

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

October 3, 2015

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### I. FY 2015-2016 BUDGET UPDATE

- **Attachment #1:** CDCAN Report (June 16, 2015): Budget Deal Reached – Eliminates Nearly All of Rate and Spending Increases by Legislature Except for Child Care, Expansion of Medi-Cal for over 175,000 Children Regardless of Immigration Status and Restoration of 7% Service Hours for All IHSS Recipients for at Least One Year
- **Attachment #2:** CDCAN Report (June 24, 2015): Governor Brown Signs 2015-2016 Budget Package – State Senate and Assembly Set Up Committees for Special Session
- **Attachment #3:** ARCA Update from Senate Special Session Funding Overview Hearing
- **Attachment #4:** ARCA Update from the Assembly Public Health and Developmental Services Committee Special Session Hearing
- **Attachment #5:** ARCA Written Testimony to the Assembly Public Health and Developmental Services Committee Special Session Hearing
- **Attachment #6:** ARCA Summary of Advocacy Events in Sacramento on September 3, 2015 – More than 1000 people come to Sacramento to Speak for Justice
- **Attachment #7:** CDCAN Report (September 12, 2015): Legislature Adjourns for the Year with a Stalemate on Special Session Funding Bills for Transportation and Health Care
- **Attachment #8:** LA Daily News: California Lawmakers Leave Those with Special Needs Questioning Funding Future

Governor Brown signed the 2015-2016 California State Budget on June 24, 2015 including the main budget bill, AB 93, and the revised budget bill, SB 97. The Governor also signed the 17 Trailer Bills that implement the budget bill. A full copy of the FY 2015-2016 enacted budget can be found here: <http://www.ebudget.ca.gov/>.

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The main budget bill, AB 93, was passed by the Legislature on June 15, 2015 on a party line vote that contained higher revenue estimates and increased spending proposed by the Legislative Democrats that was opposed by Governor Brown. For Developmental Services AB 93 contained very modest targeted 5% rate increase, effective July 1, 2015 for Supported Living Services, In-Home Respite Services, and Supported Employment Services, and a 2.5% rate increase for Transportation. It also included funding for 1 Dental Coordinator and 1 Forensic Coordinator for each of the 21 regional centers. Effective January 1, 2016 AB 93 contained a 2.5% across the board rate increase for all provider categories not covered by July 1, 2015 increase and a 2.5% increase for the regional center Operations budget. However, upon further negotiations between the Governor and the Senate President Pro Tempore Kevin De Leon and Assembly Speaker Toni Atkins a revised budget deal was reached, SB 97, that eliminated nearly all of the rate and spending increases approved by the Legislature except for Child Care, Expansion of Medi-Cal for over 175,000 children regardless of immigration status and restoration of 7% service hours for all IHSS recipients for at least one year (**Attachments #1-#2**).

Additionally, the Governor called for the Legislature to convene two extraordinary (special) sessions dealing with Transportation & Infrastructure funding and Health Care funding issues. Developmental Services funding was included in the Health Care special session. Throughout the summer, the Senate and the Assembly held several hearings but no action was taken. To ensure that Developmental Services issues continued to remain on the Legislature's radar, the Lanterman Coalition held several protests including a very large protest that drew upwards of 1000 people from across the State to the Capitol (**Attachments #3-#6**). While several new bills that sought to increase funding for Developmental Services were introduced during the special session including an 11<sup>th</sup> hour bill, SBX2, by Senator Hernandez that would have provided a 10% across the board increase for Developmental Services, the Legislature ultimately adjourned on September

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11, 2015 for the remainder of the year without reaching any comprehensive solution or agreement on any of the health related issues that included Developmental Services. SBX2 sought a \$2 tax increase on cigarettes and a new tax on electronic cigarettes which required a two thirds majority vote in both houses of the Legislature. This necessitated two Republican votes in the Assembly and one Republican vote in the Senate which did not materialize (**Attachment #7**).

The other bills that were introduced also did not advance far enough into the process to result in any action. The first bill announcement by three key senators, SB X 2-1 sought to give Developmental Services a 10% across the board rate increase, provide necessary funding for the minimum wage increase, and require the Department of Developmental Services (DDS) to develop a financial sustainability plan. The three senators co-authoring SB X 2-1 are Senators Jim Beall, Fran Pavley and Bill Monning. A second bill, SBX2-4 (Nielson) aimed to increase on an across the board fashion service provider rates and regional center operations budgets by 10% using surplus General Fund revenues the State has accrued and expects to accrue. Any General Fund accruals beyond 10% would have been used for enhancing the budget for Medi-Cal. A third bill, introduced by Senator Stone would have required that net savings due to the closure of Developmental Centers be put back into Developmental Services system. More specifically the bill called for reinvesting the money from the closure of the Developmental Centers in both Regional Center Purchase of Services and Operations budgets and the bill contained added language to clarify that this funding will be an ongoing annual addition to the Developmental Services budget, not merely a one-time infusion of funds. A fourth bill, ABX2 (Levine) sought to place a \$7.88 tax per quarter on managed care organizations (health insurance companies). The revenue generated would have been put towards funding the 7% restoration in In-Home Supportive Services (IHSS), Medi-Cal rate restorations, and Developmental Services. Finally, a fifth bill, ABX2 18 also known as the Cocktails for Healthy Outcomes Act, was introduced by Assemblymember Susan Bonilla that sought to levy a 5 cent per cocktail tax on hard liquor and put the revenues

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towards Developmental Services. The funds from this bill would have supplemented the General Fund funding for Developmental Services rather than supplant it.

The Legislature reconvenes in January, 2016. While technically the deadline does not apply to the two special sessions of the Legislature, there has been no indication from either the Assembly or the Senate that that the Legislature will reconvene either or both special sessions prior to January, 2016 (**Attachment #8**). While it is very disappointing that the immediate funding crisis issues for Developmental Services was not addressed in either the regular or special legislative sessions, it seems the political tide in Sacramento may have shifted in favor of recognizing and addressing the funding crisis facing Developmental Services. It will be important for the Lanterman Coalition and advocates across the state to continue to build on this year's advocacy efforts until we prevail in having the Legislature and the Governor address our urgent funding crisis. The coordinated advocacy efforts will be resurrected in January 2016 when the Governor issues his budget proposal for FY 2016-2017,

Tri-Counties Regional Center (TCRC) has developed a "Budget Watch" page on the TCRC website ([www.tri-counties.org](http://www.tri-counties.org)). Current information and resources related to the budget and the special session of the Legislature is posted on this page and will be kept updated.

**II. SELF-DETERMINATION PROGRAM**

- **Attachment #9:** DDS Self Determination Program – FQA
  
- **Attachment #10:** Disability Rights California Self Determination Program – FQA
  
- **Attachment #11:** TCRC Self Determination Program – FQA  
**(Updated)**

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- **Attachment #12:** Similarities and Differences Between Traditional Regional Center Service Provision and the New Self-Determination Program
- **Attachment #13:** TCRC Self Determination Program Presentation to TCRC Self Determination Advisory Committee

In October of 2013, Governor Brown, signed into law SB 468 (Emmerson /Beall /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 #9-#13**).

It could 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. On December 31, 2014, the Home and Community Based Services application seeking funding for Self-Determination was submitted to the Center for Medicare and Medicaid Services (CMS). CMS has 90 days to take one of three actions on the Waiver application (approve; deny; or request additional information). It is very likely that CMS will request additional information for clarification in the Waiver application which will lead to an extended review period beyond the initial 90 days.

Once federal approval of matching funds is authorized, the program must 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. After the three year phase-in period, the program will be

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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 16 individuals who are currently in our Self-Determination pilot project plus an additional 98 people that TCRC will be able to add under the new 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; Judith White, Manager of Resource Development; and Anastasia Bacigalupo, Executive Director, State Council on Developmental Disabilities Central Coast Office. Ms. Bacigalupo has since left her position with the State Council's Central Coast Office, however, TCRC will continue to include her successor in the internal work group. The group will be working together on a variety of activities in preparation for the Self-Determination Program.

These include:

1. Identification and selection of our local advisory committee.
2. Guidelines on participant eligibility, selections and enrollment
3. Self-Determination services and definitions
4. Budget setting and tracking.
5. Fiscal Management Services (FMS)
6. Training

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7. Person-Centered Planning
8. Community outreach
9. Monitoring of the Self-Determination program
10. Billing and payment procedures

TCRC and the Central Coast State Council have selected 12 members that will comprise the Self Determination Advisory Committee, SDAC, (a 13<sup>th</sup> member will be a Clients Rights Advocate as required by the legislation) and the Committee's first meeting was held on June 30, 2015. The SDAC learned about the Self-Determination Program as well as Person Centered Planning efforts at TCRC. They also received updates on the Self-Determination Program waiver application to the Center for MediCaid and MediCare Services (CMS) to access federal funding which is a requirement for the Self-Determination Program to be implemented in California. The SDAC will meet quarterly and the next meeting is scheduled for October 27, 2015 at the TCRC office in Santa Barbara. The meeting is open to the public.

TCRC has posted information about the Self Determination Program on the TCRC website at [www.tri-counties.org](http://www.tri-counties.org) . The information will be kept updated to keep the community informed about the status of the Self Determination Program.

### **III. LANTERMAN ACT 50<sup>TH</sup> ANNIVERSARY**

The Lanterman Developmental Disabilities Services Act (The Lanterman Act) will be 50 years old in 2016. To commemorate this important milestone in service to persons with developmental disabilities, the Association of Regional Center Agencies (ARCA) Board of Directors has formed a planning committee to develop and plan a series of multimedia, multi-platform celebratory activities throughout next year. In

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order to encourage and improve system wide celebrations, ARCA will also be facilitating a series of joint regional center Local Event Coordinators meetings via conference calls to provide training and assist regional centers who might be interested in planning local activities. This group will also share ideas about cost and time effective local celebrations that can be planned with a focus on the use of social media such as Facebook, Twitter, etc. TCRC plans on participating in these Local Event Coordinators meetings and we are looking forward to celebrating the 50<sup>th</sup> anniversary of one of the most important civil rights legislations ever enacted.

#### **IV. Q&A**



**Omar Noorzad - CDCAN REPORT (JUN 16 2015): BUDGET DEAL REACHED BY GOVERNOR & DEMOCRATIC LEGISLATIVE LEADERS - GOVERNOR PREVAILS ON REVENUE ESTIMATES & SPENDING INCREASES WITH NEARLY ALL NEW SPENDING INCREASES PROPOSED BY LEGISLATURE ELIMINATED**

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**From:** "Marty Omoto" <martyomoto@rcip.com>  
**To:** <martyomoto@rcip.com>  
**Date:** 6/16/2015 9:27 PM  
**Subject:** CDCAN REPORT (JUN 16 2015): BUDGET DEAL REACHED BY GOVERNOR & DEMOCRATIC LEGISLATIVE LEADERS - GOVERNOR PREVAILS ON REVENUE ESTIMATES & SPENDING INCREASES WITH NEARLY ALL NEW SPENDING INCREASES PROPOSED BY LEGISLATURE ELIMINATED

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**CDCAN DISABILITY RIGHTS REPORT  
CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK  
JUNE 16, 2015 – TUESDAY LATE AFTERNOON  
ADVOCACY WITHOUT BORDERS: ONE COMMUNITY – ACCOUNTABILITY WITH ACTION**

*CDCAN Reports go out to over 65,000 people with disabilities, mental health needs, seniors, people with traumatic brain and other injuries, people with MS, Alzheimer's and other disorders, veterans with disabilities and mental health needs, families, workers, community organizations, facilities and advocacy groups including those in the Asian/Pacific Islander, Latino, 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](http://www.cdcan.us)  
To reply to THIS Report write:  
Marty Omoto (family member and advocate) at [martyomoto@rcip.com](mailto:martyomoto@rcip.com) or [martyomoto@att.net](mailto:martyomoto@att.net)  
[new email - will eventually replace current martyomoto@rcip address] Twitter: [martyomoto](https://twitter.com/martyomoto)  
Office Line: 916-418-4745 CDCAN Cell Phone: 916-757-9549*

**BREAKING NEWS:**

**BUDGET DEAL REACHED – ELIMINATES NEARLY ALL OF RATE AND SPENDING INCREASES BY LEGISLATURE EXCEPT FOR CHILD CARE, EXPANSION OF MEDI-CAL FOR OVER 175,000 CHILDREN REGARDLESS OF IMMIGRATION STATUS AND RESTORATION OF 7% SERVICE HOURS FOR ALL IHSS RECIPIENTS FOR AT LEAST ONE YEAR**

*Governor Calls Two Special Sessions – One Focusing on Medi-Cal & Health Care Costs Including Provider Rates for Medi-Cal and Developmental Services That Would Need To Be “Sustainable” and Funded Through Either New Managed Care Organization Tax and/or Other Funding Source But Not General Fund- Says State Faces Over \$1 Billion in Cuts to Health and Human Services Next Year If the New Managed Care Organization Tax Is Not Extended – Special Session Will Convene June 19th*

SACRAMENTO, CA [CDCAN LAST UPDATED 06/16/2015 3:40 PM] – Prevailing on almost every major revenue and spending issue, Governor Edmund G. “Jerry” Brown Jr. today announced at a press conference at the State Capitol with Democratic legislative leaders

Assembly Speaker Toni Atkins (Democrat – San Diego) and Senate President Pro Tem Kevin de León (Democrat – Los Angeles), a budget deal that largely reflected his proposed spending plan as revised in May, using his estimates of revenues and eliminating nearly all of the rate increases in health and human services and other spending increases, including those impacting Medi-Cal and developmental services. While details are still emerging, it appears that spending increases made by the Legislature impacting CalWORKS, SSI/SSP grants, restoration of Medi-Cal optional benefits eliminated in 2009 were also removed from the budget deal. [CDCAN will issue full report when more details become available].

The announcement of the budget deal stunned advocates and others, coming less than 24 hours after the Assembly and State Senate passed their version of the 2015-2016 State Budget that included significantly higher revenue estimates that the Governor did not agree with and increased spending for health and human services that the Governor opposed, citing limited on-going state resources.

The budget deal did contain some increases, including a rate increase for child care providers and increased spending for child care; expansion of Medi-Cal coverage for over 175,000 children regardless of immigration status; and restoration of a 7% across-the-board cut in service hours for all In-Home Supportive Services (IHSS) recipients for at least one year.

Also remaining in the budget is the Governor's previous proposed funding for overtime for IHSS workers and supported living services, in-home respite services and personal assistance services to be implemented if the US Department of Labor prevails in a federal lawsuit that currently has put on hold federal regulations removing the exemption of overtime requirements for those homecare workers. A resolution in that lawsuit that would allow the federal regulations to go into effect is not expected by policymakers until late summer or early fall – and if appealed to the US Supreme Court (and the court takes the case), the delay could go into next year. Not likely to survive in the budget package that will go to the Governor – at least for now - is trailer bill language that would “remove any barrier” to the implementation of overtime – meaning that California would implement overtime no matter what happens at the federal level. Advocates are reportedly working on alternatives proposals and ideas for the State to implement overtime.

