

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: SB 964 **VERSION:** AMENDED APRIL 18, 2022

AUTHOR: WIENER **SPONSOR:** STEINBERG INSTITUTE

RECOMMENDED POSITION: SUPPORT

SUBJECT: BEHAVIORAL HEALTH

Overview: This bill takes a number of steps to address the current behavioral health workforce shortage, including the following:

- Tasks the University of California education system with conducting an analysis of the scope of practice laws for behavioral health workers, as well as license and training requirements and renewal requirements for an expired license, and an analysis of health plan hiring guidelines and practices for behavioral health certification and license types, and to provide recommendations.
- Tasks the state’s public postsecondary education institutions with developing accelerated programs of study related to degrees in social work.
- Requires the Department of Health Care Access and Information to establish a stipend program for students pursuing a master’s degree in social work with a specialized focus on public behavioral health.
- Requires the Department of Health Care Access to request the University of California to contract with them to provide a landscape analysis of the current behavioral health workforce and the state’s workforce needs.
- Requires the Department of Health Care Services to establish a certifying body and provide for a statewide certification for peer support specialists. It must also amend its Medicaid state plan to include certified peer support specialists as a provider type.

Existing Law:

- 1) Requires clinical social worker licensees and registrants to possess a master’s degree from a school of social work accredited by the Commission on Accreditation of the Council on Social Work Education. (Business and Professions Code (BPC) §§4991.2, 4996.2, 4996.18)

- 2) Creates the Licensed Mental Health Service Provider Education Program within the Department of Health Care Access and Information. This program provides grants to certain qualifying licensed mental health service providers who provide direct patient care in a publicly funded facility or a mental health professional shortage area, to reimburse their educational loans. (Health and Safety Code (HSC) §128454)
- 3) Establishes the Peer Support Specialist Certification Program. (Welfare and Institutions Code (WIC) Article 1.4, §§14045.10-14045.21)
- 4) Requires the State Department of Health Care Services (DHCS), by July 1, 2022, to establish statewide requirements for counties, or an agency representing counties, to use in developing certification programs for peer support specialists, including qualifications, curriculum, range of responsibilities, practice guidelines, supervision standards, and a code of ethics. (WIC §14045.13)
- 5) Permits, subject to DHCS approval, a county or its representing agency to develop, oversee, and enforce a peer support specialist certification program in accordance with DHCS requirements. (WIC§14045.14)

This Bill:

- 1) Requires California community and state and request UC colleges, to develop two types of accelerated programs of study related to degrees in social work (Education Code (EC) §66024.3):
 - A concurrent bachelor’s and master’s social work program that combines the last years of undergraduate study with graduate study; and
 - An accelerated academic program where students with experience as peer support specialists, registered or certified alcohol or drug counselors, community health workers, or psychiatric technicians can receive an associate degree, and a bachelor’s and master’s degree in social work.
- 2) Establishes a Behavioral Health Workforce Preservation and Restoration Fund, to be administered by the Department of Health Care Access and Information, to stabilize the current licensed, certified, or registered clinical behavioral health workforce. It may be used to provide hiring or performance bonuses, salary augmentation, overtime pay, and hazard pay. (HSC §127800)
- 3) Specifies that “behavioral health” refers to both mental health and substance use disorder. (HSC §127800)
- 4) Requires the Department of Health Care Access and Information to establish a stipend program for students pursuing a master’s degree in social work with a

specialized focus on public behavioral health. An eligible student would receive a stipend of \$18,500 per year for up to two years if they complete two years of continuous full-time employment with a public behavioral health agency or contracted provider. (HSC §127805)

- 5) Requires the Department of Health Care Access to develop an online jobs board where licensed behavioral health providers and facilities in the state may post job openings for behavioral health workers. (HSC §127810)
- 6) Requires the Department of Health Care Access to request the University of California to contract with the department to provide a report, by January 1, 2024, providing a landscape analysis of the current behavioral health workforce and the state's workforce needs. The report must also make recommendations about how to address the state's behavioral health workforce shortage. The report must include (HSC §127815):
 - An analysis of the public, private, and nonprofit behavioral health workforce.
 - Both licensed and non-licensed behavioral health workers.
 - A demographic analysis of the workforce, including information on race, ethnicity, sexual orientation, gender identity, age, geographic location, languages spoken, disability status, and lived experience with mental illness or substance use disorder.
 - An analysis of the number, type, and location of behavioral health care workers needed.
 - Recommendations on how to increase the state's behavioral health workforce in the short, medium, and long term.
- 7) Also requires the Department of Health Care Access to request the University of California to contract with the department to provide a report, by January 1, 2024, analyzing the following (HSC §127815):
 - The scope of practice laws for behavioral health workers, and also health plan hiring guidelines and practices for different behavioral health certification and license types. Recommendations made are to ensure that an individual with a certification or license is able to practice to their full potential while maintaining a high quality of care.
 - License requirements (out-of-state application requirements, and clinical training requirements) for behavioral health professionals. The resulting analysis is to compare this state's license and training requirements to those in other states.

