AMENDMENTS TO ASSEMBLY BILL NO. 1481 AS AMENDED IN SENATE AUGUST 16, 2023

Amendment 1 In the title, in line 2, strike out "of" and insert:

of, and to add Section 6608.3 to,

Amendment 2

On page 2, before line 1, insert:

SECTION 1. Section 6608.3 is added to the Welfare and Institutions Code, to read:

- 6608.3. (a) Notwithstanding Section 6608 or any other law, the State Department of State Hospitals or its contractor shall not place a person who has been conditionally released in a community if they are transient. A person who has been conditionally released and is transient shall be placed on state property and supervised by state personnel.
- (b) For the purpose of this section, "transient" means the person does not have an address or addresses at which they regularly reside, regardless of the number of days or nights spent there. A shelter or structure does not include recreational or other vehicles.

Amendment 3

On page 2, in line 1, strike out "SECTION 1." and insert:

SEC. 2.

Amendment 4

On page 4, in line 6, strike out "SEC. 2." and insert:

SEC. 3.

Amendment 5

On page 5, in line 33, strike out "SEC. 3." and insert:

SEC. 4.



Amendment 6

On page 6, in line 1, strike out "SEC. 4." and insert:

SEC. 5.

Amendment 7

On page 6, in line 9, strike out "SEC. 5." and insert:

SEC. 6.

Amendment 8

On page 6, in line 32, strike out "SEC. 6." and insert:

SEC. 7.

Amendment 9

On page 7, in line 1, strike out "SEC. 7." and insert:

SEC. 8.

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PROPOSED AMENDMENTS TO ASSEMBLY BILL NO. 1481

AMENDED IN SENATE AUGUST 16, 2023

AMENDED IN SENATE JULY 13, 2023

AMENDED IN ASSEMBLY APRIL 20, 2023

AMENDED IN ASSEMBLY MARCH 16, 2023

CALIFORNIA LEGISLATURE—2023—24 REGULAR SESSION

ASSEMBLY BILL

No. 1481



Introduced by Assembly Members Boerner and Bauer-Kahan (Coauthor: Assembly Member Berman)

February 17, 2023

An act to amend Sections 14011.66, 14148.03, 14148.1, 14148.3, 14148.7, and 14148.85-of of, and to add Section 6608.3 to, the Welfare and Institutions Code, relating to Medi-Cal.

Amendment 1

LEGISLATIVE COUNSEL'S DIGEST

AB 1481, as amended, Boerner. Medi-Cal: presumptive eligibility. Existing law provides for the civil commitment of criminal offenders who have been determined to be sexually violent predators for treatment in a secure state hospital facility, as specified. Existing law authorizes the conditional release of a sexually violent predator under specified circumstances and requires the State Department of State Hospitals to make the necessary placement arrangements to place the person in a community, as specified.

This bill would prohibit the department from placing a person who has been conditionally released in a community if they are transient and would require a person who has been conditionally released and

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is transient to be placed on state property and supervised by state personnel. The bill would define "transient" to mean that the person does not have an address such as a shelter that can be located by a street address.

Existing law establishes 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. Existing federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Existing federal law authorizes states to provide presumptive eligibility to pregnant women or children, and existing state law requires the department to provide presumptive eligibility to pregnant women and children, as specified.

This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program "Presumptive Eligibility for Pregnant People" (PE4PP). For a pregnant person covered under PE4PP who applies for full-scope Medi-Cal benefits, if the application is submitted at any time from the date of their presumptive eligibility determination through the last day of the subsequent calendar month, the bill would require the department to ensure the pregnant person is covered under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified. The bill would require the department to require providers participating in the PE4PP program to provide information to pregnant persons enrolled in PE4PP on how to contact the person's county to expedite the county's determination of a Medi-Cal application.

The bill would make conforming changes to related provisions.

Because counties are required to make eligibility determinations, and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.

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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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

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

SECTION 1. Section 6608.3 is added to the Welfare and Institutions Code, to read:

6608.3. (a) Notwithstanding Section 6608 or any other law, the State Department of State Hospitals or its contractor shall not place a person who has been conditionally released in a community if they are transient. A person who has been conditionally released and is transient shall be placed on state property and supervised by state personnel.

(b) For the purpose of this section, "transient" means the person does not have an address or addresses at which they regularly reside, regardless of the number of days or nights spent there. A shelter or structure does not include recreational or other vehicles.

SECTION 1.

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SEC. 2. Section 14011.66 of the Welfare and Institutions Code is amended to read:

14011.66. (a) Effective January 1, 2014, the department shall provide Medi-Cal benefits during a presumptive eligibility period to individuals who have been determined eligible on the basis of preliminary information by a qualified hospital in accordance with Section 1396a(a)(47)(B) of Title 42 of the United States Code and as set forth in this section.

- (b) A hospital may only make presumptive eligibility determinations under this section if it complies with all of
- (1) It is a participating provider under the state plan or under a federal waiver under Section 1315 of Title 42 of the United States
- (2) It has notified the department in writing that it has elected to be a qualified entity for the purpose of making presumptive eligibility determinations.
- (3) It agrees to make presumptive eligibility determinations consistent with all applicable policies and procedures.
- (4) It has not been disqualified to make presumptive eligibility determinations by the department.
- (c) Qualified hospitals may only make presumptive eligibility determinations based upon income for children, pregnant people, parents and other caretaker relatives, and other adults, whose income is calculated using the applicable MAGI-based income

Amendment 2

Amendment 3

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standard or for individuals who are 65 years of age or older, blind, or disabled whose income is not calculated using the applicable MAGI-based income standard for which federal approval is obtained pursuant to subdivision (g).