The Governor's proposals for increases, such as adjustments to regional center funded providers for implementation of the new State sick leave policy for providers who don't currently provide that level of sick leave, and implementation of the increase in the State minimum wage in January 2016 – though not covering costs related to exempt staff – also remain in the budget, as does increased funding for caseload growth and additional funding (called an augmentation) to cover a shortfall in the current year (2014-2015 State Budget) in developmental services.

To view the archived video recording of the entire press conference go to this CalChannel link (note: actual press conference doesn't start until 20 minutes into the video):

[http://calchannel.granicus.com/MediaPlayer.php?view\\_id=7&clip\\_id=2973](http://calchannel.granicus.com/MediaPlayer.php?view_id=7&clip_id=2973)

In his proclamation for a special session on healthcare funding, the Governor warned that if a revised Managed Care Organization tax is not approved by the federal government and the \$1.1 billion of funding from it does not materialize in the 2016-2017 State Budget year than over \$1 billion in spending cuts – likely to health and human services – would be necessary to offset that lost revenue.

The Legislature will likely later this week or early next week pass a revised budget bill taking out those spending increases and revenue estimates – referred to sometimes as “budget junior” – and budget trailer bills not released or taken up for a vote yesterday covering health and human services, education and other areas reflecting the terms of the budget agreement.

“This is a sound, well thought-out budget,” the Governor said at the press conference today, adding that “yet, the work never ends and in the coming months we'll have to manage our resources with the utmost prudence and find more adequate funding for our roads and health care programs.”

Assembly Speaker Atkins said at the press conference that “this version of the budget

makes some very strong improvements for schools, higher education, child care and Medi-Cal services and creates a state Earned Income Tax Credit. But this is not a return to the bad old days of spending beyond our means...”

Senate President Pro Tem De Leon said that the budget agreement “...strikes a responsible balance between strengthening our long-term fiscal foundation and investing right now in the economy of today and the workforce of tomorrow.”

## **HIGHLIGHTS OF BUDGET AGREEMENT**

While details are not yet available on the specifics of the agreement, the following information was released by the Governor’s office on the highlights of the budget deal:

### **SPENDING INCREASES:**

Eliminated nearly all of the spending increases included in the budget as passed yesterday (June 15<sup>th</sup>) by the Legislature, except for child care and the restoration of the 7% across-the-board in service hours for all In-Home Supportive Services recipients for at least one year; and expansion of Medi-Cal for over 175,000 children regardless of immigration status.

### **EDUCATION:**

The agreement includes \$14.3 billion for the K-12 system and community colleges, including \$6 billion to continue to implement the Local Control Funding Formula which targets increased resources to students who face what the Governor and Legislature say are “the greatest challenges”.

### **POVERTY:**

The agreement includes, as proposed by the Governor in May, the first-ever California Earned Income Tax Credit (\$380 million) to help the state’s poorest working families.

### **PAYING DOWN DEBT:**

The agreement pays down billions in debts, including completely paying off school deferrals (\$1 billion) and debts owed to local governments since 2004 (\$765 million). The agreement also completely retires \$15 billion in Economic Recovery Bonds used to cover budget deficits as far back as 2002, as well as \$3.8 billion in mandate debt owed to K-14 schools.

### **RAINY DAY FUND:**

The agreement saves \$1.9 billion in the state’s Rainy Day Fund as required by Proposition 2, bringing the balance to \$3.5 billion.

### **ADDITIONAL SPENDING INCREASES:**

The budget agreement called for some spending increases paid for, according to the Governor’s office, “...by redirecting spending and using identified savings, including a reform of the Middle Class Scholarship program and correcting an error in the estimate for Medi-Cal, the budget agreement can afford additional spending...” including:

#### **IN-HOME SUPPORTIVE SERVICES**

\$226 million on a one-time basis to restore the 7 percent reduction in service hours for In-Home Supportive Services.

#### **MEDI-CAL EXPANSION FOR CHILDREN**

\$40 million to expand Medi-Cal to cover all low-income undocumented children effective May 1, 2016 (\$132 million when fully implemented).

**CHILD CARE**

\$265 million to fund 7,000 additional preschool slots and 6,800 child care slots, plus a rate increase for all child care providers.

**HIGHER EDUCATION**

\$97 million over the January budget for the California State University to expand enrollment and focus on increased success.

**TEACHER EFFECTIVENESS BLOCK GRANT**

\$500 million (funded under Proposition 98) for a one-time teacher effectiveness block grant.

**GOVERNOR CALLS TWO SPECIAL SESSIONS INCLUDING ONE OF HEALTH CARE/DEVELOPMENTAL SERVICES/IHSS FUNDING**

Governor Brown's also announced that he is calling two separate special sessions of the Legislature, one focusing on health care costs including those impacting developmental services, which will convene on June 19th and the other focusing on California's roads, highways and other transportation related infrastructure issues.

In his proclamation for the special session on health care funding, the Governor warned that the State's General Fund "cannot afford to provide additional rate increases for providers of services for Medi-Cal recipients and consumers with developmental disabilities" and that any such increase would need to be funded from the new Managed Care Organization tax and/or from some other funding source. That may prove to be challenging with the State's revised proposal still not approved by the federal government.

In addition the Governor, in that same proclamation, said that any such increase would also have to "establish mechanisms so that any additional rate increases expand access" and "increase oversight and the effective management of services provided to consumers with developmental disabilities through the regional center system..."

But the Governor also warned that if the necessary funding cannot come from a revised Managed Care Organization tax and/or alternative sources then it would be "necessary to prevent over \$1 billion in program cuts next year".

Since 2005, the state has levied a tax on Medi-Cal managed care plans. The revenues are matched by the federal government and used to both increase payments to Medi-Cal providers and offset health care costs that would otherwise be paid from the General Fund. This funding mechanism has helped the state pay for the increased number of Californians receiving coverage under federal health care reform.

The state's current managed care organization (MCO) tax structure fails to comply with new federal requirements that such a tax be broad-based and not limited narrowly to Medi-Cal plans. The current structure, which expires at the end of fiscal year 2015-16, generates \$1.1 billion.

The Governor's January 2015-2016 budget proposed a revised Managed Care Organization tax that would be levied on a per-enrollee basis and cover most health care plans regulated by the Department of Managed Health Care. That proposal is still being finalized and requires eventual approval from the federal government.

In the special session, the Governor proposes that the Legislature enact "permanent and sustainable funding to provide at least \$1.1 billion annually to stabilize the state's General Fund costs for Medi-Cal, sufficient funding to continue the restoration of the 7 percent of In-Home Supportive Services hours and funding for additional rate increases for providers of Medi-Cal and developmental disability services".

**WHAT IS A SPECIAL SESSION?**

Officially known as an "Extraordinary Session" but more commonly referred to as a "special session", the State Constitution authorizes a governor to call the Legislature into a "special

session” by proclamation that contains certain subjects. The special session by the Legislature is limited to those subjects in the proclamation, though the Legislature can consider subjects related to those specified in that document.

Legislative deadlines under the “regular session” do not apply and the special session can run at the same time for the entire two year length of the Legislature’s two year regular session (n example of this is the Legislature meeting on June 19<sup>th</sup>, for a regular floor session but wanting to convene the special session. They have to “adjourn” the regular session, convene the special session, conduct business, then adjourn the special session and reconvene the regular session again. The same applies to additional special sessions).

There are committees – usually the same committees as in the regular session – that can hear special session bills, and people can make comments on those bills as they would for a regular session bill.

Special Session bills passed by the Legislature and signed by the Governor take effect on the 91<sup>st</sup> day following the adjournment (not recess) of the special session, rather than the following January 1<sup>st</sup>, which is the effective date for bills passed by the Legislature and signed by the Governor for regular session measures.

### **ASSEMBLY SPEAKER ATKINS REMARKS AT PRESS CONFERENCE**

“Other than the budget the Assembly and Senate passed yesterday, this is the best budget we’ve seen in years. This version of the budget makes some very strong improvements for schools, higher education, child care and Medi-Cal services and creates a state Earned Income Tax Credit. But this is not a return to the bad old days of spending beyond our means. This budget builds total reserves by more than \$4.6 billion and pays down \$1.9 billion in debts. If revenues grow more in line with the LAO projection than with the Department of Finance numbers that this budget is based on, then reserves will grow even higher. But despite this being such a good budget, we know this is just one step and we have more work to do.”

### **SENATE PRESIDENT PRO TEM DE LEON REMARKS AT PRESS CONFERENCE**

Senate President Pro Tem De Leon made the following remarks at the press conference with the Governor and Assembly Speaker Atkins at the State Capitol this afternoon on the budget agreement:

“This has been a true collaboration with the Assembly, Senate and the Governor -- all working together as responsible stewards of the taxpayer dollar focused on the long-term economic growth of California. This budget strikes a responsible balance between strengthening our long-term fiscal foundation and investing right now in the economy of today and the workforce of tomorrow.”

### **ASSEMBLY REPUBLICAN LEADER KRISTIN OLSEN STATEMENT**

The following statement was released this afternoon by Assembly Republican Leader Kristin Olsen (Republican – Modesto):

“The Governor was wise to heed the call of legislative Republicans to base the state budget on realistic revenue projections and reject the Democrat spending spree. State government should always budget like Californians do – based on what we know we will have to spend, not what we hope to earn.

There is still much work to be done to get the majority party to stand with Californians on their top budget priority – water. We must work together to move storage, desalination and recycling projects that will increase water supply out of bureaucracy and into construction.”

### **LINKS TO PROCLAMATIONS**

Health Care Financing Special Session – PDF Document Copy (2 Pages):

[http://gov.ca.gov/docs/6.16.15\\_Health\\_Care\\_Special\\_Session.pdf](http://gov.ca.gov/docs/6.16.15_Health_Care_Special_Session.pdf)

Transportation Infrastructure Special Session – PDF Document Copy (2 Pages):

[http://gov.ca.gov/docs/6.16.15\\_Infrastructure\\_Special\\_Session.pdf](http://gov.ca.gov/docs/6.16.15_Infrastructure_Special_Session.pdf)

## **TEXT OF PROCLAMATION FOR SPECIAL SESSION ON MEDI-CAL AND DEVELOPMENTAL SERVICES PROVIDER RATES & HEALTH CARE COSTS**

The following is the complete text (transcribed by CDCAN) of the Governor's proclamation calling a special session, to be convened starting June 19<sup>th</sup>, Friday, focusing on legislation for "...permanent and sustainable funding" from a new managed care organization tax and/or other sources to provide at least \$1.1 billion to "stabilize" the State's general fund costs to Medi-Cal; provide continued funding of the 7% restoration of IHSS service hours beyond 2015-2016; and to "provide additional rate increases" for providers of Medi-Cal and developmental services.

### **A PROCLAMATION**

### **BY THE GOVERNOR OF THE STATE OF CALIFORNIA**

*WHEREAS the state's recent expansion of health care coverage has resulted in more than four million additional Californians receiving coverage through Medi-Cal; and*

*WHEREAS to date, the managed care organization tax has provided a stable source of funding to help pay for the costs of the health care expansion; and*

*WHEREAS the federal government has issued guidance to the state that it cannot extend the managed care organization tax in its current format; and*

*WHEREAS the state will be forced to make more than \$1 billion in program cuts beginning next year if the managed care organization tax is not extended; and*

*WHEREAS the state's General Fund cannot afford to provide additional rate increases for providers of services for Medi-Cal recipients and consumers with developmental disabilities; and*

*WHEREAS the state's General Fund cannot afford to permanently maintain a restoration of 7 percent of hours in the In-Home Supportive Services program; and*

*WHEREAS these extraordinary circumstances require the Legislature of the State of California to be convened in a special session.*

*NOW, THEREFORE, I, EDMUND G. BROWN, JR., Governor of the State of California, in accordance with Section 3(b) of Article IV of the Constitution of the State of California, hereby convene the Legislature of the State of California to assemble in extraordinary session in Sacramento, California on the 19<sup>th</sup> day of June 2015, at a time to be determined, for the following purposes:*

*To consider and act upon legislation necessary to enact permanent sustainable funding for a new managed care organization tax and/or alternative fund sources to provide:*

- a. At least \$1.1 billion annually to stabilize the General Fund's costs for Medi-Cal; and*
- b. Sufficient funding to continue the 7 percent restoration of In-Home Supportive Services hours beyond 2015-2016; and*
- c. Sufficient funding to provide additional rate increases for providers of Medi-Cal and developmental disability services.*

*To consider and act upon legislation necessary to:*

- a. Establish mechanisms so that any additional rate increases expand access to services; and*
- b. Increase oversight and the effective management of services provided to consumers with developmental disabilities through the regional center system; and*

- c. *Improve the efficiency and efficacy of the health care system, reduce the cost of providing health care services, and improve the health of Californians.*

*I FURTHER DIRECT that as soon as hereafter possible, this Proclamation be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Proclamation.*

*IN WITNESS WHEREOF, I have hereunto set  
My hand and caused the Great Seal of the  
State of California to be affixed this 16<sup>th</sup> day of  
June 2015.*

*[SIGNED]*

*EDMUND G. BROWN, JR.  
Governor of California*

*ATTEST:*

*[SIGNED]*

*ALEX PADILLA  
Secretary of State*

### **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.

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***ALERT: PLEASE HELP!!!!!!***

***JUNE 16, 2015 – TUESDAY LATE AFTERNOON***

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**CDCAN – NEW MAILING ADDRESS:**

**1500 West El Camino Avenue Suite 499**

**Sacramento, CA 95833**

**[replaces 1225 8th Street Suite 480, Sacramento, CA 95814]**

**Office Line: 916-418-4745 CDCAN Cell Phone: 916-757-9549 (replaced 916-212-0237)**

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



### Omar Noorzad - CDCAN REPORT (JUNE 24 2015): GOVERNOR SIGNS BUDGET BILLS - LEGISLATURE APPOINTS COMMITTEES FOR THE TWO SPECIAL SESSIONS

**From:** "Marty Omoto" <martyomoto@rcip.com>  
**To:** <martyomoto@rcip.com>  
**Date:** 6/24/2015 8:03 PM  
**Subject:** CDCAN REPORT (JUNE 24 2015): GOVERNOR SIGNS BUDGET BILLS - LEGISLATURE APPOINTS COMMITTEES FOR THE TWO SPECIAL SESSIONS

### **CDCAN DISABILITY RIGHTS REPORT CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK JUNE 24, 2015 – WEDNESDAY AFTERNOON ADVOCACY WITHOUT BORDERS: ONE COMMUNITY – ACCOUNTABILITY WITH ACTION**

*CDCAN Reports go out to over 65,000 people with disabilities, mental health needs, seniors, people with traumatic brain and other injuries, people with MS, Alzheimer's and other disorders, veterans with disabilities and mental health needs, families, workers, community organizations, facilities and advocacy groups including those in the Asian/Pacific Islander, Latino, American Indian, Indian, African-American communities; policymakers, and others across the State.*

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*To reply to THIS Report write:*

*Marty Omoto (family member and advocate) at [martyomoto@rcip.com](mailto:martyomoto@rcip.com) or [martyomoto@att.net](mailto:martyomoto@att.net)  
[new email - will eventually replace current [martyomoto@rcip.com](mailto:martyomoto@rcip.com) address] Twitter: [martyomoto](https://twitter.com/martyomoto)  
Office Line: 916-418-4745 CDCAN Cell Phone: 916-757-9549*

*REMEMBERING THE PEOPLE KILLED AT CHARLESTON, SOUTH CAROLINA'S EMANUEL AME CHURCH – THEIR LIVES, THEIR FAMILIES AND THEIR COMMUNITY: HONORABLE REVEREND CLEMNTA PICKNEY, REVEREND DANIEL SIMMONS, REVEREND SHARONDA COLEMAN-SINGLETON, TYWANZA SANDERS, DEPAYNE MIDDLETON DOCTOR, CYNTHIA HURD, MYRA THOMPASON, ETHERL LANCE AND SUE JACKSON.*

*"When there is violence throughout the land, we will let our light shine in the darkened world..." – Pastor Tyrone Hicks, Sacramento's St Andrews AME Church*

#### State Capitol Update:

### **GOVERNOR BROWNS SIGNS 2015-2016 BUDGET PACKAGE - STATE SENATE AND ASSEMBLY SET UP COMMITTEES FOR SPECIAL SESSION**

SACRAMENTO, CA [CDCAN LAST UPDATED 06/24/2015 05:30 PM] – Governor Edmund G. "Jerry" Brown, Jr., signed the package of bills making up the 2015-2016 State Budget this afternoon at the State Capitol, including the main budget bill, AB 93, and the revised budget bill, SB 97. The Governor also signed, as expected, the 17 budget related bills – called "trailer bills" because they follow or trail the main budget bills – that make changes in State law to implement the budget. The Governor made several line item vetoes before signing AB 93 (see below for details), though none impacted health and human services directly. [CDCAN will issue a more detailed report of what was in the budget as signed by the Governor later tonight].

