TRI-COUNTIES REGIONAL CENTER
EXECUTIVE DIRECTOR REPORT
October 6, 2012

I. AUTISM HEALTH INSURANCE PLAN MANDATE (SB 946) IMPLEMENTATION PLAN UPDATE

- **Attachment #1:** SB 946 Letter to Families
- **Attachment #2:** SB 946 Flow Chart
- **Attachment #3:** TCRC SB 946 Insurance Co-Payment Fact Sheet
- **Attachment #4:** SB 946 FAQ – Updated September 28, 2012
- **Attachment #5**: TCADD Service Policy and Guidelines 10601

On July 1, 2012 Senate Bill 946 (Steinberg) went into effect, making California the 28th state in the nation to pass an Autism Insurance Mandate. This new law requires California private insurance companies to contract with Qualified Autism Services Providers and cover behavioral intervention (ABA services). This new law also requires TCRC ensure individuals and families (current and those new to the regional center system) seek payment of all behavioral services through their health insurance carrier or service plan prior to seeking payment from regional centers. Families with Medi-Cal only and Cal-PERS PPO plans are not affected by this new law.

TCRC has developed a SB 946 local implementation plan. This plan includes a written notice sent out to all the individuals and families impacted informing them of the new law and inviting them to attend one of six informational sessions that were held at each TCRC office in June to better understand the law and to answer their questions **(Attachment #1)**. Additionally, TCRC held seven follow-up informational meetings in the Month of August at each of the TCRC offices to offer families additional opportunities to learn about the SB 946 requirements and to answer questions. TCRC has also developed a flow chart on how the process will work, a SB 946 Co-Payments Fact Sheet and a Frequently Asked Question (FAQ) document for persons served and families – with the assistance of ARCA **(Attachments #2-#4)**.

TCRC will continue to work collaboratively with all individuals and families impacted by this change, utilizing the individual planning team process, to ensure as smooth a transition as possible. TCRC staff will support the person and family through their insurance company's process for accessing SB 946 services. When the insurance company approves services, the TCRC Service Coordinator will work with the family to request that the health plan waive any co-payments. If this is not possible, TCRC will offer to pay any co-payments for SB 946 services directly to the

ABA service provider, using a service code that maximizes federal funding. Co-payments will be capped at $45 per co-payment to ensure cost-effectiveness. This cap was determined using Service Code 620 median rate minus a 15% administrative overhead.

To date many families have been able to work with their existing ABA service provider to transition services to their insurance. Families who are currently being served by ABA service providers who are not paneled with the family's insurance will be required to switch to an ABA service provider that can accept their insurance. A tracking process is underway to more specifically identify how families are succeeding in an effort to transition services to private insurance. This information will be used by TCRC to provide more focused assistance to families and to report systemic issues to ARCA to possibly intervene at the state level. By far the greatest challenge has surfaced with Kaiser and their exclusive contract with one ABA provider in Ventura County. The ABA provider does not seem to have the staffing capacity to handle the large inflow of new clients causing a delay in the transition from regional center funded ABA services to Kaiser funded ABA services. TCRC has reported this information to ARCA and is working with families to file complaints and appeals per the law.

Service Coordinators continue to work with families who have not started to access their insurance for ABA services. Letters are being sent to these families informing them of the requirement to access and use their insurance coverage for ABA services and to offer assistance from TCRC in helping them with the transition process. The TCRC Autism Coordinator, Colleen Duncan, continues to work with staff internally, families, service providers, insurance companies, and ARCA to address individual and systemic issues **(Attachment #5)**.

In the event that a planning team is unable to agree on the transition steps or the transition to insurance is unsatisfactory, the Lanterman Act Notice of Action and Fair Hearing procedures remain available to TCRC, persons served by TCRC and their families to seek resolution.

II. UPDATES ON KEY BILLS FROM THE 2012 LEGISLATIVE SESSION

- **Attachment #6:** Sacramento Bee, October 3, 2012: Governor Jerry Brown Channels Gray Davis on Bill Actions
- **Attachment #7:** California Watch, September 28, 2012: Brown Signs Bills on Developmental Center Abuse
- **Attachment #8:** CDCAN Report #157-2012: Governor Signs Two Bills That Will Replace "Mental Retardation" With "Intellectual Disability" In State Laws. . .
- **Attachment #9:** CDCAN Report #164-2012: Governor Completes Actions Sunday Evening On Remaining 50 Bills On His Desk

The State constitutional deadline for Governor Brown to take action on 767 bills sent to him in the final days of the 2012 Legislative session which ended on September 1, 2012 was September 30, 2012 at 11:59 PM. The Governor has signed 649 bills and vetoed 118 bills. The Governor had the option of signing a bill into law, issuing a veto or letting a bill become law without his signature by the constitutional deadline. A summary of the status of the final bills and the Governor's actions on numerous bills impacting developmental services can be found on the ARCA website: http://arcanet.org/legislation/index.html **(Attachment #6)**.

Several noteworthy bills impacting developmental services were signed into law by the Governor. Two of these bills, SB 1051 (Lieu) and its companion bill SB 1522 (Leno) will require the Developmental Center's Office of Protective Services to notify Disability Rights California (DRC), a protection and advocacy group, and outside law enforcement of suspicious deaths, allegations of abuse by employees, sexual abuse, unexplained broken bones, etc. that occur at a Developmental Center. These reform measures were crafted on the heels of a series of allegations of abuse of residents at Sonoma Developmental Center by some employees that were not properly investigated by the Sonoma Developmental Center's Office of Protective Services **(Attachment #7)**.

Two other important bills impacting developmental services that were signed into law by the Governor were AB 2370 (Mansoor) and SB 1381 (Pavley). These nearly identical bills will, effective January 1, 2013, replace in state laws the words "mentally retarded" or "mental retardation" with "intellectual disability" or "a person with intellectual disability". The approval of these bills follows enactment of federal law in 2010 that replaced all reference in federal codes from "mental retardation" to "intellectual disability" and "mentally retarded individual" to "individual with intellectual disability" **(Attachment #8-#9)**.

III. QUESTIONS & ANSWERS

Attachment #1

Tri-Counties Regional Center
SAN LUIS OBISPO • SANTA BARBARA • VENTURA

520 E. Montecito Street
Santa Barbara, CA 93103
T/ 800.322.6994
F/ 805.884.7229
www.tri-counties.org

May 31, 2012

Dear Parent,

These are exciting times of change in California and we are writing to let you know about a new law that will help you obtain behavioral intervention treatment, including applied behavioral analysis (ABA) for your child or adult loved one with autism or pervasive developmental disorder (PDD).

On July 1, 2012, Senate Bill 946 becomes law, making California the 28th state in the nation to pass an Autism Insurance Mandate. This new law requires California private insurance companies to contract with Qualified Autism Services Providers and cover behavioral intervention. **Families with Medi-Cal only are not affected by this new law.** More information about this new law is enclosed.

Tri-Counties Regional Center (TCRC) will be holding information sessions in each office during the month of June to help families understand the law and how TCRC will be working with families and providing assistance to you during the transition. In the event that the Planning Team is unable to agree on the transition steps or the transition to insurance is unsatisfactory, the Lanterman Fair Hearing procedures remain available to persons served and their families.

Please join us to learn more. RSVP as soon as possible by calling your local TCRC office. Spanish translation will be available. Please request Spanish translation when calling to RSVP.

Autism Insurance Training Schedule

All Sessions will be held from 6:00pm -7:30pm

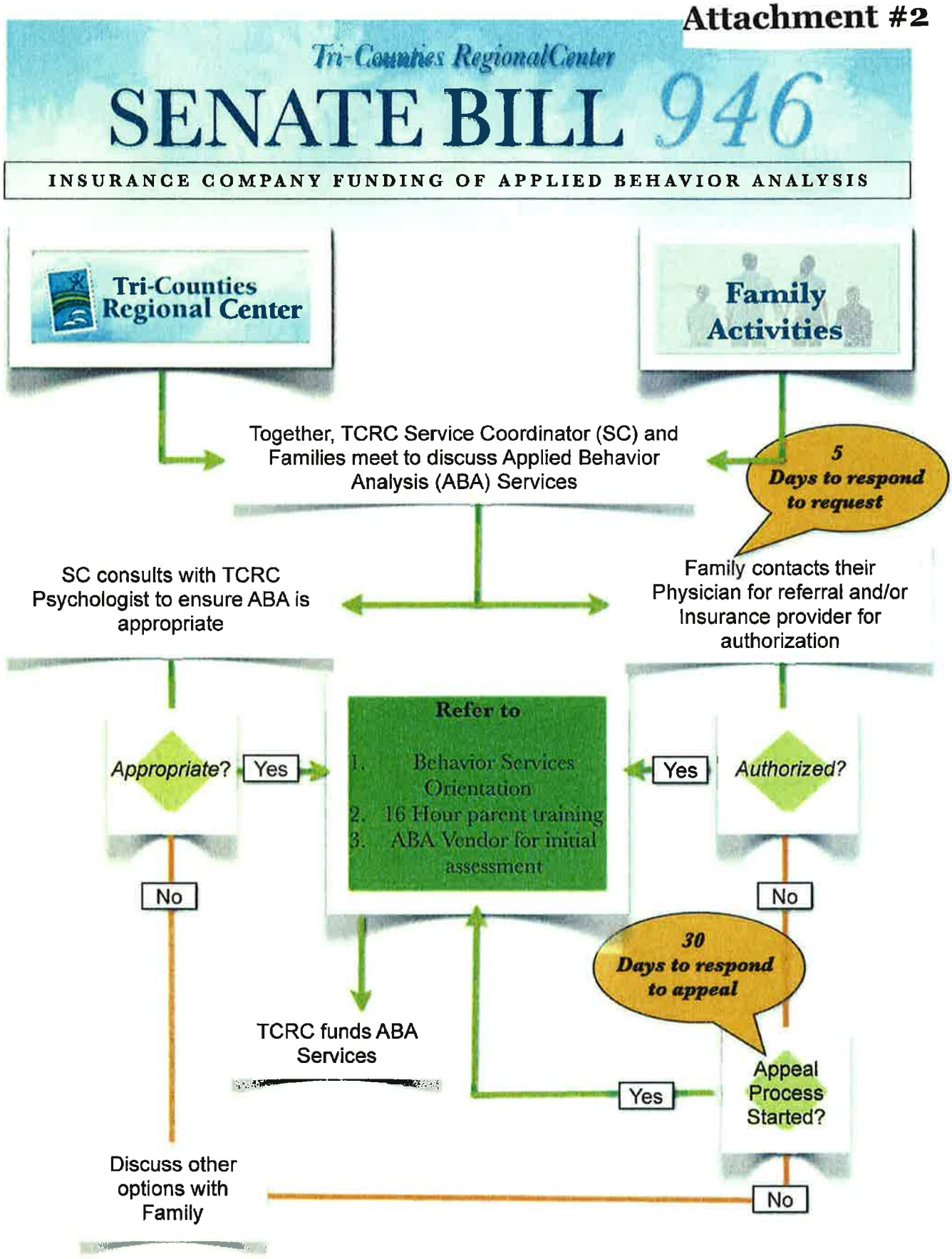
Wednesday	June 6	Atascadero	(805) 461-7402
Thursday	June 7	San Luis Obispo	(805) 543-2833
Wednesday	June 13	Santa Maria	(805) 922-4640
Wednesday	June 20	Simi Valley	(805) 522-8030
Thursday	June 21	Santa Barbara	(805) 962-7881
Thursday	June 27	Oxnard	(805) 485-3177

Senate Bill 946 is Good News for California and brings families a new opportunity to receive essential services. TCRC looks forward to working with you and the health insurance providers to implement this historic change.