- (d) The department shall establish a process for determining whether a hospital should be disqualified from being able to make presumptive eligibility determinations under this section.
- (e) For purposes of this section, "MAGI-based income" means income calculated using the financial methodologies described in Section 1396a(e)(14) of Title 42 of the United States Code, as added by the federal Patient Protection and Affordable Care Act (Public Law 111-148) and as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152) and any subsequent amendments.
- (f) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. The department shall adopt regulations by July 1, 2017, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Beginning six months after the effective date of this section, and notwithstanding Section 10231.5 of the Government Code, the department shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

(g) This section shall be implemented only if and to the extent that federal financial participation is available and any necessary federal approvals have been obtained.

SEC. 2.

SEC. 3. Section 14148.03 of the Welfare and Institutions Code is amended to read:

14148.03. (a) Pursuant to options provided in federal law and notwithstanding any other provision of law, the form used by a provider to collect information about a pregnant person pursuant to the Medi-Cal temporary benefits program under Section 14148.7 as that program is implemented on January 1, 2003, shall itself qualify as a simplified application for the Medi-Cal program for

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pregnant people, or, if necessary to ensure federal financial participation, the form shall be modified to add only those elements required for federal financial participation and be as simple as the department considers practicable.

- (b) For purposes of this section, the department shall determine whether to grant eligibility for temporary benefits under Section 14148.7 and the county shall make the final eligibility determination for the Medi-Cal program. The department shall develop and adopt a process for transferring the application to the county and a followup process that is as simple as the department considers practicable to be used by the county if followup is necessary. Based on the department's instructions, the county shall make a determination whether followup is necessary to determine the pregnant person's final eligibility for the Medi-Cal program or to refer the pregnant person to the Medi-Cal Access Program.
- (c) The department shall adopt an electronic enrollment process for pregnant people to use when applying for the Medi-Cal program from a provider's office. The application form for this electronic enrollment shall use the elements of the application form described in subdivision (a) and the procedures specified in subdivision (b). This electronic enrollment process shall be known as the Prenatal Gateway. In developing the Prenatal Gateway required by this subdivision, the department shall consult with consumer, provider, county, and health plan representatives.
- (d) The purpose of this section is to begin eligibility and benefits at the time of an eligible pregnant person's visit to a provider and to continue eligibility and benefits until a final eligibility determination is made without the submission of any other application form to the department, the county, or a single point of entry and to make the followup process as simple as the department considers practicable.
- (e) The Prenatal Gateway may not be adopted until both of the following occur:
- (1) Sufficient moneys have been deposited in the Special Funds Account of the Gateway Fund to defray the costs of developing the Prenatal Gateway.
- (2) Sufficient new staff, not to exceed a total of three personnel years, is available at the department for the purposes of this section and Section 14148.04 and is funded through nonstate General Fund

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sources. Notwithstanding any other provision of law, the department may hire staff necessary to implement this section.

- (f) The department shall implement the Prenatal Gateway within 12 months after the date upon which both of the conditions required under subdivision (e) have occurred.
- (g) To implement this section, the department may contract with public or private entities, or utilize existing health care service provider enrollment and payment mechanisms, including the Medi-Cal program's fiscal intermediary, only if services provided under the program are specifically identified and reimbursed in a manner that appropriately claims federal financial reimbursement. Contracts, including the Medi-Cal fiscal intermediary contract for the Child Health and Disability Prevention Program, and including any contract amendment, any system change pursuant to a change order, and any project or systems development notice shall be exempt from Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, former Chapter 7 (commencing with Section 11700) of Part 1 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and any policies, procedures, or regulations authorized by these laws.

33 SEC. 3.

SEC. 4. Section 14148.1 of the Welfare and Institutions Code is amended to read:

14148.1. To maximize federal financial participation, the department shall seek flexibility in implementing the requirements of Section 121 of the Immigration Reform and Control Act of 1986 (Public Law 99-603) for Medi-Cal eligible people with confirmed pregnancies.

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SEC. 4.

SEC. 5. Section 14148.3 of the Welfare and Institutions Code is amended to read:

14148.3. The department shall seek federal approval to implement obstetrical case management for Medi-Cal eligible pregnant people when provided through the Child Health and Disability Prevention program authorized under Article 6 (commencing with Section 124025) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code.

9 SEC. 5.

+ SEC. 6. Section 14148.7 of the Welfare and Institutions Code

10 is amended to read:

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14148.7. (a) The department shall implement the federal options authorized by federal law to assist in the delivery of timely and continuing prenatal care by establishing the option of presumptive eligibility under Section 1396r-1 of Title 42 of the United States Code.

- (b) The program shall be known, and may be cited, as "Presumptive Eligibility for Pregnant People (PE4PP)."
- (c) For a pregnant person covered under PE4PP who applies for full-scope Medi-Cal benefits, if the application is submitted at any time from the date of their presumptive eligibility determination through the last day of the subsequent calendar month, the department shall ensure the pregnant person is covered under PE4PP until the pregnant person is either enrolled in full-scope Medi-Cal benefits or has received a written denial notice in response to their application for full-scope Medi-Cal benefits.
- (d) The department shall require providers participating in the PE4PP program to provide information to pregnant persons enrolled in PE4PP on how to contact the person's county to expedite the county's determination of a Medi-Cal application.

32 SEC. 6.

SEC. 7. Section 14148.85 of the Welfare and Institutions Code is amended to read:

14148.85. The department shall provide for the receipt and initial processing of Medi-Cal applications from pregnant people and from children born after September 30, 1983, who have not yet attained 19 years of age, at facilities other than the county welfare department as described in Title XIX of the Social Security Act (42 U.S.C. Sec. 1396 and following).

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SEC. 7.

- SEC. 8. If the Commission on State Mandates determines that this act contains 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
- pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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Amendment 8

Amendment 9