- Requirements for renewing an expired license. This shall include an individual on extended parental or family leave, extended medical leave, or a retiree. Recommendations may include requiring competency exams, continuing education, or other demonstrations.
- 8) Deletes the requirement that DHCS establish statewide requirements for counties, or an agency representing counties, to use in developing certification programs for peer support specialists. Instead, it requires DHCS to itself establish a certifying body, either through contract or interagency agreement, and provide for a statewide certification for peer support specialists. This must be done by July 1, 2023. (WIC §14045.13(a) and (b))
 - 9) Requires DHCS to amend its Medicaid state plan to include certified peer support specialists as a provider type, and to include their services as a distinct service type which may be provided to eligible Medi-Cal beneficiaries. (WIC §14045.18)

Comments:

1) Intent of This Bill

According to the author’s office, “SB 964 addresses the immediate behavioral health workforce crisis and develops solutions that build a sustainable and equitable behavioral health workforce. A revitalized, diversified and expanded workforce is critical to ensuring all Californians get the care they need.”

2) Defining “Behavioral Health Care Workers” and “Behavioral Health Professionals”

HSC §127815 requests the UC system conduct an analysis and make recommendations regarding the scope of practice laws for “behavioral health care workers,” as well as license and renewal requirements for “behavioral health professionals.”

HSC §127805 of the bill defines “behavioral health” as including both mental health and substance use disorder.

However, there are many types of mental health professionals. For the purposes of obtaining a complete analysis, it may be helpful to specify exactly which types of mental health professionals are intended to be included, so that data on all the desired types of professionals is obtained.

3) Stipend Program for Social Work Students Only

HSC §127805 requires HCAI to establish a stipend program for students pursuing a master’s degree in social work with a specialized focus on public behavioral health. The Board may wish to discuss whether it is appropriate to establish this

stipend program only for social work students, or for other behavioral health students as well.

4) Previous Legislation

SB 803 (Chapter 150, Statutes of 2020) requires DHCS to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists, by July 1, 2022. The bill authorizes a county, or an agency that represents a county, to develop a peer support specialist certification program and certification fee schedule, both of which would be subject to DHCS approval. The bill requires the department to seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of peer support services in a county that agrees to participate in and fund the project. The demonstration or pilot project shall include peer support specialists as a Medi-Cal provider type.

5) Support and Opposition

Support

Steinberg Institute (sponsor)
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
Central City Association
County Behavioral Health Directors Association
County of Los Angeles
National Association of Social Workers, California Chapter
One individual

Oppose

None at this time.

6) Recommended Position

At its April 20, 2022 meeting, the Policy and Advocacy Committee recommended that the Board consider taking a “support” position on this bill. It also directed staff, separate from its position, to reach out to the author’s office to suggest further defining “behavioral health care workers” and behavioral health professionals” for purposes of the UC studies and analyses in HSC §127815.

7) History

2022

04/18/2022 From committee with author's amendments. Read second time and amended. Re-referred to Com. on ED.
04/08/2022 Set for hearing April 27.
04/06/2022 Set for hearing April 20. April 20 hearing postponed by committee.
04/04/22 Read second time and amended. Re-referred to Com. on ED.

03/31/22 From committee: Do pass as amended and re-refer to Com. on ED.
(Ayes 11. Noes 0.) (March 30).
03/16/22 Set for hearing March 30.
02/16/22 Referred to Coms. on HEALTH and ED.
02/10/22 From printer.
02/09/22 Article IV Section 8(a) of the Constitution and Joint Rule 55
dispensed with February 7, 2022, suspending the 30 calendar day
requirement.
02/09/22 Introduced. Read first time. To Com. on RLS. for assignment. To
print.

