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## SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair  
2025 - 2026 Regular Session

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### AB 1105 (Quirk-Silva) - Conservatorships

**Version:** July 3, 2025

**Policy Vote:** JUD. 13 - 0, HUMAN S. 5 - 0

**Urgency:** No

**Mandate:** No

**Hearing Date:** August 18, 2025

**Consultant:** Liah Burnley

**Bill Summary:** AB 1105 would expand the list of facilities that use a secured perimeter, delayed egress device, or both, into which a conservator may authorize the placement of a conservatee to include residential facilities, intermediate care facilities, and skilled nursing facilities.

#### Fiscal Impact:

- The California Department of Public Health (DPH) estimates annual costs of \$248,000 in Fiscal Year (FY) 2027-28, FY 2028-29, and FY 2029-30 to implement this bill (Licensing and Certification Fund). This estimate covers the cost for one full-time equivalent position and Office of Regulations costs to promulgate regulations.
- The California Department of Social Services (CDSS) estimates that this bill would have a state operations general fund impact of \$4,504,000 in BY and ongoing costs of \$4,436,000. This funding is needed to support 24 full-time permanent positions for CDSS who will have the following associated workload:
  - 5 Associate Governmental Program Analysts: 4 for the adult and senior care program to support initial and ongoing training of field staff and provide initial and ongoing education and support to adult and senior care providers. 1 for the policy training and quality improvement branch to update regulations, inspection tools, procedures, and draft provider information notices, regional office memoranda and address ongoing needs associated with secured environments;
  - 14 Licensing Program Analysts (LPAs) to assist with additional complaints CDSS anticipates as a result of the updated regulations;
  - 3 Licensing Program Manager I to supervise the work of the additional licensing program analysts related to inspections and complaints;
  - 1 Staff Services Analyst/ Associate Governmental Program Analyst to assist with personnel support for additional staff in the Community Care Licensing Division; and,
  - 1 Attorney III/Attorney IV to provide technical assistance and consultation to program offices, regulatory development, and represent the department

in any actions referred for administrative action.

- Unknown, potential loss of Medicaid funds if this bill results in the development of facilities that are more expensive and are not eligible for federal matching funds.

**Background:** The Diagnostic and Statistical Manual of Mental Disorders is a reference manual used by clinicians and researchers to diagnose and classify mental disorders published by the American Psychiatric Association. The latest version is the fifth edition. While prior editions referenced dementia as a diagnosis, the fifth edition uses the terms “minor” and “major” neurocognitive disorders, which are broader terms that indicate a decline in mental ability severe enough to interfere with independence and daily life. Subtypes of major and minor neurocognitive disorders include neurocognitive disorder due to Alzheimer’s disease, Parkinson’s disease, traumatic brain injury, HIV infection, Huntington’s disease, prior disease, another medical condition, or multiple etiologies; neurocognitive disorder with Lewy bodies; vascular neurocognitive disorder; frontotemporal vascular neurocognitive disorder; substance/medication-induced neurocognitive disorder; and unspecified neurocognitive disorder. All of these diseases are included under the neurocognitive disorder heading, and dementia is not used to describe any particular disease or subtype. According to the American Psychiatric Association, “While the term dementia is most often associated with older individuals, major neurocognitive disorder is widely used for conditions affecting younger individuals, such as secondary impairment to traumatic brain injury or HIV infection.” Probate Code and this bill refer specifically to major neurocognitive disorder, which includes dementia.

Secured perimeter refers to a fence around the facility property, and delayed egress refers to a device that precludes the use of exits for a predetermined period of time. These security measures may be utilized by long-term care facilities to prevent behaviors such as unsafe wandering (when a resident enters an area that contains potential safety hazards), elopement (when a resident leaves a facility or location unsupervised), or behavioral expression (behavior(s) displayed that may result in harm to self or others). CDSS oversees 480 licensed facilities that utilize delayed egress, secured or locked perimeter, or both.

