

EXECUTIVE DIRECTOR REPORT

July 8, 2017

I. FY 2017-2018 BUDGET UPDATE

- **Attachment #1:** CDCAN Report (June 15, 2017): Legislature Passes 2017-2018 State Budget
- **Attachment #2:** CDCAN Report (June 27, 2017): Governor Brown Signs AB 97, the 2017-2018 Main State Budget and AB 120 Proposition 56 Tobacco Tax Budget Bill
- **Attachment #3:** CDCAN Report (June 16, 2017): Developmental Services Trailer Bill Summary
- **Attachment #4:** ARCA Annotated Summary of Developmental Services Trail Bill – AB 107

Governor Brown signed FY 2017-2018 California State Budget on June 27, 2017 (AB 97), along with numerous Budget Trailer Bills including AB 107 - the Budget Trailer Bill for Developmental Services that was sent to him by the Legislature on June 15, 2017. While a summary of the FY 2017-2018 enacted budget can be found here: <http://www.ebudget.ca.gov/>, the details of the enacted budget were not available yet as of the publication of this report on July 8, 2017. Based on the summary available, the approved FY 2017-2018 Developmental Services budget provides for the following significant adjustments:

- \$7.5 million General Fund for expanded services for individuals with developmental disabilities, including the expansion of mobile acute crisis

teams, intensive support services, and the development of transition support services and acute crisis homes.

- \$5.6 million General Fund to remove the limit, currently 90 hours per quarter, for in-home respite services effective January 1, 2018.

A full copy of AB 107 – the Budget Trailer Bill for Developmental Services can be found here:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB107 (**Attachments #1-#4**).

Additional information will be provided in future reports as a full copy of the approved FY 2017-2018 budget is made available and as Tri-Counties Regional Center and Association of Regional Center Agencies (ARCA) are able to complete a full analysis.

II. DDS SELECTS CONTRACTOR TO CONDUCT REGIONAL CENTER SERVICE PROVIDER RATE STUDY

- **Attachment #5:** Department of Developmental Services Selects Contractor to Conduct Long Awaited Regional Center Provider Rate Study

DDS recently announced that it intends to contract with Burns and Associates, a Phoenix based consulting firm, to conduct a long awaited regional center service provider rate study and to provide recommendations to the Legislature by March 1, 2019. A rate study was part of the recommendations included in the Special Session bill last year, ABX 2 1 to address the on-going funding crisis impacting services for persons with developmental disabilities served by regional centers and

the community based service providers. A rate study when completed and submitted to the Legislature could have significant short and long term impact on service provider rates and community based services for persons with developmental disabilities and their families. It is imperative that advocates are involved throughout the process to provide input and review the findings and recommendations made in the rate study. TCRC will monitor this process very closely and will participate whenever the opportunity is presented (**Attachment #5**).

III. SELF DETERMINATION PROGRAM

- **Attachment #6:** DDS Self Determination Program – FAQ (revised 9.15)
- **Attachment #7:** Disability Rights California Self Determination Program – FAQ
- **Attachment #8:** Similarities and Differences Between Traditional Regional Center Service Provision and the New Self-Determination Program
- **Attachment #9:** December 2015 Letter from Centers for Medicare and Medicaid Services
- **Attachment #10:** Self-Determination Enrollment Process
- **Attachment #11:** TCRC Self-Determination Informational Flyer
- **Attachment #12:** TCRC Self-determination Advisory Committee 2017 meeting calendar
- **Attachment #13:** Self Determination Advisory Committee Outreach Flyer

TRI-COUNTIES REGIONAL CENTER

In October of 2013, Governor Brown, signed into law SB 468 (Emmerson /Beal /Mitchel /Chesbro) authorizing the implementation of the Statewide Self-Determination Program that offers a voluntary, alternative to the traditional way of providing regional center services. The Self Determination Program is intended to provide individuals served by the regional center and their families more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan (**Attachments #6-#8**). It will most likely take several years for the Self Determination Program to be fully in place. Securing federal funding is necessary in order to implement the Self-Determination program.

The Department of Developmental Services (DDS) met the deadline as outlined in SB 468 and submitted the Home and Community Based Services application on December 31, 2014 seeking funding for Self-Determination to the Center for Medicare and Medicaid Services (CMS). Subsequently, CMS asked follow-up questions related to recently enacted federal regulations and policies regarding public input for Waiver applications and federal requirements for Home and Community Based Settings (HCBS). The Department, in conjunction with the Department of Health Care Services, had a number of discussions with CMS and provided the follow-up information CMS requested. The Self-Determination Waiver Application was formally resubmitted to the Centers for Medicare and Medicaid Services (CMS) on September 29, 2015.

On December 11, 2015, CMS sent a letter to the State asking questions about, and requesting more information on, specific sections in the Self-Determination Waiver Application (Attachment #9). DDS is on-schedule to have all of the answers to the Federal government's questions regarding the Self-Determination program finalized by mid-July. It is not anticipated that CMS will have any additional questions. Once these responses have been accepted by the Federal government, DDS will formally

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submit the application to the Centers of Medicare and Medicaid Services (CMS). CMS will then have 90 days to approve, disapprove, or ask more questions

The Self-Determination stakeholder workgroup has developed an assessment process for service settings that are selected by the Self Determination Program participants to determine their compliance with the HCBS settings rule. They have completed a tool that clarifies those service settings that do not qualify (i.e., services provided in nursing facilities) and also those service setting that do qualify (i.e., services provided in integrated community settings such as the city library).

Once federal approval of matching funds is authorized, the program will be available in every regional center. For the first three years, the number of participants in the Self- Determination Program is capped at 2,500 individuals throughout the state. Recent legislation allows for an increase of these participants to include people moving from Developmental Centers. After the three year phase-in period, the program will be available to all eligible persons served and families on a voluntary basis with no limit on the number of participants. TCRC will have 114 individuals or families enrolled in the program for the first three years. This includes the 15 individuals who are currently in our Self-Determination pilot project plus an additional 99 people that TCRC will be able to add under the new program. The process for selecting and enrolling participants in the first three years is described in the Self-Determination Enrollment Process (**Attachment #10**).

Federal approval of the Waiver application is just one of the many steps that must be taken prior to the implementation of the Self-Determination Program. The Self-Determination Program stakeholder advisory group identified the following steps as necessary for a fair and equitable process for enrollment.

Outreach — Those served by the regional center and their families must be made aware of Self-Determination as an option to traditional services. To assist with the

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provision of widespread outreach and awareness of the Self-Determination Program, the workgroup developed an informational video that features some of the individual's and their families currently in the self-determination pilot project as well as those who are interested in the Self-Determination Program. This video has been posted on the Department of Developmental Services (DDS) website at: <https://www.dds.ca.gov/SDP> . The Self Determination video is now available in additional languages with more to be added. TCRC along with the Self-Determination Advisory chairpersons, developed an information flyer that was included in the POS annual statements mailed out to all persons served by TCRC. This flyer was also given to our Service Coordinators, Family Resource Centers and Peer Advocacy Team to make available to our community (**Attachment # 11**).

Information — Individual's served by the regional center and/or their families must be informed about the Self-Determination Program, including the new opportunities and increased responsibilities. Those interested in the Self-Determination Program will be required to attend and participate in an informational/pre-enrollment meeting covering topics identified by the Department, including, information regarding the principles of self-determination, the role of the financial management services provider and the development of an individual budget.

DDS has announced they will soon begin in-depth training to Regional Center staff on their role in the Self-Determination program. These trainings will only be open to regional center staff members and are tentatively scheduled for August and early September. The trainings will take place in 5 different regions of the state. Two trainings will occur in Southern California, two will occur in Northern California, and one will occur in the Central Valley. Once TCRC has received training on these materials, we will finalize our outreach plan to hold informational nights with our community about Self-Determination. Also during this time, DDS will conduct train-the-trainers sessions with regional center staff and community based organizations that are interested in holding pre-enrollment informational sessions.

DDS is finalizing eight training modules for regional center staff and is consulting with NASDDDS in the development of a person-centered thinking and planning module.

TCRC's website is set up for anyone to receive an email notification when new information is posted. To receive email notifications go to the Self Determination page of the TCRC website and click on the "Get News, Notices and Announcements by email" link. Click on "Join our email List", provide the information requested and select the box next to Self Determination.

Additionally, anyone interested in obtaining more information about the Self Determination Program and would like to be notified once the Self Determination Pre-Enrollment Information meetings are scheduled can contact TCRC by email: self-determination@tri-counties.org.

Selection for the first three years of the Self-Determination Program— For those who attend one of the informational meetings, they will be given a verification form to complete. At the end of the meeting, they will be asked if want to be considered for enrollment at which time, they will complete the form and submit back to the regional center. This choice can be changed at any time by notifying the regional center. Regional centers will forward to the Department the names of those who have participated in an informational/pre-enrollment meeting and are interested in participating in the Self-Determination Program. The Department will send a confirmation to those who have submitted their names for participation in the program and are currently developing a process for those interested, and/or their families, to verify via the DDS website that their name has been forwarded for consideration. The Department will then randomly select the participants based on the following demographic factors within each regional center: age, gender, ethnicity and disability diagnosis. Individual's not initially selected will remain on the interest list for potential future openings.

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Local Volunteer Advisory Committees — As required by law, each regional center must establish a Local Volunteer Advisory Committee to ensure effective implementation of the Self-Determination Program and facilitate the sharing of best practices and training materials. In collaboration with the Central Coast office of the State Council, we reviewed the applications from those interested in serving on the committee and selected the membership with a focus on multicultural diversity requirements and geographic area representation.

The primary responsibility of the committee is to provide oversight of the Self-Determination program at Tri-Counties Regional Center. The committee will review the development, implementation and on-going progress of the Self-Determination program and determine if we are meeting the requirements of the law. In addition, the committee will make on-going recommendations for improvements to the program to both Tri-Counties Regional Center and the Department of Developmental Services. Our Self-Determination Advisory Committee is meeting on a quarterly basis and all meetings are open to the public (**Attachment #12**).

TCRC's Self-Determination Advisory Committee has been meeting on a quarterly basis in Santa Barbara. Our next meeting will be on Tuesday, July 25, 2017 and telephone conferencing will be available. At the July meeting, we will share updated information about Self-Determination at the state and federal levels. As we wait for the go ahead from DDS, we will review what we can do to generate interest about Self-Determination in our community.

Currently, we are recruiting individuals to participate on TCRC's Self-Determination Advisory Committee. Although the law does not state how many people should be on the committee, it does state that the cultural diversity of the community we serve must be represented (**Attachment #13**).

TRI-COUNTIES REGIONAL CENTER

TCRC is also actively participating on the Self-Determination Committee through the Association of Regional Center Agencies (ARCA) to provide feedback to the Department of Developmental Services (DDS) on the waiver and obtain input and direction from DDS on the timing and implementation of the various components of the program.

As we wait for more information, TCRC has formed an internal work group consisting of Omar Noorzad, Executive Director; Lorna Owens, CFO; Diva Johnson, Director of Community Development; Pam Crabaugh, Director of Services and Supports; Eulalia Apolinar, Assistant Director of Services and Supports SB/SLO Counties; Sha Azedi, Assistant Director of Services and Supports Ventura County; Cheryl Wenderoth, Assistant Director of Federal Programs; Mary Beth Lepkowsky, Assistant Director of Training and Organizational Development; and Jennifer Lucas, State Council on Developmental Disabilities Central Coast Office. The group will be working together on a variety of activities in preparation for the Self-Determination Program.

These include:

- Participation in our local advisory committee.
- Guidelines on participant eligibility, selections and enrollment
- Self-Determination services and definitions
- Budget setting and tracking.
- Fiscal Management Services (FMS)
- Training
- Person-Centered Planning
- Community outreach
- Monitoring of the Self-Determination program
- Billing and payment procedures

TCRC continues to post updated information about the Self Determination Program on the TCRC website to keep the community informed about the status of the Self Determination Program.

IV. Q&A

Omar Noorzad - CDCAN Disability-Senior Rights Report: Breaking News - Legislature Passes 2017-2018 State Budget - Sends Budget Bills to Governor Including Budget Bill Containing the Proposition 56 Tobacco Tax Revenue Compromise

From: Marty Omoto <martyomoto@att.net>
To: Marty Omoto <martyomoto@att.net>
Date: 6/15/2017 6:55 PM
Subject: CDCAN Disability-Senior Rights Report: Breaking News - Legislature Passes 2017-2018 State Budget - Sends Budget Bills to Governor Including Budget Bill Containing the Proposition 56 Tobacco Tax Revenue Compromise
Bc: Omar Noorzad

CDCAN REPORT

CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK & CALIFORNIA PERSON CENTERED ADVOCACY PARTNERSHIP

JUNE 15, 2017 – THURSDAY EARLY EVENING

ADVOCACY WITHOUT BORDERS: ONE COMMUNITY – ACCOUNTABILITY WITH ACTION – PERSON CENTERED ADVOCACY

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, American Indian, Indian, 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 (family member and advocate) at martyomoto@att.net (as of June 1, 2016 this new email address REPLACED martyomoto@rcip.com – that email address, as of that date, will no longer accept emails (if you sent one to that old address on or after that date, please resend to new email address_

Twitter: [martyomoto](https://twitter.com/martyomoto)

Office Line: [916-418-4745](tel:916-418-4745) CDCAN Cell Phone: [916-757-9549](tel:916-757-9549)

REMEMBERING THE LIFE AND WORK OF FRANCES GRACECHILD WHO PASSED AWAY JUNE 5 AT AGE 71 YEARS

Breaking News:

LEGISLATURE PASSES 2017-2018 STATE BUDGET

**State Senate Passes Main Budget Bill 28 to 10 – Assembly 59 to 20;
Legislature Also Passes AB 120 Containing the Compromise on
Proposition 56 Tobacco Tax Revenues**

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 06/15/2017 06:35 PM] – The California Legislature passed, as expected, the 2017-2018 State Budget and sent the spending plan to the Governor.

The State Senate took up the main budget bill first, approving AB 97, which contains the main budget bill, 28 to 10, with one State Senate Republican, Anthony Cannella (Republican – Ceres, 12th State Senate District) joining the 27 Democrats in passing the spending plan.

The Assembly passed AB 97 by a vote of 59 to 20.

The Assembly adjourned its floor session at 6:31 PM Thursday evening. The State Senate adjourned earlier. Both houses will reconvene floor sessions on Monday.

The Legislature took up and approved 13 of the budget trailer bills, including those dealing with county funding for IHSS (In-Home Supportive Services); developmental services; human services (including child care, foster care and CalWORKS), transportation; K-12 Education; Higher Education; public resources.

Two budget trailer bills dealing with state government that among other provisions, proposed to make changes to recall election law and another that proposed to make major changes to the Board of Equalization and its responsibilities drew the most floor debate and controversy between Democrats and Republicans in both houses.

AB 120, the Proposition 56 Tobacco Tax compromise budget bill, drew some Republican opposition – though several Republicans supported the bill – who wanted all the revenues to go to increasing Medi-Cal provider rates. Those Republicans who supported the bill said they would push for that next year.

CDCAN will issue report later tonight and tomorrow with more analysis on the budget trailer bills and impact on people with disabilities (including developmental), mental health needs, seniors and low income families.

