

Date of Hearing: April 2, 2024

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

AB 1993 (Kalra) – As Introduced January 30, 2024

SUBJECT: Residential care facilities for the elderly: maximum number of residents

SUMMARY: Increases the current six or fewer persons limit for residential care facilities for the elderly (RCFEs) located in a family dwelling to 10 or fewer persons.

EXISTING LAW:

- 1) Establishes the “California Residential Care Facilities for the Elderly Act”. (Health and Safety Code [HSC] §1569)
- 2) Requires the California Department of Social Services (CDSS) to establish regulations, inspect, and license RCFEs. (HSC §§ 1569.30-1569.39; 1569.10-1569.24)
- 3) Permits an RCFE serving six or fewer persons in a family dwelling to be considered a family for the purposes of zoning ordinances. (HSC § 1569.85)
- 4) Defines a “family dwelling,” to include, but not be limited to, single-family dwellings, units in multifamily dwellings, including units in duplexes and units in apartment dwellings, mobilehomes, including mobilehomes located in mobilehome parks, units in cooperatives, units in condominiums, units in townhouses, and units in planned unit developments. (HSC § 1569.85 (g))
- 5) Requires the State Fire Marshal to prepare and adopt regulations establishing minimum requirements for the prevention of fire, and for the protection of life and property against fire and panic, for any laboratory or research and development facility that stores, handles, or uses regulated hazardous materials. (HSC §§ 13143; 13143.6)
- 6) Establishes “Resident’s Bill of Rights” for residents in RCFEs which includes 30 separate rights with the legislative intent that persons residing in RCFEs be treated with dignity, kindness, and respect and that their civil liberties be fully honored. (HSC §§ 1569.261-1569.269)
- 7) Requires every facility required to be licensed to provide at least the following basic services:
 - a) Care and supervision as defined in 6) above.
 - b) Assistance with instrumental activities of daily living in combinations that meet the needs of residents;
 - c) Helping residents gain access to appropriate supportive services, as defined, in the community;
 - d) Being aware of the resident’s general whereabouts, although the resident may travel independently in the community;

- e) Monitoring the activities of the residents while they are under the supervision of the facility to ensure their general health, safety, and well-being; and,
 - f) Encouraging the residents to maintain and develop their maximum functional ability through participation in planned activities. (HSC § 1569.312)
- 8) Defines “care and supervision” to mean the facility assumes responsibility for or provides or promises to provide in the future, ongoing assistance with activities of daily living without which the resident’s physical health, mental health, safety, or welfare would be endangered. Assistance includes assistance with taking medications, money management, or personal care. (HSC § 1569.2)
- 9) Establishes three levels of care as follows:
- a) Level I—Base care and supervision. Residents at this level can maintain a higher degree of independence and need only minimum care and supervision and minimal personal care assistance;
 - b) Level II—Nonmedical personal care. Residents at this level have functional limitations and psychosocial needs requiring not only care and supervision but frequent assistance with personal activities of daily living and active intervention to help them maintain their potential for independent living; and,
 - c) Level III—Health-related assistance. Residents at this level require the services of lower levels and rely on the facility for extensive assistance with personal activities of daily living. This level may include residents who also require the occasional services of an appropriately skilled professional due to chronic health problems and returning residents recovering from illness, injury, or treatment that requires placement in facilities providing higher levels of care. (HSC § 1569.70)
- 10) Provides operating requirements for RCFEs. (California Code of Regulations 87202-87300)

FISCAL EFFECT: Unknown, this bill has not been analyzed by a fiscal committee.

COMMENTS:

Background: *Residential Care Facilities for The Elderly* are non-medical facilities that house and care for the aging population that have minimal health needs, but need basic daily help for services such as housekeeping, medication assistance, personal and hygiene care, and eating. There are three levels of care permitted in an RCFE which range from basic care when a resident still can retain some independence, to nonmedical care when a resident needs help with personal daily living activities, and the highest level of care is reserved for someone who needs extensive care with daily living activities and may have chronic health problems.