As reported last week by CDCAN, the main budget bill, AB 93 was passed by the Legislature on June 15<sup>th</sup> on a party-line vote, that contained higher revenue estimates and increased

spending proposed by Legislative Democrats that was opposed by Governor Brown, That bill was sent to the Governor at 4:30 PM on June 15<sup>th</sup>, meeting the deadline requirements under the State Constitution. The Legislature also passed on June 15<sup>th</sup> four non-controversial budget trailer bills that the Brown Administration supported dealing with an augmentation (appropriation) to the current 2014-2105 State Budget; transportation; nursing facility quality assurance fee extension and public works.

The revised budget bill, SB 97 that took out nearly all the spending increases, was passed by the Legislature on June 19<sup>th</sup>, reflecting the budget deal reached by the Governor and Democratic legislative leaders, by a nearly party-line vote in the Assembly (1 Republican supported it), and a somewhat bi-partisan support in the State Senate, where 5 Senate Republicans, including Senate Republican Leader Bob Huff, supported the revised budget. Among Democrats in either house, only Senator Holly Mitchell (Democrat – Los Angeles), who supported the spending increases in AB 93 and voiced opposition in the agreement that took those increases out, abstained from the vote for SB 97.

The Governor signed the following bills this afternoon:

- AB 93 - Main 2015-2016 State Budget Bill*
- SB 97 - Revised Main 2015-2016 State Budget Bill*
- AB 95 - Transportation Budget Trailer Bill*
- AB 104 - Education Finance: Education Omnibus Budget Trailer Bill*
- AB 114 - Public Works: Building Construction Budget Trailer Bil*
- AB 116 - Budget Act of 2014: Augmentation.*
- AB 117 - Public resources Budget Trailer Bill*
- AB 119 - Public health: Medi-Cal: nursing facilities.*
- SB 75 - Health Budget Trailer Bill*
- SB 78 - Education Finance: Local Control Funding Formula Budget Trailer Bill*
- SB 79 - Human Services Budget Trailer Bill*
- SB 80 - Personal Income Taxes: Earned Income Credit Budget Trailer Bill*
- SB 81 - Postsecondary Education Budget Trailer Bill*
- SB 82 - Developmental Services Budget Trailer Bill*
- SB 83 - Public Resources Budget Trailer Bill*
- SB 84 - State Government Budget Trailer Bill*
- SB 85 - Public Safety Budget Trailer Bill*
- SB 88 - Water Budget Trailer Bill*
- SB 98 - State Government Budget Trailer Bill*

## **LINE ITEM VETOES**

The Governor several line item vetoes from the main budget bill, AB 93, though none have direct impact to health and human services or to people with disabilities, mental health needs, the blind, seniors and low income individuals and families. Those line item vetoes are included on the last page of a 60 page summary of the enacted 2015-2016 State Budget as signed by Governor Brown. The PDF Document copy of the 60 page summary can be downloaded from the Department of Finance webpage at:

<http://www.ebudget.ca.gov/2015-16/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf>

*State of California  
Governor's Office*

*I object to the following appropriations contained in Assembly Bill 93.  
Item 0540-001-3212—For support of Secretary of the Natural Resources Agency. I reduce this item from \$2,694,000 to \$2,594,000 by reducing:  
(1) 0320-Administration of Natural Resources Agency from \$2,694,000 to \$2,594,000.*

I am deleting the \$100,000 augmentation to establish an advisory council to review and oversee Chapter 289, Statutes of 2012 (AB 1492), forest restoration grant programs. The formal creation of a council is unnecessary because the Natural Resources Agency is already establishing an AB 1492 advisory committee utilizing existing resources that will provide guidance for all aspects of the program, not just the forest restoration grants.

Item 2660-302-0042—For capital outlay, Department of Transportation. I revise this item by deleting Provision 4.

I am deleting Provision 4 because this appropriation to fund the relinquishment of State Route 275, the Tower Bridge, from the State Highway Account is unnecessary. I support efforts to relinquish portions of the State Highway System that no longer serve an interregional purpose and would be better managed by local government entities, including the Tower Bridge.

However, provisions contained in the omnibus transportation trailer bill and existing processes already allow for the relinquishment of the Tower Bridge, if an agreement is reached between the State and applicable cities. I am directing the Department of Transportation to discuss relinquishment with the cities and how to best preserve current and future utility of the bridge. I do not support using the budget process to circumvent this negotiation process. :

Item 3125-001-0140—For support of California Tahoe Conservancy. I reduce this item from \$3,582,000 to \$3,482,000 by reducing:

(1) 2340-Tahoe Conservancy from \$4,124,000 to \$4,024,000.

I am reducing the Tahoe Conservancy's California Environmental License Plate Fund appropriation by \$100,000 to address a shortfall in the California Environmental License Plate Fund. While the Budget Act includes several one-time actions to address the shortfall, this action is necessary to support the immediate solvency of the fund until a comprehensive longterm plan is developed.

Item 3480-001-3025—For support of Department of Conservation. I reduce this item from \$950,000 to \$850,000 by reducing:

(1) 2435-Office of Mine Reclamation from \$950,000 to \$850,000, and delete Provision 1.

I am deleting the \$100,000 augmentation for the purchase of mine mapping software. The Office of Mine Reclamation has secured a \$450,000 grant from the Army Corps of Engineers to conduct an analysis on the procurement of a comprehensive data management system that will cover business processes associated with the regulation of Surface Mining and Reclamation Act mines, as well as legacy abandoned mines. It is premature to allocate \$100,000 for the procurement of a data management system prior to an analysis of the need and scope of the project.

I am deleting Provision 1 to conform to this action.

Item 3600-101-0200—For local assistance, Department of Fish and Wildlife. I delete this item.

I am eliminating the \$1,000,000 augmentation which would provide a grant to help restore Clear Lake. The Fish and Game Preservation Fund has a structural deficit and cannot absorb additional expenditures.

There are existing grant programs that are available and appropriate to support the restoration of Clear Lake. I am directing my Administration to provide technical assistance to Lake County to assist them in identifying and applying for ecosystem restoration and drinking water grant funding.

Item 7100-001-0588—For support of Employment Development Department. I revise this item by deleting Provision 2.

I am deleting Provision 2 because the appropriation from the Unemployment Compensation Disability Fund is unnecessary. The Department already performs targeted outreach activities for the Paid Family Leave program and is entering the second year of a \$6.5 million, three-year outreach pilot program.

With the above deletions, revisions, and reductions, I hereby approve Assembly Bill 93.

/s/ Edmund G. Brown Jr

EDMUND G. BROWN JR.

### **SPECIAL SESSION LEGISLATIVE COMMITTEES APPOINTED**

Assembly Speaker Toni Atkins (Democrat – San Diego) and Senate President Pro Tem Kevin De León (Democrat – Los Angeles) announced today the formation of committees and members for the two special sessions of the Legislature dealing with transportation infrastructure funding, and health care funding related issues.

The Legislature convened briefly on Friday, June 19<sup>th</sup>, to take action to organize both sessions, using the current legislative officers for both sessions. The two special sessions will reconvene upon call of the Senate President Pro Tem De Leon and Assembly Speaker Toni Atkins (Democrat – San Diego).

Both the State Senate and Assembly will have three committees for each of the two special sessions.

### FIRST EXTRAORDINARY (SPECIAL) SESSION ON (TRANSPORTATION) INFRASTRUCTURE

FIRST SPECIAL SESSION - SENATE RULES COMMITTEE

FIRST SPECIAL SESSION – SENATE APPROPRIATIONS COMMITTEE

*same membership as regular session*

FIRST SPECIAL SESSION - SENATE TRANSPORTATION AND INFRASTRUCTURE DEVELOPMENT COMMITTEE

*Senator Jim Beall (Democrat - San Jose), Chair*

*Senator Anthony Cannella (Republican - Ceres), Vice-Chair*

*Senator Benjamin Allen (Democrat - Santa Monica)*

*Senator Patricia Bates (Republican - Laguna Niguel)*

*Senator Tom Berryhill (Republican - Twain Harte)*

*Senator Ted Gaines (Republican - Roseville)*

*Senator Robert Hertzberg (Democrat - Van Nuys)*

*Senator Connie Leyva (Democrat - Chino)*

*Senator Carol Liu (Democrat - La Cañada/Flintridge)*

*Senator Mike McGuire (Democrat – Healdsburg)*

*Senator Tony Mendoza (Democrat - Artesia)*

*Senator Fran Pavley (Democrat - Agoura Hills)*

*Senator Bob Wieckowski (Democrat - Fremont)*

FIRST SPECIAL SESSION - ASSEMBLY RULES COMMITTEE

*same membership as regular session*

FIRST SPECIAL SESSION - ASSEMBLY FINANCE COMMITTEE

*Assemblymember Jimmy Gomez (D-Northeast Los Angeles), Chair*

*Assemblymember Frank Bigelow (R-O'Neals), Vice Chair*

*Assemblymember Richard Bloom (D-Santa Monica)*

*Assemblymember Reginald Byron Jones-Sawyer (D-South Los Angeles)*

*Assemblymember Kevin McCarty (D-Sacramento)*

*Assemblymember Melissa Melendez (R-Lake Elsinore)*

*Assemblymember Jay Obernolte (R-Big Bear Lake)*

*Assemblymember Phil Ting (D-San Francisco)*

*Assemblymember Shirley Weber (D-San Diego)*

FIRST SPECIAL SESSION - ASSEMBLY TRANSPORTATION AND INFRASTRUCTURE DEVELOPMENT COMMITTEE

*Assemblymember Jim Frazier (Democrat - Oakley), Chair*

*Assemblymember Katcho Achadjian (Republican - San Luis Obispo), Vice Chair*  
*Assemblymember Luis Alejo (Democrat - Salinas)*  
*Assemblymember Autumn Burke (Democrat - Inglewood)*  
*Assemblymember David Chiu (Democrat - San Francisco)*  
*Assemblymember Bill Dodd (Democrat - Napa)*  
*Assemblymember Susan Talamantes Eggman (Democrat - Stockton)*  
*Assemblymember Mike Gatto (Democrat - Glendale)*  
*Assemblymember David Hadley (Republican - Torrance)*  
*Assemblymember Young Kim (Republican - Fullerton)*  
*Assemblymember Eric Linder (Republican - Corona)*  
*Assemblymember Adrin Nazarian (Democrat - Sherman Oaks)*  
*Assemblymember Patrick O'Donnell (Democrat - Long Beach)*

SECOND EXTRAORDINARY (SPECIAL) SESSION ON HEALTH CARE

SECOND SPECIAL SESSION - SENATE RULES COMMITTEE

SECOND SPECIAL SESSION – SENATE APPROPRIATIONS COMMITTEE

*same membership as regular session*

SECOND SPECIAL SESSION SENATE PUBLIC HEALTH AND DEVELOPMENTAL SERVICES COMMITTEE

*Senator Ed Hernandez (Democrat - West Covina), Chair*  
*Senator Mike Morrell (Republican - Rancho Cucamonga), Vice-Chair*  
*Senator Joel Anderson (Republican - Alpine)*  
*Senator Jim Beall (Democrat - San Jose)*  
*Senator Isadore Hall, III (Democrat - South Bay)*  
*Senator Mark Leno (Democrat - San Francisco)*  
*Senator Mike McGuire (Democrat - Healdsburg)*  
*Senator Holly Mitchell (Democrat - Los Angeles)*  
*Senator John Moorlach (Republican - Irvine)*  
*Senator Bill Monning (Democrat - Carmel)*  
*Senator Jim Nielsen (Republican - Gerber)*  
*Senator Richard Pan (Democrat - Sacramento)*  
*Senator Lois Wolk (Democrat - Davis)*

SECOND SPECIAL SESSION - ASSEMBLY RULES COMMITTEE

*Same membership as regular session.*

SECOND SPECIAL SESSION - ASSEMBLY FINANCE COMMITTEE

*Assemblymember Shirley Weber (Democrat - San Diego), Chair*  
*Assemblymember Melissa Melendez (Republican - Lake Elsinore), Vice Chair*  
*Assemblymember Frank Bigelow (Republican - O'Neals)*  
*Assemblymember Richard Bloom (Democrat - Santa Monica)*  
*Assemblymember Jimmy Gomez (Democrat - Northeast Los Angeles)*  
*Assemblymember Reginald Byron Jones-Sawyer (Democrat - South Los Angeles)*  
*Assemblymember Kevin McCarty (Democrat - Sacramento)*  
*Assemblymember Jay Obernolte (Republican - Big Bear Lake)*  
*Assemblymember Phil Ting (Democrat - San Francisco)*

SECOND SPECIAL SESSION - ASSEMBLY PUBLIC HEALTH AND DEVELOPMENTAL SERVICES COMMITTEE

*Assemblymember Rob Bonta (Democrat - Oakland), Chair*  
*Assemblymember Brian Maienschein (Republican - San Diego), Vice Chair*

*Assemblymember Catherine Baker (Republican - Pleasanton)*  
*Assemblymember Susan Bonilla (Democrat - Concord)*  
*Assemblymember Nora Campos (Democrat - San Jose)*  
*Assemblymember Eduardo Garcia (Democrat - Riverside)*  
*Assemblymember Marc Levine (Democrat - San Rafael)*  
*Assemblymember Chad Mayes (Republican - Yucca Valley)*  
*Assemblymember Miguel Santiago (Democrat - Los Angeles)*  
*Assemblymember Marc Steinorth (Republican - Rancho Cucamonga)*  
*Assemblymember Mark Stone (Democrat - Monterey Bay)*  
*Assemblymember Tony Thurmond (Democrat - Richmond) [also regular session chair of Assembly Budget Subcommittee #1 on Health and Human Services]*  
*Assemblymember Jim Wood (Democrat - Healdsburg)*

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## Omar Noorzad - Update from Senate Hearing

**From:** Amy Westling <AWestling@arcenet.org>  
**To:** "Felipe Hernandez (fhernand@elarc.org)" <fhernand@elarc.org>, "Janis Whit..."  
**Date:** 7/2/2015 6:08 PM  
**Subject:** Update from Senate Hearing  
**CC:** Daniel Savino <Dsavino@arcenet.org>, "rollensconsult@aol.com" <rollensco...

