

---

UNFINISHED BUSINESS

---

Bill No: SB 412  
Author: Limón (D), et al.  
Amended: 6/18/25 in Assembly  
Vote: 21

---

SENATE HUMAN SERVICES COMMITTEE: 5-0, 4/21/25  
AYES: Arreguín, Ochoa Bogh, Becker, Limón, Pérez

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SENATE FLOOR: 36-0, 5/8/25 (Consent)  
AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Richardson, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Wahab, Weber Pierson, Wiener  
NO VOTE RECORDED: Hurtado, Reyes, Rubio, Valladares

ASSEMBLY FLOOR: 76-0, 8/28/25 - See last page for vote

---

**SUBJECT:** Home care aides

**SOURCE:** Alzheimer's Association, State Policy Office

---

**DIGEST:** This bill requires affiliated home care aides to complete training in the special care needs of clients with dementia as part of their annual five hours of training requirement.

*Assembly Amendments* of 6/18/25 make these requirements effective as of January 1, 2027.

**ANALYSIS:**

Existing Law:

- 1) Creates the Home Care Services Consumer Protection Act administered and enforced by the Department of Social Services (DSS). (Health and Safety Code (HSC) 1796.10 et seq.)
- 2) Defines “affiliate home care aide” to mean an adult individual who is employed by a home care organization to provide home care services to a client and is listed on the home care registry. (HSC 1796.12(a))
- 3) Defines “home care organization” to mean an adult individual or entity that arranges for home care services by an affiliated home care aide to a client and is licensed. (HSC 1796.12(j))
- 4) Defines “home care services” as nonmedical services and assistance provided by a registered home care aide to a client who, due to advanced age or physical or mental disability cannot perform these services and uses such services to remain in his or her residence. (HSC 1796.12(n))
- 5) Defines services that can be performed by a home care aide as including, but not limited to, the following: assisting with bathing, dressing, feeding, exercising, personal hygiene and grooming, transferring, ambulating, positioning, toileting and incontinence care, assisting with medication that the client self-administers, housekeeping, meal planning and preparation, laundry, transportation, correspondence, making telephone calls, shopping for personal care items or groceries, and companionship. (HSC 1796.12(n))
- 6) Defines “independent home care aide” to mean an adult individual who is not employed by a home care organization but who is listed on the home care aide registry and is providing home care services through a direct agreement with a client. (HSC 1796.12(p))
- 7) Defines “registered home care aide” to mean an affiliated home care aide or independent home care aide who is listed on the home care aide registry. (HSC 1796.12(o))
- 8) Requires home care aides to renew their registration every two years to remain on the home care aide registry. (HSC 1796.31(a))
- 9) Provides that affiliated home care aides shall complete a minimum of five hours of entry-level training prior to presence with a client. (HSC 1796.44)
- 10) Requires affiliated home care aides to complete a minimum of five hours of annual training relating to core competencies and be population specific, including, but not limited to:

- a) Clients' rights and safety.
- b) How to provide for, and response to, a client's dialing living needs.
- c) How to report, prevent, and detect abuse and neglect.
- d) How to assist a client with personal hygiene and other home care services.
- e) If transportation services are provided, how to safely transport a client. (HSC 1796.44(c))

This bill requires affiliated home care aides to have training, as part of their annual five hour training requirements, in the special care needs of clients with dementia beginning January 1, 2027.

## **Background**

*Dementia.* Dementia is a general term used to describe a variety of cognitive, functional, and behavioral symptoms that are caused by specific diseases. Alzheimer's is the most common of the diseases, accounting for 60 to 80 percent of dementia cases. Cognitive decline alone is not always considered dementia; the dementia must be driven by an underlying progressive neurodegenerative disease. Dementia is associated with a decline in reasoning, memory, or other thinking skills. The National Institute of Health estimates that in California approximately 720,000 people have dementia. These numbers will likely rise as California's population of those 60 and older grows larger each year. In California, by the year 2030, one in four Californians will be over the age of 60.<sup>1</sup> The Centers for Disease Control estimate 80 percent of adults with dementia receive their care in their home, increasing the need for caregivers with specialized training to their unique needs. Caring for those with dementia requires a special set of skills, taking into account that those with dementia often have trouble remembering things and can become agitated and anxious.

*Home Care Aides.* Home care aides assist elderly and disabled individuals with activities of daily living and fall into one of three categories – unaffiliated and unregistered, unaffiliated and registered, and affiliated and registered. Those that are unaffiliated and unregistered have no training requirements and can be hired by a private party to provide services. Aides that are unaffiliated and registered have passed a background check and completed a registration form for DSS.

