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**HEALTH AND SAFETY CODE - HSC**

**DIVISION 101. ADMINISTRATION OF PUBLIC HEALTH [100100 - 101997]** (*Division 101 added by Stats. 1995, Ch. 415, Sec. 3.*)

**PART 1. CALIFORNIA DEPARTMENT OF HEALTH SERVICES [100100 - 100922]** (*Part 1 added by Stats. 1995, Ch. 415, Sec. 3.*)

**CHAPTER 1.5. Health and Welfare Agency Report on Long-Term Care [100145 - 100147]** (*Chapter 1.5 added by Stats. 1997, Ch. 269, Sec. 1.*)

**100145.** The Legislature finds and declares that for older persons and persons with disabilities all of the following apply:

- (a) Long-term care consumers experience great differences in service levels, eligibility criteria and service availability that often results in inappropriate and expensive care that is not responsive to individual needs.
- (b) Individuals requiring long-term care services are most often the best judges of their own needs. Consequently, they should share the responsibility for designing the overall long-term care delivery system.
- (c) The laws governing long-term care facilities have established an uncoordinated array of long-term care services that are funded and administered by a state structure that lacks necessary integration and focus.
- (d) Article 4.05 (commencing with Section 14139.05) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code sets forth the state's public policy strategy to address this problem through an approach that provides the opportunity for a community to design and implement a coordinated services delivery system with the involvement of long-term care consumers in the decisionmaking process.
- (e) The Long-Term Care Integration Pilot Projects were developed to test models for service integration, with the goal of providing a continuum of social and health services that foster independence and self-reliance, maintain individual dignity, and allow consumers of long-term care services to remain an integral part of their family and community life.
- (f) The adoption of the Mello-Granlund Older Californians Act (Division 8.5 (commencing with Section 9000) of the Welfare and Institutions Code) sought to improve the integration of available services at the local level and enhance the development of systems of home and community-based services.
- (g) Obstacles currently preventing the integration of long-term care programs and oversight at the state level include all of the following: inflexible and inconsistent funding sources, economic incentives that encourage the placement of consumers in the highest levels of care, lack of coordination between aging, health, and social service departments at the state level, and inflexible state and federal regulations.
- (h) It is both necessary and urgent to restructure long-term care programs and oversight at the state level so that duplicative and confusing eligibility criteria, assessments, intake forms, and service limitations will not continue to inhibit consumer satisfaction, impede improvements in consumer health status, and perpetuate the ineffective use of state resources.

(*Added by Stats. 1997, Ch. 269, Sec. 1. Effective January 1, 1998.*)

**100147.** For purposes of this chapter, the following definitions shall apply:

- (a) "Long-term care" means a coordinated continuum of preventive, diagnostic, therapeutic, rehabilitative, supportive, and maintenance services that address the health, social and personal needs of older individuals and functionally-impaired adults who have restricted self-care capabilities. Long-term care may include licensed nursing facilities, adult residential care facilities, residential care facilities for the elderly, and home and community-based services.
- (b) "Systems of home and community based services" means an integrated continuum of service options available locally to older individuals and functionally-impaired adults through programs administered by the state for persons who seek to maximize self-care and independent living in the home or home-like environment.

(*Added by Stats. 1997, Ch. 269, Sec. 1. Effective January 1, 1998.*)