MAIN 2017-2018 BUDGET BILL

AB 97 is the main budget bill that contains the actual budget allocations for every department and programs. Budget bills are only good for that budget year – so any provisions or language in the budget bill that provide some guidance on how the money is to be spent, for instance, is only good for that budget year. More permanent changes – or policy changes (including eligibility for a service) that are meant to go beyond a budget year – are put in a budget trailer bill (called that because the bills follow or trail the main budget bill).

AB 97 (Proposed in Conference Committee Report - June 10, 2017):

PDF Document Copy (784 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB97&version=20170AB9797AMD

HTML VERSION:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB97

LATEST ACTION 06/15/2017: Passed State Senate 28 to 10. Passed Assembly 57 to 20.

NEXT STEPS: To Governor.

2016-2017 STATE BUDGET AUGMENTATION BILL

AB 98 would appropriate \$1,156,921,693 from the State general fund to augment or provide additional funding to close a gap in funding in the current 2016-2017 State Budget, largely for Department of Health Care Services Medi-Cal program.

AB 98 (As amended in State Senate June 8, 2017)

PDF Document Copy (3 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB98&version=20170AB9898AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB98
LATEST ACTION 06/15/2017: Passed State Senate 32 to 6.

BUDGET BILL – PROPOSITION 56 TOBACCO TAX

AB 120 is actually a budget bill, and needed to be approved after the main budget bill was passed because it makes changes to that bill regarding Proposition 56 revenues. The provisions and language in a budget bill (as opposed to a trailer bill) are only good for that budget year.

AB 120 (As amended in the State Senate June 12, 2017)

PDF Document Copy (11 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB120&version=20170AB12098AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB120
LATEST ACTION 06/15/2017: Passed State Senate 26 to 11. Passed Assembly 65 to 8.
NEXT STEPS: To Governor.

BUDGET TRAILER BILLS TAKEN UP FOR FINAL FLOOR VOTE TODAY

The following budget trailer bills were taken up for final floor votes today (June 15th). Those budget trailer bills not taken up today will likely be taken up next week, including the health budget trailer bill that contains provisions dealing with Medi-Cal.

Vote totals are before any vote changes.

(IHSS COUNTY FUNDING TRAILER BILL) PUBLIC SOCIAL SERVICES: 1991 REALIGNMENT LEGISLATION AND IHSS MAINTENANCE OF EFFORT AND COLLECTIVE BARGAINING BUDGET TRAILER BILL

SB 90 (As amended in Assembly June 11, 2017)

PDF Document Copy (88 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB90&version=20170SB9098AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB90
LATEST ACTION 06/15/2017: Passed Assembly 75 to 0. Passed State Senate 28 to 10.
NEXT STEPS: To Governor.

DEVELOPMENTAL SERVICES BUDGET TRAILER BILLS

AB 107 (As amended in State Senate June 8, 2017)

PDF Document Copy (81 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180AB107&version=20170AB10798AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB107&version=20170AB10798AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB107

LATEST ACTION 06/15/2017: Passed State Senate 38 to 0. Passed Assembly 71 to 0.
NEXT STEPS: To Governor.

HUMAN SERVICES BUDGET TRAILER BILL (INCLUDES CALWORKS)

SB 89 (As amended in the Assembly June 11, 2017)

PDF Document Copy (186 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180SB89&version=20170SB8998AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB89&version=20170SB8998AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB89

LATEST ACTION 06/15/2017: Passed Assembly 58 to 11. Passed State Senate 27 to 11.
NEXT STEPS: To Governor

(K-12 EDUCATION) SCHOOL FINANCE: EDUCATION OMNIBUS TRAILER BILLS

AB 99 (As amended in State Senate June 12, 2017)

PDF Document Copy (153 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180AB99&version=20170AB9998AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB99&version=20170AB9998AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB99

LATEST ACTION 06/15/2017: Passed State Senate 38 to 0. Passed Assembly 75 to 0.
NEXT STEPS: To Governor.

EDUCATION – HIGHER EDUCATION

SB 85 (As Amended in Assembly June 11, 2017)

PDF Document Copy (84 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180SB85&version=20170SB8598AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB85&version=20170SB8598AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB85

LATEST ACTION 06/15/2017: Passed Assembly 70 to 4. Passed State Senate 37 to 1.
NEXT STEPS: To Governor.

STATE GOVERNMENT BUDGET TRAILER BILLS

AB 111 (As amended in State Senate June 8, 2017)

PDF Document Copy (54 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180AB111&version=20170AB11198AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB111&version=20170AB11198AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB111

LATEST ACTION 06/15/2017: Passed State Senate. Passed Assembly.
NEXT STEPS: To Governor,

STATE GOVERNMENT BUDGET TRAILER BILLS

Includes provisions related to some changes to recall elections law that raised controversy between Democrats and Republicans; Veterans cemetery and Labor Commissioner.

SB 96 (As amended in Assembly June 9, 2017)

PDF Document Copy (84 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB96&version=20170SB9698AMD

HTML VERSION:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB96

LATEST ACTION 06/15/2017: Passed Assembly 49 to 26. Passed State Senate 26 to 11.

NEXT STEPS: To Governor.

STATE GOVERNMENT BUDGET TRAILER BILLS

Has provisions related to Mental Health Services Act bond holders, California Secure Choice Retirement Savings Trust Act, California Arts Council Executive Director, Public Records Act, and also provisions related to public employees.

AB 119 (As amended in State Senate June 12, 2017)

PDF Document Copy:

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB119&version=20170AB11998AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB119

LATEST ACTION 06/15/2017: Passed State Senate 27 to 10. Passed Assembly.

NEXT STEPS: To Governor.

TRANSPORTATION BUDGET TRAILER BILL

AB 115 – (As amended in State Senate June 8, 2017)

PDF Document Copy (43 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB115&version=20170AB11598AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB115

LATEST ACTION 06/15/2017: Passed State Senate 28 to 10. Passed Assembly 57 to 15.

NEXT STEPS: To Governor.

CANNABIS REGULATION BUDGET TRAILER BILL

SB 94 (As amended in Assembly June 9, 2017)

PDF Document Copy (215 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB94&version=20170SB9498AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB94

LATEST ACTION 06/15/2017: Passed Assembly 66 to 3. Passed State Senate 31 to 7.

NEXT STEPS: To Governor

TAX AGENCY REFORM BUDGET TRAILER BILL

(“The Taxpayer Transparency and Fairness Act of 2017: California Department of Tax and Fee Administration: Office of Tax Appeals: State Board of Equalization”)

AB 102 (As amended in State Senate June 12, 2017)

PDF Document Copy (20 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180AB102&version=20170AB10298AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB102&version=20170AB10298AMD)

HTML Version:

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180AB112&version=20170AB11298AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB112&version=20170AB11298AMD)

LATEST ACTION 06/15/2017: Passed State Senate 22 to 13. Passed Assembly 52 to 24.

NEXT STEPS: To Governor.

PUBLIC SAFETY OMNIBUS BUDGET TRAILER BILLS

AB 103 (As amended in State Senate June 8, 2017)

PDF Document Copy (99 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180AB103&version=20170AB10398AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB103&version=20170AB10398AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB103

LATEST ACTION 06/15/2017: Passed State Senate 25 to 11. Passed Assembly.

NEXT STEPS: To Governor.

PUBLIC RESOURCES BUDGET TRAILER BILLS

SB 92 (As amended in Assembly June 9, 2017):

PDF Document Copy (109 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180SB92&version=20170SB9298AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB92&version=20170SB9298AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB92

LATEST ACTION 06/15/2017: Passed Assembly 51 to 22. Passed State Senate 28 to 10.

NEXT STEPS: To Governor.

BUDGET TRAILER BILLS NOT TAKEN UP JUNE 15

HEALTH BUDGET TRAILER BILLS (INCLUDES MEDI-CAL)

AB 113 and SB 97 as amended June 14, 2017, are identical health budget trailer bills.

The health budget trailer bills (that includes Medi-Cal) was not available or taken up in the Senate Budget and Fiscal Review Committee hearing on Tuesday (June 13), though the Assembly Budget Committee did take up the bill in its hearing (also on June 13th), though the chair indicated the trailer bill was not yet in print.

While the Assembly could take up the health budget trailer bill today, it does not appear that the State Senate will take up the health budget trailer bill on the Senate floor today, since the Senate has been stricter in requiring budget trailer bills to be heard first in Senate Budget and Fiscal Review Committee before a vote on the Senate floor. The health budget trailer on the State Senate floor (AB 113) is set for hearing in the Senate Budget and Fiscal Review Committee on Monday, and then pass on the State Senate floor later in the week.

No hearings of the full Senate Budget Committee is scheduled for today (June 15th), though a hearing is scheduled for June 19th, Monday, to meet upon call of the chair, to consider five budget related bills (AB 100, AB 104, AB 113, AB 120, and AB 122).

The Proposition 56 Tobacco Tax revenues issues are contained in AB 120 and SB 105, which are actually budget bills.

*****NEW***** AB 113 (As amended in State Senate June 14, 2017)

PDF Document Copy (218 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB113&version=20170AB11398AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB113
LATEST ACTION 06/15/2017: Not taken up for floor vote.

NEXT STEPS: Floor likely next week.

******NEW****** SB 97 (As amended in Assembly June 14, 2017):

PDF Document Copy (219 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB97&version=20170SB9798AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB97
LATEST ACTION 06/15/2017: Not taken up for floor vote.

NEXT STEPS: Floor likely next week.

PUBLIC HEALTH PROGRAMS BUDGET TRAILER BILLS (INCLUDES MENTAL HEALTH SERVICES ACT COUNTY FUND REVERSION)

AB 114 and SB 98 are identical public health budget trailer bills. Both bills contain provisions dealing with the Mental Health Services Act funding and reversion of county funds.

AB 114 (As amended in State Senate June 12, 2017)

PDF Document Copy:

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB114&version=20170AB11498AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB114
LATEST ACTION 06/15/2017: Not taken up for floor vote.

NEXT STEPS: Floor likely next week.

SB 98 (As amended in Assembly June 12, 2017)

PDF Document copy (25 pages):

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB98

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB98
LATEST ACTION 06/15/2017: Not taken up for floor vote.

NEXT STEPS: Floor likely next week.

STATE GOVERNMENT BUDGET TRAILER BILL – EARNED INCOME TAX CREDIT AND STATE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM, THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

AB 121 and SB 106 are identical.

AB 121 (As amended in State Senate June 13, 2017)

PDF Document Copy (26 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180AB121&version=20170AB12198AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB121&version=20170AB12198AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB121

LATEST ACTION 06/15/2017: Not taken up for floor vote.

NEXT STEPS: Floor likely next week.

SB 106 (As amended in Assembly June 13, 2017)

PDF Document Copy (26 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180SB106&version=20170SB10698AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB106&version=20170SB10698AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB106

LATEST ACTION 06/15/2017: Not taken up for floor vote.

NEXT STEPS: Floor likely next week.

STATE AGENCIES BUDGET TRAILER BILL

Provisions regarding State Public Works Board and State Air Resources Board.

SB 101 (As amended in Assembly June 9, 2017)

PDF Document Copy (6 Pages):

[http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?
bill_id=201720180SB101&version=20170SB10198AMD](http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180SB101&version=20170SB10198AMD)

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB101

LATEST ACTION 06/15/2017: Not taken up for floor vote.

NEXT STEPS: Floor likely next week.

CDCAN – MARTY OMOTO YOUTUBE CHANNEL

A CDCAN (Marty Omoto, family member and advocate) youtube channel was set up and has several videos dealing with current – and previous state budget issues, disability and senior rights, and advocacy.

To see the current videos, including March 2014 San Andreas Regional Center Aptos Legislative Breakfast, January 2014 panel discussion on services for adults with autism spectrum and related disorders in Palo Alto, and older videos including video of April 2003 march of over 3,000 people with developmental disabilities, families, providers, regional centers and others from the Sacramento Convention Center to the State Capitol (to attend and testify at budget hearing on proposed massive permanent cuts to regional center funded services, go to the CDCAN (Marty Omoto) Channel

at: <https://www.youtube.com/channel/UCEySEyhnr9LQRiCe-F7ELhg>

More videos – including new current videos (an interview with longtime advocate Maggie Dee Dowling is planned, among others) – plus archive videos of past events – will be posted soon.

PLEASE HELP!!!!!!

JUNE 15, 2017 – THURSDAY EARLY EVENING

PLEASE HELP CDCAN CONTINUE ITS WORK

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 65,000 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 (address to "CDCAN" or "California Disability Community Action Network" and mail to:

CDCAN – MAILING ADDRESS:

1500 West El Camino Avenue Suite 499

Sacramento, CA 95833

Office Line: 916-418-4745

CDCAN Cell Phone: 916-757-9549

Email – NEW: martyomoto@att.net [replaced as of June 1, 2016 martyomoto@rcip.com]

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

Omar Noorzad - CDCAN Disability-Senior Rights Report: Breaking News - Governor Brown Signs 2017-2018 Main State Budget Bill (AB 97), and AB 120 Proposition 56 Tobacco Tax Bill and Thirteen Budget Trailer Bills On HIs Desk Including Human Services, Developmental Services and IHSS County Funding Budget Trailer Bills.

From: Marty Omoto <martyomoto@att.net>
To: Marty Omoto <martyomoto@att.net>
Date: 6/27/2017 5:07 PM
Subject: CDCAN Disability-Senior Rights Report: Breaking News - Governor Brown Signs 2017-2018 Main State Budget Bill (AB 97), and AB 120 Proposition 56 Tobacco Tax Bill and Thirteen Budget Trailer Bills On HIs Desk Including Human Services, Developmental Services and IHSS County Funding Budget Trailer Bills.
Bc: Omar Noorzad

CDCAN REPORT

CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK & CALIFORNIA PERSON CENTERED ADVOCACY PARTNERSHIP

JUNE 27, 2017 – TUESDAY AFTERNOON

ADVOCACY WITHOUT BORDERS: ONE COMMUNITY – ACCOUNTABILITY WITH ACTION – PERSON CENTERED ADVOCACY

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, American Indian, Indian, African-American communities; policymakers, and others across the State.

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Website: www.cdcan.us

To reply to THIS Report write:

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BREAKING NEWS:

GOVERNOR BROWN SIGNS AB 97, THE 2017-2018 MAIN STATE BUDGET AND AB 120 PROPOSITION 56 TOBACCO TAX BUDGET BILL

Brown Apparently Makes No Line Item Vetoes – Signs 13 of the Budget Trailer Bills That Have Been Presented To Him So Far – More Budget Trailer Bills On Their Way To the Governor Including Health Budget Trailer Bill

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 06/27/2017 04:00 PM] – Governor Edmund G. “Jerry” Brown, Jr., this afternoon signed AB 97, the 2017-2018 main state budget bill, and AB 120, the Proposition 56 Tobacco Tax budget bill, and thirteen of the budget trailer bills that were on his desk, including bills dealing with developmental services, In-Home Supportive Services (IHSS) funding for the counties, K-12 Education, CalWORKS and more.

The Governor apparently did not make any line item vetoes reducing or eliminating any appropriations in the main budget bill.

AB 120, the Proposition 56 Tobacco Tax budget bill includes funding for specific Medi-Cal provider rate increases under specific conditions.

There are still several more budget trailer bills – including the health budget trailer bill - that the Legislature passed on Monday that have not yet been actually presented to his office. The Governor is expected to sign all those bills – which represent the budget agreement reached earlier in June between the Governor and Democratic legislative leaders.