AMENDED IN SENATE APRIL 18, 2022

AMENDED IN SENATE APRIL 4, 2022

SENATE BILL

No. 964

Introduced by Senator Wiener

(Principal coauthors: Senators Caballero and Stern)

(~~Coauthor: Senator Dodd~~)

(*Coauthors: Senators Dodd and Rubio*)

(Coauthors: Assembly Members Bauer-Kahan, Gipson, Gray, Lackey,
Levine, and Waldron)

February 9, 2022

An act to add Section 66024.3 to the Education Code, to add Chapter 1 (commencing with Section 127800) to Part 3 of Division 107 of, to repeal Section 127815 of, and to repeal the heading of Chapter 1 (commencing with former Section 127750) of Part 3 of Division 107 of, the Health and Safety Code, and to amend Sections ~~14045.13~~ *14045.12*, *14045.13*, and 14105.29 of, to repeal Section 14045.14 of, and to repeal and add Sections 14045.18 and 14045.19 of, the Welfare and Institutions Code, relating to behavioral health.

legislative counsel's digest

SB 964, as amended, Wiener. Behavioral health.

(1) Existing law, the Donahoe Higher Education Act, sets forth the missions and functions of the 3 segments comprising the state's public postsecondary education system. These segments are the University of California, administered by the Regents of the University of California, the California State University, administered by the Trustees of the California State University, and the California Community Colleges, administered by the Board of Governors of the California Community Colleges. Provisions of the act apply to the University of California

only to the extent that the regents act, by resolution, to make the provisions applicable.

This bill would amend the act to require the California Community Colleges, the California State University, and, if made applicable by the regents by appropriate resolution, the University of California, *Colleges and the California State University, and to request the University of California*, to develop 2 accelerated programs of study related to degrees in social work. The bill would require one program to offer a concurrent bachelor's and master's of social work program that ~~will~~ *would* allow students to combine their last one or 2 years of undergraduate study in social work with their graduate study in social work in order to complete both programs at an accelerated rate. The bill would require the ~~second~~ *2nd* program to offer an accelerated academic program in which students with experience as peer support specialists, *registered or certified alcohol or other drug counselors*, community health workers, or psychiatric technicians could receive their associate's degree, as well as a bachelor's and master's degree in social work. The bill would require both programs to require a student to take a course on working with the severely mentally ill, with a focus on working in the public behavioral health system.

(2) Existing law establishes the Department of Health Care Access and Information and authorizes the department, among other things, to award competitive grants to entities and individuals it deems qualified to expand the supply of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth.

This bill would establish the Behavioral Health Workforce Preservation and Restoration Fund as a fund in the state treasury, to be administered by the department, for the purpose of stabilizing the current ~~licensed~~ *licensed, certified, or registered* clinical behavioral health workforce. The bill would authorize moneys from the fund to be used, upon appropriation by the Legislature, to provide hiring or performance-based bonuses, salary augmentation, overtime pay, or hazard pay to ~~licensed~~ *licensed, certified, or registered* professionals working in the behavioral health sector. The bill would also require the department to establish a stipend program, in addition to and separate from the fund, for students pursuing a master's degree in social work with a specialized focus on public behavioral health. Under the bill, a student would be eligible for a stipend of \$18,500 per year for up to 2 calendar years if specified conditions are met.

This bill would require the department to develop an online jobs board on which licensed public, private, and nonprofit behavioral health providers and facilities in the state may post job openings for behavioral health workers. The bill would also require the department to request the University of California to enter into a contract with the department to prepare a report for the Legislature, on or before January 1, 2024, that provides a landscape analysis of the current behavioral health workforce and the state’s behavioral health workforce needs, and makes recommendations on how to address the state’s behavioral health workforce shortage.

(3) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers.

Existing law requires the department, ~~on or before~~ *by* July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists, as specified. Existing law authorizes a county, or an agency that represents a county, to develop a peer support specialist certification program and certification fee schedule, both of which are subject to department approval.

This bill would repeal those provisions authorizing a county to develop a peer support specialist certification program and instead would require the department, ~~on or before~~, *by* July 1, 2023, to provide for a statewide certification for peer support specialists. The bill would require the department to amend the Medicaid state plan to include a certified peer support specialist as a provider type for purposes of the Medi-Cal program and to include peer support specialist services as a distinct service type under the Medi-Cal program. The bill would require Medi-Cal reimbursement for peer support specialist services to be implemented only if, and to the extent that, federal financial participation is available and the department obtains all necessary federal approvals.