Sincerely,

Omar Noorzad, Ph.D.
Executive Director

Attachment #2



Attachment #3

Tri-Counties Regional Center

SB 946 – Autism Health Insurance Plan Mandate
INSURANCE CO-PAYMENTS

August 2012

A. GENERAL GUIDELINES

1. **TCRC will pay co-payment amounts ("co-pays") for Applied Behavior Analysis ("ABA") sessions provided to persons served and their families who are covered by private insurance up to $45 per day.**
2. TCRC will not require any financial justification from families to approve co-pays.
3. TCRC will pay the ABA service provider directly for family co-pays.
4. TCRC will not reimburse families directly for insurance co-pays. This eliminates any potential IRS income penalties for the family.
5. TCRC will only reimburse co-pays for ABA treatments at this time. (OT, PT, SLP or other medically necessary services are not included in this reimbursement procedure).
6. Early Start services and insurance reimbursement are regulated differently; contact the Service Coordinator or the Early Start Manager in the local TCRC office if there are questions about insurance funded services for children 0-3.
7. ABA service providers may waive the co-pay requirement if direct reimbursement from TCRC violates any of the health plan or business procedures of the ABA service provider.
8. Health Plans may also waive co-pays. Information will be provided to Service Coordinators and Managers as provided by the Health Plans.
9. TCRC will reimburse co-pays using Medicaid Waiver billable service codes.
10. Families who are on the Medicaid Waiver and have private insurance will need to use private insurance as the primary funding source.
11. Families receiving Medi-Cal only and who do not have private insurance are not affected by SB 946 and ABA services will be fully funded by TCRC.
12. Information on participating Health Plans and ABA Providers is available on TCRC's website.

FAQs Regarding Insurance Funding for Behavioral Health Treatment for Autism and PDD
September 28, 2012

Please note that this document provides information about a situation that continues to evolve. As such, ARCA anticipates that changes will be made to it as updated information becomes available.

1. **Which insurance plans are required to provide funding for behavioral health treatments for autism and PDD?**

Every privately-funded health insurance plan that provides hospital, medical or surgical coverage in addition to behavioral and health services is impacted with the exception of employer self-funded plans is responsible for coverage of these services as of July 1, 2012 as a result of Senate Bill 946. Additionally, the Department of Managed Health Care has indicated that as of this same date this responsibility also applies to plans funded by Healthy Families as well as certain plans funded by CalPERS under Assembly Bill 88 (Mental Health Parity). TRICARE has been funding for ABA services for active duty family members, but was recently ordered by a federal court to begin providing the service to all members. It may be some time before TRICARE expands coverage to all members.

2. **Which CalPERS plans are required to fund behavioral health treatments for individuals with autism or PDD?**

The three CalPERS HMO plans (Blue Shield of California Net Value, Blue Shield Access+ and Kaiser Permanente) are required to fund these services. CalPERS PPO plans (PERS Select, PERS Choice and PERSCare) are self-funded and are not required to offer these services.

3. **Do different standards apply to plans funded by CalPERS and Healthy Families?**

Yes. As of September 6, 2012 there is an emergency regulation in place that applies to plans funded by CalPERS and Healthy Families. Essentially, the regulation establishes that CalPERS and Healthy Families plans must provide "medically necessary" treatment for Autism and PDD under existing mental health parity law. This means that services provided under those plans must be provided by licensed mental health professionals rather than by unlicensed BCBAs and paraprofessionals. CalPERS funded Blue Shield plans and Healthy Families funded Blue Cross plans are permitted to utilize the services of unlicensed professionals under a settlement agreement with DMHC. ARCA will provide updates as this situation continues to evolve.

4. Are any self-funded plans providing coverage for behavioral health treatments for individuals with autism or PDD?

Self-funded plans are not required to provide funding for these services under California law. Some are, however, opting to provide this as a benefit to their members. At least one regional center is requiring that families in self-funded plans provide evidence that their plan is self-funded as well as an indication from their insurers whether this is a covered benefit. ***TCRC is asking families to inquire with their Human Resources Department if the self funded plan includes an Autism Benefit and to encourage their employer to add such coverage to the company policy. TCRC will cover ABA services if it is not a covered benefit of the current self funded plan.***

5. When do the funding requirements go into effect?

Most insurance carriers were required to comply no later than July 1, 2012. TRICARE was already providing services as were some insurance companies that were part of a settlement agreement on this issue last year.

6. What is the process for requesting funding for behavioral health treatments for individuals with health care service plans based in other states?

Thirty states have mandates of one kind or another that require health insurers to fund behavioral health treatment for individuals with autism. For a list of those states, please visit http://www.autismspeaks.org/advocacy/states. If the state has a mandate, the referral process would be initiated by contacting the insurer. If problems arise in with these referrals, the regulatory agency overseeing health insurers in that state can be contacted for assistance (http://www.naic.org/documents/members_membershiplist.pdf).

7. As children now served by Healthy Families will be transitioning into Medi-Cal, what should regional centers do with those children in the meantime?

Healthy Families provides private HMO coverage through contracted insurance providers to income-eligible children. As a part of the 2012-2013 state budget, there was agreement to transition children served by Healthy Families into Medi-Cal. The timeline for termination of Healthy Families outlined in trailer bill language is very preliminary and dependent upon approval to changes in Medi-Cal. Funding for behavioral health treatments through insurers funded by Healthy Families remains available in the meantime. As such, regional centers should pursue funding for these services through those insurers. ***Healthy Families through Ventura County Health Plan has contracted with local ABA providers to cover services until they transition to Medi-Cal in August 2013. CenCal in Santa Barbara/San Luis Obispo is still pending clarification.***

8. What should regional centers do with children who are receiving behavioral health treatment services and are institutionally deemed?

As with other clients, check to ascertain whether they have health insurance in addition to Medi-Cal and pursue funding for behavioral health treatment through that insurance provider.

9. Will insurance companies implement these requirements consistently from one provider to the next?

No. Insurance companies have broad latitude in the implementation of the requirements. Insurance plans can choose what providers to contract with and what rates to pay. They will also individually determine what copayments will be charged for the services provided. ***TCRC will cover the cost of co-pays, up to $45 per session per day, up to 6 days per week. Contact your Service Coordinator for assistance. Families will need to provide a copy of their insurance card to verify the co-pay amount.***

10. Will authorizations for these services be handled similarly to those for medical services that insurance companies authorize?

There are a couple of important distinctions to be aware of. First, some insurance plans contract out their behavioral health services to other providers such as Magellan or Optum Behavioral Health, so individuals may be redirected to call a different phone number once it is apparent that the request is for behavioral health treatment. Some insurance cards have a distinct phone number on the back for the behavioral health provider, but this is not necessarily the case. Second, some insurers that are anticipating a high volume of referrals for these services have established special units to address concerns related to these specific services. For information regarding how to best access these services from many health providers, please see the document titled "Behavioral Health Treatment Insurance Referral Processes" that ARCA has developed. ***Contact Colleen Duncan TCRC Autism Coordinator if you have questions about specific Health Plan's referral process at cduncan@tri-counties.org.***

11. What types of treatments are required to be covered?

The statute states that funding will be provided for ABA services in addition to "evidence-based behavior intervention programs". There is a lot of ongoing discussion about what other therapies would be considered "evidence-based" and those that would not.

12. What efforts are in place to try to increase consistency?

Senate Bill 946 also required the creation of an Autism Advisory Task Force overseen by the Department of Managed Health Care that is exploring best practices related to evidence-based treatment options, duration of therapy as well as the qualifications of providers among other topics. This group will finish its work by the end of 2012 and must present a report to the Legislature at that time.

13. How will this change impact service provision for regional center clients in need of behavioral health treatment?

Under Welfare and Institutions Code Section 4659 (a)(2) regional centers are required to access funding from "private entities to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer." As such, individuals and family members need to access available funding from insurance companies for behavioral health treatment associated with autism and pervasive developmental disorder before the regional center can offer funding for these services.

14. How can regional centers facilitate a referral for behavioral health treatment to an individual's health insurer?

The procedure for each plan differs a bit. The larger plans have developed a distinct referral process for this transition. In general, the plans are requesting that either the current behavioral provider or regional center contact the plan and be able to provide at a minimum:

- Individual's date of birth
- Individual's health member identification number
- Diagnostic assessment confirming the diagnosis of autism or PDD
- Current behavioral treatment plan that includes:
    - Measurable goals
    - Current symptomalogy
    - Background of the individual
    - Number of hours of service requested delineated by service level (i.e., BCBA and paraprofessional)

ARCA has developed detailed procedures for specific health plans on their preferred processes for transition. As noted in the following question, it is important to realize that different timelines for approval or denial of funding requests apply depending upon who initiates contact with the health plan. As additional plan contact information becomes available, ARCA will continue to expand the information provided related to accessing services through specific health plans.

15. Once a health plan receives a request for services, how long does the plan have to determine if funding for the service will be granted?