In signing the budget plan for the state budget year that begins July 1, 2017, the Governor said in a statement that "California is taking decisive action by enacting a balanced state budget. This budget provides money to repair our roads and bridges, pay down debt, invest in schools, fund the earned income tax credit and provide Medi-Cal health care for millions of Californians."

BUDGET RELATED BILLS SIGNED BY GOVERNOR

The Governor signed the following budget trailer bills today (June 27th). CDCAN will provide a more in depth report later today:

MAIN BUDGET BILLS SIGNED BY GOVERNOR

AB 97 – 2017-2018 Main State Budget Bill

AB 120 – Proposition 56 Tobacco Tax Budget Bill

BUDGET TRAILER BILLS SIGNED BY GOVERNOR

AB 99 by the Committee on Budget - School finance: education omnibus trailer bill.

AB 102 by the Committee on Budget - The Taxpayer Transparency and Fairness Act of 2017: California Department of Tax and Fee Administration: Office of Tax Appeals: State Board of Equalization.

AB 103 - Public safety: omnibus

AB 107 - Developmental services (see also AB 126 – Assembly must still approve)

AB 111 - State government

AB 115 - Transportation.

AB 119 - State government.

SB 85 - Education.

SB 89 - Human services (see also AB 126 that has provisions regarding IHSS)

SB 90 - Public social services: 1991 Realignment Legislation and IHSS Maintenance of Effort and collective bargaining.

SB 92 - Public resources.

SB 94 - Cannabis: medicinal and adult use.

SB 96 - State Government.

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

Omar Noorzad - CDCAN Disability-Senior Rights Report: State Capitol Update - Developmental Services Budget Trailer Bill Summary

From: Marty Omoto <martyomoto@att.net>
To: Marty Omoto <martyomoto@att.net>
Date: 6/16/2017 9:54 AM
Subject: CDCAN Disability-Senior Rights Report: State Capitol Update - Developmental Services Budget Trailer Bill Summary
Bc: Omar Noorzad

CDCAN REPORT

CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK & CALIFORNIA PERSON CENTERED ADVOCACY PARTNERSHIP

JUNE 16, 2017 – FRIDAY MORNING

ADVOCACY WITHOUT BORDERS: ONE COMMUNITY – ACCOUNTABILITY WITH ACTION – PERSON CENTERED ADVOCACY

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Twitter: [martyomoto](https://twitter.com/martyomoto)

Office Line: [916-418-4745](tel:916-418-4745) CDCAN Cell Phone: [916-757-9549](tel:916-757-9549)

REMEMBERING THE LIFE AND WORK OF FRANCES GRACECHILD WHO PASSED AWAY JUNE 5 AT AGE 71 YEARS – “CELEBRATION OF A LIFE THAT MATTERED” MEMORIAL SERVICE JULY 7, 12 to 3 PM, AT THE CALIFORNIA SECRETARY OF STATE AUDITORIUM, 1500 11TH STREET SACRAMENTO, CA 95814 – SPACE LIMITED – PLEASE REGISTER/RSVP AT EVENTBRITE:

<https://www.eventbrite.com/e/memorial-service-for-frances-gracechild-tickets-35416577938?invite=&err=29&referrer=&discount=&affiliate=&eventpassword=>

Hosted by Resources for Independent Living and Evan LeVang

State Capitol Update:

DEVELOPMENTAL SERVICES BUDGET TRAILER BILL SUMMARY
Includes Repeal of Respite Services Cap; Expansion Under Certain Conditions of Community Placement Plan Process & Funding for People in the Community; Establishment of Department of Developmental Services Workgroup to Look At Improving Process for Provider Rate Adjustments Including Health & Safety; Disparities Funding Reporting, Evaluation and Authorizing, if Funding Available, Grants to Community-Based Organizations Along With Regional Centers

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 06/16/2017 07:35 AM] – The following is a summary of the developmental services budget trailer bill, AB 107, as passed by the State Senate and Assembly yesterday, following passage of the main budget bills for the 2017-2018 State budget year. The main budget bills have already been sent to the Governor, who is expected to sign those bills sometime before July 1st.

The 13 budget trailer bills – including AB 107 – that the Legislature took up and approved yesterday will be sent to the Governor in the coming days for approval, which is expected. Other important trailer bills – including the bill covering health (including Medi-Cal and restoration of full adult Medi-Cal dental (January 2018) and optical services (in 2020) – will be taken up next week.

Other important budget trailer bills impacting people with developmental disabilities (whether eligible for regional center services or not) include the K-12 education budget trailer bill, the budget trailer bill dealing with county funding for IHSS (In-Home Supportive Services), the public health budget trailer bill, and the human services budget trailer bill that includes child welfare services, CalWORKS provisions.

CDCAN will issue summary reports on all key budget trailer bills.

LINK TO AB 107 DEVELOPMENTAL SERVICES BUDGET TRAILER BILL

DEVELOPMENTAL SERVICES BUDGET TRAILER BILL

AB 107 (As amended in State Senate June 8, 2017)

PDF Document Copy (81 Pages):

http://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=201720180AB107&version=20170AB10798AMD

HTML Version:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB107

LATEST ACTION 06/15/2017: Passed State Senate 38 to 0. Passed Assembly 71 to 0.

NEXT STEPS: To Governor.

CDCAN SUMMARY OF DEVELOPMENTAL SERVICES BUDGET TRAILER BILL

The following is summary of what is contained in AB 107, as passed by the State Senate and Assembly on June 15th, that will be sent to the Governor for his approval (approval is certain since this budget trailer bill as passed by the Legislature reflects the overall budget agreement reached between the Governor and Democratic legislative leaders):

RESPITE SERVICES CAP REPEAL

EXISTING STATE LAW: Current state law requires the Department of Developmental Services, in consultation with stakeholders, to develop an alternative service delivery model that provides an “Individual Choice Budget” for obtaining quality services and supports that provides choice and flexibility within a finite budget that, in the aggregate,

reduces regional center purchase of service expenditures, reduces reliance on the General Fund, and maximizes federal matching Medicaid funding – also known as “federal financial participation”.

Current state law places certain restrictions on the purchase of respite services, based on need and duration, until implementation of the Individual Choice Budget.

WHAT AB 107 WOULD DO:

AB 107 would repeal the provision that places restrictions on the purchase of those respite services.

COMMUNITY PLACEMENT PLAN (CPP) EXPANSION FOR PEOPLE IN COMMUNITY
EXISTING STATE LAW: Current state law requires the Department of Developmental Services to establish policies and procedures for the development of an annual community placement plan by regional centers.

Current state law requires the Department of Developmental Services policies in this regard to address statewide priorities, plan requirements, and the roles in state and federal laws of regional centers, developmental centers, and regional resource development projects in the process of assessing people with developmental disabilities for community living and in the development of community resources.

WHAT AB 107 WOULD DO:

AB 107 would require the Department of Developmental Services to establish guidelines for using community placement plan (CPP) funds appropriated through the budget process for community resource development to address the needs for services and supports of persons with developmental disabilities (eligible for regional center services and supports) living in the community, as specified in the bill.

Would establish procedures for regional centers relating to the proposed use of community development resource funds, would require regional centers to submit to the department quarterly reports on the use of community resource development plan funds, and would require the Department of Developmental Services to make reports to legislative staff and committees (as specified in the bill) in connection with community resource development plans and activities.

Key provision in AB 107, that amends Section 4418.25 of the Welfare and Institutions Code, relating to the changes in use of community placement plan process and funding:

“(2) (A) In addition to the existing priorities to support the closure of the developmental centers and the development of services and supports to transition individuals from restrictive settings, including institutions for mental disease, the department also shall establish guidelines by which community placement plan funds appropriated through the budget process may be utilized for community resource development to address the needs for services and supports of consumers living in the community in accordance with Section 4679.

(B) The department may allocate funds to regional centers for purposes of community resource development as provided in this paragraph when the department determines that sufficient funding has been appropriated and reserved for a fiscal year for development of the resources that are necessary to address the needs of persons moving from a developmental center pursuant to Section 4474.11, and no sooner than 30 days after the department has provided notice of this determination to the Joint Legislative Budget Committee and the appropriate policy and fiscal committees of the Legislature.”

CALIFORNIA EARLY INTERVENTION SERVICES – MEDICAL SERVICES NOT AVAILABLE THROUGH A FAMILY’S HEALTH INSURANCE

CURRENT STATE LAW: The California Early Intervention Services Act, (called “Early Start”) provides a statewide system of coordinated, comprehensive, family-centered, multidisciplinary, and interagency programs that are responsible for providing appropriate early intervention services and supports to all eligible infants and toddlers, as defined, and their families.

Early intervention (“Early Start”) requires, among other things, an eligible infant or toddler receiving services under the act to have an individualized family service plan.

The Early intervention act requires these services to be provided under the existing regional center system covered by the State’s “Lanterman Developmental Disabilities Services Act”.

Existing state law requires the regional centers to ensure, at the time of development, scheduled review, or modification of an individualized family service plan required by the California Early Intervention Services Act, the establishment of an internal process. Existing law requires the internal process, when purchasing services and supports, to ensure, among other things, the use of “generic services” (services generally available to the others outside the regional center system) and supports when appropriate.

WHAT AB 107 WOULD DO:

AB 107 would require the internal process to ensure that the individualized family service planning team for infants and toddlers eligible under the California Early Intervention Services Act may determine that a medical service identified in the individualized family service plan is not available through the family’s private health insurance policy or health care service plan and therefore will be funded by the regional center.

VOUCHERED COMMUNITY BASED TRAINING SERVICE & SUPPORTED EMPLOYMENT SERVICES RATE

EXISTING STATE LAW: Under current state law, the 21 non-profit regional centers purchase services for eligible individuals with developmental disabilities through approved service providers or arrange for those services through other publicly funded agencies.

Current state law provides that the rate for voucher community-based training service shall not exceed \$13.47 per hour.

Existing state law also provides that the rate for supported employment services provided to consumers receiving individualized services and for group services is \$34.24 per hour and requires that rate to be adjusted by the Department of Developmental Services, as specified.

WHAT AB 107 WOULD DO:

AB 107 would instead provide that the rate for voucher community-based training service shall not exceed \$14.99 per hour and that the rate for supported employment services provided to eligible persons with developmental disabilities receiving individualized services and for group services is \$36.57 per hour.

AB 107 would delete the requirement that the Department of Developmental Services adjust the rate for supported employment services provided to persons with developmental disabilities receiving individualized services and for group services.

EMPLOYMENT FIRST POLICY – REGIONAL CENTER ANNUAL PERFORMANCE OBJECTIVES

EXISTING STATE LAW: Current state law requires regional center contracts to include, among other things, annual performance objectives. Existing state law also establishes the “Employment First Policy”, which is the policy that opportunities for integrated,

competitive employment be given the highest priority for working age individuals with developmental disabilities, regardless of the severity of their disabilities.

WHAT AB 107 WOULD DO:

AB 107 would require the annual performance objectives included in regional center contracts to measure progress, and report outcomes, in implementing the Employment First Policy.

WORKGROUP BY DEPARTMENT OF DEVELOPMENTAL SERVICES TO SIMPLIFY PROCESS FOR REGIONAL CENTER PROVIDER RATE ADJUSTMENTS

EXISTING STATE LAW: Current state law generally prohibits certain provider rate increases, but authorizes increases to those rates under specified circumstances, including increases needed due to health and safety, and increases or adjustments due to increases in the the state minimum wage law.

WHAT AB 107 WOULD DO:

AB 107 would require the Department of Developmental Services to convene a working group, to consider simplified processes for providers seeking rate adjustments under certain conditions, and submit report to the Legislature, as specified.

Here is the language regarding the workgroup in AB 107 (at the end of the bill):

“SEC. 28. The State Department of Developmental Services shall convene a working group consisting of regional centers, service providers, advocates, family members, and consumers to consider simplified processes for providers seeking rate adjustments pursuant to a health and safety waiver or an unanticipated rate adjustment request. The working group may also make recommendations on alternative criteria and procedures for considering requests for rate adjustments. The department shall report on the working group process and product during the 2018 budget subcommittee process.”

PAID INTERNSHIP PROGRAM – ADDITIONAL EXEMPTION FOR PERSONS WITH DEVELOPMENTAL DISABILITIES 18-22 YEARS OLD

EXISTING STATELAW: Current state law prohibits a regional center from purchasing day program, vocational education, work services, independent living program, or mobility training and related transportation services for a person with developmental disabilities (eligible for regional center funded services and supports) who is 18 to 22 years of age, if that person is eligible for special education and related education services and has not received a diploma or certificate of completion, unless the IPP (Individual Program Plan) planning team determines that the person’s needs cannot be met in the educational system or grants an exemption.

Existing state law authorizes an exemption to be granted on an individual basis in extraordinary circumstances to permit the purchase of the services described above.

WHAT AB 107 WOULD DO:

Would allow additional exemption to be granted for participation in a specified paid internship program or related competitive integrated employment if the IPP (Individual Program Plan) planning team determines that the person with developmental disabilities (between the ages of 18 to 22 years old) could benefit from participation in a paid internship or competitive integrated employment (CIE). Would preclude that person from also continuing to use special education or other education services if it is determined to meet that person’s needs (in addition to a paid internship).

DISPARITIES GRANT FUNDING FOR COMMUNITY BASED ORGANIZATIONS - POSTING OF INFORMATION AND EVALUATION

EXISTING STATE LAW: Current state law requires the Department of Developmental Services, subject to available funding, to allocate funding to regional centers to assist with the implementation of recommendations and plans, developed in certain reports by the regional centers and the department, to promote equity and reduce disparities in the purchase of services..

WHAT AB 107 WOULD DO:

AB 107 would also require the Department of Developmental Services, subject to available funding, to allocate funding to community-based organizations to assist with implementation of the above-described recommendations and plans.

Would authorize a community-based organization to submit a request for grant funding and would require the organization to submit the request concurrently to the regional center of the jurisdiction in which the organization is located and to the department.

AB 107 would require the regional center to provide the Department of Developmental Services with input regarding the request, as specified in the bill.

AB 107 would require the Department of Developmental Services to post specified information on its department website by certain dates, including, among other things, a structure for the grant program, a list of grant recipients, and evaluation results from prior grants.

The bill would also require regional centers and community-based organizations receiving funding to provide the department, as specified, with an evaluation of funded activities and the effectiveness of those activities in reducing disparities in the purchase of services.

MENTAL HEALTH REHAB CENTERS, INSTITUTIONS FOR MENTAL DISEASE AND SECURE TREATMENT FACILITY AT PORTERVILLE

EXISTING STATE LAW: Current state law allows for the placement of individuals with developmental disabilities in various facilities, including mental health rehabilitation centers, institutions for mental disease, and the secure treatment facility at Porterville Development Center, and requires, in certain circumstances, an assessment and the development of a plan to transition the individual out of the facility and into the community.

WHAT AB 107 WOULD DO:

AB 107 would require the transition process or transition plan for those facilities to be based upon the individual's needs, developed through the individual program plan process, and to ensure that needed services and supports, including, when appropriate for the individual, wrap-around services through intensive individualized support services, will be in place at the time the individual moves.

SECLUSION OR BEHAVIORAL RESTRAINTS IN FACILITIES MONTHLY REPORT

EXISTING STATE LAW: Current state law regulates the use of seclusion or behavioral restraints in facilities operated by the Department of Developmental Services, including requiring the reporting of a death or serious injury of a person occurring during, or related to, the use of seclusion or behavioral restraints.