(4) Existing law, to the extent permitted by federal law, requires Medi-Cal payments to be made to designated public hospitals and their affiliated government entities in recognition of the Medi-Cal managed care share of graduate medical education costs. Under existing law, the

payments consist of specified components, including direct graduate medical education payments made in recognition and support of the direct costs incurred in the operation of graduate medical education programs, including, among other things, allocated overhead costs incurred for interns and residents in medicine, osteopathy, dentistry, podiatry, nursing, and allied health and paramedical programs.

This bill would also *specifically* authorize those payments for allocated overhead costs incurred for interns and residents in behavioral health programs.

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

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

1 SECTION 1. This act shall be known as the Behavioral Health
 2 Workforce Revitalization Act.

3 SEC. 2. Section 66024.3 is added to the Education Code, to
 4 read:

5 66024.3. *(a)* ~~The California Community Colleges, the~~
 6 ~~California State University, and the University of California shall~~
 7 *Colleges and the California State University shall, and the*
 8 *University of California is requested to,* develop both of the
 9 following accelerated programs of study related to degrees in social
 10 work:

11 ~~(a)~~
 12 *(1)* A concurrent bachelor’s and master’s of social work program
 13 that will allow students to combine their last one or two years of
 14 undergraduate study in social work with their graduate study in
 15 social work in order to complete both programs at an accelerated
 16 rate. The program shall require a student to take a course on
 17 working with the severely mentally ill, with a focus on working
 18 in the public behavioral health system.

19 ~~(b)~~
 20 *(2)* An accelerated academic program in which students with
 21 experience as peer support specialists, *registered or certified*
 22 *alcohol or other drug counselors*, community health workers, or
 23 psychiatric technicians may receive their associate’s degree, as
 24 well as a bachelor’s and master’s degree in social work. The
 25 program shall require a student to take a course on working with
 26 the severely mentally ill, with a focus on working in the public

1 behavioral health system. The program shall be designed to be
2 completed by a student who is working full-time and may include
3 online, part-time, and night class options.

4 *(b) For purposes of this section, “behavioral health” refers to*
5 *both mental health and substance use disorder.*

6 SEC. 3. The heading of Chapter 1 (commencing with former
7 Section 127750) of Part 3 of Division 107 of the Health and Safety
8 Code is repealed.

9 SEC. 4. Chapter 1 (commencing with Section 127800) is added
10 to Part 3 of Division 107 of the Health and Safety Code, to read:

11
12 **Chapter 1. Behavioral Health Workforce**

13
14 127800. (a) The Behavioral Health Workforce Preservation
15 and Restoration Fund is hereby established as a fund in the state
16 treasury, to be administered by the department, for the purpose of
17 stabilizing the current ~~licensed~~ *licensed, certified, or registered*
18 clinical behavioral health workforce.

19 (b) Moneys from the fund may be used, upon appropriation by
20 the Legislature, to provide hiring or performance-based bonuses,
21 salary augmentation, overtime pay, or hazard pay to ~~licensed~~
22 *licensed, certified, or registered* professionals working in the
23 behavioral health sector. Funding shall be prioritized to retain or
24 recruit licensed staff for facilities and programs at risk of closure
25 due to a shortage of licensed staff.

26 *(c) For purposes of this chapter, “behavioral health” refers to*
27 *both mental health and substance use disorder.*

28 127805. (a) In addition to, and separate from, the Behavioral
29 Health Workforce Preservation and Restoration Fund established
30 by Section 127800, the department shall establish a stipend
31 program for students pursuing a master’s degree in social work
32 with a specialized focus on public behavioral health.

33 (b) Under the program, a student shall be eligible for a stipend
34 of eighteen thousand five hundred dollars (\$18,500) per year for
35 up to two calendar years. A stipend recipient shall be required to
36 complete two calendar years of continuous and satisfactory
37 full-time employment with a public behavioral health agency or
38 a contracted provider.

39 127810. The department shall develop an online jobs board on
40 which licensed public, private, and nonprofit behavioral health

1 providers and facilities in the state may post job openings for
2 behavioral health workers, including, but not limited to,
3 psychiatrists, clinical psychologists, psychologists, licensed
4 marriage and family therapists, licensed professional clinical
5 counselors, licensed clinical social workers, psychiatric mental
6 health clinical nurse specialists, psychiatric technicians, peer
7 support specialists, and community health workers.

