

AMENDED IN ASSEMBLY APRIL 16, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1114

Introduced by Assembly Member Bonilla

February 27, 2015

An act to amend Section ~~46116 of the Education~~ 15926 of the Welfare and Institutions Code, relating to ~~kindergarten~~ public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1114, as amended, Bonilla. ~~Kindergarten evaluation.~~ *Health care: eligibility and enrollment.*

Existing law establishes for various programs to provide health care coverage to persons with limited financial resources, including the Medi-Cal program and the State's Children's Health Insurance Program. Existing law establishes the California Health Benefit Exchange (Exchange), pursuant to the federal Patient Protection and Affordable Care Act (PPACA), and specifies the duties and powers of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and facilitating the purchase of qualified health plans through the Exchange. Existing law, the Health Care Reform Eligibility, Enrollment, and Retention Planning Act, operative as provided, requires the California Health and Human Services Agency, in consultation with specified entities, to establish standardized single, accessible, application forms and related renewal procedures for state health subsidy programs, as defined, in accordance with specified requirements relating to the forms and notices developed for these purposes.

This bill would revise these provisions to include letters, as well as forms and notices developed for purposes of creating the standardized application and renewal process, and would also specifically define the nature of these forms, letters, and notices.

~~Existing law provides that school districts offering kindergarten may maintain kindergarten classes at different schoolsites for different lengths of time. Existing law requires the Superintendent of Public Instruction to provide the Legislature with an evaluation of kindergarten program implementation in the state, including part-day and full-day kindergarten programs, as specified. Existing law requires this provision to become inoperative on July 1, 2017.~~

~~This bill would change the inoperative date to July 15, 2017, and would make nonsubstantive changes to these provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 15926 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 15926. (a) The following definitions apply for purposes of
- 4 this part:
- 5 (1) “Accessible” means in compliance with Section 11135 of
- 6 the Government Code, Section 1557 of the PPACA, and regulations
- 7 or guidance adopted pursuant to these statutes.
- 8 (2) “Forms, letters, and notices” means application, renewal,
- 9 and other forms and letters needed to obtain or retain eligibility,
- 10 benefits, or services from an insurance affordability program, and
- 11 all notices affecting the legal rights of applicants, beneficiaries,
- 12 and enrollees.
- 13 ~~(2)~~
- 14 (3) “Limited-English-proficient” means not speaking English
- 15 as one’s primary language and having a limited ability to read,
- 16 speak, write, or understand English.
- 17 ~~(3)~~
- 18 (4) “Insurance affordability program” means a program that is
- 19 one of the following:
- 20 (A) The Medi-Cal program under Title XIX of the federal Social
- 21 Security Act (42 U.S.C. Sec. 1396 et seq.).

1 (B) The state’s children’s health insurance program (CHIP)
2 under Title XXI of the federal Social Security Act (42 U.S.C. Sec.
3 1397aa et seq.).

4 (C) A program that makes available to qualified individuals
5 coverage in a qualified health plan through the California Health
6 Benefit Exchange established pursuant to Title 22 (commencing
7 with Section 100500) of the Government Code with advance
8 payment of the premium tax credit established under Section 36B
9 of the Internal Revenue Code.

10 ~~(4)~~

11 (D) A program that makes available coverage in a qualified
12 health plan through the California Health Benefit Exchange
13 established pursuant to Title 22 (commencing with Section 100500)
14 of the Government Code with cost-sharing reductions established
15 under Section 1402 of PPACA and any subsequent amendments
16 to that act.

17 (b) An individual shall have the option to apply for insurance
18 affordability programs in person, by mail, online, by telephone,
19 or by other commonly available electronic means.

20 (c) (1) A single, accessible, standardized paper, electronic, and
21 telephone application for insurance affordability programs shall
22 be developed by the department in consultation with MRMIB and
23 the board governing the Exchange as part of the stakeholder process
24 described in subdivision (b) of Section 15925. The application
25 shall be used by all entities authorized to make an eligibility
26 determination for any of the insurance affordability programs and
27 by their agents.

28 (2) The department may develop and require the use of
29 supplemental forms to collect additional information needed to
30 determine eligibility on a basis other than the financial
31 methodologies described in Section 1396a(e)(14) of Title 42 of
32 the United States Code, as added by the federal Patient Protection
33 and Affordable Care Act (Public Law 111-148), and as amended
34 by the federal Health Care and Education Reconciliation Act of
35 2010 (Public Law 111-152) and any subsequent amendments, as
36 provided under Section 435.907(c) of Title 42 of the Code of
37 Federal Regulations.

38 (3) The application shall be tested and operational by the date
39 as required by the federal Secretary of Health and Human Services.

1 (4) The application form shall, to the extent not inconsistent
2 with federal statutes, regulations, and guidance, satisfy all of the
3 following criteria:

4 (A) The form shall include simple, user-friendly language and
5 instructions.

6 (B) The form may not ask for information related to a
7 nonapplicant that is not necessary to determine eligibility in the
8 applicant's particular circumstances.