The Senate Public Health and Developmental Services Committee met today for approximately four hours. All members with the exception of Senator Lois Wolk were in attendance for the hearing, including Senator Ed Hernandez (Chair), Senator Mike Morrell (Vice-Chair), Senator Joel Anderson, Senator Jim Beall, Senator Isadore Hall III, Senator Mark Leno, Senator Mike McGuire, Senator Holly Mitchell, Senator John Moorlach, Senator Bill Monning, Senator Jim Nielsen, and Senator Richard Pan. Key points from the hearing included:

- At the opening of the hearing, members discussed their opinions about whether a tax increase (on managed care plans) is necessary to stabilize the IHSS, Medi-Cal, and developmental services systems.
- Mike Wilkening (CHHS), Jennifer Kent (DHCS), Mari Cantwell (DHCS), and Teresa Calvert (DOF) explained the current Managed Care Organization Tax and the problems with it:
  - Some form of the tax has been in place since 2005. It is now charged only to Medi-Cal Managed Care Plans that get the tax amount reimbursed to them in their rates.
  - The federal government says there must be winners and losers in these type of taxes and there isn't right now. This is why the tax must be expanded to commercial health plans. The state has until August 2016 to address this issue or risk losing federal funding for the tax, which amounts to \$1.1 billion General Fund.
  - DHCS has tried to come up with different models that would be federally acceptable and still generate the needed money. The current proposal would cost commercial plans approximately \$650 million annually. The cost to plans would be between 1% and 4% of their revenues.
  - A few other states have similar taxes but have not yet developed proposals to come into compliance with federal expectations.
- Felix Su (LAO) Noted that if the proposed tax is based on the number of members in a plan rather than its revenue, it will have to be adjusted frequently to meet program needs.
- Shawn Martin (LAO) provided an overview of the community-based developmental services system, including the structure of the system and a history of cuts and freezes over the last ten years. There was discussion of the cost pressures associated with compliance with the HCBS regulations as well as the closure of developmental centers. The Developmental Services Task Force may provided suggestions for long-term funding reforms. The Budget committees approved funding increases that were not ultimately approved. According to DDS, the Lanterman Coalition proposal of 10% increases would have cost of \$418 million (\$216 General Fund) for the POS increases and \$56 million (\$41 General Fund) for the Operations increases.
- Ginni Bella Navarre (LAO) indicated the total IHSS budget is \$8 billion, with \$2.8 billion being General Fund. There was a review of the historical cuts to the program and the settlement agreement in 2013 that committed to restoration of cuts to the program.
- Directors Will Lightbourne (DSS), Santi Rogers (DDS), and Jennifer Kent (DHCS) were invited to the table to answer more detailed questions. Mike Wilkening (CHHS) also joined the discussion.
  - Senator McGuire asked what is meant by "increase oversight and the effective management of services" in the regional center system that appears in the Governor's Proclamation calling this special session. Mike Wilkening responded that this was in response to recent challenges that have occurred at Inland and Kern Regional Centers.

- The Developmental Services Task Force does not need to conclude its work before this Committee can take action.
- DDS will submit its closure plan for Sonoma Developmental Center by October 1, which will include a projected closure date. The needs of the residents will be paramount in making this decision.
- There are still talks underway with the federal government that may extend funding for services at Sonoma if the state is in “substantial compliance”.
- DOF indicated that savings from the closure of developmental centers will need to revert to the General Fund.
- Senator Leno noted that there needs to be a fix for developmental services during this extraordinary session.
- Jason Sisney (LAO) discussed other taxes (i.e., tobacco and sweetened beverages) that may also be possibilities. Several Senators expressed the need to think more creatively than this and even to existing the effectiveness of existing tax credits to determine if it makes sense to continue them.
- Senator Beall announced that his bill (SB X 2-1) is being introduced that would provide 10% rates and operations increases, minimum wage adjustments, and require DDS to develop a financial sustainability plan. So far, there are eight co-authors, including Senator Monning in the Senate.
- Public comment was taken, with the vast majority of it relating to the need for additional funding to prevent the further collapse of California’s developmental services system. A representative of the health plan association indicated that health plans urge caution in restructuring the current Managed Care Organization tax as the federal government’s timeline for addressing this issue is still a year out.

The recording of the hearing can be found at [http://calchannel.granicus.com/MediaPlayer.php?view\\_id=7&clip\\_id=3045](http://calchannel.granicus.com/MediaPlayer.php?view_id=7&clip_id=3045). Please let me know if you have any questions about today’s hearing.

Amy Westling  
 Director of Policy  
 Association of Regional Center Agencies  
 915 L Street, Suite 1440  
 Sacramento, CA 95814  
 Phone (916) 446-7961 ext. 21  
 Fax (916) 446-6912  
[awestling@arcnet.org](mailto:awestling@arcnet.org)



## Omar Noorzad - Update on Assembly Public Health and Developmental Services Hearing on Developmental Services

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**From:** Daniel Savino <Dsavino@arcanet.org>  
**To:** "Felipe Hernandez (fhernand@elarc.org)" <fhernand@elarc.org>, "JanisWhit...  
**Date:** 8/18/2015 5:55 PM  
**Subject:** Update on Assembly Public Health and Developmental Services Hearing on Developmental Services  
**CC:** "Rick Rollens (rollensconsult@aol.com)" <rollensconsult@aol.com>, "Amy We...  
**Attachments:** Assembly Public Health and Developmental Services Testimony 2015-08-18.pdf; Assembly Public Health and Developmental Services Testimony Attachment 2015-08-18.pdf

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Dear Board Members,

Today, the Assembly Public Health and Developmental Services Committee held a hearing titled "Supporting and Enhancing California's Developmental Services Programs." Assembly members Bonta, Garcia, Steinorth, Mayes, Baker, Maienschein, Wood, Thurmond, Stone, Bonilla, Campos, and Levine were in attendance. ARCA's written testimony provided to the Committee is attached.

The first panel focused on regional centers:

- Santi Rogers (DDS) provided a background of California's developmental services system.
- Brian Winfield (DDS) provided an overview of current rate challenges and freezes. He also noted cost-drivers in the system including the movement of individuals from developmental centers to the community.
- Carlos Flores (San Diego Regional Center) provided details about challenges that regional centers face in developing needed resources, maintaining adequate staff, and the risk to federal funds.
- Catherine McCoy (San Andreas Regional Center/SEIU) provided information about the impact on individuals and families of high caseload ratios and staff turnover resulting from low wages. She also provided a description of the training and specialization that is required to carry out service coordination.
- Members asked questions about the state of crisis that the system is in and how to address it. It was raised that the system needs to be prioritized for funding.

The second panel focused on client services:

- Catherine Blakemore (Disability Rights California) indicated additional fiscal challenges come from threats to federal funding for developmental centers and from the new HCBS requirements. She suggested ways in addition to the managed care tax to increase funding to the system, such as greater utilization of private insurance and Money Follows the Person programs. She also recommended setting a timeline for completion of the DS Taskforce work.
- Carol McKinney (California Supported Living Network) provided testimony about the impact of staff

turnover, and other challenges, on individuals being supported in SLS, including less access to community settings and autonomy. She discussed the inability of many providers to accept individuals with complex needs, despite the fact that many families are seeking this service.

- Boyd Bradshaw (ResCoalition) testified about the challenges posed by changing labor laws for residential care facilities as well as the difficulty of operating smaller homes for the same rates.
- Sue North (California Disability Services Association) testified about the challenge of so many shortfalls at the same time (“death by a thousand cuts”) and called for a bipartisan solution.
- Members discussed the urgency to arrive at a bipartisan solution to the funding challenges in this system.

The final panel focused on program and fiscal oversight:

- John Doyle (DDS) discussed the partnership between regional centers and DDS and the monitoring of regional centers through Special Incident Reporting, audits, attending Board meetings, and ensuring compliance with caseload ratios. The State Council on Developmental Disabilities, Disability Rights California, and various federal agencies also provide oversight to regional centers.
- John Popadak (ARCA) provided information about regional center oversight of service providers through fiscal audits as well as other reviews of services provided. He noted the decrease in regional center fiscal monitoring staff. He also discussed the role of other agencies in monitoring services providers as well as the ability of service coordinators to visit programs in the course of conducting case management. In 2009 triennial evaluations of community care facilities was eliminated. Case management is required to be the primary focus of regional centers, which leaves less funding for quality assurance or auditors. He also noted the limitations of required vendor fiscal audits.
- Members asked questions about whether additional resources devoted to audits would help as less than 1% of providers can now be audited annually.

Public comment was taken, including Amy Westling on behalf of ARCA, with a wide range of perspectives being shared. The common concern remained the ongoing and worsening strains on the developmental services system. The meeting adjourned by 4:30pm.

Tomorrow, the committee will hold a hearing titled “Supporting and Enhancing California’s Medi-Cal Program” (updated agenda not yet available). The hearing will begin at 1:30pm, in State Capitol room 4202. The hearing will be livestreamed on CalChannel. ARCA will speak during public comment.



915 L Street, Suite 1440, Sacramento, California 95814 • 916.446.7961 • Fax: 916.446.6912 • www.arcanet.org

August 18, 2015

Honorable Rob Bonta  
Chair, Committee on Public Health and Developmental Services  
P.O. Box 942849, Room 6005  
Sacramento, CA 94249-0018

**RE: Association of Regional Center Agencies' Testimony for August 18, 2015 Hearing**

Dear Assembly Member Bonta:

The Association of Regional Center Agencies (ARCA) represents the network of 21 non-profit regional centers that coordinate services for, and advocate on behalf of, Californians with developmental disabilities.

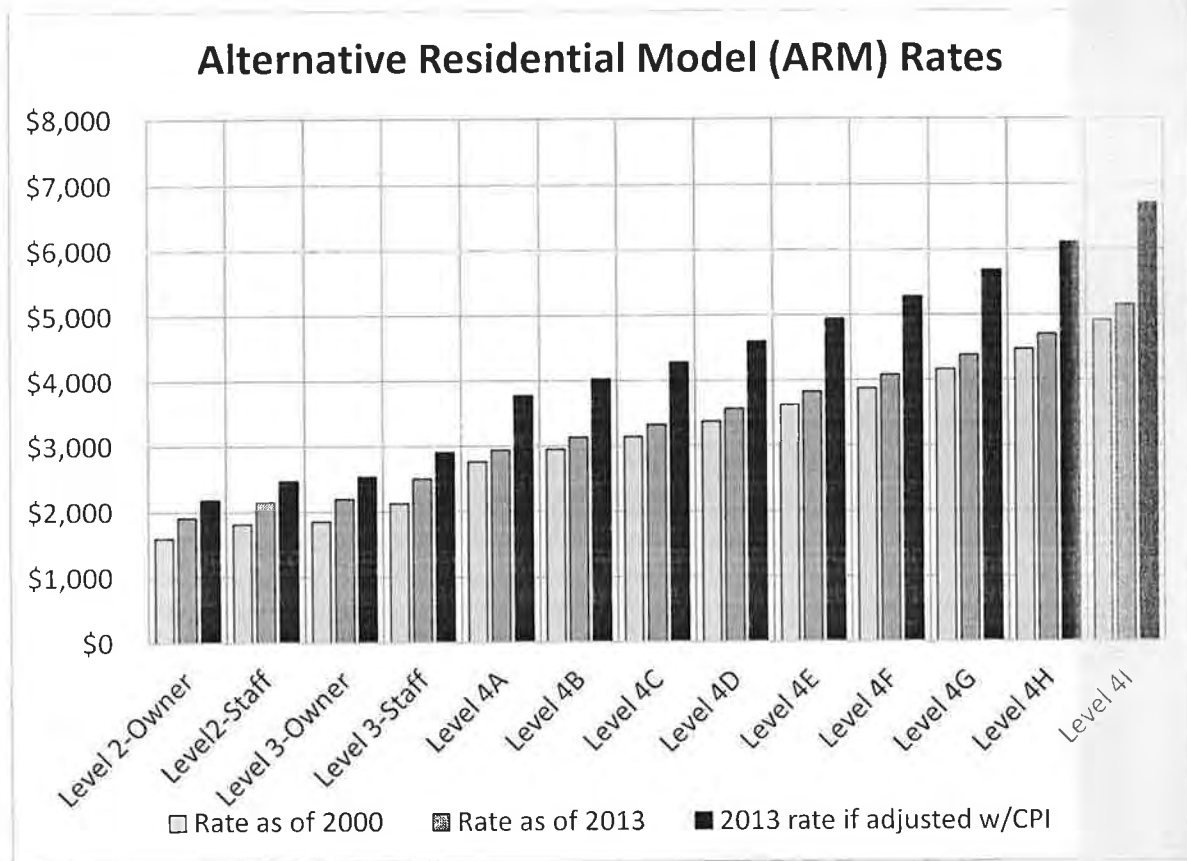
In 1969, in response to the grassroots advocacy of parents of individuals with developmental disabilities, the Lanterman Act was signed into law and established that "[the] State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge." The Lanterman Act established the state's twenty-one regional centers, which under contract with the state (now with the state's Department of Developmental Services (DDS)) to directly provide some direct services such as case management and to contract with community service providers for others. The state's Supreme Court found in 1985 that the Lanterman Act "defines a basic right and a corresponding basic obligation . . . [T]he right which it grants to the developmentally disabled person is to be provided with services that enable him to live a more independent and productive life in the community; the obligation which it imposes on the state is to provide such services." This is the cornerstone of California's developmental services system.

Today, California operates the nation's largest developmental services system, funded by \$3.2 billion in state funds, and nearly \$2 billion in federal financial support that is contingent upon meeting various requirements. During the recent recession, California's developmental services system endured over \$1 billion in total funding reductions. These cuts destabilized the developmental services system and have significantly compromised its ability to meet all of its obligations to individuals served, their families, and the federal government. Service provider rates and regional center operations funding suffer from chronic underfunding that threatens service quality, federal funding, and most importantly, the health and safety of the nearly 280,000 individuals served by the system today.