8 127815. (a) The department shall request the University of
9 California to enter into a contract with the department to prepare
10 a report providing a landscape analysis of the current behavioral
11 health workforce and the state's behavioral health workforce needs,
12 and to make recommendations on how to address the state's
13 behavioral health workforce shortage. The report shall be delivered
14 to the Legislature on or before January 1, 2024, and shall include
15 all of the following:

16 (1) An analysis of the public, private, and nonprofit behavioral
17 health workforce.

18 (2) An analysis that includes both licensed and nonlicensed
19 behavioral health workers, including but not limited to,
20 psychiatrists, clinical psychologists, psychologists, licensed
21 marriage and family therapists, licensed professional clinical
22 counselors, licensed clinical social workers, psychiatric mental
23 health clinical nurse specialists, psychiatric technicians, peer
24 support specialists, *and* community health workers.

25 (3) A demographic analysis of the workforce, including
26 information on race, ethnicity, sexual orientation, gender identity,
27 age, geographic location, languages spoken, lived experience with
28 one's own mental illness or substance use disorder or that of a
29 family member, and disability status. Information regarding health
30 history shall be treated as confidential and shall only be collected
31 on a voluntary basis. Only deidentified and aggregated health
32 information shall be included in the report.

33 (4) An analysis of the number, type, and location of workers
34 needed to meet California's behavioral health care needs.

35 (5) Short, medium, and long-term recommendations on how to
36 increase the state's behavioral health workforce to meet the current
37 and growing demand.

38 (6) An analysis of the scope of practice laws for behavioral
39 health workers, as well as health plan hiring guidelines and
40 practices for different behavioral health certification and license

1 types. Recommendations shall aim to ensure that an individual
2 receiving a behavioral health certification or license is able to
3 practice up to their full potential while maintaining a high quality
4 of care.

5 (7) An analysis of license requirements, including out-of-state
6 license application requirements, and clinical training requirements
7 for behavioral health professionals. The analysis shall compare
8 the state’s license and training requirements for behavioral health
9 professionals to licensing and training requirements in other states
10 and make recommendations.

11 (8) An analysis of requirements for renewing the license of a
12 behavioral health professional who has an expired license,
13 including, but not limited to, an individual on extended parental,
14 family, or medical leave, or a retiree. Recommendations may
15 include, but are not limited to, requiring competency exams,
16 continuing education requirements, or other competency
17 demonstrations.

18 (b) The report required to be submitted to the Legislature
19 pursuant to this section shall be submitted in compliance with
20 Section 9795 of the Government Code.

21 (c) This section shall remain in effect only until January 1, ~~2027,~~
22 ~~2028~~, and as of that date is repealed.

23 *SEC. 5. Section 14045.12 of the Welfare and Institutions Code*
24 *is amended to read:*

25 14045.12. For purposes of this article, the following definitions
26 apply:

27 (a) “Certification” means the activities related to the verification
28 that an individual has met all of the requirements under this article
29 and that the individual may provide peer support specialist services
30 pursuant to this article.

31 (b) “Certified” means all federal and state requirements have
32 been satisfied by an individual who is seeking designation under
33 this article, including completion of curriculum and training
34 requirements, testing, and agreement to uphold and abide by the
35 code of ethics.

36 (c) “Code of ethics” means the standards to which a peer support
37 specialist is required to adhere.

38 (d) “Core competencies” means the foundational and essential
39 knowledge, skills, and abilities required for peer specialists.

1 (e) “Cultural competence” means a set of congruent behaviors,
2 attitudes, and policies that come together in a system or agency
3 that enables that system or agency to work effectively in
4 cross-cultural situations. A culturally competent system of care
5 acknowledges and incorporates, at all levels, the importance of
6 language and culture, intersecting identities, assessment of
7 cross-cultural relations, knowledge and acceptance of dynamics
8 of cultural differences, expansion of cultural knowledge, and
9 adaptation of services to meet culturally unique needs to provide
10 services in a culturally competent manner.

11 (f) “Department” means the State Department of Health Care
12 Services.

13 (g) “Peer support specialist” means an individual who is 18
14 years of age or older, who has self-identified as having lived
15 experience with the process of recovery from mental illness,
16 substance use disorder, or both, either as a consumer of these
17 services or as the parent or family member of the consumer, and
18 who has been granted certification ~~under a county peer support
19 specialist certification program.~~ *as a peer support specialist
20 pursuant to this article.*

21 (h) “Peer support specialist services” means culturally competent
22 services that promote engagement, socialization, recovery,
23 self-sufficiency, self-advocacy, development of natural supports,
24 and identification of strengths. Peer support specialist services
25 include, but are not limited to, prevention services, support,
26 coaching, facilitation, or education that is individualized and is
27 conducted by a certified peer support specialist.

