(c) "Homeless or at risk of homelessness" means any of the following:

(1) A person who lacks a fixed or regular nighttime residence and either of the following apply:

(A) The person has a primary nighttime residence that is a supervised publicly or privately operated shelter, hotel, or motel, designed to provide temporary living accommodations.

(B) The person resides in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

(2) A person who is in receipt of a judgment for eviction, as ordered by the court.

(3) A person who has received a pay rent or quit notice or who will otherwise imminently lose his or her primary nighttime residence, if all of the following are true:

(A) The right to occupy his or her current housing or living situation will be terminated within 21 days after the date of application for assistance, or there is credible evidence that he or she is at imminent risk of receiving a termination notice, as documented in his or her adult protective services case plan.

(B) A subsequent residence has not been identified or secured, including, but not limited to, an individual exiting a medical facility, long-term care facility, prison, or jail.

(C) The individual lacks the resources or support network, including, but not limited to, family, friends, or faith-based or other social network, needed to obtain other permanent housing.

(4) A person who has a primary nighttime residence or living situation directly associated with a substantiated report of abuse, neglect, or financial exploitation that poses an imminent health and safety risk, and the person lacks the resources or support network needed to obtain other permanent housing.

(d) "Multidisciplinary personnel team" has the same meaning as defined in Section 15610.55.

(e) "Permanent housing" means a place to live without a predetermined limit on the length of stay subject to landlord-tenant laws pursuant to Chapter 2 (commencing with Section 1940) of Title 5 of Part 4 of Division 3 of the Civil Code.

(f) "Program" means the Home Safe Program established pursuant to this chapter.

(g) "Supportive housing" has the same meaning as defined in paragraph (2) of subdivision (b) of Section 50675.14 of the Health and Safety Code, except that the program is not restricted to serving only projects with five or more units.

15771. (a) Subject to an appropriation of funds for this purpose in the annual Budget Act, the department shall award grants to counties, tribes, or groups of counties or tribes, that provide services to elder and dependent adults who experience abuse, neglect, and exploitation and otherwise meet the eligibility criteria for adult protective services, for the purpose of providing housing-related supports to eligible individuals.

(b) Notwithstanding subdivision (a), this section does not create an entitlement to housing-related assistance, which is to be provided at the discretion of the grantee as a service to eligible individuals.

(c) (1) It is the intent of the Legislature that housing-related assistance provided pursuant to this chapter utilize evidence-based practices in homeless assistance and prevention, including housing risk screening and assessments, housing first, rapid rehousing, and supportive housing.

(2) Housing-related supports and services available to participating individuals may include, but not be limited to, all of the following:

(A) An assessment of each individual's housing needs, including a plan to assist the individual in meeting those needs, consistent with the case plan, as developed by the adult protective services agency. To the extent feasible, the plan shall be developed in coordination with a multidisciplinary team that may include housing program providers, mental health providers, local law enforcement, legal assistance providers, and others as deemed relevant by the adult protective services agency.

(B) Navigation or search assistance to recruit landlords and assist individuals in locating affordable or subsidized housing.

(C) Enhanced case management, including motivational interviewing and trauma-informed care, to help the individual recover from elder abuse, neglect, or financial exploitation.

(D) Housing-related financial assistance, including rental assistance, security deposit assistance, utility payments, moving cost assistance, and interim housing assistance while housing navigators are actively seeking permanent housing options for the individual.

(E) Housing stabilization services, including ongoing landlord engagement, case management, public systems assistance, legal services, tenant education, eviction protection, credit repair assistance, life skills training, heavy cleaning, and conflict mediation with landlords, neighbors, and families.

(F) If the individual requires supportive housing, referral to the local homeless continuum of care for long-term services promoting housing stability.

(G) Mental health assistance, as necessary or appropriate.

(d) The department shall provide grants to counties and tribes according to criteria and procedures developed by the department, in consultation with the County Welfare Directors Association of California, tribes, the California Elder Justice Coalition, and the California Commission on Aging. These criteria shall include, but are not limited to, all of the following:

(1) Eligible sources of funds and in-kind contributions to match the grant, as described in paragraph (1) of subdivision (e).