9 (C) The form may require only information necessary to support
10 the eligibility and enrollment processes for insurance affordability
11 programs.

12 (D) The form may be used for, but shall not be limited to,
13 screening.

14 (E) The form may ask, or be used otherwise to identify, if the
15 mother of an infant applicant under one year of age had coverage
16 through an insurance affordability program for the infant's birth,
17 for the purpose of automatically enrolling the infant into the
18 applicable program without the family having to complete the
19 application process for the infant.

20 (F) The form may include questions that are voluntary for
21 applicants to answer regarding demographic data categories,
22 including race, ethnicity, primary language, disability status, and
23 other categories recognized by the federal Secretary of Health and
24 Human Services under Section 4302 of the PPACA.

25 (G) Until January 1, 2016, the department shall instruct counties
26 to not reject an application that was in existence prior to January
27 1, 2014, but to accept the application and request any additional
28 information needed from the applicant in order to complete the
29 eligibility determination process. The department shall work with
30 counties and consumer advocates to develop the supplemental
31 questions.

32 (d) Nothing in this section shall preclude the use of a
33 provider-based application form or enrollment procedures for
34 insurance affordability programs or other health programs that
35 differs from the application form described in subdivision (c), and
36 related enrollment procedures. Nothing in this section shall
37 preclude the use of a joint application, developed by the department
38 and the State Department of Social Services, that allows for an
39 application to be made for multiple programs, including, but not

1 limited to, CalWORKs, CalFresh, and insurance affordability
2 programs.

3 (e) The entity making the eligibility determination shall grant
4 eligibility immediately whenever possible and with the consent of
5 the applicant in accordance with the state and federal rules
6 governing insurance affordability programs.

7 (f) (1) If the eligibility, enrollment, and retention system has
8 the ability to prepopulate an application form for insurance
9 affordability programs with personal information from available
10 electronic databases, an applicant shall be given the option, with
11 his or her informed consent, to have the application form
12 prepopulated. Before a prepopulated application is submitted to
13 the entity authorized to make eligibility determinations, the
14 individual shall be given the opportunity to provide additional
15 eligibility information and to correct any information retrieved
16 from a database.

17 (2) All insurance affordability programs may accept
18 self-attestation, instead of requiring an individual to produce a
19 document, for age, date of birth, family size, household income,
20 state residence, pregnancy, and any other applicable criteria needed
21 to determine the eligibility of an applicant or recipient, to the extent
22 permitted by state and federal law.

23 (3) An applicant or recipient shall have his or her information
24 electronically verified in the manner required by the PPACA and
25 implementing federal regulations and guidance and state law.

26 (4) Before an eligibility determination is made, the individual
27 shall be given the opportunity to provide additional eligibility
28 information and to correct information.

29 (5) The eligibility of an applicant shall not be delayed beyond
30 the timeliness standards as provided in Section 435.912 of Title
31 42 of the Code of Federal Regulations or denied for any insurance
32 affordability program unless the applicant is given a reasonable
33 opportunity, of at least the kind provided for under the Medi-Cal
34 program pursuant to Section 14007.5 and paragraph (7) of
35 subdivision (e) of Section 14011.2, to resolve discrepancies
36 concerning any information provided by a verifying entity.

37 (6) To the extent federal financial participation is available, an
38 applicant shall be provided benefits in accordance with the rules
39 of the insurance affordability program, as implemented in federal
40 regulations and guidance, for which he or she otherwise qualifies

1 until a determination is made that he or she is not eligible and all
2 applicable notices have been provided. Nothing in this section
3 shall be interpreted to grant presumptive eligibility if it is not
4 otherwise required by state law, and, if so required, then only to
5 the extent permitted by federal law.

6 (g) The eligibility, enrollment, and retention system shall offer
7 an applicant and recipient assistance with his or her application or
8 renewal for an insurance affordability program in person, over the
9 telephone, by mail, online, or through other commonly available
10 electronic means and in a manner that is accessible to individuals
11 with disabilities and those who are limited-English proficient.

12 (h) (1) During the processing of an application, renewal, or a
13 transition due to a change in circumstances, an entity making
14 eligibility determinations for an insurance affordability program
15 shall ensure that an eligible applicant and recipient of insurance
16 affordability programs that meets all program eligibility
17 requirements and complies with all necessary requests for
18 information moves between programs without any breaks in
19 coverage and without being required to provide any forms,
20 documents, or other information or undergo verification that is
21 duplicative or otherwise unnecessary. The individual shall be
22 informed about how to obtain information about the status of his
23 or her application, renewal, or transfer to another program at any
24 time, and the information shall be promptly provided when
25 requested.

26 (2) The application or case of an individual screened as not
27 eligible for Medi-Cal on the basis of Modified Adjusted Gross
28 Income (MAGI) household income but who may be eligible on
29 the basis of being 65 years of age or older, or on the basis of
30 blindness or disability, shall be forwarded to the Medi-Cal program
31 for an eligibility determination. During the period this application
32 or case is processed for a non-MAGI Medi-Cal eligibility
33 determination, if the applicant or recipient is otherwise eligible
34 for an insurance affordability program, he or she shall be
35 determined eligible for that program.