California’s network of RCFEs consists of small homes serving a handful of residents to larger RCFEs that can house over 100 residents in communities across the state. Facilities provide a special combination of housing, personalized supportive services, and 24-hour staff designed to respond to the individual needs of those who require help with activities of daily living. This level of care and supervision is for people who are unable to live by themselves but who do not need 24-hour nursing care. They are considered non-medical facilities and are not required to

have nurses, certified nursing assistants, or doctors on staff. Facilities usually centrally store and distribute medications for residents to self-administer.

Costs of RCFEs vary widely. RCFEs in California cost an average of \$4,500 per month. However, monthly fees can exceed \$10,000. According to CDSS' website, there are 7,473 licensed RCFEs total and 5,790 RCFEs that serve six or fewer persons. There is no data pertaining to how many of the 5,790 RCFEs that serve six or fewer persons are in a residential area.

Population Aging and Rising Homelessness Rates. Population aging refers to the increase of people over the age of 65, while at the same time, a decrease in people age under the age of 15. Population aging has become a distinctive demographic feature in developing countries which currently have the largest proportion of people over the age of 65 in the world. Population aging can be attributed to increasing longevity and declining fertility. Data indicate that global life expectancy increased from 34 years in 1913 to 72 years in 2022 and is expected to continue on that trajectory.

According to the U.S. Census Bureau, 15.8% of California's population is over the age of 65 which is the largest number of older residents in the country, and estimates that about 22% of California's population will be over the age of 60 by the year 2030. The California Department of Finance projects that about one in four (23.1%) Californians will be over the age of 65 by 2040.

The California Interagency Council on Homelessness reports that older adults are the fastest-growing population of unhoused persons in California, with the number of adults over the age of 55 experiencing homelessness growing by 90% since 2017, while the number of homeless adults over the age of 65 increased by 166%. The Los Angeles Times reported that in Los Angeles County, older adult homelessness jumped 22% in 2018, reflecting an increase from just over 4,000 individuals experiencing homelessness age 62 and older to just over 4,800. San Diego, San Francisco, and Sacramento Counties have all also reported increases in their populations of people 55 and older experiencing homelessness. Furthermore, in an article by KPBS entitled "*A Senior On The Streets, With Little Chance Of A Home,*" researchers predicted that in Los Angeles County alone, the number of older adults experiencing homelessness could reach nearly 14,000 by 2030 if solutions are not found.

Due to the higher needs of many older adults, finding solutions to make RCFEs and other living arrangements that offer assistance attainable is vital to lowering homelessness in older adults. Given the high cost of places for older adults to live, it is even more crucial to find ways to encourage RCFEs to house these residents.

Author's Statement: According to the Author, "Aging adults are the fastest-growing population of unhoused individuals in California, and affordable housing is limited, placing them at risk of becoming homeless. AB 1993 would amend the California Residential Care Facilities for the Elderly Act to increase the number of residents an RCFE may serve and still be considered a residential use of a property. This proposed change would allow RCFEs to serve more individuals and help them receive housing, meals, and non-medical services. It is consistent with Priority Goal #1, "Housing Opportunities for Seniors as They Age," as identified in the Governor's Master Plan on Aging.

The 6-resident cap has its basis in the mental health system of the 1930s. Over time, the board and care facilities have expanded to provide care for other populations, but the 6-resident cap

remains a barrier for small RCFEs. This bill addresses that houses built fifty years ago, when the 6-bed rule was established, were much smaller than houses built in the last twenty years.

Community Care Licensing (CCL) determines the maximum number of residents a facility may admit and works with local fire agencies to concur with their determination of the maximum number of residents a facility can serve based on the ability to vacate the facility during an emergency. CCL regulations stipulate that no more than two adults may share a single bedroom. AB 1993 does not change the maximum number of individuals allowed to share a bedroom or reduce the personal space requirements. CCL is responsible for ensuring the building can safely serve the number of residents the RCFE is licensed for.