WHAT AB 107 WOULD DO:

AB 107 would additionally require in state law that those facilities, on a monthly basis, report to a specified agency, information relating to the number of incidents of the use of behavioral restraints, the duration of time spent per incident of restraint, and the number of times an involuntary emergency medication is used to control behavior.

COMMUNITY CRISIS HOMES AND ENHANCE BEHAVIORAL SUPPORTS HOMES

EXISTING STATE LAW: Current state law generally regulates community crisis homes and enhanced behavioral supports homes, among other types of facilities, to provide developmental and behavioral supportive services.

Current state law requires a community crisis home or an enhanced behavioral supports home to be eligible for federal Medicaid home and community-based services (HCBS) funding.

WHAT AB 107 WOULD DO:

AB 107 would exempt a community crisis home or an enhanced behavioral supports home from the requirement to be eligible for this federal Medicaid funding, if the Department of Developmental Services approves the use of delayed egress devices with secured perimeters at the home.

Would authorize a community crisis home using delayed egress devices to utilize secured perimeters, as specified in the bill, and would require the Department of Developmental Services, no later than December 1, 2017, to develop guidelines regarding the use of restraints or containment in enhanced behavioral support homes, as specified in the bill.

FAIRVIEW DEVELOPMENTAL CENTER – AFFORDABLE HOUSING

EXISTING STATE LAW: Current state law authorizes the Director of General Services, with the consent of the Department of Developmental Services, to lease up to 60 acres located within the grounds of Fairview Developmental Center for a period of up to 55 years, for the purpose of developing affordable housing for the employees of, and transitional housing for patient-clients of, Fairview Developmental Center.

WHAT AB 107 WOULD DO:

Requires that housing to first be available for individuals with developmental disabilities receiving services from a regional center, and then to individuals in need of affordable housing.

AB 107 would also require the Director of General Services, on or before July 1, 2017, and with the approval of the State Department of Developmental Services, to amend the existing lease to include a portion of the Fairview Developmental Center property in the area of Mark Lane for the purpose of developing additional housing units to serve individuals with developmental disabilities.

DEVELOPMENTAL CENTER STAFF WHO ENTER INTO CONTRACTS WITH A REGIONAL CENTER

EXISTING STATE LAW: Existing state law provides that specified contracts entered into by any state agency for goods, services, or other specified activities, whether awarded through competitive bidding or not, are void unless and until approved by the Department of General Services, and requires denial of approval if the contract does not meet the required specifications of the bidding process.

Under existing state law, certain transactions, contracts, and persons are exempt from that law, including, subject to the approval of the Director of Developmental Services, specified employees of the department for the purpose of the employee becoming a vendor of a regional center for persons with developmental disabilities, as specified.

Current state law requires such employees to terminate employment with any state agency or department before providing certification to a regional center, as specified, and provides that a contract entered into by a regional center and a state employee, in his or her capacity as a private citizen, to become a vendor of the regional center does not constitute a state contract, as defined.

WHAT AB 107 WOULD DO:

Would exempt from existing state law, subject to the approval of the Director of Developmental Services, specified employees of the department who enter into a contract with a regional center for the purpose of developing regional center services and require such an employee to terminate employment with a state agency or department before providing services funded by the state, as specified.

AB 107 would also provide that a contract entered into by a regional center and a state employee, in his or her capacity as a private citizen, to develop regional center services does not constitute a state contract, as defined.

DEVELOPMENTAL CENTER CLOSURES – QUARTERLY UPDATES ON CRISIS SERVICES AND RESIDENTIAL SERVICES

EXISTING STATE LAW: Current state law requires the Department of Developmental Services, when closing a developmental center, to comply with procedural requirements that include the submission of a detailed plan to the Legislature.

Current state law requires the Department of Developmental Services to submit to the Legislature, on or before October 1, 2015, a plan or plans to close one or more developmental centers.

Current state law requires the Department of Developmental Services to include an update to the Legislature in the 2017–2018 May Revision (released by the Governor that revises his earlier budget proposal released in January) regarding how the department will provide access to crisis services after the closure of a developmental center and how the State will maintain its role in providing residential services to those whom private sector vendors cannot or will not serve.

WHAT AB 107 WOULD DO:

AB 107 would, beginning July 1, 2017, and until December 31, 2020, require the Department of Developmental Services to provide quarterly updates to the appropriate policy and fiscal committees of the Legislature on the steps foreseen, planned, and completed in the development of services under the above-described update by the department to the Legislature, as specified in the bill.

AB 107 would also require the Department of Developmental Services to report every year to the Legislature during the budget subcommittee hearing process of the State Senate and the Assembly on the department's research projects, as specified in the bill.

Key provision in AB 107 amends SEC. 8. Section 4474.15 of the Welfare and Institutions Code:

“c) Commencing July 1, 2017, and until December 31, 2020, the State Department of Developmental Services shall provide quarterly updates to the appropriate policy and fiscal committees of the Legislature on the steps foreseen, planned, and completed in the development of services under the department's update to the Legislature pursuant to subdivision (a), including any planned services or residences intended to facilitate transitions or diversions from institutes for mental disease, or other restrictive settings in the community, or the secure treatment program at Porterville Developmental Center. These updates may be made in conjunction with planned quarterly updates on closure activities for developmental centers.”

DEVELOPMENTAL DISABILITIES PROGRAM DEVELOPMENT FUND TO HELP FUND COMMUNITY RESOURCE DEVELOPMENT PROJECTS INCLUDING HOUSING UPDATE AND INFORMATION

EXISTING STATE LAW: Current state law requires all parental fees collected by or for regional centers to be turned over to the State Treasury to be deposited in the existing "Developmental Disabilities Program Development Fund", for the purpose of providing resources needed to initiate new programs and expand or convert existing programs.

Under current state law, the Developmental Disabilities Program Development Fund is available, upon appropriation by the Legislature, to the Department of Developmental Services, and subject to any allocations that may be made in the annual state Budget Act.

Current state law authorizes the Department of Developmental Services to allocate funds from the Developmental Disabilities Program Development Fund for any legal purpose, as specified, taking into consideration specified factors.

WHAT AB 107 WOULD DO:

AB 107 would specifically authorize the Department of Developmental Services to allocate funds from the Developmental Disabilities Program Development Fund, to the extent appropriated for that purpose in the annual state Budget Act, to fund community resource development projects approved as specified under this bill.

Key provision (among several) in AB 107 relating to the Developmental Disabilities Program Development Fund and funding of community resource development projects:

"SEC. 16. Section 4679 is added to the Welfare and Institutions Code, to read:

4679. (a) In any year for which funding is available, as provided in paragraph (2) of subdivision (a) of Section 4418.25, to address the needs for services and supports of consumers living in the community, the department shall issue guidelines, including procedures and timelines, for the use of the available funds. These community resource development plan guidelines shall include requirements that community resource development plan funds be expended in accord with the principles of person-centered planning and that funded services be culturally and linguistically appropriate to the population served by the regional center.

(b) By December 31 of each year, the department shall engage stakeholders statewide, including soliciting input from the existing Developmental Services Task Force, to inform the development of the guidelines. Priorities for funding shall include, but need not be limited to, safety net services and supports that reduce reliance on the secure treatment program at Porterville Developmental Center, institutions for mental disease, other restrictive settings in the community for which federal funding is not available, and out-of-state placement.

(c) The guidelines shall require regional centers to conduct outreach activities and seek input from stakeholders representing the diversity of the regional center's catchment area, including, but not limited to, consumers, family members, providers, and advocates, to determine local needs and priorities for the use of community resource development plan funds. Each regional center shall identify the stakeholders it consulted with and include information on how it incorporated the input of stakeholders into its community resource development plan funding requests. The regional center shall post its priorities for community resource development as informed by the stakeholder process on its Internet Web site at least two weeks prior to submitting its funding request to the department to allow for any final stakeholder input.

(d) Proposals for the use of community resource development plan funds shall include justification for the funding requests, including quantitative data, and shall also include a description of how the regional center shall monitor resource development and assess outcomes. The department shall review, negotiate, and approve regional center community resource development plans for feasibility.

(e) Each regional center's approved proposals shall be posted on the regional center's Internet Web site and the department shall post links to each regional center's approved proposals on its Internet Web site. Regional centers shall submit quarterly reports to the department, as specified in the guidelines, on the use of community resource development plan funds and outcomes of resource development. The department shall update legislative staff on the community resource development plan activities pursuant to this section during regularly scheduled quarterly briefings, and shall annually report during the Senate and Assembly budget subcommittee hearing process on community resource development plan implementation.

SEC. 17. Section 4679.1 is added to the Welfare and Institutions Code, to read:

4679.1. (a) By September 1, 2017, the department shall report to the Senate Committee on Human Services, the Assembly Committee on Human Services, and the appropriate legislative budget subcommittees on the following components of the community placement plan and community resource development plan as described in Sections 4418.25 and 4679:

(1) Housing development and funding policies and guidelines.

(2) How the department and regional centers assess community unmet needs and local priorities.

(3) How the department monitors housing development.

(b) Annually, by April 1, the department shall report to the Senate Committee on Human Services, the Assembly Committee on Human Services, and the appropriate legislative budget subcommittees on the following:

(1) The type and number of housing projects approved, in progress, and occupied, and the total number of allowable beds, by regional center.

(2) The total number of new beds by facility type, by regional center.

(3) To the extent data is available, the degree to which housing development gains have been offset by program closures, by facility type, for each regional center.

COMMUNITY RESOURCES DEVELOPMENT APPROPRIATION

WHAT AB 107 WOULD DO:

AB 107 would appropriate \$5,622,000 from the state General Fund to the Department of Developmental Services for the purposes of carrying out the provisions related to developing community resources.

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PLEASE HELP!!!!!!

JUNE 16, 2017 – FRIDAY MORNING

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CDCAN – MAILING ADDRESS:

1500 West El Camino Avenue Suite 499

Sacramento, CA 95833

Office Line: 916-418-4745

CDCAN Cell Phone: 916-757-9549

Email – NEW: martyomoto@att.net [replaced as of June 1, 2016 martyomoto@rcip.com]

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Developmental Services Trailer Bill (TBL)

AB 107 (Committee on Budget)

AB 107 is this year's developmental services "Trailer Bill." A summary of this year's TBL is provided here, with reference to the sections of law being changed. All changes will go into effect immediately upon signing by Gov. Brown (by/before July 1, 2017).

- Government Code §14670.35 – Harbor Village is being expanded. Housing at Harbor Village shall be available first for individuals with developmental disabilities.
- Health and Safety Code §1180.2 – DCs cannot use seclusion. DDS will report to Disability Rights California (DRC) on restraints and emergency medications.
- Health and Safety Code §1180.4 – DCs will follow guidelines that DDS will develop for restraints.
- Public Contract Code §10430 – State employees can complete startup contracts and must terminate state employment when they provide services to individuals.
- Welfare & Institutions (W&I) Code §4418.25 – If Community Placement Plan money isn't needed for DC movers, it can be repurposed for community resource development plans (CRDP).
- W&I §4418.7 – DC admission and assessment rules also apply to other DDS-operated facilities.
- W&I §4427.5 – DC incident reporting rules also apply to other DDS-operated facilities.
- W&I §4474.15 – DDS will provide reports to the Legislature on Safety Net resources.
- W&I §4519.5 – Community-based organizations (CBOs) can apply to DDS for disparity grants. Deadlines for reporting approved grants and outcomes are established for DDS, CBOs, and RCs.
- W&I §§4629, 4869 – RC performance contracts will contain items related to Employment First.
- W&I §4646.4 – IFSP teams may determine that medical services are not available via insurance.
- W&I §4648 – Mental Health Rehabilitation (MHRC) Facilities can only be used if least restrictive. Clients' Rights Advocates (CRA) need to be notified. Transition plan requirements are specified.
- W&I §4648.55 – 18-22 year-olds can participate in paid internships and subsequent employment while eligible for school.
- W&I §4659.2 – MHRC and Community Crisis Home providers must report incidents to DRC.
- W&I §§4677, 4679, 4679.1 – Funding for, using, and reporting on the use of CRDPs is outlined.
- W&I §4684.80 – Enhanced behavioral supports homes (EBSH) with secure perimeters can be developed without federal funding.
- W&I §4684.81 – DDS will develop guidelines for the use of restraints in EBSHs.
- W&I §4686.5 (repealed) – The cap on respite services is lifted.
- W&I §§4688.21, 4860 – Rates are adjusted to reflect ABX2 1 increases.
- W&I §4698 – Some community crisis homes may have secure perimeters or be larger than six beds. If DDS requests the removal of an individual, the CRA must be notified.
- W&I §6509 – Individuals in the Secure Treatment Program (STP) must be considered for community placement with supports. The CRA will be notified of IPP meetings.
- W&I §7502.5 – Individuals from the STP shall transition to the least restrictive environment. DDS will issue regulations on wraparound services.
- W&I To Be Determined (TBD) – New Section, requiring DDS to report on its research unit.
- W&I TBD – New Section, requiring DDS to convene a workgroup on vendor rate adjustments.

Omar Noorzad - CDCAN Disability-Senior Rights Report: State Capitol Update - Department of Developmental Services Selects Arizona Firm to Conduct Regional Center Provider Rate Study

From: Marty Omoto <martyomoto@att.net>
To: Marty Omoto <martyomoto@att.net>
Date: 5/17/2017 5:16 PM
Subject: CDCAN Disability-Senior Rights Report: State Capitol Update - Department of Developmental Services Selects Arizona Firm to Conduct Regional Center Provider Rate Study
Bc: Omar Noorzad

CDCAN REPORT

CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK & CALIFORNIA PERSON CENTERED ADVOCACY PARTNERSHIP

May 17, 2017 – WEDNESDAY AFTERNOON

ADVOCACY WITHOUT BORDERS: ONE COMMUNITY – ACCOUNTABILITY WITH ACTION – PERSON CENTERED ADVOCACY

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, American Indian, Indian, African-American communities; policymakers, and others across the State.

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Website: www.cdcan.us

To reply to THIS Report write:

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Twitter: [martyomoto](https://twitter.com/martyomoto)

Office Line: [916-418-4745](tel:916-418-4745) CDCAN Cell Phone: [916-757-9549](tel:916-757-9549)

State Capitol Update

DEPARTMENT OF DEVELOPMENTAL SERVICES SELECTS CONTRACTOR TO CONDUCT LONG AWAITED REGIONAL CENTER PROVIDER RATE STUDY

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 05/17/2017 02:50 PM] – The Department of Developmental Services (DDS) announced this week that it intends to contract with Burns and Associates, a Phoenix-based consulting firm, to conduct a long awaited regional center provider rate study and to provide

recommendations for a “simplified rate setting methodology” for providing services and supports to eligible children and adults with developmental disabilities in California.

A rate study when completed – if viewed as credible, comprehensive and accurate by advocates and policymakers - could have sweeping impact on community-based services and supports for hundreds of thousands children and adults with developmental disabilities and their families, and thousands of community based providers and workers across California.

A draft rate study report is due to the Department of Developmental Services by October 2018, with completion of the final rate study report is due to the Legislature by March 2019.

Burns and Associates, according to their website, since 2006, “experience in various aspects of health care delivery and payment reform across the full continuum of care including medical, pharmacy and long term services and supports.”

While the firm has provided consulting services in a number of states, they have only provided services, according to their website, to one government entity in California, the County of San Diego’s County Medical Services (CMS) program with their system transformation redesign initiative to improve efficiency and quality of health care services for San Diego’s low income adult populations. The project included an end to end evaluation of the San Diego County Medical Services program.