Current law only allows for court approved placement at Residential Care Facilities for the Elderly (RCFEs), which are nonmedical facilities that serve adults ages 60 and older. If a conservatee with major neurocognitive disorder requires medical care or is an adult younger than 60 years old, they cannot be served by an RCFE. Current law authorizes an RCFE that cares for people with major neurocognitive disorder to utilize secured perimeter fences or locked exit doors if it meets the requirements for additional safeguards required by regulations adopted by CDSS. Existing law establishes the Resident’s Bill of Rights for residents of RCFEs, which lists 31 rights, including the right to a reasonable level of privacy, to services that meet their individual needs, and to be free from neglect and abuse, to name a few. Residents in Intermediate Care Facilities and Skilled Nursing Facilities do not have the same resident rights as those in RCFEs. This bill would require CDSS and the Department of Public Health to create consistent regulations, including regulations to protect the rights and health and safety of residents, for residential facilities, intermediate care facilities, and skilled nursing facilities that utilize a secured perimeter, delayed egress device, or both. These facilities vary greatly in size, administration, and residents’ needs, which may make it complex to develop

uniform regulations. The author should continue to work with both departments to find a way to best protect the rights and health and safety of residents in these facilities.

Some advocates suggest that locked door placements infringe on personal freedom and may decrease the quality of life of residents. They point out that this bill fails to advance the ideas that people inherently have the autonomy to make their own decisions and should be provided with the tools and supports they need to make these decisions. Because this bill allows Probate Conservators to place people (with court oversight) in locked facilities, we are very concerned that this bill will result in more people with intellectual/ developmental disabilities (I/DD) being placed under Probate Conservatorship rather than the more flexible and less restrictive DD Limited Conservatorship.

**Proposed Law:**

- Adds a residential facility, an intermediate care facility, and a skilled nursing facility to the types of facilities that use a secured perimeter, delayed egress device, or both, in which a conservator may authorize the placement of a conservatee.
- Requires, if the regulations required by this bill have not been promulgated for the type of facility to which the conservator is seeking to move the conservatee, court approval prior to a subsequent change of placement if the court has authorized the placement of a conservatee in a facility that uses a secure perimeter, delayed egress device, or both.
- Provides that a subsequent placement in a different facility of any type shall be considered a change in residence.
- Requires, in an emergency, a conservator to follow procedures relating to consenting to medical treatment on behalf of the conservatee, in any case where the conservator determines in good faith based upon medical advice that the case is an emergency in which the medical treatment is required to alleviate severe pain or because the conservatee has a medical condition which, if not immediately diagnosed and treated, will lead to serious disability or death.
- Requires CDSS and the DPH, by January 1, 2027, to coordinate an update to Title 22 licensing regulations to do both of the following:
  - Expand its applicability to all forms of major neurocognitive disorders; and,
  - Create consistent regulations, including regulations to protect the rights, health, and safety of residents, for all of the following facility types that use a secure perimeter, delayed egress device, or both a secured perimeter and delayed egress device:
    - A residential facility;
    - An intermediate care facility; and,
    - A skilled nursing facility.

- Authorizes CDSS and the DPH to promulgate emergency regulations prior to January 1, 2027.

**Staff Comments:** CDSS notes to staff that, given the sensitive nature of these regulations, there is concern that there will be additional complaints filed related to a facilities use, misuse or practices related to delayed egress, secured perimeters and caring for individuals with major neurocognitive disorders. Recent experience from the RCFE dementia regulations which were just promulgated on January 1, 2025, helped CDSS to derive the fiscal associated with this bill since LPAs experienced an increase in complaints and inquiries related to those regulations which touched on similar concepts. Given this experience for regulations in this area for one facility type, it is anticipated that these new regulations which apply more broadly to CCLD licensed facilities and also require consistency with CDPH regulations for their facilities that this may bring about more terminology or practices that are otherwise unfamiliar for both licensees and residents which would necessitate additional LPAs to support the anticipated increase in inquiries as well as complaint investigations across the state and for all impacted facilities.

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