This depends upon whether the request for services is initiated by a provider or another entity. If a provider (in-network or not) requests authorization to provide a service, the plan has five business days to determine whether to fund it, deny the request or request additional information necessary to make a decision. If a family requests the service, there are no firm timelines, but a health plan must initiate its internal grievance procedure if an enrollee or representative expresses dissatisfaction with the actions of the plan. The internal grievance procedure can take no longer than thirty calendar days. If either the five day or thirty day timelines pose an "imminent and serious threat to the health of the enrollee", plans must issue an expedited decision within three calendar days. ***TCRC encourages families to contact their health plan for information regarding their health plan's approved provider network and request their preferred provider to contact their health plan to request authorization for ABA services.***

16. Should regional centers refer only those clients with a firm diagnosis of autism or PDD to health plans, or should others be referred as well?

The statute stemming from Senate Bill 946 refers back to the statute that established mental health parity in the state of California. Per regulation, mental health parity requires services be provided to those with a "preliminary or initial diagnosis" until a final diagnosis can be made. If a health plan questions the validity or strength of the diagnosis of autism of PDD, it would then be incumbent upon the plan to seek further diagnostic clarity at its expense while providing medically necessary services to treat the condition. Most health plans follow the American Academy of Pediatrics screening guidelines for Autism and PDD and complete screening of toddlers at ages 18 and 24 months and full diagnostic assessments if indicated at that time.

17. Once a health plan has approved funding for behavioral health treatments, how long may an individual wait before services begin?

The health plan is responsible to offer an appointment to begin services within a specified period of time depending on the services being offered. This offer of an appointment may not work with the individual's schedule and services may be delayed for that reason. Non-physician mental health provider appointments must be offered within 10 business days. An appointment must be offered for an occupational therapist, speech therapist or specialty physician (i.e., a psychiatrist) within 15 business days. Generally, these requirements are considered for the plan as a whole rather than in individual cases as it is a measurement of overall network adequacy.

18. If a regional center is currently funding a behavioral health treatment for a client, how can it discontinue funding for that service as a result of availability of funding for similar services through the individual's health insurance?

As with other changes to the Individual Program Plan, this change requires the consent of the planning team. If agreement cannot be reached, the regional center will need to issue a notice of proposed

action at least thirty days prior to discontinuing funding. Many regional centers have found that having personal conversations with impacted clients and families prior to sending written notification of the change is an important first step to take. Clients and their families will have an opportunity to appeal that decision.

19. How do regional centers and the people they serve know which providers have contracted with which insurance companies?

Families and regional centers should access the health plan's on-line provider list. Since the providers change frequently, a printed listing would be quickly out of date. One regional center has indicated they have asked behavioral treatment vendors to provide this information so that they can match families with insurance to vendors that are contracted with their health plans. Lastly, regional centers and health plans have been asked to provide liaison contact information to troubleshoot issues such as this as they arise. ARCA has provided regional centers with the insurance liaison contact information that has been received. ***Contact Colleen Duncan, TCRC Autism Coordinator if you need assistance with health plan contacts, cduncan@tri-counties.org***

20. Are all regional center vendors being accepted by health insurers into their network?

No. As long as an insurer can show that it has an adequate network of providers to serve various geographic areas as well as the volume of those needing services, it can contract with as few providers or as many as it would like. Some insurers have indicated a plan only to contract with providers associated with licensed professionals (i.e., psychologists or LMFTs) rather than those overseen by BCBAs. This is permissible, and in response, many providers have recently associated themselves with licensed professionals that the insurance companies are willing to contract with.

21. What are the options if an individual or family is currently receiving services from a provider that is not contracted with their health provider and would like to continue with that same provider?

This depends a bit upon the type of health plan involved. If the coverage is provided through an HMO, the provider can request a "single case agreement" or to be paid as an out-of-network provider if there is a strong justification to not change providers. HMOs have wide discretion on whether to approve such requests or not. In a PPO plan, contracted providers are in the network and those meeting necessary qualifications that have not contracted with the PPO are not. Individuals and families may

choose to utilize a non-network provider and pay a higher coinsurance for the service. As regional centers are the payers of last resort, ongoing funding of alternative providers at family request may not be permissible. ***TCRC is maintaining an internal list of currently contracted behavioral vendors who have obtained contracts with various health plans which is provided at each monthly Behavioral Services Orientation and is available to assist staff and families seeking to transition to insurance funded behavioral services. This list is updated as often as vendors provide updated information regarding their status with insurance panels & is subject to change as insurance companies work to develop adequate Qualified Autism Services Provider networks.***

22. What should a regional center do with new requests for behavioral health treatment for this population?

As health insurance funding for these services began on July 1, 2012, regional centers should assist families to pursue funding for these services through their private insurance before making funding commitments. This will ensure the smoothest access to services for individuals and their families. ***Families attending the Behavioral Services Orientations in each office will receive initial information regarding health insurance access as well as a list of TCRC contracted providers who are also contracted with local health plans. TCRC will continue to offer Group Parent Training for families referred to behavioral services.***

23. How do health care service plans determine the amount of service they will fund?

In most cases, the plan determines the number of service hours that it believes is medically necessary. A few health plans (Blue Shield and Blue Cross included) entered into settlement agreements last year that resulted in the granting of hours without considering medical necessity. In some areas of the state, it has been reported that the number of hours that a health care services plan has granted exceeds the service level that the regional center would have authorized, which may be related to the settlement agreements.

24. What if insurance companies deny funding for these services?

Most impacted health plans are licensed by the Department of Managed Health Care. That department provided a webinar training about the internal grievance procedures for plans as well as further appeal processes to regional center staff on June 14, 2012. This was intended to enable regional center staff to assist individuals and their families with walking through the insurance appeal process. DMHC archived this webinar for future regional center training use. It is available for viewing at https://dmhc.webex.com/dmhc/ldr.php?AT=pb&SP=MC&rID=66226517&rKey=db1a63e163e38fdd or

for download at
https://dmhc.webex.com/dmhc/lsr.php?AT=dw&SP=MC&rID=66226517&rKey=2f9baf31be70da14.

The Department of Managed Health Care (DMHC) needs specific information about problems that have arisen to be reported to their Help Center at 1-888-466-2219 in order to be able to intervene with health providers on a case-by-case as well as systemic basis. DMHC has four complaint processes, including:

- Quick Resolution – Routine matters that can be resolved within a couple of days via telephone with the health plan.
- Urgent Complaints – Issues that cannot wait thirty days for resolution such as prescriptions and delays in obtaining appointments.
- Standard Complaint Resolution – Coverage disputes and concerns about the quality of care (i.e., a plan indicates it does not cover ABA).
- Independent Medical Review – Medical necessity for a covered benefit (i.e., a plan covers ABA but indicates a belief that the client does not need it).

Regional centers can act as an authorized representative for the individual and family in the complaint and Independent Medical Review process through completion and submission of forms available on the DMHC website. ***Contact the TCRC Autism Coordinator, Colleen Duncan at cduncan@tri-counties.org if you need the forms.***

25. There have been reports that some families are seeking a denial from their health plan rather than funding for services in order to approach regional centers for continued funding. Is it permissible for an insurance company to deny services at the request of the family?

No. A health plan must evaluate a request for services on the merits of the claim. The plan must first determine whether the requested treatment is a covered benefit under the plan. If it is, the plan must determine medical necessity for the service and issue the correct decision related to funding based on the facts of the individual case. Health plans may only issue denials if the requested service is either not a covered benefit or if it is found not to be medically necessary for the individual.

26. Do insurance companies provide aid paid pending during the appeal process if they decide not to support ongoing authorization for services?

No. Services are authorized for a specified period of time. Before the authorization ends, the insurer makes a decision as to whether to authorize additional service hours for another period of time. If the decision is not to authorize additional services that are being requested, the individual or family of a minor child is notified in writing and given the opportunity to appeal.

27. Is the expectation that regional centers will fund ongoing services while a funding decision is being appealed through the insurance carrier?

It is incumbent upon the regional center to make an independent decision about whether to support funding of a service that an insurance company denies. Part of making this decision would likely mean requesting records about interventions that the individual has received via health insurance funding. Once regional centers begin providing funding, they are likely responsible for aid paid pending should an appeal stem from a decision to discontinue it at a later date.

28. How is information exchanged between regional centers and health care service plans related to an individual's diagnosis, treatment and progress?

Both health care service plans and regional centers are subject to the requirements of HIPAA. Regional centers have additional requirements related to their practice outlined in Welfare and Institutions Code Section 4514. Section 4514 (c) allows for an exception to normal confidentiality of regional center records "to the extent necessary for a claim, or for a claim or application to be made on behalf of a person with a developmental disability for aid, insurance, government benefit, or medical assistance to which he or she may be entitled." Some regional centers have indicated a plan to err on the side of caution on this issue and to obtain signed releases from families before disclosing specific information to health insurers.

29. Is there a means for regional centers to recover funds from health care service plans for services funded during periods that individuals or their families are appealing a decision by a health care service plan?

The Department of Managed Health Care cannot require insurers to reimburse regional centers or any third parties that provide funding even when the funding decision by the health care service plan is overturned on appeal. There is a provision in Welfare and Institutions Code Section 4659.11 that appears to allow for regional centers to submit claims to health care service plan in this instance. ARCA is working to get clarification related to the mechanics of this process.

30. What are regional centers doing relative to requests for assistance with funding of the copayments associated with behavioral health treatments funded by health care service plans?

ARCA's attempts to have the insurance copayment issue legislatively addressed were not successful. Regional centers are in the process of developing practices for their individual centers around this issue. In some instances, centers are planning to pay the copayments to providers directly under the service code that they are already vendored for. There is a commitment to ensuring that there remains access to needed services. . ***TCRC IS covering co-pays up to a maximum of $45.00 per session/day. Contact your Service Coordinator for assistance. Families will be required to provide a copy of their insurance card to verify co-pay amount, but will not be asked to provide any income to approve co-pays for***

payment directly to the ABA provider, once insurance has verified the amount of sessions provided through insurance. TCRC is also considering co-insurance costs and deductibles for families who face a hardship that would prevent their family member from receiving necessary treatment. These are being reviewed individually. Please contact your Service Coordinator for more information.