The Department of Developmental Services (DDS), contracts with the 21 non-profit regional centers who determine eligibility for services and coordinate funding for eligible persons with developmental disabilities through community-based organizations and individuals.

RATE STUDY PART OF DEVELOPMENTAL SERVICES SPECIAL SESSION FUNDING BILL LAST YEAR

A rate study was part of recommendations to address the on-going funding crisis impacting people with developmental disabilities, their families, community-based organizations and workers and regional centers across the State that began with major budget reductions in the early 2000’s.

The reductions were in large part due to massive state budget shortfalls and deficits, including the impact of the Great Recession in 2009 that resulted in devastating cuts to a wide range of health and human services impacting hundreds of thousands of people with disabilities, mental health needs, seniors and low income families.

While the State last year took major steps to address that on-going funding crisis with significant infusions of new and increased funding for developmental services, many advocates say more help and solutions are critically needed, including what some advocates claim are unmet needs of thousands of people with developmental disabilities who are not receiving needed services and supports.

That issues connected to unmet needs, pushed strongly by advocates with the CDCAN/California Person Centered Advocacy Partnership, was included among the requirements for the rate study in the special session bill, though it did not explicitly use the words “unmet needs” but phrased it as the study shall include “...whether the current method of rate-setting for a service category provides an adequate supply of providers in that category, including, but not limited to, whether there is a sufficient supply of providers to enable consumers throughout the state to have a choice of providers, depending upon the nature of the service...”

The issues of unmet need also include, for those advocates, reducing cultural disparities in services and supports across California.

ABOUT BURNS AND ASSOCIATES

According to their website, the firm was founded by Peter Burns and Mark Podrazik in 2006. Currently the firm has its main office in Phoenix, Arizona and regional offices in Rockville, Maryland and Norwich, Vermont.

The firm describes itself as "...a health care consulting firm that works with states on policy analysis, financial modeling, rate setting, program design, implementation and evaluation and stakeholder engagement."

Burns and Associates, according to its website, has worked on healthcare financing and payment reform nationally on behalf of the Medicaid and CHIP [Childrens Health Insurance Program] Payment and Access Commission (MACPAC) and with 30 state agencies in 23 states.

The firm says that it brings together "...senior staff with direct experience working for states, a powerful analytic shop and strong partnerships with a deep bench of sub-contractors to deliver boutique, affordable, high quality services to our clients."

The Chief Executive Officer and co-founder of the firm, Peter Burns, according to the company website, has over 30 years of experience in public policy, with specialties in the areas of finance, forecasting, administration, operations, strategic planning and legislation. He has been a senior advisor for three governors and has served as a state budget director, the director of a statewide in-house management consulting office, the chief research economist for a legislative body, and a tax manager for a FORTUNE 500 corporation.

The firm's website said that Burns' expertise and experience "...extends across a wide range of state programs at various levels, from conceptualization and policy development to rate-setting, operations, evaluation, budgeting and accounting<" and that he has "... been supporting state Medicaid agencies and managing both short-term and long-term projects for over 15 years. A primary focus in recent years has been supporting state agencies in the design, operations, and evaluation of their home- and community-based service programs."

Mark Podrazik, Burns and Associates President and co-founded, has over 19 years of experience in health care consulting, specializing in the reimbursement and evaluation components of health care programs, according to the company's website.

Prior to co-founding Burns and Associates, Podrazik was, according to the company website, "...a Corporate Manager at another consulting firm. He has served as Project Manager on engagements with public programs in 13 states. He currently manages [Burns and Associates] engagements with the State of Vermont (rate setting, DSH, ICD-10 implementation, ACO development), Rhode Island's Division of Developmental Disabilities (program redesign, rate setting, and resource allocations), Indiana's Medicaid program (external quality review and other evaluations), and Ohio's Medicaid program (inpatient and outpatient hospital rebase as well as ICD-10 implementation (under subcontract to Mercer)."

BURNS AND ASSOCIATES CONTACT INFORMATION

The following is the current contact information for Burns and Associates (as posted on their company website):

MAIN OFFICES:

Burns & Associates
3030 North Third Street Suite 200

Phoenix, AZ 85012

PHONE

(602) 241-8520

FAX

(602) 241-8529

EMAIL

info@burnshealthpolicy.com

LINKS FOR MORE INFORMATION ABOUT SELECTED CONTRACTOR (COMPILED BY CDCAN)

Burns and Associates main webpage:

<https://www.burnshealthpolicy.com/>

Burns and Associates Staff:

<https://www.burnshealthpolicy.com/about/>

Burns and Associates Publications (various provider rate surveys, rate models and instructions completed for several states including Arizona, Hawaii, Virginia):

<https://www.burnshealthpolicy.com/publications/>

Burns and Associates list of services provided:

<https://www.burnshealthpolicy.com/services/>

Burns and Associates complete list of clients served:

<https://www.burnshealthpolicy.com/client-list/>

Burns and Associates San Diego County Medical Services (CMS) Project:

<https://www.burnshealthpolicy.com/client/ca-sdco/>

DEADLINES FOR THE RATE STUDY

REQUEST FOR PROPOSAL (RFP) – Released February 10, 2017

REQUEST FOR PROPOSAL (RFP) DEADLINE: Deadline to respond to the “Request for Proposal” April 3, 2017.

SELECTION OF CONTRACTOR ANNOUNCED: May 15, 2017

DRAFT REPORT DEADLINE: The “Request for Proposal” requires that a draft report of the rate study be submitted to the Department of Developmental Services no later than October 1, 2018. It is not clear in the RFP whether or not that document will be made public or posted on the Department of Developmental Services website for public comment.

FINAL REPORT: The “Request for Proposal” requires that the contractor prepare a final report, based on recommendations from the department, for review and approval by the department no later than January 1, 2019.

SUBMISSION OF REPORT TO LEGISLATURE: The special session bill last year, ABx2 1 requires that the Department of Developmental Services submit a rate study to the Assembly and State Senate budget and policy committees on or before March 1, 2019. Any recommendation in the rate study that requires changes in State law or changes in any rates or related funding would require approval of the Legislature and Governor, and neither the “Request for Proposal” or the special session bill (ABx2 1) imposes and deadlines to actually take action on any recommendations. However it would seem likely the issue would be part of that year’s budget subcommittee process (for the 2019-2020 State Budget).

LINKS TO SPECIAL SESSION BILL PLACING REQUIREMENTS FOR RATE STUDY

The special session developmental services bill (ABx2 1) last year was tied to the passage of the managed care organization tax reform special session bill. ABx2 1 included significant new and increased funding for developmental services, including addressing competitive integrated employment and reducing cultural disparities in services and supports. It also included requirements for the rate study as follows (on page 5 of ABx2 1):

"SEC. 2. Section 4519.8 is added to the Welfare and Institutions Code, to read:

4519.8. On or before March 1, 2019, the department shall submit a rate study to the appropriate fiscal and policy committees of the Legislature addressing the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities. The department shall consult with stakeholders, through the developmental services task force process, in developing the study. The study shall include, but not be limited to, all of the following:

(a) An assessment of the effectiveness of the methods used to pay each category of community service provider. This assessment shall include consideration of the following factors for each category of service provider:

(1) Whether the current method of ratesetting for a service category provides an adequate supply of providers in that category, including, but not limited to, whether there is a sufficient supply of providers to enable consumers throughout the state to have a choice of providers, depending upon the nature of the service.

(2) A comparison of the estimated fiscal effects of alternative rate methodologies for each service provider category.

(3) How different rate methodologies can incentivize outcomes for consumers.

(b) An evaluation of the number and type of service codes for regional center services, including, but not limited to, recommendations for simplifying and making service codes more reflective of the level and types of services provided."

ABx2 1 – AS SIGNED BY GOVERNOR MARCH 1, 2016 – PDF DOCUMENT COPY (20 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_0001-0050/abx2_1_bill_20160301_chaptered.pdf

ABx2 1 – AS SIGNED BY GOVERNOR MARCH 1, 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_0001-0050/abx2_1_bill_20160301_chaptered.htm

CONTRACTOR WILL BE REQUIRED TO DRAFT RATE MODELS

The selected contractor, Burns and Associates, will be required to draft rate models, according to the "Request for Proposal" and that includes a requirement that the selected contractor "...shall develop draft rate models for each of the service provider categories where changes are recommended."

The RFP goes on to say that "...these rate models shall detail specific assumptions related to the cost of delivering each service including direct care staff wages, benefits, and billable hours; staffing ratios; member attendance; transportation; agency overhead; and any other relevant factors" and that "the rate model assumptions shall be derived from the data collected through the provider survey and other independent sources."

The RFP requires that the contractor include with the rate models "...any supporting documentation including the provider survey analysis and results of research of independent data sources to demonstrate the source of key assumptions such as direct care staff wages and benefits" and that the contractor "...shall prepare a fiscal impact

analysis and detailed rationale for each proposed rate model and applicable service provider category, addressing cost neutrality where applicable.”

The RFP also requires that upon approval by the Department of Developmental Services, the contractor for the rate study shall present its recommendation to the Developmental Services Task Force and the Rates Workgroup (of the Task Force), and that the contractor shall assist the department in the consideration of potential changes to the proposed rate models based on Developmental Services Task Force and Rates Workgroup comments.

There was no specific dates however for that presentation to the Developmental Services Task Force and Rates Workgroup to occur, though presumably before a final report is submitted to the Legislature before March 2019. [Marty Omoto, CDCAN, is a member of both the task force and rates workgroup]

NEED FOR RATE STUDY

The “Request for Proposal” says that the Department of Developmental Services “... has a need to reevaluate the rate setting process in California. The old process that was based primarily on costs was modified over the last number of years as a result of significant budget constraints. DDS has also seen a change in service strategies for a number of providers with a greater emphasis on integrated services in smaller settings.”

The “Request for Proposal” also says that the “...federal Center for Medicare and Medicaid Services has significantly revised its standards for community services. These changes will require some service providers to revise their service designs.”

GENERAL OVERVIEW OF PROJECT TASKS REQUIRED BY REQUEST FOR PROPOSAL RATE STUDY

The RFP included a general overview of project tasks that the selected contractor will be required to complete as follows:

“Analyze the sustainability, quality and transparency of community-based services for individuals with developmental disabilities.

“For each current method used to pay each category of service providers, analyze the effectiveness of the rate methodology, including, but not necessarily limited to:

The impact on the sufficiency of supply of service providers in each service category in relation to the rate setting methodologies utilized,

The ability of the service providers to staff the community based service,

The quality of the services provided,

Evaluate the number and type of service codes for regional center services, and make recommendations for simplifying and making service codes more reflective of the level and types of services provided,

Based on each category of service provider (using the simplified service code proposal if applicable), make recommendations, including the rationale for any modification of rate setting methodologies, to include, but not be limited to: The multiyear fiscal impact to the state of any proposed change by category of service provider; The anticipated impact on the sufficiency of supply of service providers to enable consumers to have a choice of providers; The ability of the service providers to staff the service; The impact on the quality of the services to be provided and how they can incentivize outcomes for the consumers; Cost neutral alternatives; Consideration of information and data on service disparities in underserved populations

Develop a plan for transitioning from the current rate setting methodologies to the proposed rate setting methodologies”

IMPACT OF FEDERAL HOME AND COMMUNITY BASED SERVICES (HCBS) FINAL RULE OR REGULATION

The contractor, Burns and Associates, will be required to include the impact of the federal Centers on Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Final Rule (or regulation) issued January 2014, that gave states until March 2019 (extended to March 2020) to fully comply.

The "Request for Proposal" said the federal regulation "...outlined a significant number of changes to services and systems that must be made in order for states to continue receiving Federal funding for services after March 2019" including that "Individuals should be integrated into the community to the same degree that other community members are. All service settings must offer inclusion and community integration; previously this standard applied only to residential homes. Planning for services needs to be individually determined and focused on each person's unique goals and needs..."

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MAY 17, 2017 – WEDNESDAY AFTERNOON

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1/29/2016

Self-Determination Program-Frequently Asked Questions

State of California
Department of Developmental Services

Self-Determination Program - Frequently Asked Questions

GENERAL

Q. What is the Self-Determination Program?

A. The Self-Determination Program allows participants the opportunity to have more control in developing their service plans and selecting service providers to better meet their needs.

Q. When does the Self-Determination Program start; can I enroll now?

A. The program will start once it is approved for federal funding. The Department worked with stakeholders to draft a Home and Community-Based Services Waiver application that was submitted for approval to the Centers for Medicare and Medicaid Services on December 31, 2014. Upon approval of the Waiver application, the Self-Determination Program will be implemented for up to 2,500 participants during the first three years. After this three year phase-in period, the program will be available to all consumers.

Q. How can I keep updated on the progress of the Self-Determination Program?

A. Updates will be posted as they become available on the Self-Determination website. If you want to be notified when updates are made, [send us an email](#) and ask to be included on the update notification list.

Q. How can someone learn more about the Self-Determination Program?

A. Interested participants, families, or others are encouraged to visit the [Self-Determination Program website](#) to find out more information about Self-Determination. The site will be updated as more information is available.

CRIMINAL BACKGROUND CHECKS

Q. Who is required to get a background check? Will parents and family members need one also?

A. A criminal background check is required for people providing direct personal care. If family members provide direct personal care, they must obtain background checks and receive clearance.

FINANCIAL MANAGEMENT SERVICES

Q. What are Financial Management Services?

A. Financial Management Services help participants manage their individual budgets by paying bills and managing the payroll for support workers.

Q. In the co-employer model, is it possible for the person receiving services and their family to be part of the interview process and/or pick the interview questions?

A. Yes. The participant and any person selected and directed by the participant can be as involved as they choose to be.

Q. Who can be a Financial Management Services Provider?

A. Any entity or person, except a relative or legal guardian, chosen by the participant and meets the qualifications may be a Financial Management Services provider.

Q. As a Self-Determination Program participant, would I pay my providers directly and get reimbursed by the Financial Management Services entity, or would I submit the expenses to the Financial Management Services entity for payment to my providers?

A. Neither. The Financial Management Services Provider will pay providers directly.

Q. For individuals needing 24-hour supportive services, is overtime pay applicable whether the co-employment model or fiscal employer agent is selected?

A. Each participant will need to work with their Financial Management Services Provider to determine when overtime pay is required.

INDEPENDENT FACILITATOR

Q. What type of certification or licensure should individuals request from independent facilitators?

A. An independent facilitator is required to receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities consistent with coordination of services for consumers' individual program plans.

Q. What if I need help locating services and supports but choose not to work with an independent facilitator?

A. If a participant chooses not to use the services of an independent facilitator, he/she may choose to use a regional center service coordinator to provide the services and functions of the independent facilitator.

Q. Who pays the cost of the independent facilitator and how much does that typically cost?

A. The cost of the independent facilitator is paid through the participant's individual budget and can be negotiated with the facilitator.

INDIVIDUAL BUDGET

Q. What is an individual budget?

A. It is the amount of money a Self-Determination Program participant has available to purchase needed services and supports.

Q. How does the individual budget amount get determined?

A. The individual budget is determined by the individual program plan team, and is based upon the amount of purchase of service funds used by the individual in the most recent 12-months. This amount can be adjusted, up or down, if the individual program plan team determines that the individual's needs, circumstances, or resources have changed. Additionally, the individual program plan team may adjust the budget to support any prior needs or resources that were not addressed in the individual program plan.