36 (3) Renewal procedures shall include all available methods for
37 reporting renewal information, including, but not limited to,
38 face-to-face, telephone, mail, and online renewal or renewal
39 through other commonly available electronic means.

1 (4) An applicant who is not eligible for an insurance affordability
2 program for a reason other than income eligibility, or for any reason
3 in the case of applicants and recipients residing in a county that
4 offers a health coverage program for individuals with income above
5 the maximum allowed for the Exchange premium tax credits, shall
6 be referred to the county health coverage program in his or her
7 county of residence.

8 (i) Notwithstanding subdivisions (e), (f), and (j), before an online
9 applicant who appears to be eligible for the Exchange with a
10 premium tax credit or reduction in cost sharing, or both, may be
11 enrolled in the Exchange, both of the following shall occur:

12 (1) The applicant shall be informed of the overpayment penalties
13 under the federal Comprehensive 1099 Taxpayer Protection and
14 Repayment of Exchange Subsidy Overpayments Act of 2011
15 (Public Law 112-9), if the individual's annual family income
16 increases by a specified amount or more, calculated on the basis
17 of the individual's current family size and current income, and that
18 penalties are avoided by prompt reporting of income increases
19 throughout the year.

20 (2) The applicant shall be informed of the penalty for failure to
21 have minimum essential health coverage.

22 (j) The department shall, in coordination with MRMIB and the
23 Exchange board, streamline and coordinate all eligibility rules and
24 requirements among insurance affordability programs using the
25 least restrictive rules and requirements permitted by federal and
26 state law. This process shall include the consideration of
27 methodologies for determining income levels, assets, rules for
28 household size, citizenship and immigration status, and
29 self-attestation and verification requirements.

30 (k) (1) Forms, *letters*, and notices developed pursuant to this
31 section shall be accessible and standardized, as appropriate, and
32 shall comply with federal and state laws, regulations, and guidance
33 prohibiting discrimination.

34 (2) Forms, *letters*, and notices developed pursuant to this section
35 shall be developed using plain language and shall be provided in
36 a manner that affords meaningful access to
37 limited-English-proficient individuals, in accordance with
38 applicable state and federal law, and at a minimum, provided in
39 the same threshold languages as required for Medi-Cal managed
40 care plans.

1 (l) The department, the California Health and Human Services
2 Agency, MRMIB, and the Exchange board shall establish a process
3 for receiving and acting on stakeholder suggestions regarding the
4 functionality of the eligibility systems supporting the Exchange,
5 including the activities of all entities providing eligibility screening
6 to ensure the correct eligibility rules and requirements are being
7 used. This process shall include consumers and their advocates,
8 be conducted no less than quarterly, and include the recording,
9 review, and analysis of potential defects or enhancements of the
10 eligibility systems. The process shall also include regular updates
11 on the work to analyze, prioritize, and implement corrections to
12 confirmed defects and proposed enhancements, and to monitor
13 screening.

14 (m) In designing and implementing the eligibility, enrollment,
15 and retention system, the department, MRMIB, and the Exchange
16 board shall ensure that all privacy and confidentiality rights under
17 the PPACA and other federal and state laws are incorporated and
18 followed, including responses to security breaches.

19 (n) Except as otherwise specified, this section shall be operative
20 on January 1, 2014.

21 ~~SECTION 1. Section 46116 of the Education Code is amended~~
22 ~~to read:~~

23 ~~46116. (a) No later than July 1, 2017, the Superintendent shall~~
24 ~~provide the Legislature with an evaluation of kindergarten program~~
25 ~~implementation in the state, including part-day and full-day~~
26 ~~kindergarten programs. The evaluation shall include recommended~~
27 ~~best practices for providing full-day kindergarten programs.~~

28 ~~(b) The evaluation shall include a sample of local educational~~
29 ~~agencies' full-day and part-day kindergarten programs from across~~
30 ~~the state. It is the intent of the Legislature that this sample be~~
31 ~~representative of the diversity of the state, and shall include both~~
32 ~~urban and rural and small and large local educational agencies~~
33 ~~within school districts.~~

34 ~~(c) The report required pursuant to this section shall be submitted~~
35 ~~in compliance with Section 9795 of the Government Code.~~

36 ~~(d) This section shall not become operative until the Legislature~~
37 ~~makes an appropriation for these purposes in the annual Budget~~
38 ~~Act or in any other statute.~~

39 ~~(e) This section shall become inoperative on July 15, 2017, and,~~
40 ~~as of January 1, 2018, is repealed, unless a later enacted statute~~

- 1 ~~that becomes operative on or before January 1, 2018, deletes or~~
- 2 ~~extends the dates on which it becomes inoperative and is repealed.~~

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