31. Has ARCA requested a legal opinion related to the responsibility of regional centers to fund copayments?

Yes. ARCA requested a legal opinion from Enright and Ocheltree on the issue of regional centers' ability to fund copayments for behavioral health treatments that are being funded by health care plans. Each regional center Executive Director received a copy of this opinion. This legal opinion was inadvertently released and was distributed online between various groups. ARCA maintains that this document remains a protected document as its initial release was unintentional. One regional center recently argued that point in a fair hearing and was able to exclude the document from evidence.

32. Are providers permitted to accept third-party (i.e. , regional center) payments for copayments?

Yes. Providers can accept third-party payments for copayments if they choose to. ***TCRC will pay co-payments directly to the ABA provider, using the provider's existing contract billing codes. (POS Service Codes), to avoid any potential IRS income issues which could result if reimbursement went directly to family. TCRC's Resource Development Team has also established procedures to complete limited vendor agreements with ABA providers who are not currently TCRC vendors for the purpose of funding the co-pays only. If your insurance company has contracted with a provider who is not currently contracted with TCRC, please let your Service Coordinator know.***

33. How do families know when they've reached their annual copayment maximum?

ARCA has heard reports that health insurers are less consistent at tracking copayments for behavioral health than for medical services. Families should be encouraged to keep track of copayment amounts paid in order to avoid an overpayment of copayments. Some insurers provide information about copayment expenditures on their websites to make this simpler to follow. ***TCRC has also developed a form which is on our website (www.tri-counties.org) which families can use to track requests for services and co-payment reimbursement.***

34. Is it permissible for a BHT provider to accept a contracted rate from a health care plan and subsequently bill the regional center or family for the difference between the provider's typical rate and the contracted rate?

No. This is known as "balance billing" and is not allowed. Providers are expected to charge copayments and coinsurance consistent with the terms of the health plan, but an in-network provider in an HMO plan should not be engaging in this practice.

35. How does the implementation of the Affordable Care Act impact the future of health care funding for behavioral health treatment for those diagnosed with Autism or PDD?

The California Legislature passed two bills last week which outlined the "essential health benefits" that many health plans will have to provide after January 1, 2014. One included benefit is behavioral health treatment for individuals diagnosed with Autism or PDD. These requirements apply to new plans issued to individuals or small employers after January 1, 2014. Additionally, Medi-Cal will be required to provide some form of behavioral health treatment but the exact parameters of that are unclear at this time.

36. What can regional centers do as more issues arise?

ARCA remains committed to helping regional centers to navigate through the implementation of insurance funding for behavioral health services. ARCA is meeting with the Departments of Managed Health Care, Insurance and Developmental Services as well as the California Association of Health Plans to discuss and resolve Senate Bill 946 implementation issues. ***Please contact Colleen Duncan, TCRC Autism Coordinator (cduncan@tri-counties.org) for additional questions or assistance related to the implementation of SB946.***

TRI-COUNTIES REGIONAL CENTER

Enhancing the Quality of Life for Persons with Developmental Disabilities

Policies & Guidelines

Policies and Guidelines - 10601

SERVICE POLICY GUIDELINES

Behavior Intervention Services
Tri-Counties Regional Center enhances the quality of life for persons with developmental disabilities by working with individuals and their families to secure assessment and treatment supports and services that maximize their opportunities and choices for living, learning, working, and pursuing recreational activities in their community.

Tri-Counties Regional Center will coordinate, support and advocate for individuals to obtain appropriate behavior intervention services in their community. Tri-Counties Regional Center works with and advocates within the communities it serves to develop and identify appropriate behavior intervention services provided by professionals experienced with and sensitive to the needs of individuals with developmental disabilities. Such services maximize the potential for individuals to develop, and/or prevent deterioration, in areas of their development.

Behavior intervention services are prescribed assessments or treatments provided directly by, or under the supervision of, a qualified licensed or certified professional trained in behavior management. This service is intended to assist persons served and parents or care givers when the individual exhibits maladaptive, harmful, socially unacceptable, or developmentally unacceptable behaviors. Behavior intervention services use specialized methods of teaching important social and adaptive skills and of training family members, or primary care givers, in the effective use of positive behavior management skills. All parents or care givers will be expected to attend a brief orientation to behavior intervention services by Tri-Counties Regional Center staff before services commence. Tri-Counties Regional Center endorses only the use of non-aversive behavior intervention techniques which are evidence-based.

Access to specialized behavior intervention services directly related to the developmental disability of the individual may be necessary for the functional ability of some individuals. Tri-Counties Regional Center may authorize funding for behavior intervention services when an individual exhibits maladaptive, harmful, socially unacceptable, or developmentally unacceptable behaviors that constitute a danger or have a significant adverse effect on their participation in school or work, on family functioning, or on residential options.

The period, frequency and total amount of behavior intervention services is determined by the Planning Team, including a Tri-Counties Regional Center psychologist or physician and service provider. The provision of behavior intervention services is based on the needs of the individual or family as determined by an initial or follow up behavioral assessment. Typically, the behavior intervention service is time limited to achieve both behavioral goals for the individual and training goals for the family or care givers. In addition, the Planning Team may determine that periodic support is needed on a consultative basis to ensure the continued success of past intervention services. The intent for provision of such consultative services is to offer guidance and preventive intervention.

In some situations, intensive family support provided in the form of behavior intervention services may be required to address persistent aberrant behaviors of their children. These behavior intervention services may be offered when the parent or care giver participates as the primary agent of change. The intent for provision of such behavior intervention services is for the parent or care giver to be provided with technical supervision

and support. Before intensive behavior intervention services begin, the parent or care giver is expected to attend a group parent training program that explains intensive behavior intervention, expectations of service provision, and the parent participation necessary for the intensive services to be successful. Review of the intensive behavior intervention services is expected to take place at least every six months through the planning team process involving the parent, Tri-Counties Regional Center service coordinator and clinician, and the service provider. The purpose of the review is to assure the satisfaction of the parent, the quality assurance of the service provision, and the effectiveness of the behavior program.

When the need is directly related to, or is the direct result of, a developmental disability and all generic and private resources, including private medical insurance, deny a necessary service, Tri-Counties Regional Center may authorize funding for the purchase of specialized behavior intervention services recommended by the Planning Team. For persons with a diagnosis of Autism or Pervasive Developmental Disorder (PDD), SB 946, effective July 1, 2012, requires privately funded health insurance plans to cover behavioral intervention treatment, including applied behavioral analysis (ABA). Tri-Counties Regional Center staff will support the person and family through their insurance company's process for accessing SB 946 services. When the insurance company approves services, the Tri-Counties Regional Center service coordinator will work with the family to request that the health plan waive any co-payments. If this is not possible, Tri-Counties Regional Center will offer to pay any co-payments for SB 946 services directly to the provider, using a service code that maximizes federal funding. Co-payments will be capped at a level that assures cost-effectiveness.

For persons in public school programs and individuals who reside in Level 4 behavior facilities or in health care facilities, behavior intervention services are expected to be provided as part of the individual's program, rather than as a separately funded service. Tri-Counties Regional Center service coordinators will actively advocate with local education agencies and health care facility providers to ensure the delivery of required and mandated services.

Services for children that the Tri-counties Regional Center clinical team suspect of having autism should begin as soon as eligibility for regional center services has been determined and the IFSP or IPP has been developed. The IFSP or IPP may include the need for intensive services. Tri-Counties Regional Center will coordinate services and supports with other public agencies, including the schools, which have a legal responsibility to serve children with autism or other developmental disabilities. Services for children with autism should be systematically planned and involve developmentally appropriate activities that target specific objectives. They should also have a strong and continuous parent training component.

Children up to three years of age suspected of having autism, served under the California Early Intervention Services Act's Early Start program, should receive a total of up to 25 hours per week of intervention. Included in this total are services from all agencies, including Tri-Counties Regional Center as necessary, that address the core deficits associated with autism. It does not include services that address other needs which are not specific to autism, such as physical therapy and California Children Services (CCS) services.

Starting at three years of age, preschool children eligible for regional center services with a diagnosis of autism under the Lanterman Act should have the school as their primary program of educational intervention. Up to 15 hours per week of Tri-counties Regional Center funded services that address the core deficits associated with autism may be used to supplement the school program. This does not include services that address other needs which are not specific to autism, such as physicial therapy and CCS services.

By seven years of age, children with autism should be enrolled in a school program with approximately 30 hours per week of educational instruction. Up to 10 hours per week of Tri-Counties Regional Center funded services that address the core deficits associated with autism may be used to supplement the school program. This does not include services that address other needs which are not specific to autism, such as physical therapy and CCS services.

Tri-Counties Regional Center will advocate for and work with individuals and their family members to ensure that generic and private service providers discharge their obligations to meet the needs of persons with developmental disabilities. It is the financial responsibility of individuals or their families to pay premiums and meet any required deductible amount or co-payment liabilities, except as noted above for SB 946 services, as determined by generic resources and/or private insurance carriers. Except as legally prohibited by the terms of a Special Needs Trust, trust funds established for the care or benefit of a person served are considered a private resource, and therefore it is expected that this source of funds be used prior to regional center funds.

If a generic or private resource initially denies a required behavior intervention service that Tri-Counties Regional Center has determined to be their responsibility, that denial will be considered for appeal and/or referral to the Department of Managed Health Care for an independent medical review. Tri-Counties Regional Center may authorize funding for a behavior intervention service while the individual or family member pursues coverage or appeals a denial of service by a generic or private resource, including private health insurance, under the following circumstances:

- The Planning Team will make the determination that the service is required to protect the individual's health and safety, or that a prolonged wait for the service will have an irreversible impact on the individual's health and safety; and
- The Planning Team will consider the individual's risk for regression and the capacity of the individual to regain any loss of function or ability if the service is not provided in a timely manner.

Tri-Counties Regional Center will not authorize funding of any behavior intervention service that is considered experimental, optional or elective in nature. The expected result from the provision of a behavior intervention service must meet measurable outcomes as stated on the person's Individual Program Plan. The provision of behavior intervention service must be both clinically and fiscally an effective use of public funds.

Exception Policy:
Tri-Counties Regional Center recognizes that some individual needs are so unique that they may not be addressed in this Service Policy and may require an exception. Such requests for an exception to a Service Policy will be made through the Planning Team process.

Attachment #6

THE SACRAMENTO BEE sacbee.com

Dan Walters: Gov. Jerry Brown channels Gray Davis on bill actions

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Published Wednesday, Oct. 03, 2012

Jerry Brown turned a little gray in the last week – as in Gray Davis, the onetime Brown underling who later became governor himself until recalled by voters.