Q. How does the individual budget amount get determined for an individual, who is either new to the regional center, or does not have a 12-month history of purchase of service costs?

A. For these individuals, the individual budget amount is determined by the individual program plan team, and is based upon the average purchase of service cost of services and supports, paid by the regional center, that are identified in the individual's individual program plan. The average cost may be adjusted, up or down, by the regional center, if needed to meet the individual's unique needs.

Q. Are there restrictions on what the individual budget can be used for?

A. Yes, a participant can only purchase services and supports as described in the Self-Determination Program Waiver and in the individual program plan. Services funded through other sources (e.g., Medi-Cal, schools) cannot be purchased with Self-Determination Program funds.

Q. Is the Self-Determination Program budget and In-Home Supportive Services [budget] different?

A. Yes. In-Home Supportive Services is a generic resource and is not included or paid for through the Self-Determination Program.

Q. In reality is the program decreasing your budget?

A. The individual budget is determined by the individual program plan team, and is based upon the amount of purchase of service funds used by the individual in the most recent 12-months with the ability to adjust if circumstances require it. The Self-Determination Program expands the options available to a participant; your budget is the same as it would be if you were obtaining services through your Regional Center.

Q. Can I use my budget to pay for recreation activities?

A. The Self-Determination Program allows you to purchase social recreation activities.

Q. What is an unmet need? How do I get that included in my budget?

A. An unmet need is a service identified as needed and not yet provided. You may be able to include services in your

budget by adding them to your individual program plan.

RIGHTS

Q. What if participants are happy with their current service delivery program and do not wish to enroll in the Self-Determination Program?

A. Enrollment in the Self-Determination Program is completely voluntary. Just like any other program offered under the Lanterman Developmental Disabilities Services Act in California, an individual chooses what is best for him or her. An individual may choose to participate in, and may choose to leave, the Self-Determination Program at any time.

Q. How much responsibility will participants or their family have if they choose to participate in the Self-Determination Program?

A. The participant will need to develop a person-centered plan and select individuals or members from their planning team to help implement the plan. The participant will also need to choose a Financial Management Services entity that will work with him or her to monitor an individual budget.

Q. If I choose to participate in the Self-Determination Program, will I still have the same rights?

A. Yes, participants enrolled in the Self-Determination Program will have the same rights established under the traditional service model (e.g. appeals, eligibility determinations, and all other rights associated with the individual program plan process).

SELECTION PROCESS

Q. What criteria will the regional center use to select participants?

A. The process for selecting and enrolling the 2,500 participants in the first three years is described on the [Self-Determination Program web page](#).

Q. Who is eligible for the Self-Determination Program?

A. An individual must meet the following eligibility requirements:

- Has a developmental disability and currently receives services from a regional center or is a new consumer of a regional center;
- Agrees to specific terms and conditions, which include but are not limited to, participation in an orientation for the Self-Determination Program, working with a Financial Management Services entity, and managing the Self-Determination Program services within an individual budget amount;
- An individual who lives in a licensed long-term health care facility (i.e., a Skilled Nursing Facility or Intermediate Care Facility) is not eligible to participate in the Self-Determination Program. If someone lives in one of these facilities and is interested in the Self-Determination Program, he or she can request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that he or she is reasonably expected to transition to the community within 90 days.

SERVICES

Q. The Self-Determination Program website has links to a list of proposed services and definitions. Will the individual regional centers be allowed to interpret those differently?

A. The listed services are those that have been proposed in the Self-Determination Program Waiver application. Also included with each service is a description of qualifications for each service provider. This is all subject to approval by the Centers for Medicare & Medicaid Services.

Q. Can a consumer request a camp or trip through an organization that is not familiar to the regional center?

A. Other than Financial Management Services, providers of services in the waiver do not have to be vendored through the regional center.

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SB 468 (Emmerson/Beall/Mitchell/Chesbro) Statewide Self-Determination Program

December 2013, Pub. #F077.01

SB 468¹ creates a state-wide Self-Determination Program which is a voluntary, alternative to the traditional way of providing regional center services. It provides consumers and their family with more control over the services and supports they need. Consumers and families for example, may purchase existing services from services providers or local businesses, hire support workers or negotiate unique arrangements with local community resources. Self-determination provides consumers, and their families, with an individual budget², which they can use to purchase the services and supports they need to implement their Individual Program Plan (IPP).

1. When will the statewide Self-Determination Program be up and running?

It will take several years for self-determination to be in place. First, the Department of Developmental Services (DDS) has until December 31, 2014 to apply for federal Medicaid funding to establish and fund the program. Once federal approval is obtained, most likely in 2015, the program will be available statewide but for the first three years is capped

¹ http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_0451-0500/sb_468_bill_20131009_chaptered.pdf

² See question 6 for an explanation of the individual budget

at 2500 individuals. After the three-year phase-in period, the program is available to all eligible consumers on a voluntary basis.

2. Who is eligible for the Self-Determination Program?

To be eligible for the program, you must:

(1) Have a developmental disability, as defined in the Lanterman Act³, and currently be receiving services under the Lanterman Act. This means that consumers between the ages of birth through two who receive services under the California Early Intervention Services⁴ program are not eligible to participate. However, consumers who are age 3 or older but new to the regional center system are eligible to participate in self-determination.

(2) Not live in a licensed long-term health care facility unless transitioning from that facility⁵.

(3) Agree to do the following:

--Receive an orientation to the Self-Determination Program.

--Utilize self-determination services and supports only when generic services and supports are not available⁶.

--Manage the services and supports within your individual budget.

--Utilize the services of a fiscal manager you choose who is vendored by a regional center.

3. How will the Self-Determination Program be implemented?

Each regional center is required to implement the Self-Determination Program and do the following:

1) Contract with local consumer or family-run organizations to conduct outreach to consumers and families to provide information about the Self-Determination Program and help ensure that the program is available to a diverse group of participants and underserved communities; and

2) Collaborate with the local consumer or family-run organizations to jointly conduct training on the Self-Determination Program for interested consumers and their families.

³ See Welfare and Institutions Code Section 4512

⁴ The early intervention law is found in Government Code Section 95000 et seq.

⁵ These facilities are defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations

⁶ This requirement to use generic services is identical to the generic services requirement in the traditional regional center system

4. How will regional centers decide who participates in the program during the three year phase in period?

The Self-Determination Program must be available to individuals who reflect the disability, ethnic and geographic diversity of the state. While SB 468 does not specify how participants will be chosen during the initial phase-in period, regional centers must ensure that the program is available to the diverse group of consumers served in their catchment area.

In the first three years, DDS will determine the number of Self-Determination Program participants in each regional center. This will be based on the relative percentage of total consumers served by the regional centers minus any remaining participants in the self-determination pilot projects.

The bill also recognizes that consumers in traditionally underserved linguistic, cultural, socioeconomic, and ethnic communities have unique challenges in accessing needed regional center services and that the Self-Determination Program offers increased service flexibility, which will help promote access to needed services for these consumers and their families.

5. How is my IPP developed in the Self-Determination Program?

Your IPP team will use a person-centered planning process to develop your IPP. The IPP will include the services and supports, selected and directed by you to achieve the objectives in your IPP. Information about your IPP may be found in our publication "Rights Under the Lanterman Act", Chapter 4: Individual Program Plans:
<http://www.disabilityrightsca.org/pubs/PublicationsRULAEnglish.htm>

6. How is my individual budget determined in the Self-Determination Program?

The individual budget is the amount of regional center funding available to you to purchase the services and supports you need to implement your IPP and ensure your health or safety. The individual budget is calculated once during a 12-month period but may be revised to reflect a change in your circumstances, needs or resources.

For current regional center consumers, the budget will equal 100% of the amount of the total purchase of service expenditures made by the regional center during the past 12 months. This amount can be adjusted by the IPP team, if the team determine an adjustment is needed for one of the following reasons:

---There is a change in your circumstances, needs, or resources that would result in an increase or decrease in your purchase of service expenditures; or

--There are prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in your purchase of service expenditures.

For a participant who is new to the regional center system or does not have 12 months of purchase of service expenditures, the IPP team will determine the services and supports needed and available resources. The regional center will use this information to identify the cost of providing the services and supports based on the average cost paid by the regional center unless the regional center determines that you have unique needs that require a higher or lower cost. This amount will be your individual budget unless it is adjusted as described below.

The regional center must certify that regional center expenditures for the individual budget, including any adjustment for current consumers, would have occurred regardless of your participation in the Self-Determination Program.

The budget will not be adjusted to include additional funds for either the independent facilitator or the financial management services.

7. Who can assist me during the person-centered planning process?

You can use an independent facilitator that they select to assist in the person-centered planning and IPP processes. An independent facilitator must be a person who does not provide services to you and is not employed by a person who provides services to you. You may also use a regional center service coordinator to assist with these functions. An

independent facilitator can advocate for you during a person centered planning meeting, assist you in making informed choices about your budget, and help you identify and secure services. The cost of the independent facilitator is paid from your individual budget.

8. Who assists me with managing my budget so that my funds will last throughout the year?

Participants are required to use a fiscal manager, vendored through the regional center, to help manage and direct the distribution of funds contained in your individual budget and ensure you have enough funds to implement your IPP throughout the year. These services can include bill paying, facilitating the employment of service and support workers, accounting, and compliance with applicable laws. The cost of the fiscal manager is paid from your individual budget, except for the costs of any criminal background check. You and your regional center service coordinator will receive a monthly statement from the fiscal manager which shows the budget amount in each category, the amount you have spent and the amount remaining.

9. Can I move money around in my budget?

The bill allows you to annually transfer up to 10% of the funds originally distributed to any budget category to another budget category or categories, and allows transfers of more than 10% provided the transfer is approved by your IPP team or the regional center. DDS will determine the budget categories with input from stakeholders.

10. What services and supports can I get with self-determination?

The Self-Determination Program will fund only those services and supports that are eligible for federal matching funds and only when generic services (for example, other governmental services such as special education, IHSS, Medi-Cal or insurance) are not available. It will also allow the purchase of some services which were suspended

services such as social recreation, camping, non-medical therapies, and respite⁷.

**11. What happens if I move from one regional center to another?
Can I still participate in the Self-Determination Program?**

You will continue to receive self-determination services and supports if you transfer to another regional center catchment area, provided that you remain eligible for the program. The bill requires the balance of your individual budget to be reallocated to the receiving regional center.

12. What happens if I no longer want to participate in self-determination or am no longer eligible for the program?

The bill requires regional centers to provide for your transition from the Self-Determination Program to traditional regional center services and supports if you are no longer eligible for or voluntarily choose to leave the program..

13. If I leave the Self-Determination Program, can I return?

If the regional center finds you ineligible for the Self-Determination Program you can return to the program upon meeting all applicable eligibility requirements, and upon approval of your planning team. If you, leave the program voluntarily you cannot return to the program for at least twelve months. During the first three years of the program, your right to return is also conditioned on your regional center not having reached its limit on the number of participants.

14. Can my regional center require me to participate in self-determination if I don't want to?

The Self-Determination Program is fully voluntary. A regional center cannot require participation in the program.

15. What if I am in a licensed long-term care facility and I want to participate in the In Self-Determination?

⁷ Welfare and Institutions Code Section 4648.5(a) and 4686.5

If you currently live in a licensed long-term care facility you are not eligible for the Self-Determination Program. However, you may request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that you are reasonably expected to transition to the community within 90 days. In that case, the regional center shall initiate person-centered planning services within 60 days of the request. If you are not ready to transition to the community, you may ask that your interest in self-determination be reflected in your IPP and request the regional center help you participate in self-determination as part of the transition process.

16. What if I do not receive Medi-Cal? Can I still participate in self-determination?

The bill authorizes participation in the Self-Determination Program for consumers who are not eligible for Medi-Cal, provided that they meet all other program eligibility requirements and the services and supports they receive are otherwise eligible for federal matching.

17. How does the Self-Determination Program ensure the safety of consumers?

The bill establishes criminal background check requirements for providers of services and supports under the Self-Determination Program. It requires DDS to issue a program directive identifying the non-vendored providers that must submit to a criminal background check, which shall include but not be limited to, individuals who provide direct personal care services to a participant and other non-vendored providers for whom a criminal background check is requested by a participant or his/her financial management service. The criminal background check includes a fingerprint requirement for all prospective providers. The cost of the background check is paid by the provider of services.

18. What happens to the individuals who are participating in the self-determination pilot programs?

Individuals receiving services and supports under the self-determination pilot projects can either continue to receive services and supports under the Self-Determination Program, or transition to the traditional model of providing services and supports within the regional center system.

19. What steps can I take if I disagree with a regional center's decision?

The Lanterman Act due process rights apply to self-determination participants. This means, for example, you will receive notice of the regional center finds you ineligible for self-determination or proposes to change your budget. It also means that you can request a hearing if you disagree with a regional center decision such as your right to participate in self-determination or the amount of your budget.

20. How does the Self-Determination Program ensure transparency and accountability?

Each regional center is required to have a volunteer advisory committee; the majority of whose members are consumers and family members appointed by the regional center and the local Area Board. The clients' rights advocates are also part of the committee. The state Developmental Disability Council will also convene a statewide advisory committee to identify best practices, design effective training materials, and make recommendations for improvements in the Self-Determination Program. DDS is also required to collect and report outcome data to the Legislature as a means of ensuring transparency and accountability.

21. What can consumers and family members do now to learn more or help implement the statewide Self-Determination Program created by SB 468?

-- The Autism Society of Los Angeles plans to hold trainings and conferences as well as distribute materials so consumers and families can learn more. Check the Autism Society's website at www.autismla.org to learn more.

--If you are part of a self-advocacy group or family member groups, you ask your Clients' Rights Advocate or Area Board to do a training about self-determination for your group.

--Share information about self-determination with other consumers and families.

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--At your next IPP meeting, ask your regional center to note on your IPP that you are interested in participating in self-determination.

--Volunteer to be on your regional center's advisory committee when it is formed, probably in 2015.

--DDS will obtain input from stakeholders in several areas including, informational materials, possible other budget methodologies and uniform budget categories, and may adopt regulations. You may want to look at DDS website, www.dds.ca.gov, to learn about opportunities to provide input.

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>.

**Similarities and Differences between
Traditional Regional Center Service Provision
and the New Self-Determination Program**

	Traditional Regional Center Service Provision	Self-Determination Program
Eligibility - Age	All ages	Over age of 3
Eligibility – Living Arrangement	All settings	Must live in community, Can use SDP in licensed long-term health facility if you are expected to move to the community within 90 days
Planning Process	Individual Program Plan (IPP) - Meeting where goals are established and services and supports are decided	Person Centered Plan (PCP) – A group of people focus on an individual and that person's vision of what they would like to do in the future. The IPP team shall use the Person Centered Planning process to develop the IPP.
Frequency of planning process	IPP at least every three years, annually at most regional centers, or within 30 days of a request	PCP at least annually but as often as needed
Who decides what services I get?	Regional Center, but you can reject services	You, to meet the objectives in the IPP
Who pays the bills?	Regional Center	Financial Management Service
Do services have to be provided by vendors of the regional center?	Yes, except in very limited circumstances.	No

	Traditional Regional Center Service Provision	Self-Determination Program
Who finds the service providers?	Regional Center	You, Independent Facilitator, Financial Management Services, Friends, and Family
Does regional center monitor the quality of a service provider?	Yes	No
Are services that are available through generic agencies like school or Medi-Cal paid by regional center or thru my budget?	No	No
Can you change service providers?	Yes, if regional center agrees	Yes
Do I have appeal rights?	Yes	Yes

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 11, 2015

Mari Cantwell, Chief Deputy Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

The state of California has requested a new Section 1915(c) home and community-based services (HCBS) waiver entitled *California Self Determination Program Waiver for Individuals with Developmental Disabilities*, CMS control number 1166.00. The proposed waiver seeks to provide home and community-based services to individuals who would otherwise require care at an intermediate care facility (ICF), and to allow participants the opportunity to accept greater control and responsibility regarding the delivery of needed services through enhanced self-direction.

