

Date of Hearing: April 17, 2018

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Ash Kalra, Chair

AB 2101 (Acosta) – As Amended March 21, 2018

**SUBJECT:** Caregiver resource centers: volunteer workforce.

**SUMMARY:** This bill would establish a pilot program, administered by the Director of Health Care Services, which the caregiver resource centers (CRCs) would select, train, and place volunteers to provide care to persons who are at least 65 years of age, or who have a cognitive impairment and meet specified criteria. Specifically, **this bill:**

- 1) The bill would establish selection criteria for prospective volunteers and specified training requirements.
- 2) The bill would require the CRCs to provide a stipend and an educational award, as specified, to volunteers.
- 3) The bill would require the director to appoint an advisory council and would require the director and the advisory council to evaluate the program.
- 4) The director shall also appoint an advisory council consisting of a group of key stakeholder organizations and qualified academic leaders to conduct a review of the pilot program.
- 5) The pilot program shall begin on July 1 of each year, and the application deadline shall be two months prior to the commencement of training in order to provide time for administrators to select applicants. A volunteer may not serve for more than 24 months, and may not serve for not more than two terms consisting of not more than 12 months each. A person is eligible to serve as a volunteer if he or she meets both of the following criteria:
  - a) He or she turns 18 years of age on or before December 31 of the calendar year in which he or she begins participation in the program.
  - b) He or she passes a criminal background check (LiveScan).
- 6) A person is eligible to receive volunteer services pursuant to this section if he or she meets all of the following criteria:
  - a) He or she is at least 65 years of age or has a cognitive impairment.
  - b) He or she has difficulty with self-care or living independently.
  - c) He or she has an unpaid caregiver who does not qualify to provide services pursuant to the In-Home Supportive Services program described in Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9, when the person is initially selected to be a recipient of these services.
- 7) The pilot program established pursuant to this section shall provide volunteer services to populations that come within either of the following descriptions:
  - a) Populations experiencing a shortage of approved care services.

- b) Populations consisting primarily of low-income or minority individuals.
- 8) Each CRC shall provide training to volunteers, as follows:
- a) Each volunteer shall complete a six-week internship consisting of eight hours of training per week.
  - b) Each volunteer shall receive a stipend during the internship.
  - c) The first week of training shall include 40 hours of training modules developed by the CRC.
  - d) Week's two to six, inclusive, of training shall include pairing interns with unpaid family caregivers to enable the interns to shadow the family caregivers.
  - e) An intern who is well-rated and who continues to express interest in the program shall receive further training and may be accepted as a volunteer.
  - f) Volunteers shall provide services that do all of the following:
  - g) Result in person-to-person, supportive relationships with each individual served.
  - h) Support the achievement and maintenance of the highest level of independent living for each individual in need.
  - i) Are supported by appropriate orientation, training, and supervision.
  - j) Are provided in support of, or in coordination with, a caregiver, if applicable.
- 9) Volunteers shall not provide the following services:
- a) Professional medical services.
  - b) Administrative support services of the program.
  - c) Care in an institutional setting.
  - d) Care prohibited by state law.
  - e) Financial services.
  - f) Any other services determined by the director to be inconsistent with the purposes of programs funded pursuant to this section.
- 10) Each volunteer shall be assigned to several recipients in order to provide brief respites for the caregivers. If a caregiver subsequently qualifies to provide in-home care pursuant to the In-Home Supportive Services program, then the volunteer shall be assigned to a single recipient.
- 11) Each CRC shall provide a stipend in the amount of one thousand two hundred fifty dollars (\$1,250) per month to each volunteer.
- 12) Each CRC shall provide educational awards, in addition to the stipend, to volunteers, as follows:
- a) If a volunteer completes less than 12 months of full-time service in the program as determined by the CRC, he or she shall not receive an educational award.
  - b) If a volunteer completes 12 months of full-time service in the program, as determined by the CRC, the volunteer shall receive an educational award in the amount of either of the following, as applicable:
    - i) Six thousand dollars (\$6,000).
    - ii) If a volunteer commits to using an educational award granted pursuant to this section to complete a degree, a certificate, or training in a health care profession, or in a

social services profession related to the delivery of long-term services and supports to older adults and people with disabilities or to their caregivers, ten thousand dollars (\$10,000).

- 13) In addition, for each additional six months of service after the initial 12-month period, the volunteer shall receive a prorated amount of that award. The total educational award to a volunteer shall not exceed a total amount of twelve thousand dollars (\$12,000) if the award is made pursuant to clause (i) of subparagraph (B), or twenty thousand dollars (\$20,000) if the award is made pursuant to clause (ii) of subparagraph (B).

#### **EXISTING LAW:**

Existing law requires the Director of Health Care Services to, among other things, maintain or enter into contracts directly with nonprofit caregiver resource centers (CRCs) to provide direct services to caregivers of cognitively impaired adults, as defined, throughout the state. These services include, but are not limited to, specialized information, family consultation, respite care, short-term counseling, and support groups.