(2) The proportion of funding to be expended on reasonable and appropriate administrative activities, in order to minimize overhead and maximize services.

(3) Tracking and reporting procedures for the program, which shall be conducted as a condition of receiving funds, including, but not limited to, collecting disaggregated data on all of the following:

(A) The number of people determined eligible for the program.

(B) The number of people receiving assistance from the program and the duration of that assistance.

(C) The types of housing assistance received by recipients.

(D) The housing status six months and one year after receiving assistance from the program.

(E) The number of substantiated adult protective services reports six months and one year after receiving assistance from the program.

(e) Grants shall be subject to all of the following requirements:

(1) Grantees shall match the funding on a dollar-for-dollar basis, which may be met by cash or in-kind contributions.

(2) Grantees shall demonstrate the extent to which they will attempt to leverage county mental health services funds for participating individuals, and any barriers to leveraging these funds.

(3) Grantees shall agree to actively cooperate with tracking, reporting, and evaluation efforts.

(4) Grantees shall coordinate with the local homeless continuum of care network.

(f) Funding pursuant to this section shall supplement, and not supplant, the level of county or tribal funding spent on these purposes in the 2017–18 fiscal year.

(g) Utilizing the funds appropriated for purposes of this chapter, the department shall, in consultation with the County Welfare Directors Association of California, tribes, the California Elder Justice Coalition, and the California Commission on Aging, enter into a contract with an independent evaluation and research agency to evaluate the impacts of the program, which may include, but are not limited to, the following:

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

(2) The likelihood of future instances of abuse and neglect among recipients.

(3) Program costs and benefits.

(h) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this chapter through all-county letters without taking regulatory action.

SEC. 36. Section 16121 of the Welfare and Institutions Code is amended to read:

16121. (a) (1) For initial adoption assistance agreements executed on October 1, 1992, to December 31, 2007, inclusive, the adoptive family shall be paid an amount of aid based on the child's needs otherwise covered in AFDC-FC payments and the circumstances of the adopting parents, but that shall not exceed the basic foster care maintenance payment rate structure in effect on December 31, 2007, that would have been paid based on the age-related state-approved foster family home rate, and any applicable

specialized care increment, for a child placed in a licensed or approved family home.

(2) For initial adoption assistance agreements executed from January 1, 2008, to December 31, 2009, inclusive, the adoptive family shall be paid an amount of aid based on the child's needs otherwise covered in AFDC-FC payments and the circumstances of the adopting parents, but that shall not exceed the basic foster care maintenance payment rate structure in effect on December 31, 2009, that would have been paid based on the age-related state-approved foster family home rate, and any applicable specialized care increment, for a child placed in a licensed or approved family home.

(3) Notwithstanding any other provision of this section, for initial adoption assistance agreements executed on January 1, 2010, to June 30, 2011, inclusive, or the effective date specified in a final order, for which the time to appeal has passed, issued by a court of competent jurisdiction in California State Foster Parent Association, et al. v. William Lightbourne, et al., (U.S. Dist. Ct. No. C 07-08056 WHA), whichever is earlier, where the adoption is finalized on or before June 30, 2011, or the date specified in that order, whichever is earlier, the adoptive family shall be paid an amount of aid based on the child's needs otherwise covered in AFDC-FC payments and the circumstance of the adopting parents, but that amount shall not exceed the basic foster care maintenance payment rate structure in effect on June 30, 2011, or the date immediately prior to the date specified in the order described in this paragraph, whichever is earlier, and any applicable specialized care increment, that the child would have received while placed in a licensed or approved family home. Adoption assistance benefit payments shall not be increased based solely on age. This paragraph shall not preclude any reassessments of the child's needs, consistent with other provisions of this chapter.