Based on our review of the application and substantive correspondence over the past year between CMS and the state, we have concluded that we need the following additional information and edits made to the proposed waiver before the request can be approved.

CRITICAL RESOLUTION ISSUES

Appendix B: Participant Access and Eligibility

- 1. B-3-f. Selection of Entrants to the waiver** - Please clarify if all eligible individuals are granted entrance into the waiver or indicate the process for the selection of entrants that is based on objective criteria and applied consistently in all geographic areas served by the waiver.

Appendix B: Evaluation/Reevaluation of Level of Care

- 2. B-QIS, Sub-assurance (a)** - The proposed performance measure (PM) addresses only the percentage of enrollees who had a level of care determination before enrolling in the program; whereas the sub-assurance requires that all "applicants" be evaluated who have a reasonable indication that waiver services may be needed. Please revise or add a second PM to fully address the sub-assurance's requirement.
- 3. B-QIS, Sub-assurance (c)** - The second proposed measure states "Number and percent of level of care determinations that were completed accurately" Please define "completed accurately" and revise the performance measure to reflect this.
- 4. B-QIS, Remediation** - Are there any escalating consequences if issues occur repeatedly?

Appendix C-3: Waiver Services

- 5. For the following services, please add a statement to the service definition specifying that children under age 21 who need these services will receive them through the state plan per EPSDT requirements: home health aide services, Dental Services, Prescription Lens/Frames, Optometric/Optician Services, Psychology Services, Skilled Nursing, Speech, hearing and language, Integrative therapies.**
- 6. Waiver service qualifications - For all provider types please clearly define the qualification. If a specific regulation or code applies, please include pertinent information regarding that particular citation or the areas the citation covers. If there is a license required please be more specific regarding the type of license needed.**
- 7. Verification entity - FMS is not described in Appendix A as a contracted entity. Please explain why the state has specified the FMS as the verifying entity since this appears to be inconsistent with what is in Appendix A for this Medicaid administrative function.**
- 8. Frequency of Verification - Please verify how each entity responsible for verification will do so "ongoing thereafter through the IPP process." Please define "ongoing" under frequency of verification. Please also spell out IPP in this instance.**
- 9. Behavioral Intervention Services - Habilitation Services - This service should be categorized as an "other" service as it provides services outside the scope of Habilitation services.**
- 10. Home Health Aide Services - Specify the additional services that are provided when the state plan benefit is exhausted. Please also specify the state plan service limit.**
- 11. Respite - The state's service definition includes "regularly provided care and supervision of children, for periods of less than 24 hours per day, while the parents/primary non-paid caregiver(s) are out of the home." Please clarify as to how this service will include activities that are beyond the scope of child care, and how this service is necessary to avoid institutionalization. Additionally, the state needs to specify the limits on these services since respite is a temporary service.**
- 12. Advocacy Services - Is generic legal counsel provided in the state and if so by which entities? If the services are specific to legal counsel please indicate how this does not overlap with independent advocacy listed in Appendix E-1-k of the waiver application. If it is not specific to legal counsel please explain how this service is different than case management/service coordination or the Independent Facilitator services and how duplicate billing will not occur.**
- 13. Communication Support - Please indicate how this is service is different than technology services and specialized medical equipment and supplies and how duplicate billing will not occur.**
- 14. Community Integration and Employment Supports**

- a. Please separate these services into two separate waiver services. Please indicate how the community integration is different than community living supports services and how duplicate billing will not occur.
 - b. Please remove "College, including financial assistance with tuition, books, and other related fees" as the state cannot claim FFP for these services, and also subtract any estimated costs associated with this expense from the Factor D cost estimates in Appendix J.
- 15. Community Living Supports** - Please describe how this service is different than other similar services such as homemaker services and community integration services, and what mechanisms the state will put in place to prevent duplicate billing.
- 16. Crisis intervention and Support**
- a. Please describe how these services are different and not duplicative of the behavioral intervention services.
 - b. Crisis Facility, Other standard- Please include in this section all types of 24 hour care services and not a reference to another service section.
- 17. Dental Services** - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.
- 18. Family Assistance and Supports** - Please further define the types of services and supports that would be provided under this service and how this service is different than Training and Counseling Services for Unpaid Caregivers and how duplicate billing will not occur.
- 19. Financial Management Services**
- a. Please indicate why this service is listed as "other" instead of Supports for Participant Direction.
 - b. Please define "as appropriate" under the provider qualification, license, business license.
 - c. Are individuals who provide FMS allowed to provide any other (additional) waiver services to an individual participant?
 - d. How many providers do you expect to enroll for this service and please explain how the state will oversee the performance of the FMS providers?
- 20. Housing Access Supports** - Please indicate how this service will not duplicate case management, community integration, and advocacy services.
- 21. Independent Facilitator**
- a. Please more clearly define this service. Please further explain how this service does not duplicate services provided by the service coordinator, advocacy services, or financial management services.
 - b. How will these individuals be trained? How is the training different from that of service providers and/or financial management service coordinators?

- c. 700 participants are estimated to use the service starting WY1, is there a workforce of already trained Independent Facilitators to provide services starting WY1?

22. Individual Training and Education - How will the state ensure this service is not duplicative of other waiver services? For example, employment related training appears duplicative of the employment supports waiver service. In addition, community integration, advocacy, and community living supports all have similar components.

23. Integrative Therapies

- a. Each service will need to be a separate service within the waiver.
- b. Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit. For massage therapy, please specify when this service would be needed and necessary for a waiver participant to live in the community.

24. Prescription Lens/Frames - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

25. Optometric/Optician Services - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

26. Psychology Services - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

27. Skilled Nursing - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

28. Specialized Therapeutic Services - Please remove this service from the waiver. This service is not available through a 1915(c) waiver.

29. Speech, hearing and language - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

30. Technology Services - This service appears to overlap with PERS, communication support, specialized medical equipment and supplies. Please clarify how they are different and how duplicate billing will not occur. The state needs to also remove "but not limited to" from this waiver service definition and specify what can be covered since it is not permissible for the waiver service definition to be open-ended.

31. Training and Counseling Services for Unpaid Caregivers - Please explain how this service is not duplicative of family assistance and supports services.

- 32. C-2-c-i: Types of facilities subject to 1616(e)** - Per the instructions in the Technical Guide please remove the information from this section.
- 33. C-2-f: Open Enrollment of Providers** - Please describe the enrollment process that assures all willing and qualified providers have the opportunity to enroll.
- 34. Qualified Providers, Sub-assurance (a)**
- a. Please explain why bi-annual reviews by DSS are of sufficient frequency to ensure licensed providers initially meet all required standards prior to furnishing waiver services.
 - b. Regarding the second proposed PM, Please clarify what the review consists of. How will it help the state to ensure that providers are meeting required licensure and/or certification standards and adhering to other applicable standards?
- 35. Qualified Providers-Sub-assurance (a) and Sub-assurance (b)** - Please clarify what is meant by "Representative Sample – 5."
- 36. Qualified Providers-Sub-assurance (b)**
- a. The proposed PM only addresses providers who initially meet all required standards; however, the sub-assurance is not limited to initial adherence. Please either revise the proposed PM to indicate how providers continually meet all required standards, or add an additional PM that measures continuous monitoring of providers who do not require licensing or certification.
 - b. Please explain why bi-annual reviews by DDS are of sufficient frequency to ensure non-licensed providers initially meet all required standards prior to furnishing waiver.
- 37. Qualified Providers-Sub-assurance (c)**
- a. How does the State monitor the successful completion of 70 hours of competency based training?
 - b. Are direct support professionals (DSPs) the only providers that must meet a training requirement? If not, please either revise the proposed PM to measure all provider training requirements or add an additional PM.
 - c. A provider could potentially provide services for an extended period of time without having met training requirements. Please explain why 70 hours of competency based training within two years of hire is sufficient to assure that the provider training is conducted in accordance with state requirements and the approved waiver. How did the state arrive at 70 hours given training can vary for each participant?
- 38. C-5: Home and Community-Based Settings**
- a. Please include a list of the specific settings where individuals will reside.
 - b. Please include a list of specific settings where individuals will receive services.
 - c. Please include a detailed description of the process the state Medicaid agency used to assess and determine that all waiver settings meet the HCB settings requirements.

- d. Please include the process that the state Medicaid agency will use to ensure all settings will continue to meet the HCB settings requirements in the future.

Appendix D: Participant-Centered Planning and Service Delivery

39. D-1-d: Service Plan Development Process

- a. Please describe as part of the planning process how participants are informed of services available under the waiver.
- b. Please describe how responsibilities are assigned for implementing the plan.
- c. Please describe how waiver and other services such as state plan services are coordinated.
- d. Please identify who is assigned the responsibility to monitor and oversee the implementation of the service plan.

40. D-1-g: Process for Making Service Plan Subject to the Approval of the Medicaid Agency

- a. Please provide the basis for the sample size of plans reviewed, how it is representative of the total population, and the review methodology.
- b. Please include the frequency with which DHCS or DDS completes reviews of the plans.

41. D-2-a: Service Plan Implementation and Monitoring

- a. Please clarify how monitoring methods address services furnished in accordance with the service plan, participant access to waiver services is identified in the plan, participants exercise free choice of provider, services meet the participants need, effectiveness of back up plans, participants health and welfare, and participants access to non-wavier services in service plan including health services.
- b. Please clarify the method for prompt follow-up and remediation of identified problems.
- c. Please clarify the methods used to compile systemic collection of information about monitoring results, and how problems identified during monitoring are reported to the state.

42. D-QIS, Service Plan

- a. Please explain why bi-annual reviews by DDS are of sufficient frequency to ensure the service plans address all the participants' assessed needs and personal goals in sub-assurance a,c,d, and e.
- b. Please clarify what is meant by "Representative Sample – 5 for sub-assurance a, c, d, and e.

43. D-QIS, Sub-assurance (a)

- a. For each PM, please add the words "all of" after the word "addressed" in all instances.
- b. How is it determined that the consumers' assessed needs are "adequately" addressed? Who makes this determination?

- 44. D-QIS, Sub-assurance (c) - Please clarify that the term “required intervals” means that service plans were updated/revised when warranted by changes in the waiver participant’s needs.**
- 45. D-QIS, Sub-assurance (d)**
- a. How will the state determine whether participants have received the appropriate type, scope, amount, duration and frequency of services specified in the IPP?
 - b. How does the state monitor/ensure that participants with similar needs (similar service plans) do not have drastically different budgets? How will the state monitor whether individual budgets are equitable?
- 46. D-QIS, Sub-assurance (e) - The proposed PM does not specifically measure whether participants are afforded a choice among services and providers. Please revise this PM to specifically address these issues.**

Appendix E: Participant Direction of Services

- 47. E-1-c: Availability of Participant Direction by Type of Living Arrangement - Please specify/define “community living arrangement” where the state indicated participant direction is supported, including the size of the living arrangement.**
- 48. E-1-f: Participant Direction by a Representative - Please describe the safeguards that ensure a non-legal representative functions in the best interest of the participant.**
- 49. E-1-i-i: Payment for FMS - Please specify how the state will compensate the entities that provide FMS services. Per the HCBS Waiver Technical Guide examples could be a per transaction fee, a monthly fee per participant, a combination of both types of fees, or another method. The state indicates in response to this item in the waiver that FMS costs will be paid from the individual budget but that the individual budget will not be increased to include these costs. This is not permissible. The state may include the FMS waiver service costs in an individual budget but then must reflect and account for this in the individual budget methodology as described in Appendix E-2-b-ii.**
- 50. E-2-b-ii: Participant, Budget Authority - Please specify and define “budget categories.” Are there limits to and/or within budget categories? Per the previous comment, if the state intends to pay for waiver FMS costs from the individual budget, then the state needs to revise the budget methodology.**
- 51. E-2-b-ii: Participant Directed Budget - Please describe how the budget methodology is made available to the public.**
- 52. E-2-a: Participant Employer Status - What mechanism does the state have in place to ensure that individuals maintain authority and control over employees when co-employment is occurring.**
- 53. E-2-b-v: Expenditure Safeguards**
- a. Please describe the safeguards to address potential service delivery problems that may be associated with budget underutilization or premature depletion of the participant budget.

- b. What is the state Medicaid agency's role in ensuring that potential budget problems are identified on a timely basis, including over-expenditures or underutilization?

Appendix F: Participant Rights

54. F-1-a: Opportunity to Request a Fair Hearing

- a. Please specify who provides Fair Hearing information to the participant?
- b. Please specify this information is also given to a participant at the time of their entrance into the waiver.
- c. Please specify how notice is made and who is responsible for issuing the notice.
- d. Please clarify what assistance, if any, is provided to the individual pursuing a fair hearing.
- e. Please indicate where notices of adverse action and the opportunity to request fair hearings are kept.

Appendix G: Participant Safeguards

55. G-1-c: Participant Training and Education

- a. What is the frequency of providing training and information?
- b. Do the trainings provided by the regional centers to participants and informal caregivers include how to notify the appropriate authorities when the participant may have experienced abuse, neglect, or exploitation?

56. G-1-d: Responsibility for Review of and Response to Critical Events or Incidents

- a. How do regional centers monitor special incident reporting for non-vendored providers?
- b. Please specify who is responsible for an investigation, how investigations are conducted, and the timeframe for conducting and completing the investigation.
- c. Please also indicate the timeframes for informing the participant, applicable representative, and other relevant parties, such as providers, of the investigation results.
- d. What is the timeframe for reporting for non-vendored providers?
- e. How are non-vendored providers notified of SIR requirements?

57. G-2-a: Safeguards Concerning Restraints: Applicability: Restraints - The state selected that they will not permit the use of restraints but then indicated in the response that there are certain circumstances in which restraints may be used. Therefore, the state needs to revise the selected response that currently indicates that they do not permit the use of restraints, to "the use of restraints is permitted" and complete the required information for this section.

58. G-2-c: Seclusion - The state selected that they will not permit the use of seclusion but then indicated in the response that there are certain circumstances in which seclusion may be used. Therefore, the state needs to revise the selected response that currently indicates that they do not permit the use of seclusion, to "the use of seclusion is permitted" and complete the required information for this section. CMS notes that the use of seclusion must comport with the home and community-based setting requirements at Section 42 CFR 441.301(c)(4)(iii) and (vi)(F), and person-centered service planning and plan requirements at 42 CFR 44.301(c)(1) and (c)(2).