28 (i) “Recovery” means a process of change through which an
29 individual improves their health and wellness, lives a self-directed
30 life, and strives to reach their full potential. This process of change
31 recognizes cultural diversity and inclusion, and honors the different
32 routes to resilience and recovery based on the individual and their
33 cultural community.

34 ~~SEC. 5.~~

35 *SEC. 6.* Section 14045.13 of the Welfare and Institutions Code
36 is amended to read:

37 14045.13. By July 1, 2023, the department shall do all of the
38 following:

- 1 (a) Establish a certifying body, either through contract or through
2 an interagency agreement, to provide for the certification activities
3 described in this article.
- 4 (b) Provide for a statewide certification for peer support
5 specialists, as contained in federal guidance in State Medicaid
6 Director Letter No. 07-011, issued by the federal Centers for
7 Medicare and Medicaid Services on August 15, 2007.
- 8 (c) Define the qualifications, range of responsibilities, practice
9 guidelines, and supervision standards for peer support specialists.
10 The department may utilize best practice materials published by
11 the federal Substance Abuse and Mental Health Services
12 Administration, the United States Department of Veterans Affairs,
13 and related notable experts in the field as a basis for development
14 of these definitions.
- 15 (d) Determine curriculum and core competencies required for
16 certification of an individual as a peer support specialist, including
17 curriculum that may be offered in areas of specialization, including,
18 but not limited to, transition-age youth, veterans, gender identity,
19 sexual orientation, and any other areas of specialization identified
20 by the department. Core-competencies-based curriculum shall
21 include, at a minimum, training related to all of the following
22 elements:
- 23 (1) The concepts of hope, recovery, and wellness.
 - 24 (2) The role of advocacy.
 - 25 (3) The role of consumers and family members.
 - 26 (4) Psychiatric rehabilitation skills and service delivery, and
27 addiction recovery principles, including defined practices.
 - 28 (5) Cultural competence training.
 - 29 (6) Trauma-informed care.
 - 30 (7) Group facilitation skills.
 - 31 (8) Self-awareness and self-care.
 - 32 (9) Cooccurring disorders of mental health and substance use.
 - 33 (10) Conflict resolution.
 - 34 (11) Professional boundaries and ethics.
 - 35 (12) Preparation for employment opportunities, including study
36 and test-taking skills, application and résumé preparation,
37 interviewing, and other potential requirements for employment.
 - 38 (13) Safety and crisis planning.
 - 39 (14) Navigation of, and referral to, other services.
 - 40 (15) Documentation skills and standards.

- 1 (16) Confidentiality.
- 2 (e) Specify peer support specialist employment training
- 3 requirements, including core-competencies-based training and
- 4 specialized training necessary to become certified under this article,
- 5 and require training to include people with lived experience as
- 6 consumers and family members.
- 7 (f) Establish a code of ethics.
- 8 (g) Determine continuing education requirements for biennial
- 9 certification renewal.
- 10 (h) Determine the process for initial certification issuance and
- 11 biennial certification renewal.
- 12 (i) Determine a process for investigation of complaints and
- 13 corrective action, including suspension and revocation of
- 14 certification and appeals.
- 15 (j) Determine a process for an individual employed as a peer
- 16 support specialist on January 1, 2023, to obtain certification under
- 17 this article.
- 18 (k) Determine requirements for peer support specialist
- 19 certification for peer support specialists from out of state.
- 20 (l) Seek any federal approvals, related to the statewide
- 21 certification standards, that it deems necessary to implement this
- 22 article. For any federal approvals that the department deems
- 23 necessary related to the statewide certification standards, this article
- 24 shall be implemented only if and to the extent that the department
- 25 obtains those federal approvals.

26 ~~SEC. 6.~~
 27 *SEC. 7.* Section 14045.14 of the Welfare and Institutions Code
 28 is repealed.

29 ~~SEC. 7.~~
 30 *SEC. 8.* Section 14045.18 of the Welfare and Institutions Code
 31 is repealed.