(4) Notwithstanding any other provision of this section, for initial adoption assistance agreements executed on or after July 1, 2011, or the effective date specified in a final order, for which the time to appeal has passed, issued by a court of competent jurisdiction in California State Foster Parent Association, et al. v. William Lightbourne, et al. (U.S. Dist. Ct. No. C 07-05086 WHA), whichever is earlier, where the adoption is finalized on or after July 1, 2011, or the effective date of that order, whichever is earlier, and before December 31, 2016, and for initial adoption assistance agreements executed before July 1, 2011, or the date specified in that order, whichever is earlier, where the adoption is finalized on or after the earlier of July 1, 2011, or that specified date, and before December 31, 2016, the adoptive family shall be paid an amount of aid based on the child's needs otherwise covered in AFDC-FC payments and the circumstances of the adopting parents, but that amount shall not exceed the basic foster family home rate structure effective and available as of December 31, 2016, plus any applicable specialized care increment. These adoption assistance benefit payments shall not be increased based solely on age. This paragraph shall not preclude any reassessments of the child's needs, consistent with other provisions of this chapter.

(5) Notwithstanding any other provision of this section, for initial adoption assistance agreements executed on or after January 1, 2017, the adoptive family shall be paid an amount of aid based on the child's needs otherwise covered in AFDC-FC payments and the circumstances of the adopting parents, but that amount shall not exceed the home-based family care rate structure developed pursuant to paragraph (1) of subdivision (g) of Section 11461 and Section 11463, inclusive of any level of care determination, plus any applicable specialized care increment. This paragraph shall not preclude any reassessments of the child's needs consistent with other provisions of this chapter.

(b) Payment may be made on behalf of an otherwise eligible child in a state-approved group home, short-term residential therapeutic program, or residential care treatment facility if the department or county responsible for determining payment has confirmed that the placement is necessary for the temporary resolution of mental or emotional problems related to a condition that existed prior to the adoptive placement. Out-of-home placements shall be in accordance with the applicable provisions of Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code and other applicable statutes and regulations governing eligibility for AFDC-FC payments for placements in in-state and out-of-state facilities. The designation of the placement facility shall be made after consultation with the family by the department or county welfare agency responsible for determining the Adoption Assistance Program (AAP) eligibility and authorizing financial aid. Group home, short-term residential therapeutic program, or residential placement shall only be made as part of a plan for return of the child to the adoptive family, that shall actively participate in the plan. Adoption Assistance Program benefits may be authorized for payment for an eligible child's group home, short-term residential therapeutic program, or residential treatment facility placement if the placement is justified by a specific episode or condition and does not exceed an 18-month cumulative period of time. After an initial authorized group home, short-term residential therapeutic program, or residential treatment facility placement, subsequent authorizations for payment for a group home, short-term residential therapeutic program, or residential treatment facility placement may be based on an eligible child's subsequent specific episodes or conditions.

(c) (1) Payments on behalf of a child who is a recipient of AAP benefits who is also a consumer of regional center services shall be based on the rates established by the State Department of Social Services pursuant to Section 11464 and subject to the process described in paragraph (1) of subdivision (d) of Section 16119.

(2) (A) Except as provided for in subparagraph (B), this subdivision shall apply to adoption assistance agreements signed on or after July 1, 2007.

(B) Rates paid on behalf of regional center consumers who are recipients of AAP benefits and for whom an adoption assistance agreement was

executed before July 1, 2007, shall remain in effect, and may only be changed in accordance with Section 16119.

(i) If the rates paid pursuant to adoption assistance agreements executed before July 1, 2007, are lower than the rates specified in paragraph (1) of subdivision (c) or paragraph (1) of subdivision (d) of Section 11464, respectively, those rates shall be increased, as appropriate and in accordance with Section 16119, to the amount set forth in paragraph (1) of subdivision (c) or paragraph (1) of subdivision (d) of Section 11464, effective July 1, 2007. Once set, the rates shall remain in effect and may only be changed in accordance with Section 16119.