**Service Provider Rate Formulas and Limitations**

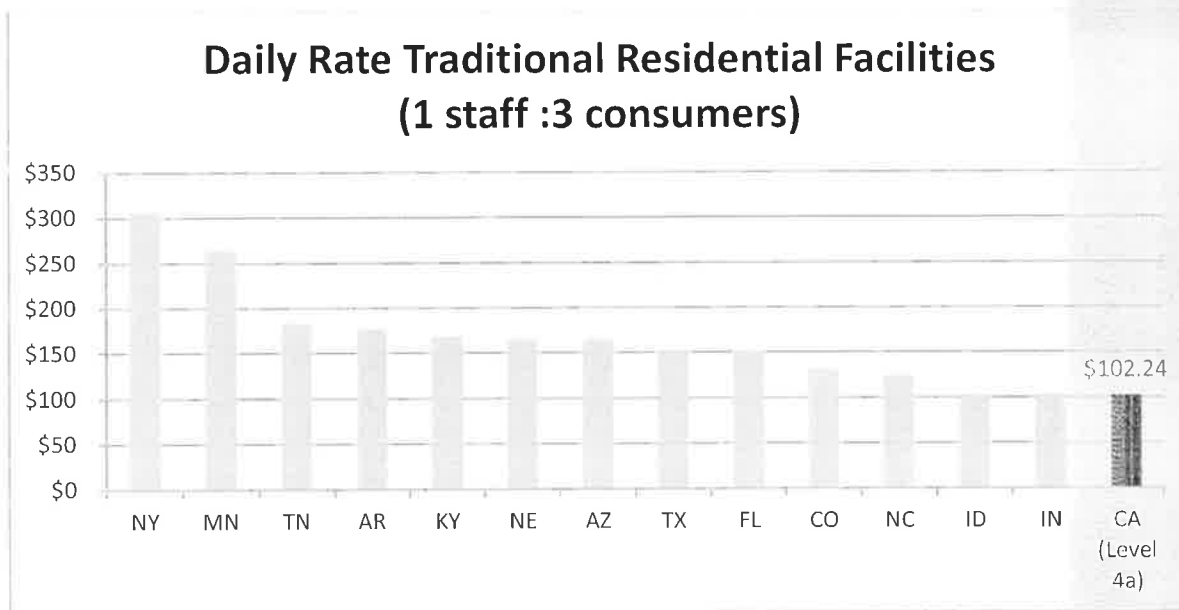
There are six primary mechanisms to establish rates for service providers: Alternative Residential Model (ARM), Non-Negotiated Rate Community Based Programs, Supported Employment, Negotiated Rates, Usual and Customary, and Schedule of Maximum Allowances (SMA). Usual and Customary providers offer their services to the broader community and are paid what they charge the general public (i.e., bus passes). For services that have an established Medi-Cal (known as “SMA”) rate, that rate is paid by regional centers (i.e., medical equipment). Supported employment rates are statutorily set by the Legislature. A great deal can be learned about the state of California’s developmental services system by examining funding of residential facilities in greater depth.

The ARM rates and the community-based day program rates are set by DDS. From July, 2000, to January, 2013, the CPI for California increased 36.6%. As an example of the gap between the increase in service rates and the rate of inflation, the chart below illustrates the ARM rates as of July 1, 2000, the current ARM rates, and what the ARM rates would be if they had kept pace with inflation.



As a point of reference, California’s daily rate for non-negotiated rate residential facilities is approximately a third of the rate paid in New York State and is comparable to the rates paid in Indiana and Idaho, two states that are more rural and have lower costs of living. Additionally, most service rates

do not include a geographic differential to account for the different cost of doing business in different regions of the state.



While ARM rate facilities were chosen here to illustrate the point, similar trends can be seen by examining many other services with rates established by DDS. In 2003, many service rates (i.e., community care facilities, day programs, and supported living agencies) were frozen, and continue to remain so.

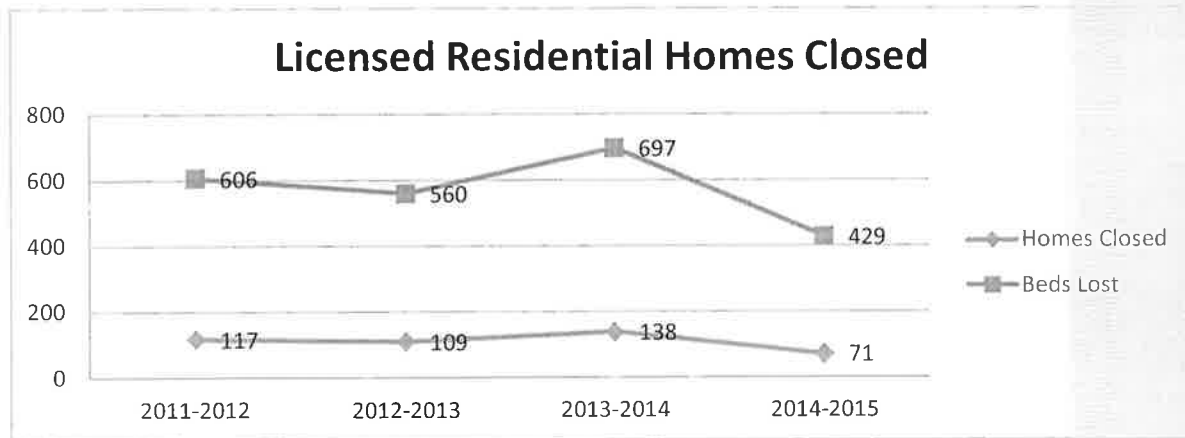
In response to this, regional centers began greater utilization of negotiated rate facilities and programs. In 2008 negotiated rates became subject to legislation that imposed a freeze and a maximum allowable rate (the median), regardless of the provider's actual costs. For many services, the rates paid within a service category varied widely depending on the level of support offered by each vendor, so the imposition of a median rate ceiling had a significantly chilling impact. In some cases, the impacts varied significantly from one regional center to the next. In 2011, the median rates were recalculated and in many cases were reduced. These two measures have created extreme difficulties for regional centers in their attempts to develop new and specialized services and have meant that no sector of services is now reliably well-funded enough to sustain existing vendors or to attract new ones.

In order for individuals with developmental disabilities to achieve full participation in the community, they must have integrated living and employment options, as well as the necessary supports to achieve those. This has become increasingly difficult to provide. Full community participation is not only a tenet of the California Lanterman Act but one that the federal government strongly holds.

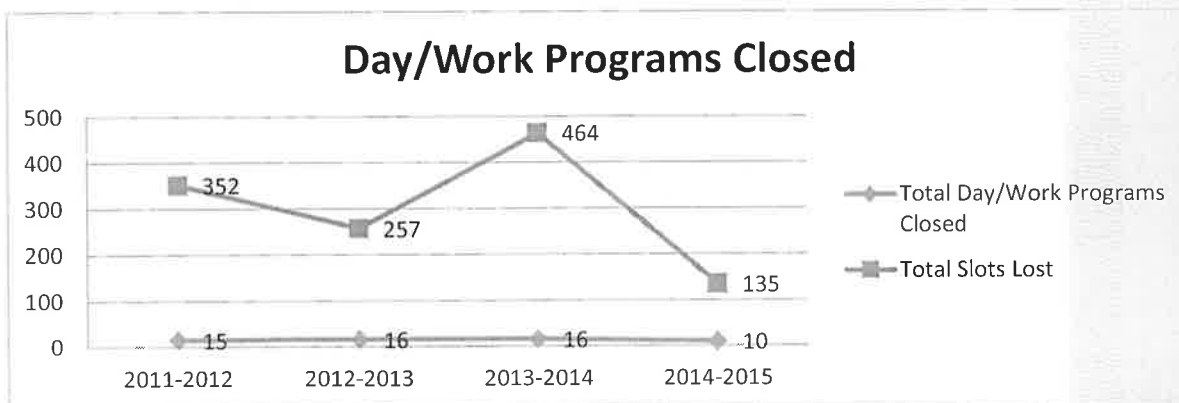
### The Impact of Inadequate Rates on Service Providers

ARCA surveyed regional centers to ascertain the number of community service providers that have closed their doors in recent years. The below data reflects the number of program closures between July 2011 and December 2014. It is important to note when reviewing the following information that the 2014-2015 Fiscal Year data reflects only half-year data through December 2014. It is also essential to realize that this data captures only closures and not the number of programs on the brink of closure who are able to stay in business by making tough decisions such as cutting employee wages or hours worked in order to stay afloat a little while longer.

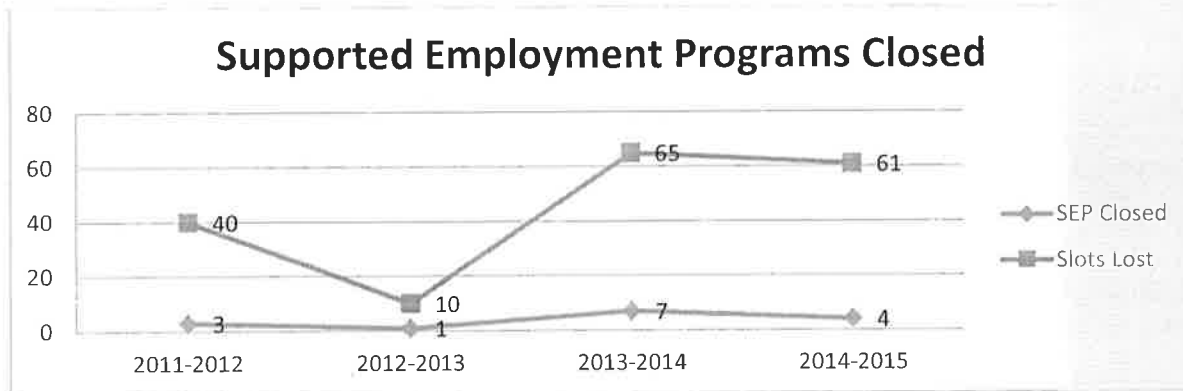
All told, regional centers report the closure of 435 homes between July 2011 and December 2014, which represents a loss of almost 2,300 available beds. This is the type of loss that limits choice and opportunity for individuals in need of a safe and structured place to live.



Regional centers report that between July 2011 and December 2014, 57 day and work programs have closed their doors, which is a loss of more than 1,200 opportunities for individuals to interact with peers and their communities on a daily basis. These numbers also include many individuals with developmental disabilities that are no longer participating in paid employment opportunities.



Between July 2011 and December 2014, 15 supported employment programs have stopped providing this service, which is a loss of 176 opportunities for individuals to be supported to work in integrated community settings alongside nondisabled peers.



In a recent survey of regional centers, the reasons given for recent program closures are fairly consistent. The leading identifiable reason for program closure was low rates. A closer examination of the data reveals, however, that the bulk of involuntary program closures due to service quality can also be traced back to insufficient rates.

#### Serving Changing Populations

Ten years ago a study conducted by Braddock and Hemp concluded that major cost-drivers in California's developmental services system include increased longevity of individuals, aging caregivers, the transition of services from institutional to community settings, and youth aging-out of the school system. These fundamental service needs, in conjunction with increasing rates of autism, must inform today's rate and service development policies. For instance:

- As individuals and their family members age, support needs intensify as self-care, mobility, and the availability of family supports diminish.
- As family members age, they are no longer able to care for their son or daughter in their home, resulting in the individual being placed outside the home. Increasingly, individuals and their families are interested in this transition being into an independent or supported living arrangement rather than a residential facility.
- Individuals once served in developmental centers are being successfully supported in community settings at a cost lower than the average for developmental centers, but still higher than the average support cost for an individual in the community. California Health and Human Services Secretary Diana Dooley convened a task force last year to address this transition; the group noted the need to stabilize and increase the capacity of the community services system to adequately support all individuals with complex needs.

- With the assistance of individualized services and clinical support, individuals with intensive psychiatric and behavioral support needs are increasingly being served in community-based settings. To come to fruition, these services require not only the development or modification of services to address those specialized concerns, but take a great deal of collaboration and cross-training with generic agencies. Additionally, service providers' ability to succeed often hinges on being able to spend time working with families to help them understand and support their family members.
- A number of individuals with developmental disabilities find themselves involved in the criminal justice system. These individuals can have co-occurring diagnoses, such as substance addiction, mental illness, or both. Serving these individuals necessitates significant resource development. But it also requires coordination with criminal justice agencies, other treatment and care systems, and regional center service providers to support these individuals to remain within, or return to, the community.
- The cost to support individuals rises sharply as they exit school settings. In the next three years, almost 25,000 individuals statewide will leave the educational system, requiring regional centers to provide services previously obtained there.
- Individuals with autism oftentimes require customized supports to be successful, which frequently cost more than standard available services. Less than 19% of the individuals with autism served by the regional center system are over the age of 22. As larger numbers of this population age out of the school system, their reliance on the regional center system will increase significantly.

Innovative models to serve each of these populations are costly to develop and require rates above the artificially-set limits. Until 2003 regional centers were permitted to use purchase of service money to help providers start programs that addressed an unmet need in their catchment areas through the request for proposal (RFP) process. Now, no money is available up front to develop programs for anyone except the small number of individuals either leaving, or being deflected from entry into, developmental centers. For reasons described earlier, providers do not have the cash reserves or borrowing ability to meet those initial costs. In the exceedingly rare cases when they do, they work with the understanding that in many instances the reimbursement rate for the service will not cover their operating expenses, largely as a result of the median rate structure. Consequently, new and innovative programs are difficult to develop. Many times regional centers issue RFPs for needed services and are unable to locate or interest qualified applicants to meet identified needs. California prides itself on not having waiting lists for services. Yet individuals and their families have identified needs, with inadequate or no services available to meet them. People are, essentially, waiting for something that is either in short supply or non-existent.



As California's population continues to diversify, the system must serve more individuals in ways that are responsive to and respectful of their language, ethnicity, geography, or family economic situation. Developing new, or augmenting traditional, service models to meet these various needs is essential in order to ensure that individuals of diverse backgrounds can be well-served. Community service providers and regional centers strive to provide services in a variety of languages and settings to accommodate this growing need, but there is no additional funding earmarked to offset the costs associated with customizing service delivery. As with other service developments and expansions, identifying providers to serve specific populations is difficult given the existing rate structures, freezes, and other limitations.

### **Regional Center Operations Funding**

The bulk of the regional center operations (OPS) budget is determined using a calculation known as the "core staffing formula." In it, some positions are set based on the number of individuals served by each center (e.g., service coordinator), while others are done on a "per-center" basis (e.g., executive director). The core staffing formula was developed in 1978 and implemented in 1980. It was based on then-current assumptions about the number of staff positions required to operate a regional center, and the state salaries for comparable positions. Today, the core staffing formula no longer reflects the actual cost of operating a regional center. For instance:

- Initially, when state salaries were adjusted, the core staffing formula was, too. But this practice was halted in 1991 in response to a state fiscal crisis and never resumed. The last major adjustment to the formula, in 1998, was to service coordinator salaries, due to federal and public pressure.
- The fringe benefit rates to cover expenses such as health insurance premiums and retirement were frozen at that same time at 23.7%. The fringe benefit rate for state workers has continued to increase to its current benefit rate, at about 48%.
- Over the years various ongoing unallocated reductions were imposed, resulting in an annual funding reduction of \$44 million system-wide, which equated to a 7.6% reduction in the core staffing formula during the 2013-2014 fiscal year.
- Leases, particularly long-term commercial leases that regional centers must enter into, oftentimes contain escalator clauses that force annual rents upwards regardless of the rate of inflation during any given year, further straining regional centers' operations budgets.
- As was the case with most service provider rates, from February 1, 2009, through June 30, 2010, regional center operations budgets were decreased by 3%. From July 1, 2010, through June 30, 2012, this reduction was increased to 4.25%. Though eventually reversed, these cuts forced regional centers to use some combination of layoffs, furloughs, and hiring freezes, further stressing each center's capacity to meet the needs of its community.

