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**SENATE COMMITTEE ON HEALTH**  
**Senator Dr. Susan Talamantes Eggman, Chair**

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**BILL NO:** AB 1005  
**AUTHOR:** Alvarez  
**VERSION:** June 21, 2023  
**HEARING DATE:** July 5, 2023  
**CONSULTANT:** Teri Boughton

**SUBJECT:** In-home supportive services: terminal illness diagnosis

**SUMMARY:** Requires a hospital case manager or discharge planner to ask before discharge from an acute care hospital of a Medi-Cal beneficiary diagnosed with a terminal illness if the patient is interested in receiving information about In Home Supportive Services (IHSS) and if so, as appropriate, communicate with the patient's primary care provider to support the timely completion of necessary forms.

**Existing law:**

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for comprehensive medical coverage; and, the Department of Social Services (DSS), which also administers or supervises activities and functions of public social services, including the In Home Supportive Services (IHSS) program. [WIC §14000, et seq. and WIC §10050, et seq.]
- 2) Establishes the IHSS to provide supportive services to aged, blind, or disabled persons 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. Services include personal care services such as assistance bathing, dressing, feeding, and self-administering medications. [WIC §12300 et. seq]
- 3) Establishes personal care services, when provided to a categorically needy person under Medi-Cal, as a covered benefit to the extent federal financial participation is available, as specified. These services are similar to those described in 2) above and include paramedical services and others. Directs DHCS to seek federal approval to provide self-directed personal assistance known as IHSS Plus option, and a system of services and supports, as specified. [WIC §14132.95, §14132.952, §14132.956, and §14132.97]
- 4) Establishes the End of Life Option Act, which requires a health care provider, when making a diagnosis that a person has a terminal illness, to notify the patient of his or her right to comprehensive information and counseling regarding legal end-of-life options, and, authorizes the provider to refer the patient to a hospice provider or others that specialize in end-of-life care case management, as specified. [HSC §442 et. seq.]
- 5) Requires each hospital to have a written discharge planning policy and process that requires appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing or intermediate care facility, or from a hospice, that are made prior to discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. If the hospital determines that the patient and family members or interested persons need to be counseled to prepare them for posthospital care, requires the hospital to provide for that counseling. [HSC §1262.5]

**This bill:**

- 1) Requires, before the discharge from an acute care hospital of a Medi-Cal beneficiary diagnosed with a terminal illness, the hospital’s designated case manager or discharge planner to evaluate the patient’s likely need for posthospital services and their ability to access those services.
- 2) Requires for patients anticipated to need in-home personal care, the hospital case manager or discharge planner to ask the patient, or another person authorized to make health care decisions for the patient, if they are interested in receiving information about the IHSS program, and requires the hospital case manager or discharge planner to provide to the patient, or authorized person, the information, including how to initiate the application process and the option for a family member to provide care as an IHSS provider subject to the IHSS provider enrollment conditions, as specified.
- 3) Requires, if the patient seeks to apply for IHSS, the hospital case manager or discharge planner to, as appropriate, communicate to the patient’s primary care physician the patient’s interest in applying for IHSS to support the timely completion of the health care certification form (SOC 873 or its successor).
- 4) Authorizes, if a patient seeks to apply for IHSS and receives a health care certification form (SOC 873 or its successor) that is completed by a health care provider, the patient to request to have their application expedited by the county.
- 5) Requires to the extent feasible, counties to consider expediting the applications of patients who have been diagnosed with a terminal illness and who have requested that their application be expedited.
- 6) Indicates terminal illness has the same meaning as interpreted in the End of Life Option Act.
- 7) Authorizes DSS or DHCS to implement, interpret, or make specific this bill by means of all-county letters or similar instructions, until regulations are adopted.
- 8) Implements this bill only to the extent that any necessary federal approvals are obtained and federal financial participation is available for purposes of providing IHSS, as specified.

**FISCAL EFFECT:** According to the Assembly Appropriations Committee on May 18, 2023, local costs to counties, likely minor, to consider expediting IHSS applications for terminally ill patients who request an expedited process. These costs are unknown, but are potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.

**PRIOR VOTES:**

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|------------------------------------|--------|
| Senate Human Services Committee:   | 5 - 0  |
| Assembly Floor:                    | 80 - 0 |
| Assembly Appropriations Committee: | 12 - 0 |
| Assembly Human Services Committee: | 7 - 0  |

**COMMENTS:**

- 1) *Author’s statement.* According to the author, receiving a terminal diagnosis is a challenging moment for the patient and their friends and family. Recognizing this difficulty, the state

offers resources and support to ensure that patients end of life care makes them as comfortable as possible. One of these resources is the IHSS program, in which an eligible patient is assigned an IHSS provider who assists them with daily tasks. This important resource is offered to terminal and non-terminal patients. Despite having radically different timelines, terminal and non-terminal patients are put through the same process. This bill expedites the process for terminal patients so that we mitigate the possibility of the process outliving them.

- 2) *Double referral.* This bill was heard in the Senate Human Services Committee on June 19, 2023, and passed with a 5-0 vote. It will be heard in this committee on July 5, 2023.
  
- 3) *Support.* The UDW/AFSCME Local 3930 writes the IHSS program is a critical lifeline for many Californians who are elderly, disabled, or have a chronic medical condition. The program provides much-needed support to individuals who want to remain in their own homes rather than being placed in out-of-home care. However, many individuals who could benefit from the program are not aware of it or face significant barriers to enrollment. By requiring healthcare providers to inform patients about the IHSS program and the option to enroll as a provider, this bill would help to ensure that more Californians can access the support they need to remain in their homes. This information could be particularly valuable for patients with a terminal illness who require specialized care and support. Furthermore, the bill would expedite the application process for patients diagnosed with terminal illnesses, providing critical support during a challenging time. The ability to access IHSS services quickly and easily could make a significant difference for these patients and their families.

**SUPPORT AND OPPOSITION:**

**Support:** California Commission on Aging  
California Senior Legislature  
UDW/AFSCME Local 3930

**Oppose:** None received

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