(ii) For purposes of this clause, for a child who is a recipient of AAP benefits or for whom the execution of an AAP agreement is pending, and who has been deemed eligible for or has sought an eligibility determination for regional center services pursuant to subdivision (a) of Section 4512, and for whom a determination of eligibility for those regional center services has been made, and for whom, prior to July 1, 2007, a maximum rate determination has been requested and is pending, the rate shall be determined through an individualized assessment and pursuant to subparagraph (C) of paragraph (1) of subdivision (c) of Section 35333 of Title 22 of the California Code of Regulations as in effect on January 1, 2007, or the rate established in subdivision (b) of Section 11464, whichever is greater. Once the rate has been set, it shall remain in effect and may only be changed in accordance with Section 16119. Other than the circumstances described in this clause, regional centers shall not make maximum rate benefit determinations for the AAP.

(3) Regional centers shall separately purchase or secure the services contained in the child's IFSP or IPP, pursuant to Section 4684.

(4) Regulations adopted by the department pursuant to this subdivision shall be adopted as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and for the purposes of that chapter, including Section 11349.6 of the Government Code, the adoption of these regulations is an emergency and shall be considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health, safety, and general welfare. The regulations authorized by this paragraph shall remain in effect for no more than 180 days, by which time final regulations shall be adopted.

(d) (1) In the event that a family signs an adoption assistance agreement where a cash benefit is not awarded, the adopting family shall be otherwise eligible to receive Medi-Cal benefits for the child if it is determined that the benefits are needed pursuant to this chapter.

(2) Regional centers shall separately purchase or secure the services that are contained in the child's Individualized Family Service Plan (IFSP) or Individual Program Plan (IPP) pursuant to Section 4684.

(e) Subdivisions (a), (b), and (d) shall apply only to adoption assistance agreements signed on or after October 1, 1992. An adoption assistance agreement executed prior to October 1, 1992, shall continue to be paid in

accordance with the terms of that agreement, and shall not be eligible for any increase in the basic foster care maintenance rate structure that occurred after December 31, 2007.

(f) This section shall supersede the requirements of subparagraph (C) of paragraph (1) of Section 35333 of Title 22 of the California Code of Regulations.

(g) The adoption assistance payment rate structure identified in subdivisions (a) and (e) shall be adjusted by the percentage changes in the California Necessities Index, beginning with the 2011–12 fiscal year, and shall not require a reassessment.

SEC. 37. Section 16521.7 is added to the Welfare and Institutions Code, to read:

16521.7. (a) It is the intent of the Legislature in enacting this section to establish a methodology for reconciling the state's and each county's costs and savings resulting from implementation of the Continuum of Care Reform (CCR), as directed through legislation and administrative directives, in light of the requirements of Section 36 of Article XIII of the California Constitution, which pertains to state or federal legislation enacted after September 30, 2012, that has an overall effect of increasing the costs already borne by a local agency for certain programs or levels of service.

(b) The Department of Finance, in consultation with the State Department of Social Services, the County Welfare Directors Association of California, the Chief Probation Officers of California, and the California State Association of Counties, shall develop and implement a methodology for determining the state's and each county's overall actual costs and savings resulting from the CCR initiative. The methodology shall take into account the CCR-related assistance and administration costs and savings of the state and each county associated with the implementation of the CCR initiative, based on the best available data.

(c) (1) The overall CCR-related assistance and administration costs and savings for each county shall be reconciled at least once for each fiscal year, beginning in the 2018–19 fiscal year, to determine the amount of state funding, if any, that is owed to each county or the amount of county savings, if any, that are available to offset state funding from the General Fund. The Department of Finance, in collaboration with the entities listed in subdivision (b), shall determine the process by which any state funding owed to counties is provided or any county savings offsets state funding.

(2) If any state funding owed is not provided to the county, the county is not obligated to continue implementation of the CCR initiative beyond the level of state funding provided.

(3) The overall CCR-related assistance and administration costs and savings of each county incurred since July 1, 2016, shall be included in the first reconciliation done pursuant to this section.