Davis was the most risk-averse California governor of recent history, a political bean counter who avoided controversy; carefully, but minimally, paid his obligations to supporters; and insisted on full payments from those who owed him.

Brown seemed to be channeling Davis as he signed and vetoed hundreds of bills that a liberal Legislature passed in the final days of the 2012 session.

As one might expect, those bills largely represented the agendas of liberal interest groups – unions, environmentalists, immigrant rights groups, social welfare and health advocates, etc.

They had all supported Brown's campaign to revive his governorship in 2010, so he had to give them something, and he did. But he didn't give them everything they wanted.

Case in point: Brown signed a bill to give driver's licenses to illegal immigrants who fall under the Obama administration's de facto legalization decree, but vetoed a bill that would have, in effect, declared California to be a sanctuary state by barring local police from automatically holding illegal immigrants for federal authorities.

Another: He signed a massive overhaul of workers' compensation to provide permanently disabled workers with higher benefits, a big gain for labor unions, but vetoed union-backed bills to improve working conditions for domestic workers and farm laborers and pension benefits for survivors of police officers and firefighters.

And so forth.

Brown, of course, offered specific reasons for each of his vetoes, but his unspoken, yet unmistakable theme was "don't rock the boat."

His Davis-like reticence had an obvious motive. Brown could take liberal voters for granted but didn't want to do anything that would seriously erode his personal standing with moderate and conservative voters or give opponents of his tax increase ballot measure, Proposition 30, new ammunition.

Brown is staking his governorship on getting Proposition 30 passed. If he had made California an official sanctuary for illegal immigrants or required California families to give their domestic workers more benefits – or signed a number of other liberal bills – it would have rekindled his Governor Moonbeam image, drawn national media attention and undermined the very tenuous support for new taxes.

Another way to look at his actions is that they protected the Legislature's dominant liberals and their interest group allies from themselves, since the proposed tax increase is equally important to them.

That said, risk-aversion is not without risks, as Davis learned when voters recalled him for a lack of decisive action on two major crises.

Call The Bee's Dan Walters, (916) 321-1195. Back columns, www.sacbee.com/ walters. Follow him on Twitter @WaltersBee.

• Read more articles by Dan Walters

Attachment #7

CALIFORNIA WATCH

PUBLIC SAFETY | DAILY REPORT | BROKEN SHIELD

Brown signs bills on developmental center abuse

September 28, 2012 | Ryan Gabrielson, California Watch

Monica Lam/California Watch

The Office of Protective Services is an in-house police force at California's developmental centers.

Update, Sept. 28, 2012: *This story updates to include comment from the Department of Developmental Services.*

Gov. Jerry Brown signed two bills yesterday to require California's developmental centers to alert outside police and a disability protection organization when patients die under suspicious circumstances, are abused or are seriously injured.

The state operates five board-and-care institutions for more than 1,600 people with cerebral palsy and intellectual disabilities in Sonoma, Orange, Tulare, Riverside and Los Angeles counties. An in-house police force, called the Office of Protective Services, patrols and investigates crimes against the centers' patients.

In a series of stories this year, California Watch has reported how the force has failed [1] to complete basic police work [2], even in assault and death cases. State lawmakers drafted the measures – SB 1051 [3] and SB 1522 [4] – in response to the news coverage.

The bills were marked "urgent" and took effect immediately.

Advocates for the developmentally disabled praised the governor's action as a step toward better protecting the vulnerable.

"This package of legislation together shows a commitment by the administration to begin to address this nightmare situation of disproportionate victimization of people with disabilities," Tony Anderson, executive director of The Arc of California, said in a written statement.

The state Department of Developmental Services, which operates the centers and police force, emailed a statement about the new laws today.

"The Department of Developmental Services is pleased that the Governor has signed SB 1051 (Liu) and SB 1522 (Leno)," the statement said. "These bills are supportive of and consistent with the administration's priority and ongoing efforts to ensure the health and safety of developmental center residents."

The first measure introduced, SB 1051, mandates that the Department of Developmental Services report suspicious deaths and allegations of abuse by employees to Disability Rights California, a protection group.

"It kicks the door open a little bit," Leslie Morrison, head of investigations for Disability Rights, said of the law.

Sen. Carol Liu, D-Glendale, and Sen. Bill Emmerson, R-Riverside, sponsored the bill.

Additionally, the new law sets minimum job requirements for the chief of the Office of Protective Services. The chief now must be a certified peace officer "with extensive management experience directing uniformed peace officer and investigation operations," the legislation said.

In 2007, the department appointed Nancy Irving, a former labor negotiator and government manager without law enforcement certification or background, to work as police chief [5]. Irving spent a year running the Office of Protective Services. More recently, Corey Smith, a career firefighter, served as chief despite having little experience with criminal investigations. Smith accepted a demotion [6] to second-in-command in August.

The companion law, SB 1522, will require that the developmental centers immediately notify an outside law enforcement agency regarding patient deaths, sexual abuse, assaults with a deadly weapon or severe injury, and unexplained broken bones.

Detectives working at the institutions often have been the only law enforcement officials to learn of crimes against patients.

"The governor's signature will bring much-needed accountability and consequence to unlawful acts at our developmental centers," said Sen. Mark Leno, D-San Francisco, sponsor of SB 1522.

In numerous cases, investigation records show, detectives at the Office of Protective Services did not collect physical evidence. Officers routinely delayed witness interviews and have been accused of going easy on co-workers who care for the disabled.

The bills moved through the Legislature without public opposition.

"The issue was not considered a partisan one," Leno said, "and a strong majority of my colleagues recognized that the status quo was not sustainable and needed the attention of this bill."

Original URL: http://californiawatch.org/dailyreport/brown-signs-bills-developmental-center-abuse-18218

Links:
[1] http://californiawatch.org/public-safety/sloppy-investigations-leave-abuse-disabled-unsolved-14971
[2] http://californiawatch.org/public-safety/basic-police-work-ignored-autistic-patient-s-suspicious-death-14972
[3] http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1051-1100/sb_1051_bill_20120827_enrolled.html
[4] http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1501-1550/sb_1522_bill_20120905_enrolled.html
[5] http://californiawatch.org/public-safety/state-agency-s-police-chiefs-lack-law-enforcement-experience-14974
[6] http://californiawatch.org/dailyreport/developmental-centers-seek-new-police-chief-17574

Omar Noorzad - Re: CDCAN REPORT #157-2012 (SEP 23 2012): Governor Signs 2 Bills That Will Replace "R Words" With "Intellectual Disability" In State Laws; Signs New Additional Human Services Trailer Bill; Vetoes 2 Autism Telehealth Bills

From: "Marty Omoto - CDCAN (California Disability Community Action Network)" <martyomoto@rcip.com>
To: <CDCANreportlist01@rcip.com>
Date: 9/24/2012 3:32 AM
Subject: Re: CDCAN REPORT #157-2012 (SEP 23 2012): Governor Signs 2 Bills That Will Replace "R Words" With "Intellectual Disability" In State Laws; Signs New Additional Human Services Trailer Bill; Vetoes 2 Autism Telehealth Bills

CDCAN

CDCAN DISABILITY RIGHTS REPORT

CALIFORNIA DISABILITY COMMUNITY ACTION NETWORK

#157-2012 – September 23, 2012 – Sunday

Advocacy Without Borders: One Community – Accountability With Action

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To reply to THIS Report write:

Marty Omoto at martyomoto@rcip.com Twitter: martyomoto New Phone: 916-757-9549

Governor's Actions:

GOVERNOR SIGNS TWO BILLS THAT WILL REPLACE "MENTAL RETARDATION" WITH "INTELLECTUAL DISABILITY" IN STATE LAWS – ALSO NEW HUMAN SERVICES BUDGET TRAILER BILL

- ***Governor Signs AB 1471 Additional New Human Services Budget Trailer Bill Clarifying Previously Approved IHSS Statewide Authority and Managed Care Changes and Developmental Center Admissions Changes***
- ***Replacing "Mentally Retarded" with "Intellectual Disability" In State Laws Will Not Impact Eligibility for Any Programs or Services – Follows Previous Change Enacted in Federal Laws***
- ***Governor Vetoes Two Bills Dealing With Telehealth for People With Autism Spectrum Disorders***

SACRAMENTO, CA (CDCAN) [Last updated 09/23/2012 11:45 PM] – With only 7 full days remaining before his State Constitutional deadline to sign or veto bills, Governor Brown approved two nearly identical bills – AB 2370 by Assemblymember Allan Mansoor (Republican – Costa Mesa, 68th Assembly District) and SB 1381 by Sen. Fran Pavley (Democrat – Agoura Hills, 23rd State Senate District) that will, effective January 1, 2013, replace in state laws the words "mentally retarded" or "mental retardation" with "intellectual disability" or a "person with an intellectual disability". The Governor signed both bills on September 22, Saturday without any statement.

Those state laws impacted by the bills include those relating to psychiatric technicians, the state's unfair competition statute, educational and social services, commitment to state facilities, and criminal punishment.

The changes required by the two bills in State laws, follows enactment of federal law in 2010 (S. 2781), that replaced all references in federal codes from "mental retardation" to "intellectual disability" and "mentally retarded individual" to "individual with an intellectual disability."

The Governor must sign or veto all bills sent to him by the Legislature by 11:59 PM Sunday evening, September 30, 2012. Though it has never happened in at least recent decades, any bill that the governor does not sign or veto will become law without his signature.

OTHER BILLS IMPACTING DEVELOPMENTAL SERVICES

- HUMAN SERVICES TRAILER BILL: Governor signed AB 1471 on September 22nd, the new additional human services budget "trailer bill" that the Legislature passed in the closing days of the 2012 Legislative Session in late August. The main provisions of the bill are meant to "clarify" provisions that the Legislature passed last June (and the Governor signed into law) as part of the 2012-2013 State Budget impacting In-Home Supportive Services (IHSS) conversion eventually as a Medi-Cal managed care benefit and changes related to the new Statewide Authority, and also "clarifying" the new admissions policy for developmental centers under the Department of Developmental Services (see below for details).
- AUTISM TELEHEALTH - Meanwhile, in related news impacting people with developmental disabilities, the Governor also vetoed two bills dealing with autism telehealth (see below for details).