---

<sup>1</sup> <https://www.aging.ca.gov/download.ashx?lE0rcNUV0zZ4f1vtjh8hzg%3d%3d>

Home care aides that are affiliated are always registered. The registration for affiliated home care aides has the additional benefit of the organization they are affiliated through receiving any updates to their background that may come up, whereas private parties hiring on their own will not receive such information. Affiliated and registered home care aides are also required to receive training. That training takes place at two points – before working with a client and annual training. The aides must complete at least five hours of training prior to working with a client; two hours regarding their role as caregiver and the terms of employment and three hours of safety training. In addition, aides must complete five hours of annual training on topics including but not limited to: clients' rights and safety; how to provide for, and respond to, a client's daily living needs; how to report, prevent, and detect abuse and neglect; how to assist a client with personal hygiene and other home care services; and if transportation services are provided, how to safely transport a client. This bill would add "special care needs of clients with dementia" to the topics the annual five hours of training must cover.

*Master Plan on Aging.* In January 2021, the Newsom Administration published its Master Plan for Aging, which is intended to be a ten-year blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and "continue California's leadership in aging, disability, and equity." The Master Plan for Aging outlines five goals, 23 strategies, and over 100 initiatives. Goal two of the Master Plan, "Health Reimagined", focuses on ensuring that older adults have access to the care and services needed to optimize health and quality of life and continue to live where they choose. The Master Plan notes that over half of older adults, especially women, will eventually need home care or adult day health care to assist with daily activities such as meal preparation, physical activity, and bathing. One of the key strategies outlined under "Health Reimagined" is "Bridging Health Care with Home", including testing models of health care delivery that maximize access to services and avoid unnecessary institutionalization. Goal three of the Master Plan, "Inclusion and Equity, not Isolation", focuses on opportunities for community engagement and protection from isolation. Home care aides help support these strategies outlined in the Master Plan by providing services that reduce isolation and allow older adults to receive care while remaining in their homes and communities. This desire to age in place (AIP) not only has benefits to the individual, but is also economically beneficial. In a four-year analysis of AIP, the total care costs for residents were thousands less than traditional care options. Costs for living and health care never approached the costs for nursing homes and assisted-living services. In addition, AIP residents had improved mental and

physical health outcomes.<sup>2</sup> By insuring home care aides have training in dementia care, this bill will help those with dementia AIP.

### **Related/Prior Legislation**

SB 639 (Limón, Chapter 336, Statutes of 2024) requires all general internists and family physicians, nurse practitioners, and physician assistants with a patient population where 25 percent of their patients are 65 years or older to complete at least 20 percent of their continuing medical education (CME) or continuing education (CE) requirements in the field of gerontology, the special care needs of patients with dementia, or the care of older patients.

AB 385 (Ta, 2023) would have required the California Department of Public Health to provide a public awareness campaign to educate health care providers, unpaid caregivers, family and friends who provide care to someone with Alzheimer's disease or dementia. AB 385 was held in Assembly Appropriations Committee.

SB 861 (Limón, 2022) would have established the Dementia Care Navigator Grant Pilot Program under the California Department of Aging for the purpose of incentivizing local organizations to provide dementia care navigation training services, and would have required the Department of Aging to develop the pilot program in partnership with organizations with expertise using community health workers, promotores, and health navigators, and to award grants on a competitive basis, with priority given to organizations serving underserved communities. SB 861 was vetoed by the Governor.

AB 1684 (Voepel, 2022) would have required the California Department of Public Health to implement a public awareness campaign on Alzheimer's disease that includes education for unpaid caregivers, including family and friends who provide care to someone with Alzheimer's or dementia. AB 1684 was held in Senate Appropriations Committee.

AB 1217 (Lowenthal, Chapter 790, Statutes of 2013) enacts the Home Care Services Consumer Protection Act, which provides, on and after January 1, 2015, for the licensure and regulation of home care organizations by DSS, and the registration of home care aides.

---

<sup>2</sup> Science Daily - Aging in place preserves seniors' independence, reduces care costs, researchers find

**FISCAL EFFECT:** Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Assembly Appropriations Committee:

The California Department of Social Services anticipates minor and absorbable costs.

**SUPPORT:** (Verified 8/28/25)

Alzheimer's Association (Source)

AARP

Alzheimer's Association, State Policy Office

California Association for Health Services At Home

California Coalition on Family Caregiving

California Senior Legislature

Family Caregiver Alliance

Home Care Association of America

LeadingAge California

Santa Barbara Women's Political Committee

**OPPOSITION:** (Verified 8/28/25)

None received

Prepared by: Heather Hopkins / HUMAN S. / (916) 651-1524  
8/28/25 16:50:06

\*\*\*\* **END** \*\*\*\*