SEC. 38. Section 18900.5 is added to the Welfare and Institutions Code, to read:

18900.5. (a) It is the intent of the Legislature in enacting this section that recipients of Supplemental Security Income benefits and/or State

Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, may receive CalFresh benefits if otherwise eligible. Households described in this section and Sections 18900.6 and 18900.7 shall include households receiving benefits under Chapter 10.1 (commencing with Section 18930) of this part. It is the intent of the Legislature to continue funding a hold harmless for populations described in Sections 18900.6 and 18900.7 beyond 2018–19, until natural program attrition within these populations negates the need for additional funding. It is the intent of the Legislature to provide ongoing funding for county administration for implementation of this section and funding for county administration for implementation of the hold harmless pursuant to Sections 18900.6 and 18900.7 for the duration of the hold harmless enacted by either of those sections.

(b) The department shall notify the federal Commissioner of Social Security and the Secretary of the United States Department of Agriculture that the Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, do not include the bonus value of food stamps, as described in subdivision (g) of Section 2015 of Title 7 of the United States Code, effective June 1, 2019, unless the department notifies the Department of Finance that automation will not be complete by that date, in which case the department shall notify the Department of Finance of the date automation will be complete and the alternate implementation date, which shall be no later than August 1, 2019. No later than August 1, 2018, the department shall provide counties with instructions necessary to complete automation related to implementation of this section and Sections 18900.6 and 18900.7 by August 1, 2019.

(c) Subdivision (b) shall be implemented as follows:

(1) As of June 1, 2019, or the alternate implementation date described in subdivision (b), an individual otherwise eligible for CalFresh who is not in an existing CalFresh household as an excluded member, shall become eligible for CalFresh benefits notwithstanding that he or she is a recipient of Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3.

(2) (A) For all existing CalFresh households as of June 1, 2019, or the alternate implementation date described in subdivision (b), that as a result of subdivision (b) will include a previously excluded individual or individuals who receives Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, the county welfare department shall implement this provision by adding that individual, or those individuals, to the existing CalFresh household, and determining continuing eligibility and benefits pursuant to Sections 18901, 18901.7, and Chapter 10.1 (commencing with Section 18930) of this part, at the next periodic report or recertification as described in Sections 18910 and 18910.1. This shall include households which temporarily lose their eligibility on or before the

date when the SSI individual(s) would be added and have their benefits restored within 30 days of that date based on good cause or providing the necessary information to restore eligibility.

(B) Notwithstanding subparagraph (A), an existing CalFresh household described in that subparagraph may, at any time following June 1, 2019, or the alternate implementation date described in subdivision (b), and before the next periodic report or recertification, request that a previously excluded individual or individuals who receive Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, be added to the CalFresh household. Upon such a request, the county welfare department then shall determine continuing eligibility and benefits pursuant to Sections 18901, 18901.7, and Chapter 10.1 (commencing with Section 18930) of this part.

(3) (A) For all new CalFresh households enrolled within six calendar months of June 1, 2019, or the alternate implementation date described in subdivision (b), consisting entirely of individuals receiving Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, and eligible for a certification period of 24 or 36 months, the household's initial certification period may be no more than six months shorter than the maximum period allowable to help spread the workload of periodic reports and recertifications, and manage caseload relative to timeliness and accuracy standards.

(B) For all CalFresh households not described above in subparagraph (A), the household's certification period shall be the maximum allowed by federal law for the household type, unless the county is complying with subdivision (b) of Section 18910, or, on a case-by-case basis only, the household's individual circumstances require a shorter certification period.

(d) The provisions of this section and Sections 18900.6 and 18900.7 shall be implemented by the department in consultation with stakeholders and counties. Additionally, beginning July 1, 2018, and continuing quarterly through June 2019, or the alternate implementation date described in subdivision (b), the department shall convene discussions with the Legislature regarding implementation.

(e) This section shall be inoperative during any fiscal year in which funding is not appropriated in the annual Budget Act to support increased state and county administrative costs resulting from this section.