OLD WORDS CONSIDERED HARMFUL AND STIMATIZING

- The words "mentally retarded" and "mental retardation" – referred to as the "R-word" - are considered by many advocates across the State and nation as offensive, harmful and stigmatizing, with the word replacement promoting respect, which they believe is a crucial component for living in the community.
- Some older parents and advocates while not necessarily opposed to the bills, still use the "R-words" as they have for the past 50 years when the words were considered more acceptable than previously used words (such as "crippled children"), and do not consider the words "mentally retarded", "the retarded" or "mental retardation" inappropriate.

BILLS PASSED WITHOUT OPPOSITION

In a rare show of unity, both bills passed without opposition and received overwhelming support from both Republicans and Democrats:

- AB 2370 passed the State Senate 36 to 0 and the Assembly by a vote of 77 to 0 on August 31, 2012. It was sponsored by "Best Buddies" and the Special Olympics. AB 2370 would call the provisions in the bill the "Shriver R-Word Act", named after the late Eunice Kennedy Shriver, the wife of the late Sargent Shriver, and sister of the late President John F. Kennedy and the late Senators Robert F. Kennedy and Edward M. Kennedy, for her work on behalf of people with developmental disabilities. She died in August 2009. She was also the mother of California's former first lady, Maria Shriver.
- SB 1381 passed the Assembly 79 to 0 on August 30, 2012 and the State Senate by a vote of 39 to 0 on August 31, 2012. The bill was sponsored by the Arc of California and UCP in California. This bill did not name the provisions after any person.

BILLS DO NOT MAKE ANY CHANGES TO PROGRAM ELIGIBILITY

- The two bills make it clear that it is not the intent of the Legislature in making this change to impact eligibility of anyone who fell under the old definition.
- Both bills also require state agencies to only make the required changes in wording in any state regulations only when other changes are needed to be made, to avoid unnecessary costs.
- The two bills do not impact the wording "developmental disabilities" that may be referenced in state law or regulation, which actually covers a range of different types of disabilities that includes people

with autism spectrum disorders, or epilepsy, or cerebral palsy, or intellectual disabilities (formerly "mental retardation"). A person could have several of these disabilities in addition to physical disabilities.

CDCAN SUMMARY OF AB 2370 AND SB 1381

AB 2370 – MENTAL RETARDATION: CHANGE OF TERM TO INTELLUCTUAL DISABILITY

AUTHOR: Assemblymember Allan Mansoor (Republican – Costa Mesa, 68th Assembly District)
CDCAN SUMMARY (As sent to Governor September 13, 2012):

- *Would be known as the Shriver "R-Word" Act [SB 1381 does not include this provision].*
- *Deletes references to "mental retardation" or a "mentally retarded person" and instead replaces them with "intellectual disability" or "a person with an intellectual disability."*
- *Prohibits this bill from being construed as making a substantive change in law or a change to services being provided or eligibility standards in effect at the time of enactment of this bill (enactment would be January 1, 2013).*
- *States legislative intent to increase respect for people with disabilities by eliminating use of the outdated, offensive, and misleading terms "mental retardation" and "mentally retarded."*
- *States that it is the intent of the Legislature to not make a substantive change in law or a change to services or the eligibility for services in requiring the change in terms.*
- *Provides that as used in a state regulation or state publication or other writing, the terms "mental retardation" and "mentally retarded person" have the same meaning as the terms "intellectual disability" and "person with intellectual disability," unless the context or an explicit provision of federal or state law clearly requires a different meaning.*
- *Provides that it is the intent of the Legislature that state agencies revise state regulations, and state publications and other writings change the terminology when there is another reason to revise the regulation, publication, or other writing, thus eliminating any additional state cost.*

PREVIOUS ACTION 09/13/2012: Sent to Governor at 3:30 PM.
LATEST ACTION 09/22/2012: SIGNED by Governor.
NEXT STEPS: Both identical bills the Governor signed into law September 22nd (AB 2370 or SB 1381) will technically become operational on January 1, 2013. Only one of the two bills – the one that was signed last - will actually go into effect however.
CDCAN COMMENT:

- The last provision in this bill (on page 74) indicates that if SB 1381 is signed into law BEFORE AB 2370, it will not go into effect, but be superseded by AB 2370, which is normal rule.
- What is not usual is the provision that would allow other bills passed by the Legislature this past year that also would make changes to the same state laws, that were signed into law before or after either SB 1381 or AB 2370, would prevail over SB 1381 or AB 2370 (to allow those other bills to actually take effect and not be superseded by SB 1381 or AB 2370).
- Presumably if that happens, another bill would have to be introduced next year during the 2013 Legislative session to make the changes in terminology in those provisions in State law that SB 1381 or AB 2370 was superseded by the enactment of another bill – something that will not be completely known until the end of the Governor's period to sign or veto bills, which is 11:59 PM September 30, 2012.

SB 1381 – MENTAL RETARDATION: CHANGE OF TERM TO INTELLUCTUAL DISABILITY

AUTHOR: Sen. Fran Pavley (Democrat – Agoura Hills, 23rd State Senate District)
CDCAN SUMMARY (As sent to Governor September 12, 2012):

- *This bill is nearly identical to AB 2370 except it would not name the bill the "Shriver R-Word Act" and the last provision on Page 73) (see summary of AB 2370. Except for those two differences, all other provisions of this bill are identical to AB 2370.*

PREVIOUS ACTION 09/12/2012: Sent to Governor at 11:00 AM.
LATEST ACTION 09/22/2012: SIGNED by Governor.
NEXT STEPS: Both identical bills the Governor signed into law September 22nd (AB 2370 or SB 1381) will technically become operational on January 1, 2013. Only one of the two bills – the one that was signed last - will actually go into effect however.
LATEST VERSION OF THE BILL (AS SENT TO GOVERNOR) – 80 PAGE PDF DOCUMENT:
http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1351-1400/sb_1381_bill_20120823_enrolled.pdf
LATEST VERSION OF THE BILL (AS SENT TO GOVERNOR) – HTML:
http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1351-1400/sb_1381_bill_20120823_enrolled.htm
CDCAN COMMENT:

- The last provision in this bill indicates that if AB 2370 is signed into law BEFORE SB 1381, it will not go into effect, but be superseded by SB 1381, which is normal rule. The provision on page 73 of the bill (page 74 in AB 2370) states: *"SEC. 68. Any section of any act enacted by the Legislature during the 2012 calendar year, except for Assembly Bill 2370, that takes effect on or before January 1, 2013, and that amends, amends and renumbers, adds, repeals and adds, or repeals Section 51765 of the Education Code or Section 12926 of the Government Code, shall prevail over this act, whether that act is enacted prior to, or subsequent to, the enactment of this act. The repeal, or repeal and addition, of any article, chapter, part, title, or division of any code by this act shall not become operative if any section of any other act that is enacted by the Legislature during the 2012 calendar year and takes effect on or before January 1, 2013, amends, amends and renumbers, adds, repeals and adds, or repeals any section contained in that article, chapter, part, title, or division."*
- What is not usual is the provision that would allow *other* bills passed by the Legislature this past year that also would make changes to the same state laws, that were signed into law before or after either SB 1381 or AB 2370, would prevail over SB 1381 or AB 2370 (to allow those other bills to actually take effect and not be superseded by SB 1381 or AB 2370).
- Presumably if that happens, another bill would have to be introduced next year during the 2013 Legislative session to make the changes in terminology in those provisions in State law that SB 1381 or AB 2370 was superseded by the enactment of another bill – something that will not be completely known until the end of the Governor's period to sign or veto bills, which is 11:59 PM September 30, 2012.

GOVERNOR SIGNS NEW ADDITIONAL HUMAN SERVICES BUDGET TRAILER BILL AB 1471

- As mentioned, the Governor signed three new additional budget trailer bills that the Legislature passed in the closing days of the 2012 Legislative session in late August dealing with health, the Department of State Hospitals and human services. See separate CDCAN Report for report on those other budget trailer bills and actions on other bills.
- All the new trailer bills are meant to only "clarify" changes previously approved by the Legislature and Governor in June as part of the 2012-2013 State Budget.
- The new additional human services budget trailer bill, AB 1471 includes provisions dealing with In-Home Supportive Services and clarifying the new admissions policy dealing with developmental centers under the Department of Developmental Services.

AB 1471 – NEW ADDITIONAL HUMAN SERVICES BUDGET TRAILER BILL
AUTHOR: Assembly Budget Committee
CDCAN SUMMARY:

- *DEVELOPMENTAL SERVICES – A 2012-2013 State Budget trailer bill dealing with developmental services (AB 1472) among other things, established new restrictions on admissions to the state owned and operated Developmental Centers. This bill clarifies that the admissions and recommitment criteria in effect prior to these changes would continue to apply to individuals who were admitted to Developmental Centers pursuant to the Welfare and Institutions Code Section 6500 prior to July 1,*

2012.