32 ~~SEC. 8.~~
 33 *SEC. 9.* Section 14045.18 is added to the Welfare and
 34 Institutions Code, to read:

35 14045.18. (a) The department shall amend its Medicaid state
 36 plan to do both of the following:

- 37 (1) Include a peer support specialist certified pursuant to this
- 38 article as a provider type for purposes of this chapter.
- 39 (2) Include peer support specialist services as a distinct service
- 40 type for purposes of this chapter, which may be provided to eligible

1 Medi-Cal beneficiaries who are enrolled in either a Medi-Cal
2 managed care plan or a mental health plan.

3 (b) The department may seek any federal waivers or other state
4 plan amendments as necessary to implement the certification
5 program provided for under this article.

6 ~~SEC. 9.~~

7 *SEC. 10.* Section 14045.19 of the Welfare and Institutions
8 Code is repealed.

9 ~~SEC. 10.~~

10 *SEC. 11.* Section 14045.19 is added to the Welfare and
11 Institutions Code, to read:

12 14045.19. Medi-Cal reimbursement for peer support specialist
13 services shall be implemented only if, and to the extent that, federal
14 financial participation under Title XIX of the federal Social
15 Security Act (42 U.S.C. Sec. 1396 et seq.) is available and all
16 necessary federal approvals have been obtained.

17 ~~SEC. 11.~~

18 *SEC. 12.* Section 14105.29 of the Welfare and Institutions
19 Code is amended to read:

20 14105.29. (a) (1) Subject to subdivision (d), additional
21 Medi-Cal payments shall be made to designated public hospitals
22 and their affiliated government entities, in recognition of the
23 Medi-Cal managed care share of graduate medical education costs.
24 To the extent permissible under federal law, the department shall
25 make these payments directly to the designated public hospitals
26 and their applicable affiliated government entities.

27 (2) The graduate medical education payments shall consist of
28 the following components:

29 (A) Direct graduate medical education payments made in
30 recognition and support of the direct costs incurred in the operation
31 of graduate medical education programs, which may include, but
32 are not limited to, salaries, benefits, physician oversight, and
33 allocated overhead costs incurred for interns and residents in
34 medicine, osteopathy, dentistry, podiatry, nursing, allied health
35 and paramedical programs, and behavioral health programs.

36 (B) Indirect graduate medical education payments made in
37 recognition and support of the increased operating and patient care
38 costs associated with teaching programs.

39 (3) Graduate medical education payments shall support,
40 recognize, and enhance the role of designated public hospitals and

1 their affiliated government entities in the training of interns,
2 residents, and fellows who are enrolled in accredited medical or
3 dental programs, in advanced practice nursing or other allied health
4 professional programs, or who are pursuing advanced specialty
5 training.

6 (4) The graduate medical education payments shall be inflation
7 adjusted.

8 (5) The department shall determine the maximum amount of
9 graduate medical education payments and distribute to participating
10 designated public hospitals and their affiliated government entities,
11 as applicable, in accordance with a methodology developed in
12 consultation with the designated public hospitals.

13 (6) Interim graduate medical education payments shall be made
14 on a quarterly basis, and reconciled at the end of the fiscal year to
15 determine the final amounts due based on information reported to
16 the department by the designated public hospitals. To the extent
17 practicable, the department shall seek to minimize the
18 administrative burden on participating designated public hospitals
19 associated with reporting and finalizing graduate medical education
20 payments.

21 (7) Graduate medical education payments provided pursuant to
22 this section shall not supplant amounts that would otherwise be
23 payable by the department to Medi-Cal managed care plans or to
24 designated public hospitals and their affiliated government entities,
25 or by Medi-Cal managed care plans to designated public hospitals
26 and their affiliated government entities. A Medi-Cal managed care
27 plan shall not withhold or otherwise reduce other payments to a
28 designated public hospital or its affiliated government entities as
29 a result of implementation of payment programs pursuant to this
30 section.

31 (b) Subject to subdivision (d), the department may, in
32 consultation with designated public hospitals, seek federal approval
33 to provide for other forms of graduate medical education payments
34 to designated public hospitals and their affiliated government
35 entities, including payments that reflect the volume of
36 fee-for-service Medi-Cal services or revenue to the extent the
37 fee-for-service payments do not otherwise recognize graduate
38 medical education costs, or incentive payments.

39 (c) The nonfederal share of payments under this section shall
40 consist of voluntary intergovernmental transfers of funds provided

1 by designated public hospitals or their affiliated government
2 entities, or other eligible public entities, including those described
3 in Section 14164, in accordance with this section. No state General
4 Fund moneys shall be used to fund the nonfederal share of
5 payments under this section.