SEC. 39. Section 18900.6 is added to the Welfare and Institutions Code, to read:

18900.6. (a) There is hereby created the SSI/SSP Cash-In Supplemental Nutrition Benefit (SNB) Program described in this section.

(b) The department shall use state funds appropriated for this program to provide nutrition benefits to continuing CalFresh households that were eligible for and receiving CalFresh benefits as of June 1, 2019, or the alternate implementation date described in subdivision (b) of Section 18900.5, but for whom the household's monthly CalFresh benefit was reduced when a previously excluded individual or individuals were added

to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(c) (1) The amount of nutrition benefits provided to each household will be based on a supplemental nutrition benefit table developed by the department.

(2) The benefit table described in paragraph (1) shall be issued annually based on all of the following:

(A) The projected number of households described in subdivision (b).

(B) The size of households described in subdivision (b), as determined when the previously excluded individual or individuals were added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(C) The number of previously excluded individuals added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(D) The total funding appropriated for purposes of this section in the annual Budget Act.

(d) The table-based nutrition benefits provided pursuant to this section shall be delivered on a monthly basis through the electronic benefits transfer system created pursuant to Section 10072, in the same manner as CalFresh benefits, and to the extent permitted by federal law shall not be considered income for any means-tested program.

(e) These supplemental nutrition benefits shall be provided to the household only as long as the household continues to receive CalFresh, and includes the individual or individuals added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(f) A household whose CalFresh benefits are restored, consistent with current law, following discontinuance for failure to provide the necessary documentation or information required to determine continuing eligibility, will also have their SNB restored, without proration, back to the original date of discontinuance of the CalFresh benefits. If a household is discontinued for any other reason and reapplies for benefits, the supplemental benefit provisions outlined in this section shall not apply.

(g) Households that are eligible for and receive SNB under this section shall not at any point be eligible for transitional nutrition benefits as created in Section 18900.7, regardless of a change in household circumstances.

(h) The department shall develop client notices for the SNB program as appropriate.

(i) Supplemental nutrition benefits authorized pursuant to this section are not entitlement benefits, and the department shall provide benefits under this section only to the extent funding for purposes of this section is appropriated in the annual Budget Act.

(j) This section shall be inoperative during any fiscal year in which funding is not appropriated in the annual Budget Act to support increased state and county administrative costs resulting from this section.

SEC. 40. Section 18900.7 is added to the Welfare and Institutions Code, to read:

18900.7. (a) There is hereby created the SSI/SSP Cash-In Transitional Nutrition Benefit (TNB) Program described in this section.

(b) The department shall use state funds appropriated for this program to provide transitional nutrition benefits to former CalFresh households that were eligible for and receiving CalFresh benefits as of June 1, 2019, or the alternate implementation date described in subdivision (b) of Section 18900.5, but became ineligible for CalFresh when a previously excluded individual or individuals receiving Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3, was added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(c) (1) The amount of transitional nutrition benefits provided to each household will be based on a transitional nutrition benefit table developed by the department.

(2) The benefit table described in paragraph (1) shall be issued annually based on all of the following:

(A) The projected number of households described in subdivision (b).

(B) Household size as determined when the previously excluded individual or individuals were added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(C) The number of previously excluded individuals added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(D) The total funding appropriated for purposes of this section in the annual Budget Act.

(d) The transitional nutrition benefits described in this section shall be delivered through the electronic benefits transfer system created pursuant to Section 10072, and to the extent permitted by federal law shall not be considered income for any means-tested program.

(e) Households eligible for TNB shall be initially certified for one 12-month period and then households may be recertified for additional six-month periods through a recertification process developed by the department, following consultation with counties and stakeholders, so long as the household continues to meet all of the following criteria:

(1) Include at least one individual added to the household pursuant to paragraph (2) of subdivision (c) of Section 18900.5.

(2) That individual or individuals continue to receive Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3.

(3) The household remains ineligible for CalFresh benefits.

(f) The department shall develop client notices for the TNB program as appropriate.