- *IN-HOME SUPPORTIVE SERVICES Duals Demonstration Project and Long-Term Services and Supports Integration - The 2012-13 Budget included changes to authorize a demonstration project in 8 counties that integrates the delivery of medical services, long-term services and supports (including In-Home Supportive Services(IHSS)), and behavioral health services through Medi-Cal managed care plans. As part of this demonstration project, SB 1036 (Budget and Fiscal Review Committee), Chapter 45, Statutes of 2012, also established an IHSS Statewide Authority for specified purposes of collective bargaining as IHSS becomes a benefit provided through managed care. In addition to other technical changes to these provisions, this bill: (A) Clarifies that counties maintain the responsibility to establishing emergency back-up services, as specified. (B) Extends current law provisions to continue to authorize nonprofit entities to operate. (C) Specifies additional circumstances under which an agency seeking certification to provide IHSS can verify its financial status. More specifically, it would allow a nonprofit or public entity to utilize a signed letter of support from the organization or entity that is responsible for the majority of the applicant's revenue. (D) Requires the Department of Finance to consult with counties regarding implementation of IHSS Maintenance of Effort (MOE) provisions. (E) Clarifies that the state is immune from, and managed care health plans are not considered employers of IHSS providers for purposes of, liability resulting from implementation of specified laws or from the negligence or intentional acts of a contract provider, mirroring current law as it applies to counties.*
- *LICENSING - the California Community Care Facilities Act, authorizes a licensee of certain adult residential facilities or group homes to utilize secured perimeters, as defined and under specified circumstances. Provisions of a 2012-2013 State Budget trailer bill (AB 1472, Chapter 25, Statutes of 2012), specified that these perimeters may not be utilized in residences of children in foster care under the jurisdiction of the juvenile court. This bill makes technical changes to the definition of when that criteria is applicable.*
- *LICENSING PSYCHIATRIC HEALTH FACILITIES & MENTAL HEALTH REHAB CENTERS – A previous 2012-2013 State Budget human services budget trailer bill (SB 1009, Chapter 34, Statutes of 2012), transferred responsibility for licensing psychiatric health facilities and mental health rehabilitation centers from the Department of Mental Health to the Department of Social Services (DSS). To implement required criminal background checks, this bill makes changes to require an applicant, licensee, or direct care staff person, as appropriate, to submit fingerprint images and other information to the Department of Justice (DOJ) in order DOJ to send the results to DSS. Provisions of SB 1009 would instead have required Department of Social Services to submit that information to Department of Justice.*
- *CalWORKs – A 2012-2013 State Budget trailer bill (SB 1041, Chapter 47, Statutes of 2012), made significant changes to the California Work Opportunity and Responsibility to Kids (CalWORKs) welfare-to-work program. This bill makes technical and conforming changes, including clarification of the timing of adjustments in benefits that result from changes in income for families subject to annual eligibility reporting requirements and of the transitional eligibility for assistance of pregnant women who would otherwise have been eligible for aid under the Cal-Learn program, as specified.*
- *CALFRESH (FORMER FOOD STAMP PROGRAM) MATCH WAIVER – Would extend by one year (through the 2012-13 state fiscal year) a "match waiver" policy that was in effect for the 2010-11 and 2011-12 state fiscal years. This extension was adopted by both the Assembly and State Senate, but inadvertently omitted from the 2012-13 human services budget trailer bills.*
- *OTHER CHANGES: Make additional minor, technical changes to provisions recently enacted in human services-related budget trailer bills.*

PREVIOUS ACTION 09/13/2012: Sent to Governor at 12:15 PM.
LATEST ACTION 09/22/2012: SIGNED by Governor.
NEXT STEPS: Takes effect immediately (urgency measure).
LATEST VERSION OF BILL (AS SENT TO GOVERNOR) – 80 PAGES PDF DOCUMENT:
http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1471_bill_20120911_enrolled.pdf

LATEST VERSION OF BILL (AS SENT TO GOVERNOR) – HTML:
http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1471_bill_20120911_enrolled.html

GOVERNOR VETOES AUTISM TELEHEALTH BILLS

Meanwhile, impacting many of the same people who receive or work in the area of developmental services as AB 2370 and SB 1381, the Governor vetoed two similar bills, SB 1050 by Sen. Elaine Alquist (Democrat – Santa Clara), reported on Friday, and SB 764 by Sen. Darrell Steinberg (Democrat – Sacramento), both dealing with telehealth medicine for people with autism spectrum disorders. Autism spectrum disorders are another type of developmental disability. The reasoning for his vetoes were different however.

SB 764 – AUTISM TELEHEALTH: INDIVIDUAL PROGRAM PLANNING TEAM
AUTHOR: Sen. Darrell Steinberg (Democrat – Sacramento)
CDCAN SUMMARY (As Sent To Governor 08/27/2012):

- *Would require each regional center individual program planning team to consider the use of telehealth (as defined in the bill) whenever applicable, for the purpose of improving access to intervention and therapeutic services for consumers and family members and for purposes of facilitating better and cost-effective services.*
- *Would require the Department of Developmental Services to implement appropriate vendorization subcodes for telehealth services and programs.*
- *Would require the Department of Developmental Services, by December 1, 2017, to provide to the fiscal and appropriate policy committees of the Legislature specified information that is provided voluntarily by regional centers relating to the provision of telehealth services.*

PREVIOUS ACTION 08/29/2012: Sent to Governor at 4:30 PM.
LATEST ACTION 09/22/2012: **VETOED** by Governor.
NEXT STEPS: The bill is dead, though the Legislature could, in theory, attempt to override the Governor's veto with 2/3rds vote in both the Assembly (54 votes) and the State Senate (27 votes) on or before November 30, 2012. In real life reality however, a veto override virtually never happens and won't happen for this or any other bill.
GOVERNOR'S VETO MESSAGE:
"To the Members of the California State Senate:
I am returning Senate Bill 764 without my signature.
I appreciate the author's desire to bring more efficiency to regional centers as well as promote the value of telehealth. The goals of this bill, however, can already be accomplished under existing law. Mandating every individual program planning team to consider telehealth appears excessive. Where beneficial and available, I expect they will consider it, without the state telling them to do so.
Sincerely,
[SIGNED]
Edmund G. Brown, Jr."
LATEST VERSION OF BILL (AS SENT TO GOVERNOR) – 8 PAGE PDF DOCUMENT:
http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_0751-0800/sb_764_bill_20120827_enrolled.pdf
LATEST VERSION OF BILL (AS SENT TO GOVERNOR) – HTML:
http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_0751-0800/sb_764_bill_20120827_enrolled.html
CDCAN COMMENT: Sen. Elaine Alquist had a similar (though different in specifics) bill, SB 1050, that was also vetoed by the Governor, though for different reasons.

SB 1050 – AUTISM TELEHEALTH TASK FORCE
AUTHOR: Sen. Elaine Alquist (Democrat – Santa Clara)
CDCAN SUMMARY (As Sent To Governor 08/27/2012)

- *Would, until January 1, 2019, require the Department of Developmental Services to establish an autism telehealth task force and identify a public or private non-profit entity to act as lead administrator to be responsible for the activities and work of the task force.*

- *No State general funds would be used for this purpose.*
- *The task force would be required to provide the Department of Developmental Services with recommendations in the area of telehealth services for individuals with autism spectrum disorders*

PREVIOUS ACTION 08/27/2012: Sent to Governor at 1:30 PM.
LATEST ACTION 09/19/2012: **VETOED** by Governor.
NEXT STEPS: The bill is dead, though the Legislature could, in theory, attempt to override the Governor's veto with 2/3rds vote in both the Assembly (54 votes) and the State Senate (27 votes) on or before November 30, 2012. In real life reality however, a veto override virtually never happens and won't happen for this or any other bill.
GOVERNOR'S VETO MESSAGE:
"To the Members of the California State Senate:
I am returning SB 1050 without my signature.
Last year I signed AB 415 (Logue), the Telehealth Advancement Act of 2011, to update our statutes on the use of telehealth.
As we work to improve and modernize our health care system, we can expect telehealth to play an increasingly prominent role in rural and urban areas, for many diseases and conditions. Such advancements and collaboration are occurring now, and a privately funded, disease-specific task force set forth in statute does not appear to be warranted.
Sincerely,
Edmund G. Brown Jr."
LATEST VERSION OF THE BILL (AS SENT TO GOVERNOR) – 8 PAGE PDF DOCUMENT:
http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1001-1050/sb_1050_bill_20120823_enrolled.pdf
LATEST VERSION OF THE BILL (AS SENT TO GOVERNOR) – HTML:
http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1001-1050/sb_1050_bill_20120823_enrolled.html
CDCAN COMMENT: Sen. Darrell Steinberg had a similar (though different in specifics) bill, SB 764, that was also vetoed by the Governor, though for different reasons.

URGENT!!!!!!

September 23, 2012 – Sunday
PLEASE HELP CDCAN CONTINUE ITS WORK
WE MAY NOT BE ABLE TO CONTINUE!!!

CDCAN Townhall Telemeetings, CDCAN Reports and Alerts and other activities cannot continue without YOUR help. To continue the CDCAN website and the CDCAN Reports and Alerts sent out and read by over 60,000 people and organizations, policy makers and media across the State, and to continue and resume CDCAN Townhall Telemeetings, trainings and other events, please send your contribution/donation (please make check payable to "CDCAN" or "California Disability Community Action Network" and mail to:

CDCAN – NEW MAILING ADDRESS:
1500 West El Camino Avenue Suite 499
Sacramento, CA 95833
[replaces 1225 8th Street Suite 480, Sacramento, CA 95814]
NEW Phone: 916-757-9549 (replaces 916-212-0237)

Many, many thanks to all the organizations and individuals for their continued support that make these reports and other CDCAN efforts possible.

Note: As of January 13, 2012 - some friends donated a new laptop computer which will soon be up and running. Thanks so much - using a lap top with several keys missing or not working makes typing reports very difficult! Many thanks to Anna and Albert Wang.

Omar Noorzad - Re: CDCAN REPORT #164-2012 (SEPT 30 2012): Governor Completes Actions Sunday Evening on Remaining 50 Bills - Took Action in Sept on Total 767 Bills, Signing 649 and Vetoing 118; Veto Messages on SB 411 and AB 889

From: "Marty Omoto - CDCAN (California Disability Community Action Network)" <martyomoto@rcip.com>
To: <CDCANreportlist01@rcip.com>
Date: 9/30/2012 11:33 PM
Subject: Re: CDCAN REPORT #164-2012 (SEPT 30 2012): Governor Completes Actions Sunday Evening on Remaining 50 Bills - Took Action in Sept on Total 767 Bills, Signing 649 and Vetoing 118; Veto Messages on SB 411 and AB 889

CDCAN DISABILITY RIGHTS REPORT
CALIFORNIA DISABILITY COMMUNITY ACTION NETWORK
#164-2012 – September 30, 2012 – Sunday Night
Advocacy Without Borders: One Community – Accountability With Action
CDCAN Reports go out to over 65,000 people with disabilities, mental health needs, seniors, people with traumatic brain and other injuries, people with MS, Alzheimer's and other disorders, veterans with disabilities and mental health needs, families, workers, community organizations, facilities and advocacy groups including those in the Asian/Pacific Islander, Latino, African-American communities; policymakers, and others across the State.
Sign up for these free reports by going to the CDCAN website. Website: www.cdcan.us
To reply to THIS Report write:
Marty Omoto at martyomoto@rcip.com Twitter: martyomoto New Phone: 916-757-9549

Governor's Actions:

GOVERNOR COMPLETES ACTIONS SUNDAY EVENING ON REMAINING 50 BILLS ON HIS DESK

- ***Governor Took Action On Total 767 Bills In September – Signs 649 Bills And Vetoes 118 Measures***
- ***Veto Messages for SB 411 Home Care Act of 2012 and AB 889 Domestic Work Employees Bill***

SACRAMENTO, CA (CDCAN) [Last updated 09/30/2012 10:35 PM] – Governor Jerry Brown completed action on the remaining 50 bills on his desk just after 9 PM this evening, including final action on a package of important health care reform bills (see CDCAN Report #163-2012 and #165-2012 for details). The Governor finished actions well ahead of the 12 midnight deadline this evening to sign or veto bills sent to him by the Legislature following the adjournment in the early morning hours of September 1st of the 2012 Legislative session.