- The number of various types of services, the development of new services, the expectations for service outcomes, and the monitoring and oversight for quality improvement and assurance have all increased dramatically through the years. But the core staffing formula does not account for the additional staff positions needed to perform this work. Community services are meant to ensure the needs of individuals and their families are met. If these services cannot be developed or sustained, the results can include health and safety issues for the individuals, excessive strains on families, and any number of other concerns.

A survey conducted by The National Association of State Directors of Developmental Disabilities Services in 2005 indicated that 32 of 37 states responding had caseload ratios of less than 1:59. California was in the 1:60 to 1:99 range with two other states (see the chart below).

Estimated Caseload Ratios – 2005	
Caseload Ratio	Number of States
<1:20	2
1:20 - 1:29	3
1:30 - 1:39	15
1:40 - 1:49	5
1:50 - 1:59	7
1:60 - 1:99	3
>1:100	2

The CityGate study in 1999 found that based on expected client characteristics as for Fiscal Year 1999-2000, the overall caseload ratio needed in California’s developmental services system was 1:53. Since then, the number of clients with complex needs have increased dramatically.

In 2014, service coordinators made up approximately 54% of the regional center workforce, and the Core Staffing Formula sets the position’s salary at \$34,032 statewide. The current state equivalent salary is \$50,340. Individual regional centers must compete with local counties for skilled case management staff. As illustrated in the attached chart, in Contra Costa County the salary for similar positions is \$63,401; in Mono County it is \$61,716. In addition to higher pay, counties offer a comprehensive benefits package, sometimes even including the repayment of employees’ student loans, that regional centers are unable to match. These pay and benefit inequities drive high levels of turnover at regional centers, with the average reported turnover in service coordinators during the 2014-2015 Fiscal Year being approximately 13%, with one center reporting 29% turnover during that time. Had the budgeted annual salary for the service coordinator position kept pace with inflation, it would now be in excess of \$61,000 per year. The reality of budgeted salaries and benefits for service coordinators falling far below state or county equivalents leaves regional centers no choice but to pay more (the average salary paid by regional centers is \$46,121) by hiring fewer service coordinators and other critical employees and using that money for more realistic salary and benefit levels.

In 2015 centers employ 663 fewer service coordinators statewide than they need to meet required caseload ratios. In 2015 no regional center was meeting all mandated caseload ratios, with the average caseload for all service coordinators now approximately 1 to 75, which exceeds all legal limits that California has assured the federal government it will meet. Many individuals require intensive case management to seek appropriate services from other agencies such as schools, the Social Security Administration, or programs such as In-Home Supportive Services. It is oftentimes the intensive case management that they receive that prevents them from needing to access more regional center funded services. In direct response to short-sighted underfunding for critical case management support, the need for additional funded services may increase for many individuals.

### **Risks to Ongoing Federal Financial Participation**

In 1997 the Health Care Financing Administration (now CMS) reviewed California's developmental services system and found significant deficiencies. In response, it froze the number of individuals whose services qualified for offsets of federal financial participation. This sanction was not lifted for six years and ultimately cost the state \$933 million in lost federal funds. One of the deficiencies identified at that time was the exceedingly high caseload ratios of regional center service coordinators. The most significant problems arising from this were an inability to ensure individuals' health and safety or to provide them with the level of expert case management services they require. In response to the federal audit, the state set a statutory limit on caseload ratios and provided additional regional center operations funding to allow for compliance with this expectation. However, the previously-described factors quickly eroded regional centers' ability to maintain compliance. During the 2014-15 Budget hearings, DDS indicated that not a single regional center is meeting all mandated caseload ratios.

2008 guidance from CMS instructing states on completing their Waiver applications indicates that "[w]aiver payment rates may be determined in a variety of ways and frequently the methods that are employed vary by the type of service." It cautions, however, that whatever methodology is employed by states must ensure that "payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers." As noted earlier, rates for some services are now so low that there are not enough providers to satisfy the demand for services. While in some cases substitute services are provided, in other instances, no appropriate alternative exists and individuals do without until appropriate services become available.

In order to continue receiving federal funding for the system, California makes assurances that caseload ratios are being met and that sufficient services are in place to support the number of individuals being served. Yet the reality of those situations poses a significant risk to the ongoing receipt of federal dollars for the developmental services system. The risk is greater now than ever, as the system relies on nearly \$2 billion annually in federal funds.

### **Monitoring and Oversight**

Regional centers and their contracted community providers hold themselves to high standards and recognize their duty to spend the state and federal dollars at their disposal wisely. Both regional centers

and community service providers are carefully monitored to ensure the needs of individuals are being met and that this work is being carried out as outlined in statute and regulation. For instance:

- Biennially, DDS completes full audits of each regional center.
- On an ongoing basis, DDS monitors regional center performance related to caseload ratios, Board composition, Medicaid Waiver enrollment, and spending.
- Regional centers are also monitored on specific performance by the State Auditor.
- Regional centers receive an annual audit by an independent auditor and are required to make the findings from this public.
- Regional centers monitor community care facilities annually for compliance with regulatory standards and complete two unannounced visits annually to each facility.
- For special incidents related to individuals served by all vendors, regional centers complete follow-up activities to ensure that effective risk mitigation is completed.
- Each individual's Individual Program Plan requires a review of the progress towards meeting goals outlined by the planning team and each vendor's role in that.
- Regional centers complete billing audits to ensure that the units of service the provider billed to the regional center are accurate and supported by the necessary documentation such as time cards, staffing schedules, attendance reports, and other documentation.

As with other regional center responsibilities, underfunding of the service system has a negative impact. For instance:

- This fiscal year, regional centers are funded for 24.5 Vendor Fiscal Monitors. This is less than half of the number they had in 2003. In 2003, the regional centers served 159,000 clients. They now serve over 281,000 clients.
- The Core Staffing Formula budgets only \$50,844 for a Vendor Fiscal Monitor. It is near impossible to hire a qualified auditor at this rate. Consequently, they must compete with other staff over the scarce resources available to regional centers.

#### **Stabilizing and Advancing the Service System**

ARCA is grateful for the leadership the Legislature and Governor showed last year in approving a plan for a systemic examination and meaningful discussion about the issue of funding for the community-based service system. This work is being carried out by the Developmental Services Taskforce under the careful

leadership of Diana Dooley, Secretary of the Health and Human Services Agency. Under her guidance, the group is focused on arriving at consensus about what needs to be done in order to stabilize the community-based developmental services system and has begun its efforts to examine service provider rates and regional center operations funding. ARCA is appreciative of the opportunity to examine the system from this perspective and anticipates that the members will arrive at recommendations that will help to shape future funding models to enhance outcomes for individuals and their families, but this type of thoughtful examination takes time.

ARCA appreciates the Governor and Legislature for the inclusion of funds in each year's Budget that allows regional centers to serve ever-growing populations. It must be noted, however, that the developmental services system remains at a breaking point and needs a targeted infusion of funding now in order to prevent the collapse of the system. The Lanterman Coalition, which represents the major advocacy, family, self-advocacy, and other stakeholder groups in California's developmental services system, has proposed an incremental, common sense approach to stabilize and propel the system forward. First, infuse the system with an initial 10% funding increase in order to stabilize community service providers and regional centers and to prevent further decline. Second, develop new or reform existing models for funding service rates and the formulas for regional center operations to make them adequate, thoughtful, and designed to promote sustainability and quality outcomes. Third, in the interim years until such funding reform is implemented, provide the system with 5% annual increases in order to correct the course of the system and begin to set it on the path of again providing necessary supports to enhance each individual's independence and personal outcomes. ARCA and California's twenty-one regional centers embrace this strategy and encourage the Administration and the Legislature to begin the reinvestment in the state's developmental services system today.

The Lanterman Act is a contract between the State of California and hundreds of thousands of individuals with developmental disabilities and their families. ARCA appreciates the bipartisan effort in both the California Senate and Assembly to address the chronic underfunding of both community service provider rates and regional center operations. It is now incumbent upon the Legislature and the Administration to ensure that one outcome of the Extraordinary Session is adequate resources to make the promise of the Lanterman Act a reality for all Californians with developmental disabilities.

Sincerely,

/s/Eileen Richey

Executive Director

Cc: Members and Consultants, Assembly Committee on Public Health and Developmental Services  
Julie Souliere, Assembly Republican Fiscal Office  
Mary Bellamy, Consultant on Human Services, Assembly Republican Caucus  
Gail Gronert, Policy Consultant, Office of the Speaker  
Agnes Lee, Policy Consultant, Office of the Speaker  
Mark Newton, Deputy Legislative Analyst, Legislative Analyst's Office

Carla Castaneda, Principal Program Budget Analyst, Department of Finance  
Lawana Welch, Associate Finance Budget Analyst, Department of Finance  
Santi Rogers, Director, Department of Developmental Services  
Diana Dooley, Secretary, Health and Human Services Agency  
Donna Campbell, Governor's Advisor, Health and Human Services

**ASSOCIATION OF REGIONAL CENTER AGENCIES  
COMPARISON OF REGIONAL CENTER SALARIES TO COUNTY SALARIES  
February 3, 2015**

REGIONAL CENTER CLIENT PROGRAM COORDINATOR SALARIES					COUNTY SOCIAL WORKER SALARIES				
RC	Regional Center	Position	Minimum	Maximum	County	Position	Minimum	Maximum	
ACRC	Alta California	Service Coordinator I	\$33,024	\$46,464	Alpine	Social Worker III	\$43,740	\$58,620	
		Service Coordinator II	\$36,432	\$51,288		Case Manager I	\$32,820	\$48,492	
		Service Coordinator III B	\$38,760	\$54,552		Counselor II	\$35,304	\$52,152	
		Service Coordinator III A	\$42,744	\$60,192		Social Worker II	\$32,340	\$47,808	
						Social Worker III	\$35,664	\$52,704	
						Social Worker IV	\$37,452	\$55,344	
						El Dorado	Social Worker I	\$32,989	\$40,082
							Social Worker II	\$36,171	\$43,971
							Social Worker III	\$45,490	\$55,307
							Social Worker IV A	\$45,490	\$55,307
						Social Worker IV	\$47,882	\$58,198	
						Nevada	Social Service Worker I	\$40,830	\$49,845
							Social Service Worker II	\$45,113	\$55,074
							Social Service Worker III	\$49,845	\$60,851
							Social Service Worker IV	\$55,074	\$67,234
						Placer	Client Services Counselor I	\$45,146	\$54,876
							Client Services Counselor II	\$48,633	\$59,115
							Client Services Counselor Sr	\$53,618	\$65,174
						Sacramento	Family Services Worker Lv II	\$31,278	\$38,043
							Human Services Social Wkr	\$50,300	\$61,116
							Human Svcs Soc Wkr MstrDgr	\$60,051	\$73,017
						Sierra	Social Worker III	\$40,749	\$60,205
						Sutter	Social Worker Child Svcs I	\$41,158	\$56,731
							Social Worker Adult Svcs II	\$43,467	\$59,762
							Social Worker Adult Svcs IV	\$43,467	\$59,762
							Social Worker Child Svcs II	\$45,979	\$62,970
							Social Worker Adult Svcs III	\$48,561	\$66,536
							Social Worker Child Svcs III	\$51,244	\$70,066
						Social Worker Child Svcs IV	\$56,916	\$77,053	
						Yuba	Child Supp Case manager II	\$35,364	\$56,232
							Health & Social Wrkr III (As)	\$44,796	\$71,232
							Health & Social Wrkr III (Cws)	\$51,948	\$82,608
							Health & Social Worker IV	\$56,748	\$90,240

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RC	Regional Center	Position	Minimum	Maximum	County	Position	Minimum	Maximum
CVRC	Central Valley	Counselor	\$38,927	\$53,606	Fresno	Social Worker I	\$35,230	\$44,954
		Senior Counselor	\$46,155	\$63,561		Social Worker II	\$38,792	\$49,504
						Social Worker III	\$43,628	\$55,692
						Social Worker Practitioner	\$47,606	\$60,762
					Kings	Social Service Worker I - CPS	\$40,331	\$49,212
						Social Service Worker II	\$40,331	\$49,212
						Social Service Worker III	\$44,553	\$54,371
						Social Srvc Worker III - CPS	\$49,212	\$60,049
					Madera	Social Worker Practitioner	\$54,371	\$66,331
						Social Worker I	\$34,211	\$41,584
						Social Worker II	\$39,733	\$52,047
						Social Worker III	\$43,901	\$57,507
					Mariposa	Social Worker IV	\$49,237	\$59,848
						Social Worker II	\$36,171	\$43,969
						Social Worker III	\$39,971	\$48,587
						Social Worker IV	\$45,059	\$54,773
					Merced	Social Worker III	\$43,451	\$52,853
						Social Worker IV-A	\$48,512	\$58,573
						Social Worker IV-B	\$53,102	\$64,605
					Tulare	Social Service Worker II	\$33,426	\$40,737
			Social Service Worker III	\$36,914		\$44,989		
			Social Service Worker III-CWS	\$46,660		\$56,865		
			Social Service Wrkr I-Clinical	\$58,861		\$71,734		
			Social Service Wrkr I-Licensed	\$66,304		\$80,808		



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RC	Regional Center	Position	Minimum	Maximum	County	Position	Minimum	Maximum	
FNRC	Far Northern	Service Coordinator	\$36,372	\$49,104	Butte	Social Worker	\$38,078	\$51,027	
		Sr Service Coordinator	\$47,916	\$59,160	Glenn	Social Worker III	\$37,856	\$46,009	
							Social Worker IV	\$40,997	\$49,858
						Lassen	Social Worker II	\$31,896	\$38,304
							Social Worker III	\$40,104	\$48,288
						Modoc	Social Worker I	\$27,192	\$39,504
							Social Worker II	\$30,960	\$39,504
							Social Worker IV	\$45,672	\$58,284
						Plumas	Social Worker I	\$31,782	\$49,241
							Social Worker II	\$34,382	\$53,435
							Social Worker II	\$37,918	\$58,926
						Shasta	Social Worker	\$38,036	\$48,544
						Siskiyou	Social Worker I	\$36,046	\$44,886
							Social Worker III	\$41,746	\$51,958
							Social Worker IV	\$50,711	\$63,179
						Tehama	Social Worker I	\$33,408	\$40,680
							Social Worker II	\$35,964	\$43,812
							Social Worker III	\$38,724	\$47,196
							Social Worker IV	\$41,712	\$50,820
						Trinity	Social Worker I	\$33,459	\$34,133
					Social Worker II	\$26,528	\$36,520		
					Social Worker III	\$30,435	\$57,593		
GGRC	Golden Gate	Social Worker (BA)	\$40,000	\$52,000	Marin	Social Service Worker I	\$62,525	\$75,421	
		Social Worker	\$42,000	\$54,500		Social Service Worker II	\$65,978	\$79,414	
						Sr. Social Service Worker	\$69,264	\$83,387	
					San Francisco	Social Worker	\$56,628	\$68,822	
						Sr. Social Worker	\$64,896	\$78,910	
						San Mateo	Social Worker III	\$78,782	\$78,782
IRC	Inland	Consumer Services Coord	\$40,352	\$62,608	Riverside	Social Service Worker I	\$32,182	\$45,530	
		Sr Consumer Services Coord	\$56,784	\$69,030		Social Service Worker II	\$36,877	\$52,217	
						Social Service Worker III	\$41,784	\$59,171	
						Social Service Worker IV	\$43,104	\$61,092	
						Social Service Worker V	\$45,461	\$64,408	
						San Bernardino	Social Worker II	\$44,886	\$57,200