**FISCAL EFFECT:** This bill has not yet been analyzed by a fiscal committee.

#### **COMMENTS:**

**Author's Statement:** According to the author, "California is not prepared for our growing aging population. AB 2101 creates a pilot care corps to address the healthcare workforce shortage specifically within the field of aging. This bill will incentivize and empower young adults to care for elderly Californians by offering them training and educational benefits. In-home care is cheaper as well as much more beneficial to those in need, but often places an enormous amount of strain on caregivers, many of whom are family members. Utilizing the existing structure of the Caregiver Resource Centers, this bill incentivizes more young adults to go into healthcare fields, driving down the cost of healthcare, as well as helping those in need of respite care to avoid costly institutions and be able to remain in the comfort of their own home. Additionally, it will serve to generate a link between young healthcare professionals and elderly Californians."

#### **BACKGROUND:**

California was the first state to establish a statewide network of support organizations for caregivers. The Caregiver Resource Centers are nonprofit entities throughout California that provide respite care or financial assistance for care to those requiring assistance with in-home care. There are eleven CRCs throughout California. Currently, the resource centers provide in-house training to their caregivers and track all respite care being provided.

Currently, there are more than 4 million unpaid family caregivers in California. The PPIC has estimated that by 2030, the number of seniors in need of in-home care services will have doubled to over 900,000. This number does not take into account those who will be in nursing homes, something that most middle and low-income families cannot afford. In an effort to alleviate costs for low-income families, programs such as In Home Supportive Services (IHSS) were created. However, IHSS caseloads have grown over 300% in the past two decades, and the budget between state and local governments project the unsustainability of such programs.

The cost for assisted living facilities and nursing homes consume 69.7% and 161%, respectively, of the median annual income of Californians, something that Medicare and MediCal are unable to cover effectively.

**Regional Caregiver Resource Center (CRC) Services:** Each CRC provides the following core services to families and caregivers at low or no cost:

- **Specialized Information and Referral** - Referrals and advice related to caregiver stress, diagnoses and community resources.
- **Family Consultation and Care Planning** - Trained staff consultations to assess needs of persons with cognitive impairment and their families, explore care options, and develop a course of action.
- **Respite Care** - Financial assistance for temporary in-home support, adult day care services, short-term or weekend care and transportation.
- **Short-Term Counseling** - Individual, family and group sessions with licensed counselors to offer emotional support to caregivers
- **Support Groups** - Online or in-person meetings to share experiences and ideas to ease the stress of caregiving.
- **Professional Training** - Workshops on long-term care, patient management, public policy, legal and financial issues for health and service providers.
- **Legal and Financial Consultation** - Experienced attorneys consult on Powers of Attorney, Advance Directives, estate and financial planning, conservatorships and other matters.
- **Education** - Special workshops on topics such as cognitive disorders, dealing with dementia, long-term care planning and stress management to help caregivers cope with day-to-day concerns.

**Suggested Amendment to Section 4366 (d) (3):**

To clarify that the program is targeting those who are not currently eligible for IHSS, the suggested verbiage is:

*(3) **He or she is not eligible to receive services pursuant to the In-Home Supportive Services program described in Article 7 (commencing with Section 12300) of Chapter 3 Part 3 of Division 9., when the person is initially selected to be a recipient of these services.***

**Argument in Support:** The Alzheimer’s Association writes, “This bill would establish a pilot program through the California Caregivers Resource Centers to incentivize college students and younger populations, by way of stipend and educational awards, to volunteer their time by providing care and support to persons 65 years of age or older who have a cognitive impairment, difficulty with self-care or living independently.

“Currently, approximately 11.6% of California’s population serves the role of unpaid family caregivers, and with 40% of caregivers diagnosed with depression, there is a dire need for respite services to alleviate their burden. ...Incentivizing young adults to provide vital in-home care and pursue careers in gerontology is of paramount importance.”

**Argument in Opposition:** The California Association for Health Services at Home writes, “While we appreciate the intent of the bill to increase access to respite care, we are concerned

that the bill creates a pilot program that would circumvent the current regional center respite services and regulatory structure for respite services that has been in place for many years. The state needs to increase funding to the regional centers so that more providers will have adequate reimbursement to provide respite services. Spending state funds to establish a voluntary program is costly and there is no guarantee that the pilot program will secure an adequate supply of volunteers for providing respite care. We are also concerned about the oversight of such volunteers providing care and the specific training they would receive.”

**REGISTERED SUPPORT / OPPOSITION:****Support**

Alzheimer’s Association  
Alzheimer’s Greater Los Angeles  
Alzheimer’s San Diego  
California Senior Legislature  
L.A. Kitchen  
Motion Picture & Television Fund  
San Diego Regional Center  
Swipe Out Hunger  
Two Individuals

**Opposition**

California Association for Health Services at Home (CAHSAH)

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