As previously reported the Governor vetoed two controversial bills dealing with home care related issues – SB 411 by Senator Curren Price (Democrat – Los Angeles) that would have established a "Home Care Services Act of 2012", and AB 889 by Assemblymember Tom Ammiano (Democrat – San Francisco) that would have required a study – and also issuance of regulations by the Department of Industrial Relations regarding overtime, rest and meal periods of certain domestic workers. See below for the Governor's veto messages on those bills.

The Governor, in his veto message regarding AB 889, said in addition to other reasons that justified a veto, a drafting error in the bill inadvertently would have impacted In-Home Supportive Services workers that,

the Governor claimed, could have cost the State over $200 million and also could have resulted in reduction in hours and wages.

FINAL TOTAL ON GOVERNOR ACTIONS IN SEPTEMBER: 767 BILLS

- The Legislature, in its final days of the 2012 session before they adjourned in the early morning hours of September 1st, sent well over 700 bills to the Governor.
- As of 10:35 PM, Sunday evening (September 30th), CDCAN's final count of actions by the Governor on bills since the beginning of this month are 649 bills signed (including 74 today as of 10:30 PM), 118 bills vetoed (including 34 today) for a total of 767 bills.
- CDCAN will issue several reports this week covering actions by the Governor covering bills impacting people with disabilities, mental health needs, the blind, the deaf, seniors, their families, community organizations, facilities, individual workers who provide supports and services, and low income families.

SUMMARY OF SOME BILLS OF INTEREST THAT THE GOVERNOR TOOK ACTION ON THIS EVENING

Listed below are some bills of interest that the Governor took action on this evening, including several health related bills. Not included are those bills dealing with health care reform, which was reported in CDCAN Report #163-2012 and also #165-2012 or actions on bills he took earlier this afternoon (Sunday, September 30th).

HEALTH CARE RELATED BILLS

Note: does not include those bills dealing with health care reform – see separate CDCAN Report for those bills.

AB 1000 – HEALTH CARE COVERAGE: CANCER TREATMENT
AUTHOR: Assemblymember Henry Perea (Democrat- Fresno)
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To the Members of the California State Assembly:
I am returning Assembly Bill 1000 without my signature.
While I support the author's efforts to make oral chemotherapy treatments more affordable for the insured, this bill doesn't distinguish between health plans and insurers who make these drugs available at a reasonable cost and those who do not.
I am concerned about the high cost of these drugs, but I am also deeply sympathetic to the suffering of cancer patients.
I will direct the Department of Managed Health Care to work with the author and stakeholders to find alternative approaches to solve this problem.
Sincerely
(Signed)
Edmund G. Brown, Jr."

SB 359 – HOSPITAL BILLING: EMERGENCY SERVICES AND CARE
AUTHOR: Senator Ed Hernandez (Democrat - Los Angeles)
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To Members of the California State Senate:
I am returning Senate Bill 359 without my signature.
I share the goals of this legislation – to reign in excessive hospital charges for out-of-network emergency care. I am not convinced, however, that the rate-setting formula in this bill has it right.
To be sure, there is considerable complexity in determining what hospitals charge. Nevertheless, I am

troubled by hospitals that have dramatically higher charges than others and billing practices that bear no apparent relationship to the costs of services.
Extraordinary hospital billings are harmful to the health care system as a whole, including patients. If found to be widespread and as excessive as some claim, such practices will invite an appropriate regulatory response.
Sincerely,
(Signed)
Edmund G. Brown, Jr."

SB 393 – PATIENT-CENTERED MEDICAL HOMES
AUTHOR: Senator Ed Hernandez (Democrat - Los Angeles)
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To Members of the California State Senate:
I am returning Senate Bill 393 without my signature.
I commend the author for trying to improve the delivery of health care by encouraging the greater use of "patient-centered medical homes". While this concept is not new, it is still evolving.
For this reason, I think more work is needed before we codify the definition contained in this bill.
Sincerely,
(Signed)
Edmund G. Brown, Jr."

SB 1246 – HEALTH FACILTIES STAFFING
AUTHOR: Senator Ed Hernandez (Democrat- Los Angeles)
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To Members of the California State Senate:
I am returning Senate Bill 1246 without my signature.
This bill seeks to grant the Department of Public Health greater authority to enforce hospital nurse staffing ratios and patient classification system requirements.
Everything is already on track to get this job done. The department will soon release proposed regulations on administrative penalties that will apply to a broad range of violations. The rulemaking process should be completed next year.
Sincerely,
(Signed)
Edmund G. Brown, Jr."

SB 1481 – CLINICAL LABORATORIES: COMMUNITY PHARMACIES
AUTHOR: Senator Gloria Negrete McLeod (Democrat - Chino)
LATEST ACTION 09/30/2012: **SIGNED** by Governor.

HOME CARE & DOMESTIC WORKERS

AB 889 – DOMESTIC WORK EMPLOYEES
AUTHOR: Assemblymember Tom Ammiano (Democrat - San Francisco)
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To Members of the California State Assembly:
I am returning Assembly Bill 889 without my signature.
Domestic workers work in the homes of ill, elderly or disabled people. They often share duties and responsibilities with the family and friends of the patient-employer. Those employed in this noble endeavor, like anyone who works for a living, deserve fair pay and safe working conditions. Seeking to

improve the circumstances of these workers however, raises a number of unanswered questions. What will be the economic and human impact on the disabled or elderly person and their family of requiring overtime, rest and meal periods for attendants who provide 24 hour care? What would be the additional costs and what is the financial capacity of those taking care of loved ones in the last years of life? Will it increase costs to the point of forcing people out of their homes and into licensed institutions? Will there be fewer jobs for domestic workers? Will the available jobs be for fewer hours? Will they be less flexible?
What will be the impact of the looming federal policies in this area? How would be state actually enforce the new work rule sin the privacy of people's homes?
The bills calls for these questions to be studied by the state Department of Industrial Relations and for the department to simultaneously issue new regulations to provide overtime, meal, rest break and sleep periods for domestic workers. In the face of consequences both unknown and unintended, I find it more prudent to do the studies before considering an untested legal regime for those that work in our homes. Finally, a drafting error leaves most In Home Supportive Services (IHSS) workers subject to this measure – resulting in costs to the state of over $200 million per year. This could require cuts in wages, reduced hours of care and other reductions to those served by IHSS workers.
Sincerely,
(Signed)
Edmund G. Brown, Jr."
LATEST VERSION OF BILL (AS SENT TO GOVERNOR) – 8 PAGE PDF DOCUMENT:
http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0851-0900/ab_889_bill_20120911_enrolled.pdf
LATEST VERSION OF BILL (AS SENT GOVERNOR) – HTML: http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0851-0900/ab_889_bill_20120911_enrolled.html

SB 411 – HOME CARE SERVICES ACT OF 2012
AUTHOR: Senator Curren Price (Democrat - Los Angeles)
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To Members of the California State Senate:
I am returning Senate Bill 411 without my signature.
This bill would establish a new regulatory scheme for the private home care industry.
I understand the argument for stronger oversight, requiring home care agencies to be licensed and home care aides to be certified. But given the economic stresses and uncertainty, I am not prepared to embark upon the institutional changes and costs that this bill entails.
Sincerely,
(Signed)
Edmund G. Brown, Jr."
LATEST VERSION OF BILL (AS SENT TO GOVERNOR) – 32 PAGE PDF DOCUMENT:
http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_0401-0450/sb_411_bill_20120827_enrolled.pdf
LATEST VERSION OF BILL (AS SENT TO GOVERNOR) – HTML:
http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_0401-0450/sb_411_bill_20120827_enrolled.html

MENTAL HEALTH – STATE HOSPITALS

AB 2623 – MENTAL HEALTH: STATE HOSPTIALS – REQUIREMENT TO ARM PEACE OFFICERS
AUTHOR: Assemblymember Michael Allen (Democrat - Santa Rosa)
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To the Members of the California State Assembly:
I am returning Assembly Bill 2623 without my signature.
This bill would require the Department of State Hospitals to adopt and implement a policy to arm state

hospital police officers.
I am sensitive to the unique challenges of providing security in our state's mental hospitals. This is a matter, however, best left to the discretion of the department director who already has authority to arm its officers.
Sincerely,
(Signed)
Edmund G. Brown, Jr."

VOTER AND ELECTION BILLS

AB 145 – VOTER REGISTRATION: BANNING PAID REGISTRATION ACTIVITIES
AUTHOR: Assemblymember Richard Pan (Democrat - Sacramento)
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To the Members of the California State Assembly:
I am returning Assembly Bill 145 without my signature.
Registration and voting fraud are issues raised not only in California but across the country. It is fundamental that we encourage both registration and voting to the maximum degree while, at the same time, carefully protecting the integrity of the process.
The provisions of this bill attempt to ban paying people to obtain voter registration "directly or indirectly on a per-affidavit basis."
Current California law provides criminal penalties for voter registration fraud. Without more convincing evidence that per-card incentives hurt the democratic process, I am not prepared to ban them.
Sincerely,
(Signed)
Edmund G. Brown, Jr."

AB 2220 – ELECTIONS: STATEWIDE BALLOT PAMPHLET
AUTHOR: Assemblymember Mike Gatto (Democrat - Burbank
LATEST ACTION 09/30/2012: **VETOED** by Governor.
GOVERNOR'S VETO MESSAGE:
"To the Members of the California State Assembly:
I am returning Assembly Bill 2220 without my signature.
I continue to share the author's concern that voters should understand the impact of their vote for or against an initiative measure.
The Legislative Analyst already prepares a detailed fiscal summary about each measure, and I am not convinced that adding one of these rote disclaimers will provide more clarity for voters.
Sincerely,
(Signed)
Edmund G. Brown, Jr."

URGENT!!!!!!

September 30, 2012 – Sunday night
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