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February 3, 2015**

REGIONAL CENTER CLIENT PROGRAM COORDINATOR SALARIES					COUNTY SOCIAL WORKER SALARIES			
RC	Regional Center	Position	Minimum	Maximum	County	Position	Minimum	Maximum
KRC	Kern	Program Coordinator	\$47,678	\$63,893	Inyo	Social Worker I	\$33,348	\$40,560
						Social Worker II	\$39,252	\$47,676
						Social Worker III	\$46,224	\$56,112
						Social Worker IV	\$48,492	\$58,848
					Kern	Social Service Worker I	\$39,007	\$47,619
						Social Service Worker II	\$41,002	\$50,055
						Social Service Worker III	\$47,619	\$58,133
					Mono	Social Service Worker I	\$36,672	\$44,568
						Social Service Worker III	\$44,664	\$54,276
						Social Service Worker IV	\$67,944	\$86,760
NBRC	North Bay	Service Coordinator	\$41,004	\$54,948	Napa	Social Worker I	\$50,419	\$60,237
						Social Worker II	\$55,411	\$66,082
		Social Worker III				\$59,966	\$71,677	
		Social Worker IV				\$61,110	\$72,966	
		Solano			Social Worker I	\$55,706	\$67,711	
					Social Worker II	\$61,281	\$74,487	
					Social Worker III	\$67,410	\$81,937	
		Sonoma			Social Service Worker I	\$45,165	\$54,891	
					Social Service Worker II	\$50,258	\$61,069	
					Social Service Worker III	\$53,681	\$65,264	
					Social Service Worker IV	\$60,088	\$73,049	
		RCEB			East Bay	Case Manager I	\$43,602	\$58,448
Case Manager II	\$45,344		\$60,788	Social Worker III		\$54,912		
					Contra Costa	Social Worker	\$51,579	\$62,694
						Social Caseworker Spec I	\$58,028	\$63,976
						Social Caseworker Spec II	\$61,886	\$75,223
RCOC	Orange	Service Coordinator	\$37,440	\$60,250	Orange	Social Worker I	\$41,870	\$56,077
						Social Worker II	\$45,282	\$60,840

**ASSOCIATION OF REGIONAL CENTER AGENCIES  
COMPARISON OF REGIONAL CENTER SALARIES TO COUNTY SALARIES  
February 3, 2015**

REGIONAL CENTER CLIENT PROGRAM COORDINATOR SALARIES					COUNTY SOCIAL WORKER SALARIES			
RC	Regional Center	Position	Minimum	Maximum	County	Position	Minimum	Maximum
RCRC	Redwood Coast	Service Coordinator	\$32,988	\$46,416	Del Norte	Social Worker II	\$31,174	\$48,362
			Sr. Service Coordinator	\$38,064		\$53,556	Social Worker III	\$34,370
		Social Worker IV		\$41,777		\$64,809		
		Humboldt	Social Service Worker I	\$33,706	\$43,253			
			Social Service Worker II	\$35,785	\$45,920			
			Social Service Worker III	\$41,354	\$53,067			
			Social Service Worker IV A	\$43,469	\$55,780			
			Social Service Worker IV B	\$46,613	\$59,815			
			Social Service Worker IV C	\$47,080	\$60,414			
			Social Service Worker IV D	\$54,679	\$70,165			
		Lake	Social Worker I	\$33,169	\$40,317			
			Social Worker II	\$36,568	\$44,449			
			Social Worker III	\$40,317	\$49,005			
			Social Worker III - CPS	\$42,333	\$51,456			
			Social Worker IV - CPS	\$46,672	\$56,730			
		Mendocino	Social Worker I	\$35,672	\$43,368			
			Social Worker II	\$39,333	\$47,798			
			Social Worker III	\$41,309	\$50,190			
			Social Worker IV	\$43,368	\$52,707			
			Social Worker V	\$47,840	\$58,157			
SARC	San Andreas	Service Coordinator	\$49,650	\$60,594	Monterey	Social Worker I	\$36,354	\$49,645
						Social Worker II	\$40,367	\$55,132
						Social Worker III	\$44,608	\$60,919
						Social Worker IV	\$49,275	\$67,298
						Social Worker V	\$53,104	\$72,534
					San Benito	Social Worker II	\$44,100	\$59,124
						Social Worker III	\$51,060	\$63,736
						Social Worker IV	\$51,060	\$68,436
					Santa Clara	Social Worker I	\$48,489	\$64,925
						Social Worker II	\$53,520	\$71,781
						Social Worker III	\$59,184	\$79,350
					Santa Cruz	Social Worker I	\$42,994	\$54,434
						Social Worker II	\$51,459	\$65,146

**ASSOCIATION OF REGIONAL CENTER AGENCIES  
COMPARISON OF REGIONAL CENTER SALARIES TO COUNTY SALARIES  
February 3, 2015**

REGIONAL CENTER CLIENT PROGRAM COORDINATOR SALARIES					COUNTY SOCIAL WORKER SALARIES			
RC	Regional Center	Position	Minimum	Maximum	County	Position	Minimum	Maximum
SDRC	San Diego	Social Work Counselor (BA)	\$35,112	\$55,368	Imperial	Social Worker I	\$35,173	\$44,970
		Social Work Counslr (Mstrs)	\$40,368	\$63,516		Social Worker II	\$38,730	\$49,546
						Social Worker III	\$42,598	\$54,392
						Social Worker IV	\$46,779	\$59,779
					San Diego	Social Worker I	\$36,234	\$44,034
						Social Worker II	\$38,085	\$46,301
						Social Worker III	\$44,096	\$53,602
TCRC	Tri Counties	Service Coordinator I	\$33,104	\$41,412	San Luis Obispo	Social Worker I	\$40,851	\$49,650
		Service Coordinator II	\$34,735	\$50,286		Social Worker II	\$44,574	\$54,184
		Service Coordinator II-Masters	\$40,194	\$50,286		Social Worker III	\$49,234	\$59,821
						Social Worker IV	\$56,826	\$69,077
					Santa Barbara	Social Services Worker	\$40,238	\$49,123
						Social Srvc Worker Senior	\$46,733	\$57,052
						Social Services Practitioner	\$50,365	\$61,485
					Ventura	Social Worker I	\$30,077	\$42,088
						Social Worker II	\$37,955	\$48,415
						Social Worker IV	\$41,512	\$58,178
VMRC	Valley Mountain	Service Coordinator	\$33,432	\$47,040	Amador	Social Worker II	\$47,189	\$61,763
		Sr. Service Coordinator	\$40,668	\$54,504		Social Worker III	\$51,803	\$67,818
					Calaveras	Social Worker I	\$40,914	\$49,691
						Social Worker II	\$45,053	\$54,746
						Case Manager II	\$48,693	\$59,218
						Social Worker III	\$49,421	\$60,029
					San Joaquin	Case Manager III	\$53,706	\$65,333
						Social Worker II	\$45,573	\$55,390
						Social Worker III	\$51,730	\$62,878
						Social Worker IV	\$54,850	\$66,664
					Stanislaus	Social Worker V	\$57,595	\$69,992
						Social Worker I	\$37,232	\$45,282
						Social Worker II	\$43,534	\$52,915
						Social Worker III	\$49,046	\$59,634
					Tuolumne	Social Worker IV	\$54,787	\$66,581
						Social Worker I	\$30,930	\$37,760
						Social Worker II	\$34,175	\$41,720
			Social Worker III	\$37,760		\$46,097		
				Social Worker IV	\$41,720	\$50,932		

**ASSOCIATION OF REGIONAL CENTER AGENCIES  
COMPARISON OF REGIONAL CENTER SALARIES TO COUNTY SALARIES  
February 3, 2015**

REGIONAL CENTER CLIENT PROGRAM COORDINATOR SALARIES					COUNTY SOCIAL WORKER SALARIES			
RC	Regional Center	Position	Minimum	Maximum	County	Position	Minimum	Maximum
ELARC	East Los Angeles	Service Coordinator I	\$31,772	\$49,374	Los Angeles	Social Worker	\$39,760	\$57,984
		Service Coordinator II	\$36,166	\$56,524				
FLRC	Lanterman	Service Coordinator	\$39,463	\$59,692				
HRC	Harbor	Counselor	\$37,812	\$56,556				
NLACRC	North Los Angeles	Consumer Services Coord	\$39,264	\$52,644				
SCLARC	South Central LA	Service Coordinator	\$34,987	\$51,691				
SGPRC	San Gabriel/Pomona	Service Coordinator	\$35,942	\$57,554				
		Sr. Service Coordinator	\$40,539	\$65,957				
WRC	Westside	Service Coordinator	\$39,096	\$62,196				

## Omar Noorzad - Today's advocacy events in Sacramento

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**From:** Daniel Savino <Dsavino@arcnet.org>  
**To:** "Felipe Hernandez (fhernand@elarc.org)" <fhernand@elarc.org>, "JanisWhit...  
**Date:** 9/3/2015 6:42 PM  
**Subject:** Today's advocacy events in Sacramento  
**CC:** "Rick Rollens (rollensconsult@aol.com)" <rollensconsult@aol.com>, "AmyWe..."

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Dear Board Members,

Today, upwards of 1,000 people from across the state came to Sacramento to hear from key figures in the past and present of California's developmental services community, and march to the Capitol to #Speak4Justice and urge the Legislature to provide 10%+Reform.

The event began at The Crest Theater – an historic art deco theater just blocks away from the Capitol. The entire theater quickly filled to its nearly 1,000-seat capacity, and MC Sam VanZandt (Bay Area radio personality on KBAY) kicked off the event. Attendance was so robust that the theater doors were closed, with many more attendees remaining outside in overflow viewing! The morning's speakers and video clips ran as follows:

- Tony Anderson (The Arc of California) welcomed the attendees, thanking them for their time and commitment to the cause.
- Video clips were run describing recent years' cuts/protests.
- Santi Rogers (DDS) spoke to the importance of the Lanterman Act as a piece of civil rights legislation, and urged all attendees to read it closely.
- Self-advocate Zach Miller told the group how cuts have impacted him and the people he cares about.
- Video clips of Dolores Huerta, the need to support community integration, and the June state-wide rallies were screened.
- Rick Rollens (ARCA) gave attendees an update on what's happening in the Capitol and why, noting the several legislators who have authored bills to address the Lanterman Coalition's requests.
- The audience was led in a responsive poem, authored by Peter Karplus.
- Former California state and federal legislator Tony Coelho, author of the Americans with Disabilities Act, fired up the crowd and encouraged them to pressure – and even embarrass – legislators for not supporting our community.
- Clips from We're Here To Speak For Justice were run.
- Accompanied by on-stage dancing by the musicians, the audience enjoyed a music video by The Rippers.
- Phil Bonnet (Alta) spoke to the importance of the work done by DSPs, and the need to continue the push to make the Legislature keep the promise of the Lanterman Act.
- The closing speaker was Denny Amundson, who told of the historical roots of the Lanterman Act (informed by his role in crafting it), and the impact of recent cuts.

Special recognition was made for staff from Senator Beall and Assemblymember Levine's offices in attendance, and closing thanks were given to Heffernan Insurance (main sponsor of the event), as well as CSLN and DDSO.

Afterwards, attendees filed out and headed to the Capitol, crossing at the north side and marching to the South Steps. The audience was full of advocates, many with signs, all united in urging the Legislature to act and send a solution to our system's challenges to the Governor.

Speaker highlights, including main MCs Tony Anderson and Jacquie Dillard-Foss, were Assemblymembers Susan Bonilla, Shannon Grove, and Tom Lackey. Of course, no developmental services event be complete without our fiercest champion, Senator Jim Beall, who also addressed the crowd.

Afterwards, many attendees went into the Capitol to directly lobby their representatives. Your summarizer can confidently say it was an incredibly uplifting and invigorating event, demonstrating the tremendous unity of the developmental disabilities community. The tenor was at once determined and strong, with a broad and consistent call for 10% across-the-board funding.

As a coda, among the many participants were, from Tri-Counties, Omar Noorzad, as well as Michael Kaszycki and Konnor Cruz, and Todd Struthers, son of ARCA Board President Anne Struthers.

Yours in advocacy,

---

**Daniel Savino**

Legislative Coordinator

Association of Regional Center Agencies

916.446.7961

Omar Noorzad - CDCAN REPORT (SEP 12 2015): BREAKING NEWS - LEGISLATURE ADJOURNS FOR THE YEAR; NO ACTION ON SPECIAL SESSION FUNDING BILLS - STALEMATE WITH REPUBLICANS ON TAX INCREASES

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From: "Marty Omoto" <martyomoto@rcip.com>  
To: <martyomoto@rcip.com>  
Date: 9/12/2015 2:52 AM  
Subject: CDCAN REPORT (SEP 12 2015): BREAKING NEWS - LEGISLATURE ADJOURNS FOR THE YEAR; NO ACTION ON SPECIAL SESSION FUNDING BILLS - STALEMATE WITH REPUBLICANS ON TAX INCREASES  
Bc: Omar Noorzad

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**CDCAN DISABILITY RIGHTS REPORT  
CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION  
NETWORK**

**SEPTEMBER 12, 2015 – EARLY SATURDAY MORNING  
ADVOCACY WITHOUT BORDERS: ONE COMMUNITY – ACCOUNTABILITY WITH  
ACTION**

*CDCAN Reports go out to over 65,000 people with disabilities, mental health needs, seniors, people with traumatic brain and other injuries, people with MS, Alzheimer's and other disorders, veterans with disabilities and mental health needs, families, workers, community organizations, facilities and advocacy groups including those in the Asian/Pacific Islander, Latino, 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](http://www.cdcan.us)*

*To reply to THIS Report write:*

*Marty Omoto (family member and advocate) at [martyomoto@rcip.com](mailto:martyomoto@rcip.com) or [martyomoto@att.net](mailto:martyomoto@att.net) [new email - will eventually replace current martyomoto@rcip 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)*

**STATE CAPITOL UPDATE:**

**LEGISLATURE ADJOURNS FOR THE YEAR WITH STALEMATE  
ON SPECIAL SESSION FUNDING BILLS FOR BOTH  
TRANSPORTATION & HEALTH CARE - STIFF REPUBLICAN  
OPPOSITION TO DEMOCRATIC PROPOSALS FOR TAX  
INCREASES INCLUDING REVISED MANAGED CARE  
ORGANIZATION TAX TO FUND IHSS 7% RESTORATION &  
DEVELOPMENTAL SERVICES**

*Facing Defeat, None of the Funding Bills Were Brought Up For Floor  
Votes In Either House; Brown Administration Says Legislative  
Republican Opposition To Any Proposal To Raise Taxes For Health*



***Care Funding “Deeply Disappointing”; Warns That Without Additional Revenue Of Managed Care Organization Tax Will Mean “No Alternative To Reductions To Health Care Spending” – Cuts Could Amount To Over \$1 Billion To Fill Gap Next Year***

SACRAMENTO, CA [CDCAN LAST UPDATED 09/12/2015 12:55 AM] – The California Legislature adjourned the 2015 regular legislative session after late Friday night floor sessions in both houses, with an unbreakable stalemate on the special session funding bills for both transportation and health care funding that was reminiscent of the days when passage of the state budget required super majority votes.