(g) If a household is discontinued for failure to provide the documentation or information required to determine continuing eligibility for TNB, the benefits shall be restored, without proration, back to the original date of discontinuance of TNB, if all documentation and information required to determine continuing eligibility is provided to the county within 30 days of the date of discontinuance from TNB. If the household is discontinued for

any other reason and reapplies for benefits, the transitional benefit provisions outlined in this section shall not apply.

(h) Households that are eligible for and receive TNB under this section shall not at any point be eligible for supplemental nutrition benefits, as created in Section 18900.6, regardless of a change in household circumstances.

(i) Transitional nutrition benefits authorized pursuant to this section are not entitlement benefits, and the department shall provide benefits under this section only to the extent funding for purposes of this section is appropriated in the annual Budget Act.

(j) This section shall be inoperative during any fiscal year in which funding is not appropriated in the annual Budget Act to support increased state and county administrative costs resulting from this section.

SEC. 41. Section 18941 of the Welfare and Institutions Code is amended to read:

18941. (a) Benefits provided under this chapter shall be equivalent to the benefits provided under the SSI/SSP program, Chapter 3 (commencing with Section 12000) of Part 3, except that the schedules for individuals and couples shall be reduced ten dollars ($10) per individual and twenty dollars ($20) per couple per month.

(b) Notwithstanding subdivision (a), commencing on the date that the Supplemental Security Income benefits and/or State Supplementary Payment Program benefits provided in Chapter 3 (commencing with Section 12000) of Part 3 do not include the bonus value of food stamps, as described in subdivision (g) of Section 2015 of Title 7 of the United States Code, pursuant to subdivision (b) of Section 18900.5, benefits provided under this chapter shall be equivalent to the benefits provided under the SSI/SSP program (Chapter 3 (commencing with Section 12000) of Part 3).

(c) The benefits authorized pursuant to subdivision (b) are not entitlement benefits and shall only be provided if funding is appropriated in the annual Budget Act for this purpose.

SEC. 42. (a) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the State Department of Social Services may implement and administer Sections 1531.6 and 1538.75 of the Health and Safety Code, Sections 10072.3, 10626, 10823.1, 10823.2, 11450.21, 11450.22, 11450.26, 11453.01, 11461.36, 12201.01, 14132.971, 18900.5, 18900.6, and 18900.7 of, Article 3.4 (commencing with Section 11330.6) of Chapter 2 of Part 3 of Division 9 of, and Chapter 14 (commencing with Section 15770) of Part 3 of Division 9 of, the Welfare and Institutions Code, which are added by this act, and Sections 11325.23, 11450, 11462.04, 14132.97, and 18941 of the Welfare and Institutions Code, which are amended by this act, through all-county letters or similar instructions until regulations are adopted.

(b) The department shall adopt emergency regulations implementing the sections specified in subdivision (a) no later than January 1, 2020. The department may readopt any emergency regulation authorized by this section

that is the same as, or substantially equivalent to, any emergency regulation previously adopted pursuant to this section. The initial adoption of regulations pursuant to this section and one readoption of emergency regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. Initial emergency regulations and one readoption of emergency regulations authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State, and each shall remain in effect for no more than 180 days, by which time final regulations shall be adopted.

SEC. 43. The Legislature finds and declares that Section 6253.2 of the Government Code, as amended by Section 4 of this act, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy and well-being of state and local employees paid by the state to provide in-home supportive services under the IHSS Plus option, home- and community-based attendant services and supports, and waiver personal care services, it is necessary to limit general access to information regarding those persons.

SEC. 44. To the extent that this act has an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any new program or higher level of service provided by a local agency pursuant to this act above the level for which funding has been provided shall not require a subvention of funds by the state or otherwise be subject to Section 6 of Article XIII B of the California Constitution.

With regard to certain other costs that may be incurred by a local agency or school district, no reimbursement is required by this act pursuant to Section 6 of Article III B of the California Constitution 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. 45. This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.

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