AB 1993 is in response to our state's rapidly aging population and increased demand for assisted living facilities. Housing for older adults is not always as simple as securing a place to sleep. Most older adults prefer to remain in their communities, close to familiar surroundings, or close to their loved ones. 24-hour non-medical care provided in a home located in neighborhoods promotes a happy environment for aging adults and a greater opportunity for family members to visit them regularly.”

Equity Implications: Older adults who require assistance with daily activities have an exceptionally hard time finding accommodations in that they must locate not only housing but also housing that can accommodate their specialized needs at a price they can afford.

For adults over the age of 50 who already struggle to meet their basic needs, financial and medical emergencies can push them into homelessness. According to the United States Department of Housing and Urban Development, roughly 30% of the state's unhoused population is Black due to a history of racial discrimination in housing, as well as an overrepresentation within the justice and child welfare systems. Data show that a substantial number of adults experiencing homelessness in California are older adults. According to the Budget Policy Center, over 40% of unhoused Californians in adult-only households who came in contact with the homelessness response system in the 2021-22 fiscal year were 50 and older. Complicating matters, adults over the age of 50 are more likely to have underlying health conditions that can be exacerbated by not having access to a stable home or health care, and research confirms that being homeless accelerates severe health declines. These adults often require more assistive services in addition to housing. Research conducted by the University of California, San Francisco (UCSF) indicates that 44% of all homeless people older than the age of 50 became homeless for the first time after they were 50, and account for half of all unhoused adults. For comparison, this same UCSF research found that in 1990, only 11% of homeless adults were over the age of 50.

While the reasons for this increase in homeless adults are varied, not being able to afford rent is a common factor. Adults who were unable to save for retirement can find themselves without a safety net when a medical emergency or rent increase occurs. As part of the Master Plan for Aging, California has prioritized creating more affordable housing options to meet the needs of all stages of life, regardless of age, race, or income.

RELATED AND PRIOR LEGISLATION:

AB 770 (Kalra) of the current legislative session, would have struck the six-person bed limit for RCFEs located in a family dwelling. Further, AB 770 would have required any licensed RCFE

with greater than six beds to reserve at least 30% of the beds, excluding the first six, for low-income residents. *AB 770 was held on the Assembly Appropriations Committee suspense file.*

AB 2619 (Patterson) of 2022, would have made the provisions applicable to an RCFE serving six or fewer persons, also apply to an RCFE serving more than six, if the family dwelling had sufficient square footage and a sufficient number of rooms, consistent with the standards established in a specified provision of the Uniform Housing Code of the International Conference of Building Officials, or other state-approved standards governing the allowable number of beds in a room used as a bedroom. *AB 2619 was not set for hearing in the Assembly Human Services Committee.*

SB 648 (Hurtado) of 2021, would have established the “Enriched Care Adult Residential Facility” pilot program for the purpose of promoting the sustainability of essential residential care facilities that serve recipients who receive SSI/SSP benefits. Specifically, SB 648 would have established a monthly stipend of \$1,000 per SSI/SSP recipient residing in qualifying licensed adult residential facilities and RCFEs. The stipend would have been capped at \$4,000 per month. *SB 648 was placed on the inactive file by the author.*

SB 1259 (Hurtado) of 2020, would have required CDSS to establish a task force for the purpose of issuing a report that would have included recommendations on how to meet the housing and care needs of low-income individuals who are blind, disabled, or over 65 years of age and receiving SSI/SSP, as specified. SB 1259 would also have required CDSS to provide updates on its progress in developing the report to specified committees. *SB 1259 was held on the Assembly Appropriations Committee suspense file.*

REGISTERED SUPPORT / OPPOSITION:

Support

6beds, INC. (Co-Sponsor)
California Commission on Aging (Co-Sponsor)
AARP
Advisory Council for Sourcewise
Alzheimer's Association State Policy Office
California Assisted Living Association
California Women's Law Center
LeadingAge California

Opposition

None on file.

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