

STUDENT WELLNESS LEGISLATION UPDATE

[AB 568](#) ([Rivas, Robert D](#)) Early learning and care.

Last Amend: 4/29/2021

Status: 5/3/2021-Re-referred to Com. on APPR.

Location: 4/28/2021-A. APPR.

Summary: Would express the intent of the Legislature to enact legislation that, through greater data transparency and accountability, addresses the suspension and expulsion of African American and Hispanic children in early learning and care settings at disproportionate rates and inequitable access to high-quality early learning and care.

Notes:

3/12/21: COEPACD Feedback:

- Expresses legislative intent to address the suspension and expulsion of African American and Hispanic children in early learning and care settings at disproportionate rates and inequitable access to high quality early learning and care through data transparency and accountability. Would add documentation child care resource and referral agencies maintain to include data on requests for child care by race and ethnicity of the child. Amount other items, would also include the CDSS in coordination with the CDE to develop and maintain the Early Learning and Care Dashboard for public reporting data regarding CSPP and other early learning and care programs.
- The issue for COEPACD is it will create greater transparency through data, however, there are no “teeth” in what that data reveals by specific agency. What would be the corrective action – other than a report? Also the requirement for additional bias and racism training for permit holders – funding for that?

[AB 586](#) ([O'Donnell D](#)) Pupil health: health and mental health services: School Health Demonstration Project.

Last Amend: 4/19/2021

Status: 5/12/2021-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/12/2021-A. APPR. SUSPENSE FILE

Summary: Would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

Notes:

4/19/21 CCSESA Legislative Committee Meeting: Committee decided to reach out to LEC's for feedback.

[AB 942](#) ([Wood D](#)) Specialty mental health services and substance use disorder treatment.

Last Amend: 5/11/2021

Status: 5/12/2021-Re-referred to Com. on APPR.

Location: 4/27/2021-A. APPR.

Summary: Under current law, for individuals 21 years of age and older, a service is “medically necessary” if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to

alleviate severe pain. Current law provides that for individuals under 21 years of age, “medically necessary” or “medical necessity” standards are governed by the definition in federal law. This bill would provide that the above-specified medical necessity standards do not preclude coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service under specified circumstances, including before a provider renders their diagnosis. The bill would provide that the above-described medical necessity criteria for a Medi-Cal beneficiary under 21 years of age is applicable to the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system. For the 2022–23 and 2023–24 fiscal years, the bill would require the department to include as part of the Medi-Cal program assumptions and estimates certain information relating to Medi-Cal specialty mental health services, including changes to the department’s clinical auditing standards.

SB 50

(Limón D) Early learning and care.

Last Amend: 3/16/2021

Status: 4/20/2021-April 19 hearing: Placed on APPR suspense file.

Location: 4/20/2021-S. APPR. SUSPENSE FILE

Summary: The Child Care and Development Services Act requires, upon establishing eligibility for services under the act, a family to be considered to meet all eligibility and need requirements for services and to receive those services without being required to report income or other changes for at least 12 months, except as specified. The act also requires the Superintendent to implement a plan that establishes reasonable standards and assigned reimbursement rates for childcare services, as provided. Commencing July 1, 2021, current law transfers specified childcare programs, responsibilities, services, and systems from the State Department of Education and the Superintendent of Public Instruction to the State Department of Social Services. This bill would extend eligibility to a family in which a member of that family has been certified as eligible to receive benefits from certain means-tested government programs, including Medi-Cal and CalFresh, as specified.

SB 246

(Leyva D) Early childhood education: reimbursement rates.

Last Amend: 4/13/2021

Status: 5/4/2021-May 3 hearing: Placed on APPR suspense file.

Location: 5/3/2021-S. APPR. SUSPENSE FILE

Summary: The Child Care and Development Services Act establishes a system of childcare and development services for children up to 13 years of age. Current law, until July 1, 2021, requires the Superintendent of Public Instruction to implement a plan establishing assigned reimbursement rates to be paid by the state to provider agencies for the provision of those services. Commencing July 1, 2021, current law transfers specified childcare programs, responsibilities, services, and systems, including those programs and duties described below, from the State Department of Education and the Superintendent to the State Department of Social Services. Current law requires the Superintendent to implement a plan that establishes reasonable standards and assigned reimbursement rates, which vary with the length of the program year and the hours of service. This bill would require the State Department of Social Services to implement a reimbursement system plan that establishes reasonable standards and assigned reimbursement rates that would vary with additional factors, including a quality adjustment factor to address the cost of staffing ratios.

Notes:

3/12/21: CISC Early Learning Sub-Committee Feedback:

The proposed legislation moves towards greater equity and parity with the regional market

reimbursement system with upgrades to the survey as related to vouchers. It also creates a "state of emergency factor" that will support early care and education providers in the event of an emergency. Finally, SB 246 sets the stage for a tiered quality-based early care and education system that is aligned with California's Master Plan for Early Learning

3/12/21: COEPACD Feedback:

- Modernizes the Standard Reimbursement Rate (SRR) to align with the Master Plan for Early Learning & Care.
- Removes the incentive for an LEA to run to (2) part-day CSPP session (less than 4 hours) versus one Full day program. Currently a Full Day CSPP child garners a 1.0 factor times the Standard Reimbursement Rate (SRR), but a part-day CSPP child garners a .55 against the SRR – meaning (2) part day children in an am/pm setting will garner more funds. – This could be an impact to LEA's who run only Part-Day CSPP in an a/pm format as this would be a loss of revenues.
- Anything that raises the SRR to match the Regional Market rate and tiered for quality is a good thing.
- Accelerates the adoption of the most current Regional Market Rate Survey and increases it to the 85th percentile of the survey – but as proposed EC 8357 (b)(2&3) is not worded well and is confusing needs clean up. As currently amended (2) and (3) seem to contradict and could cause a decrease in the RMR used in subsidized child care for 2022.
- The issue for COEPACD is that rate reform for the center based programs (CSPP/CCTR) is critical to the survival of these early learning programs to keep pace with the rising costs and be paid for the quality that is provided in these environments. It also tries to create parity with the voucher system. There is a concern to create the incentive to provide more full day options, reducing the factor for part-day CSPP could be seen as loss of revenues to LEA's that currently offer an am/pm session structure, but should be offset with the parity with the voucher system rates and the eventual roll-out of the new tiered reimbursement system.

SB 293 **(Limón D) Medi-Cal specialty mental health services.**

Last Amend: 3/18/2021

Status: 5/4/2021-May 3 hearing: Placed on APPR suspense file.

Location: 5/3/2021-S. APPR. SUSPENSE FILE

Summary: Current 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, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California.

SB 773 **(Roth D) Medi-Cal managed care: behavioral health services.**

Last Amend: 3/10/2021

Status: 5/4/2021-May 3 hearing: Placed on APPR suspense file.

Location: 5/3/2021-S. APPR. SUSPENSE FILE

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law imposes requirements on Medi-Cal managed care plans, including standards on network adequacy, alternative access, and minimum loss ratios. This bill would, commencing with the January 1, 2022, rating period, and through December 31, 2024, require the Department of Health Care Services to make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics associated with targeted interventions, rendered by school-affiliated behavioral health providers, that increase access to preventive, early intervention, and behavioral health services for children enrolled in kindergarten and grades 1 to 12, inclusive, at those schools.