- 59. G-3-b: Medication Management and Follow-up** - Please indicate the methods for conducting monitoring, how monitoring has been designed to detect potentially harmful practices, and follow-up to address such practices?
- 60. G-3-b-ii: State Oversight and Follow-up** - What is the process to communicate information and findings from monitoring to the Medicaid Agency and operating agency regularly? What is the frequency state monitoring is performed?
- 61. G-3-c-iii: Medication Error Reporting** - Please specify the types of medications errors that must be recorded and also those which must be reported.
- 62. G-3-c-iv: State Oversight Responsibility** - Please specify the requested information in this section.
- 63. QIS-G: Health and Welfare, Sub-assurance (a)** - This PM measures the timeliness of special incident reports and does not measure that the state, on an ongoing basis, addresses and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death. The state needs to develop additional PMs to measure all aspects of this sub-assurance. Also, special incident reports are not the only means of determining whether instances of abuse, neglect, etc. have occurred, as it is possible that some of these instances could go unreported. The state must develop other metrics by which to measure that all instances of abuse, neglect, exploitation and unexplained death are being identified, even if a special incident report has not been filed.
- 64. QIS-G, Sub-assurance (b)** - What is the timeframe for appropriate actions to be taken? Please either modify or add PMs to measure that an incident management system is in place that effectively prevents further similar incidents to the extent possible.
- 65. QIS-G, Sub-assurance (d)** - How is it determined that a consumer's special health care requirements or safety needs are met? One or more PMs should be added to measure compliance with the state's overall health care standards. The sub-assurance ties the monitoring of health care standards to the responsibilities of the service provider. Please add one or more PMs to measure provider adherence to the health care standards.
- 66. Appendix H: Quality Improvement Strategy** - Please include how the QIS stratifies information for each respective waiver, include the control numbers of the other waivers, and provide the other long term care services addressed in the QIS.

Appendix I: Financial Accountability

67. I-1: Financial Integrity and Accountability

- a. What are the differences, if any, between the DDS fiscal audits every two years and their follow-up audits in alternate years or more frequently as needed?
- b. What determines if a follow-up audit is needed more frequently than in alternate years?
- c. Are all providers subject to annual onsite audits? If not, what percentage of individual and agency providers are audited on an annual basis and are they chosen by random sample?

- d. Are some providers audited more frequently than others? If yes, why and how often are they audited?
- e. How does the state recognize whether a provider is a certified biller or not?

68. I-2-a: Rate Methodology - Please describe how information about payment rates is made available to waiver participants.

69. I-2-a: Rate Methodology - Regarding the negotiation of rates between the waiver participant and the selected provider:

- a. Please confirm that all waiver service rates are negotiated by participants. If any services are not negotiated by participants, please explain how rates for those services were developed.
 - i. Would rates for expanded state plan services also be negotiated?
- b. Are participants and providers given any guidance as to what an appropriate rate may be?
- c. Is there any limit for what a participant can spend per unit of service?
- d. Please describe state's oversight process of rate determination.
- e. How does the state ensure that the negotiated rates are consistent with economy, efficiency and quality of care?
- f. What role, if any, would the regional center play in setting the rate?
- g. Please describe the parameters that would prevent a participant from varying from a reasonable rate.

70. I-2-d: Billing Validation Process

- a. Does the state use patient surveys to validate post payment billings? If yes, please describe those methods. If not, describe what processes are in place to assure only proper payments are being made and that any payments for inappropriate billings are recouped.
- b. How does DDS ensure that the services were provided?
- c. How does DDS ensure that payments are not made for services when a participant is in a nursing facility?

71. QIS – I: Financial Accountability, Sub-assurance (a)

- a. How does the State ensure that claims are paid only for services rendered?
- b. How does the State ensure that claims are coded correctly?
- c. How does the State ensure that services have been actually rendered before they are paid?
- d. Please explain why bi-annual reviews are of sufficient frequency to assure the service plans address all the participants' assessed needs and personal goals. Please clarify what the sampling approach is, since the state indicated that less than 100% of the claims will be reviewed.

72. QIS-I, Sub-assurance (b)

- a. Please clarify how the approved service rate is assured to be developed consistent with the approved rate methodology.
- b. Please clarify what the sampling approach is, since the state indicated that less than 100% of the claims will be reviewed.

Appendix J: Cost Neutrality Demonstration

73. J-2-c: Development of Factor D

- a. Please describe how the per capita cost, by service, was trended forward to the number of persons who will be served during years 1 through 3.
- b. What is the basis for the estimates of 1,000 and 2,500 for the number of eligible recipients?
- c. Please clarify whether the Average Length of Stay units noted in each waiver year represent months or days. If the units are months, please update the waiver to have the Average Length of Stay measured in days.
- d. Please confirm the source of the data used to create the Factor D estimates.
- e. What analysis was done to ensure that this data was appropriate to use for the projections of this waiver?
- f. Were any adjustments made to the data before developing projections for this waiver?
- g. Please clarify why Therapeutic/Activity-Based Day Services (Hour) rate is \$40 while Therapeutic/Activity-Based Day Services (Month) rate is \$50.
- h. What history led to the estimate for Technology services?

74. J-2-c: Development of Factors D', G and G'

- a. Please confirm that the state has accounted for and removed the costs of prescribed drugs furnished to Medicare/Medicaid dual eligibles under the provisions of Part D.
- b. Please confirm the source of the data used to create the estimates for each of these factors.
- c. What analysis was done to ensure that this data was appropriate to use for the projections of this waiver?
- d. Were any adjustments made to the data before developing projections for this waiver?

ISSUES THAT NEED FURTHER CLARIFICATION OR CORRECTION

1. Overall Questions about the Waiver

- a. What is the anticipated impact of this new waiver on DD waiver enrollment?
- b. A number of services are not available in the current DD waiver; will the DD waiver be updated at renewal or through amendment to mirror services under the SDP?
- c. How will the Waiver Monitoring Process for the SDP waiver be integrated into the existing HCBS Biennial Collaborative Review Process?

2. Main 6-I: Public Input - We note that individuals and organizations made comment during the public input period. Please include in this section all the methods and details of how people were able to make public comment.

3. Appendix A-2-b - When was the Interagency Agreement (IA) between the State Medicaid Agency and DDS last updated? How frequently is the IA updated? Please provide CMS with the link or a copy of the IA.

4. **B-1-b: Additional Criteria** - When selecting the first option in E-1-d: Election of Participant Direction, this section must specify that the waiver is limited to individuals who want to direct some or all of their services.
 5. **B-3-f: Selection of Entrants to the waiver**
 - a. How are informational meetings about the SDP being publicized?
 - b. How often will the SDP orientation be offered?
 - c. How does an individual let their regional center know that they are interested in enrollment?
 - d. How is this documented at the regional center?
 - e. If there is going to be an interest list or wait list please describe this process?
 6. **B-4-b: Medicaid Eligibility Groups Served in the Waiver** - Since the 1931 group has been separated into three distinct eligibility groups; other caretaker relative specified at 435.110, pregnant women specified at 435.116 and children specified at 435.118, the state should remove the check mark from the 1931 group in Appendix B-4-b. No other changes are necessary, since the state has included all other mandatory and optional groups covered under its state plan under the waiver request.
 7. **B-6-l: Procedures to Ensure Timely Re-Evaluations** - Please include all pertinent information regarding the procedures used to ensure that re-evaluation will be performed on a timely basis.
- C-1- Waiver services**
8. **Taxonomy code**- CMS would encourage the state to use the taxonomy codes for the services section.
 9. **Participant- Directed Goods and Services** - Please indicate in the definition that the participant directed goods and services must be documented in the service plan and are purchased from the participant directed budget. Also please include that experimental or prohibited treatments are excluded.
 10. **Transition/ Set up Expenses** - Please indicate the amount in the amount section if there is a limit for these services.
 11. **Transportation** - How will the state determine when the use of natural supports, such as family, neighbors, friends, have been exhausted and services begin?
 12. **Vehicle Modifications** - Please add the assurance in the waiver service definition that the vehicle may be owned by the individual or family member with whom the individual lives or has consistent and ongoing contact, who provides primary long term support to the individual and is not a paid provider of such services.
Please also include any cost limits in the limits sections associated with this service.
 13. **C-2-a: Criminal History/Background Investigations**
 - a. Please define "other services and supports" in reference to providers who may need to obtain a criminal background check.

- b. What is the state's process to ensure that mandatory background investigations have been conducted?
- c. Please describe the scope of the investigation.
- d. How will the state ensure that they have been conducted in accordance with the state's policies?

14. C-2-c-ii: Larger Facilities - Please remove N/A and insert "required information is contained in response to C-5."

15. I-2-a: Rate Methodology - Please describe the process used for public input in this section.

Under Section 1915(f)(2) of the Social Security Act, a waiver request must be approved, denied, or additional information requested within 90 days of receipt, or the request will be deemed granted. The 90-day period for this waiver request ends on December 28, 2015. These questions constitute a formal RAI, after which a new 90-day period will begin upon the State's re-submission of a revised waiver application, via the web-based Waiver Management System (<https://wms-mmdl.cdsvdc.com/WMS/faces/portal.jsp>). Please refer to CMS control number CA 1166.00 in all future correspondence regarding this waiver.

In addition to re-submitting the waiver application, the state should also send a formal written response to these questions to Amanda Hill in Central Office with a copy to Adrienne Hall in the San Francisco Regional Office (Amanda.Hill@cms.hhs.gov; Adrienne.Hall@cms.hhs.gov). For assistance or information regarding this RAI, please contact Amanda Hill at (410) 786-2457 or Adrienne Hall at (415) 744-3674. Thank you for your prompt attention. We look forward to continuing to work with the state officials to move towards implementation of this new waiver.

Sincerely,

/s/

Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Rebecca Schupp, Chief, Long-Term Care Division, DHCS
Jalal Haddad, Long-Term Care Division, DHCS
Amanda Hill, CMS, CMCS

Self-Determination Program Enrollment

During the first three years of the Self-Determination Program, enrollment is limited to 2,500 people. To help ensure the selection of the 2,500 participants is equitable, the following process was developed by the Self-Determination advisory group.

What does someone need to do to be considered for enrollment?

1. **Participate in an informational meeting at your regional center.** It's important to hear, in greater detail, information about the Self-Determination Program. At this meeting, people will learn not only about the opportunities but also the increased responsibilities involved in accepting more control over coordinating their services. Understanding this information will help people decide if the Self-Determination Program might be a good option for them.
2. **After participating in the informational meeting, let the regional center know you're interested in enrolling in the Self-Determination Program.** After you have participated in the informational meeting and you think that Self-Determination is a good option for you or your family member, you must let the regional center know you're interested in enrolling in the Self-Determination Program. As discussed below, this does not guarantee you will be selected as part of the first 2,500 participants.

What happens after someone participates in the informational meeting and lets the regional center know they're interested?

1. **Regional centers send names of those interested to the Department of Developmental Services (DDS).** Only those consumers/ family members who have participated in an informational meeting will be eligible for enrollment in the Self-Determination program.
2. **DDS will send confirmation to those whose names were forwarded by the regional centers.**
3. **DDS will randomly select the first 2,500 enrollees from among those who have attended an informational meeting.** This selection will be done from the names of those received by DDS from the regional centers. The selection takes into consideration the following factors to ensure those selected are representative of the statewide regional center population:
 - Regional Center
 - Ethnicity
 - Age
 - Gender
 - Disability diagnosis
4. **Those selected can enroll in the Self-Determination Program.** The enrollment will be done through the regional centers who will work with each participant to enroll in orientation, establish an individual budget, etc.
5. **If not selected initially, consumers will remain on the interest list for future enrollment opportunities.**



Tri-Counties
Regional Center

WHAT'S HAPPENING WITH SELF-DETERMINATION AT TCRC?

The Five Principles of Self Determination

- **Freedom** to exercise the same rights as all citizens; to establish, with freely chosen supports, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them;
- **Authority** to control a budget in order to purchase services and supports of their choosing;
- **Support**, including the ability to arrange resources and personnel, which will allow flexibility to live in the community of their choice;
- **Responsibility**, which includes the opportunity to take responsibility for making decisions in their own lives and accept a valued role in their community;
- **Confirmation** in making decisions in their own lives by designing and operating the service that they rely on.

From the Law *Section 4685.8, SB 496*

"The Self-Determination Program (SDP) is a voluntary delivery system consisting of a mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in his or her Individual Program Plan (IPP). Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion, and allow participants to have more control in developing service plans and selecting service providers."

What is Self-Determination? The Self-Determination Program (SDP) is a voluntary alternative to the traditional way of providing regional center services, including greater control of individualized budget.

Who is Eligible?

People served by TCRC

- Over age 3
- Who live at home or in the community
- Who are in the process of moving into the community *Must be willing to get training and follow the program's rules*

When Will Self-Determination Start?

This program starts when it's approved for Federal Funding.

- 2,500 people across the state can join during the first 3 years.
- Then the program will be available to all those served by the regional center.
- TCRC has been approved to enroll 114 participants during the first three years.

How do I Enroll?

1. Participate in the Pre-Enrollment Informational Meeting
2. Confirm you're still interested
3. TCRC will send your name to the Department of Developmental Services (DDS) to be put through the selection process. DDS will select the initial 114 participants (16 current and 98 new) for TCRC.

Interested?

A Self-Determination Pre-Enrollment Informational Meeting will be held. Get added to our "Interest List". Email self-determination@tricounties.org, call (805) 288-2500 or contact your Service Coordinator. Visit www.tri-counties.org, click on "newsletter" to the right, join our list, check the box next to Self-Determination.

DDS's "Interest List"

To self-identify as an interested party with DDS and receive updates on Self-Determination, email DDS at sdp@dds.ca.gov. Give DDS:

1. Your name
2. Name of the person interested
3. Your regional center

Join our Meeting!

Tri-Counties Self-Determination Advisory Committee meetings are held quarterly. Our next meeting will be on July 26, 2016 in the Santa Barbara Annex at 5:30. If attending the meeting in SB, please RSVP. Telephone conferencing is also available. Visit our website for details. www.tri-counties.org

TCRC SELF DETERMINATION ADVISORY COMMITTEE

2017 CALENDAR

JUNE 27, 2017

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

JULY 25, 2017

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

OCTOBER 24, 2017

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting



New Members Wanted!

To Serve on the Self-Determination Advisory Committee at Tri-Counties Regional Center

What is Self-Determination? A voluntary program which will provide individuals served by the regional center, and their families, with more freedom, control and responsibility in choosing services and supports to help them meet their Individual Program Plan (IPP) objectives. To learn more, visit <http://www.dds.ca.gov/SDP/> and/or contact the Central Coast Office of State Council on Developmental Disabilities (SCDD) at (408) 324-2106.

What is the Self-Determination Advisory Committee at TCRC? The committee consists of the regional center clients' rights advocate, persons served, family members, and other advocates. Persons served and family members make up the majority of the committee and are appointed by TCRC and the Central Coast Office of SCDD. The purpose of the committee is to review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements, and may make ongoing recommendations for improvement to the regional center and the Department of Developmental Services (DDS).

When and Where Does the Committee Meet? The Self-Determination Advisory Committee currently meets quarterly at the Tri-Counties Regional Center office in Santa Barbara. Meetings last approximately 2 hours. Anyone interested in learning more is welcome to attend. The next meeting is:

Tuesday, July 25th 2017
5:30 – light dinner
6:00-8:00 p.m. – meeting
Tri-Counties Regional Center Office
Annex located at:
505 E. Montecito St.
Santa Barbara, Ca. 93103

Have Questions? Please contact Jennifer Lucas, Central Coast Office of SCDD, at (408) 324-2102 or Jennifer.Lucas@SCDD.CA.GOV or Cheryl Wenderoth, AD of Federal Programs, TCRC at 805-288-2500 or CherylW@tri-counties.org