6 (1) The Designated Public Hospital (DPH) Graduate Medical
7 Education (GME) Special Fund is hereby established in the State
8 Treasury. Notwithstanding Section 13340 of the Government Code,
9 moneys deposited into the DPH GME Special Fund shall be
10 continuously appropriated, without regard to fiscal year, to the
11 department for the purposes specified in this section. All funds
12 derived pursuant to this section shall be deposited in the State
13 Treasury to the credit of the DPH GME Special Fund.

14 (2) The DPH GME Special Fund shall consist of moneys that
15 a designated public hospital or affiliated government entity, or
16 other public entity, as applicable, elects to transfer to the
17 department for deposit into the fund, to the extent permitted under
18 Section 433.51 of Title 42 of the Code of Federal Regulations and
19 any other applicable federal Medicaid laws. Moneys derived from
20 these intergovernmental transfers in the DPH GME Special Fund
21 shall be used as the source for the nonfederal share of graduate
22 medical education payments authorized under this section, for
23 reimbursing the department's administrative costs in implementing
24 this section, and to otherwise support the Medi-Cal program. The
25 timing and amounts of the intergovernmental transfers shall be
26 determined by the department in consultation with the transferring
27 entities. The department shall determine the intergovernmental
28 transfer amounts for each applicable state fiscal year such that they
29 are sufficient to fund the nonfederal share of the associated
30 graduate medical education payments for that year, plus five
31 percent of the aggregate nonfederal share that would be associated
32 with the graduate medical education payments made pursuant to
33 this section in that applicable state fiscal year as if the federal
34 medical assistance percentage were 50 percent. Upon providing
35 any intergovernmental transfer of funds, each transferring entity
36 shall certify that the transferred funds qualify for federal financial
37 participation pursuant to applicable federal Medicaid laws, and in
38 the form and manner as required by the department.

39 (3) The department shall claim federal financial participation
40 for graduate medical education payments under this section using

1 moneys derived from intergovernmental transfers made pursuant
2 to this section, and deposited in the DPH GME Special Fund to
3 the full extent permitted by law. In the event federal financial
4 participation is not available with respect to a payment under this
5 section and either is not obtained, or results in a recoupment of
6 payments already made, the department shall return any
7 intergovernmental transfer fund amounts associated with the
8 payment for which federal financial participation is not available
9 to the applicable transferring entities within 14 days from the date
10 of the associated recoupment or other determination, as applicable.

11 (4) Any intergovernmental transfer of funds made pursuant to
12 this section shall be considered voluntary for purposes of all federal
13 and state laws.

14 (d) (1) This section shall be implemented only to the extent
15 that any necessary federal approvals are obtained and federal
16 financial participation is available and is not otherwise jeopardized.

17 (2) After consultation with the designated public hospitals, the
18 director may modify the requirements set forth in this section to
19 the extent necessary to meet federal requirements for graduate
20 medical education payments for designated public hospitals and
21 their affiliated government entities or to maximize federal financial
22 participation available under such a program.

23 (e) (1) The department shall seek any necessary federal
24 approvals from the federal Centers for Medicare and Medicaid
25 Services, through state plan amendments or otherwise, for graduate
26 medical education payments, effective no sooner than January 1,
27 2017, in accordance with this section.

28 (2) The department shall consult with the designated public
29 hospitals with regard to the development and implementation, and
30 any subsequent modification, of the payment programs established
31 pursuant to this section.

32 (3) Notwithstanding Chapter 3.5 (commencing with Section
33 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
34 the department may implement, interpret, or make specific this
35 section by means of all-county letters, plan letters, provider
36 bulletins, or other similar instructions, without taking regulatory
37 action. The department shall timely inform, or provide access to,
38 applicable guidance issued pursuant to this authority to affected
39 designated public hospitals and their affiliated government entities.

1 This guidance shall remain publicly available until all payments
2 made pursuant to this section are finalized.

3 (f) For purposes of this section, the following definitions apply:

4 (1) “Designated public hospitals” means those hospitals
5 identified in subdivision (f) of Section 14184.10.

6 (2) “Designated public hospitals and their affiliated government
7 entities” means those hospitals identified in subdivision (f) of
8 Section 14184.10, and the government entities and agencies with
9 which they are affiliated, inclusive of their affiliated
10 government-operated physician practice groups, affiliated
11 government-operated clinics and other settings that provide clinical
12 training, and affiliated government-operated medical and
13 professional training schools and programs.

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