The State Senate adjourned for the year at 11:44 PM Friday night, and the Assembly followed at 12:22 AM early Saturday morning. Both houses will reconvene the second year of the legislative session on January 4, 2016. The transportation and health care funding special sessions will also continue into next year, unless officially adjourned earlier.

Assembly and State Senate Republicans strongly opposed any tax increases and refused to provide votes needed for passage of any funding proposal with tax increases.

Facing defeat, SBx2 14 by Senator Ed Hernandez (Democrat – Azusa, 22 State Senate District) and ABx2 18 by Assemblymember Susan Bonilla (Democrat – Concord, 14<sup>th</sup> Assembly District) were not mentioned on the floor or taken up for floor votes in either house by Democrats on Friday.

The Hernandez bill called for an increase in cigarette taxes and a revision of the existing managed care organization tax that would help fund continued restoration of the 7% in services for all In-Home Supportive Services (IHSS) recipients beyond June 30, 2016, and also provide in the 2016-2017 State Budget year increased funding for Medi-Cal providers from cigarette taxes, and about \$230 million for developmental services. The Bonilla bill would have imposed a tax of 5 cents per drink on certain distilled spirits served in to customers in certain public establishments such as restaurants and bars and raised about \$20 million for developmental services – though estimates of the revenue are not certain and could be higher or lower.

Under the State Constitution, legislation that would increase taxes and certain fees requires passage in the Legislature by 2/3rds vote – meaning 54 votes in the 80 seat Assembly and 27 votes in the 40 seat State Senate.

Democrats control 52 seats in the Assembly, though on Friday one of their members – Assemblymember Das Williams (Democrat – Santa Barbara, 37<sup>th</sup> Assembly District) was absent due to birth of his daughter. That meant Democrats, if they had taken up any of the tax increase funding bills on Friday, would have needed at least 3 Assembly Republicans to vote for any tax proposal bill – assuming all Democrats who were present voted for it too. In the State Senate Democrats control 26 seats and would have needed at least one Republican vote.

Republicans at the beginning of the special sessions in June had announced their firm opposition to any tax increases as a funding solution in either special session, pushing instead for Democrats to make spending cuts and use surplus general fund dollars to fund increases needed for Medi-Cal providers and developmental services.

With no hope of any deal with legislative Republicans on the health care funding issues, the Brown Administration released a statement late Friday afternoon saying that continued opposition of health plans to a revised managed care organization tax proposal and continued strong opposition from legislative Republicans to any proposal to raise taxes

was “deeply disappointing” and warned of reductions to health care spending without the additional revenue of the managed care tax, which expires June 30, 2016. The Brown Administration warned that failure to extend the existing managed care organization tax would mean a budget hole of over \$1 billion general fund dollars that would have to be filled by health care funding reductions in the Governor’s proposed budget in January.

Senator Hernandez, who also chairs the Senate Health Committee, underscored that point, saying at a committee hearing Thursday on his bill that setting priorities and assurances in spending was pointless if the money was not secured. Legislative Republicans however argue that the 2015-2016 State Budget contained new spending and spending increases that should be reduced or eliminated with savings and also budget surpluses used to fund increases for Medi-Cal providers and developmental services.

CDCAN will provide later this morning and through the weekend a more in-depth report on the actions taken by the Legislature on a wide range of bills impacting children and adults with special needs, disabilities, mental health needs, the blind, seniors and low income families and workers. CDCAN’s Marty Omoto will also provide a commentary on next steps for advocates, including an on-going series on statewide and regional townhall “tele-meetings” and forums.

## **BROWN ADMINISTRATION BLASTS HEALTH PLANS AND REPUBLICANS FOR REFUSING TO BACK REVISED MANAGED CARE ORGANIZATION TAX PROPOSAL – WARNS OF ENORMOUS BUDGET HOLE THAT WILL MEAN MAJOR HEALTH CARE FUNDING CUTS**

As mentioned, the Brown Administration blasted late Friday afternoon the State’s managed care health plans for refusing to back the revised managed care organization tax proposal and legislative Republicans for their refusal to support any funding proposal that includes a tax increase.

California Health and Human Services Secretary Diana Dooley issued a statement late Friday afternoon warning that failure to put in place a revised managed care organization tax proposal that meets federal approval before the current existing tax expires June 30, 2016, would mean a budget hole of over \$1 billion. That budget enormous budget hole would mean, Dooley warned, health care spending budget reductions that the Governor would be forced to propose in his 2016-2017 State Budget plan that he will release in January.

Here is the text of the statement released September 11, 2015 by Secretary Dooley:

*“Since the federal government ruled in July 2014 that our current MCO [managed care organization] tax could not continue beyond 2016, we have explored every conceivable option over the past 14 months to avoid losing \$1.1 billion in federal matching funds. We have spent countless hours with the health plans, Legislators and those who will be most hurt if we must make up for a \$1.1 billion loss. In the past few weeks alone, we agreed to eliminate other taxes paid by the health plans and made additional adjustments that would result in a very small cost to only a few plans. We did everything we could to make this work. It is deeply disappointing that the health plans could not come together to support this proposal and the Republican legislators have refused to consider any tax adjustments at all. Without additional revenue, there will be no alternative to reductions in our health care spending, jeopardizing the significant gains we have made through our implementation of the Affordable Care Act. We put a good plan on the table. With the Special Session still open, it is now up to the plans which refused to endorse this*

*proposal, and the Republicans who refused to consider it, to stop drawing lines and start putting solutions on the table.”*

## **NEXT STEPS.**

As reported earlier on Friday by CDCAN, the unresolved funding issues regarding the crisis of the State’s transportation infrastructure will be addressed in the coming months and likely into next year, according to Senate President Pro Tem Kevin De Leon (Democrat – Los Angeles, 24<sup>th</sup> State Senate District) and Assembly Speaker Toni Atkins (Democrat – San Diego, 78<sup>th</sup> Assembly District) on Wednesday, in a special session conference committee composed of members of both houses.

Both houses took action Thursday to establish a special session conference committee on health care funding – though there was no announcement that such a committee would actually be formed. With Republicans remaining strongly opposed to any tax proposal to fund services - including special session bill SBx2 14 by Senator Ed Hernandez (Democrat – Azusa, 22<sup>nd</sup> State Senate District) that would impose new cigarette taxes and extend a revised version of the existing managed care organization tax - the health care funding issues will likely remain unresolved through next year.

However the lack of any action on the Hernandez bill in the special session would not have impacted developmental services funding this year, since the funding increase provisions in the bill as introduced would not, if enacted, be effective until the 2016-2017 State Budget year that begins July 1, 2016.

The California Health and Human Services Agency Developmental Services Task Force, established by the Brown Administration in July 2014 and composed of stakeholders including the Legislature and chaired by California Health and Human Services Agency Secretary Diana Dooley will likely reconvene in the coming months during the fall and winter on the funding crisis and other related issues.

Dooley heads the massive California Health and Human Services Agency that oversees California’s health and human service programs including the Medi-Cal program that serves over 12 million people, public health programs, In-Home Supportive Services (IHSS), regional center funded services for persons with developmental disabilities, CalWORKS, Child Welfare Services that includes foster care, the SSI/SSP grant program (Supplemental Security Income/State Supplemental Payment) and other programs.

## **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/UCySEyhn9LQRiCe-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.

***ALERT: PLEASE HELP!!!!!!***

***SEPTEMBER 12, 2015 – EARLY SATURDAY  
MORNING***

***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 (please make check payable to "CDCAN" or "California Disability Community Action Network" and mail to:

**CDCAN – NEW MAILING ADDRESS:**

**1500 West El Camino Avenue Suite 499  
Sacramento, CA 95833**

**[replaces 1225 8th Street Suite 480, Sacramento, CA 95814]**

**Office Line: 916-418-4745 CDCAN Cell Phone: 916-757-9549 (replaced 916-212-0237)**

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

**Omar Noorzad - News article on special session**

**From:** Daniel Savino <Dsavino@arcenet.org>  
**To:** "Felipe Hernandez (fhernand@elarc.org)" <fhernand@elarc.org>, "JanisWhit...  
**Date:** 9/15/2015 8:44 AM  
**Subject:** News article on special session  
**Cc:** "Rick Rollens (rollensconsult@aol.com)" <rollensconsult@aol.com>, "AmyWe..."

Dear Board Members,

Today, Susan Abram of the LA Daily News has written a news article on the immediate state of affairs in the Legislature and developmental services system titled "California lawmakers leave those with special needs questioning funding future." The article is [available online](#), and reproduced here in its entirety.

For those familiar with Capitol news aggregator services, you will be heartened to learn this article was item number one on [Rough and Tumble](#) this morning.

All the best,  
 Daniel

## California lawmakers leave those with special needs questioning funding future

By [Susan Abram](#), *Los Angeles Daily News*

POSTED: 09/14/15 7:38 PM PDT | UPDATED: 34 SECS AGO

[COMMENTS](#)

After almost nine months of pressuring lawmakers to find a way to increase money for programs and services for Californians with developmental disabilities, organizations, parents and those who support people with special needs were left Monday with no answers.

Both the regular and special sessions that ended Friday would have allowed legislators to vote on several proposed bills that would have drawn on new taxes to boost funds for programs for the developmentally disabled.

One of those included a [\\$2-a-pack tax](#) on cigarettes authored by Sen. Ed Hernandez, D-West Covina. The bill was introduced last week in special session and would have raised some Medi-Cal provider rates and boosted by 10 percent the funding for the developmentally disabled and the state's 21 regional centers. The regional centers distribute funding to service providers.

While the Public Health and Developmental Services and the Senate Appropriations committees passed the bill, it didn't progress. The bill may still be discussed during a specially convened conference committee but would still require legislators to be present to vote. It was unclear Monday when those discussions might take place.

Organizations such as the [Association of Regional Center Agencies](#) plan to keep working on finding a funding source, said Eileen Richey, executive director for ARCA.

"Our crisis transcends ideologies, and we are honored to have seen so many diverse proposals and supportive actions from legislators of both parties," Richey said in a statement. "We can only hope they will all be given their due consideration and that the final outcome is both comprehensive and long-lasting. People with developmental disabilities, and the services and supports they both need and deserve to have full, integrated lives, are too important for us to work toward anything less."

Since the 2007 recession, providers estimate \$1 billion in state money for services to the developmentally disabled has been cut, including [funding for programs](#) that provide job training and skills for about 280,000 Californians.

Since then, state funding has stagnated while the cost of living in California has soared. Providers across the state are struggling to keep programs in place as well as staffers employed.

In June, legislators agreed to include a 5 percent rate increase in the budget effective immediately that would have funded supported living services, in-home respite services and supported employment services for the developmentally disabled.

In addition, there would have been a 2.5 percent across-the-board rate increase for all provider categories beginning in January, among other adjustments.

But when California's budget was approved, no added funds for special needs were included, which surprised many, since the state earned \$7 billion in new revenue. Instead Gov. Jerry Brown called for a [special session](#) to discuss options.

The issue of how to fund programs and services for people with developmental disabilities has been an important one among legislators in Sacramento, said Mark Newton, a deputy legislative analyst with the Legislative Analyst's Office, an organization that provides nonpartisan analyses of the state budget.

"There is a general agreement that the rate issue needs to be evaluated and considered, but there may be differing views on the amount and extent of the implications," Newton said. "But it's an issue very much worthy of the legislature considering."

## State of California

### Department of Developmental Services

#### Self-Determination Program - Frequently Asked Questions

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##### **Q1. What is the Self-Determination Program?**

A. As authorized in Welfare and Institutions Code, [Section 4685.8](#), "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."

##### **Q2. When does the SDP start?**

A. The program will start once it is approved for federal funding. The Department is working with stakeholders to draft a Home and Community-Based Services Waiver application that will be submitted for approval to the Centers for Medicare and Medicaid Services no later than December 31, 2014. Upon approval of the Waiver application, the SDP 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.

##### **Q3. How can I keep updated on the progress of the SDP?**

A. Updates will be posted as they become available on the Self-Determination website. If you want to be notified when updates are made, email [sdp@dds.ca.gov](mailto:sdp@dds.ca.gov) and ask to be included on the update notification list.

##### **Q4. Who is eligible for the SDP?**

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 to SDP, working with a Financial Management Services entity, and managing SDP services within an individual budget amount.
- An individual who lives in a licensed long-term health care facility (i.e., a Skilled Nursing Facility, Intermediate Care Facility) is not eligible to participate in the SDP. If someone lives in one of these facilities and is interested in the SDP, he or she can request that the regional center provide person-centered planning services in order to make arrangements for transition to the SDP, provided that he or she is reasonably expected to transition to the community within 90 days.

##### **Q5. What if participants are happy with their current service delivery program and do not wish to enroll in the SDP?**

A. Enrollment in the SDP 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 SDP at any time.

##### **Q6. How much responsibility will participants or their family have if they choose to participate in the SDP?**

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 their Individual budget.

##### **Q7. What are Financial Management Services?**

A. Financial Management Services assist the participant to manage and direct the funds contained in the individual budget, and ensure that the participant can implement his or her IPP throughout the year. Financial Management Services may include bill paying services and activities that facilitate the hiring of support workers for the participant.

**Q8. What is an individual budget?**

A. It is the amount of money a SDP participant has available to purchase needed services and supports.

**Q9. How does the individual budget amount get determined? <sup>UPDATED</sup>**

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

**Q10. 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 POS costs? <sup>NEW</sup>**

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

**Q11. 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 SDP Waiver and in the IPP. Services funded through other sources (e.g., Medi-Cal, schools) cannot be purchased with SDP funds.

**Q12. If I choose to participate in the SDP, will I still have the same rights? <sup>NEW</sup>**

A. Yes, participants enrolled in the SDP will have the same rights established under the traditional service model (e.g. appeals, eligibility determinations, all rights associated with the IPP process).

**Q13. How can someone learn more about the SDP?**

A. Interested participants, families, or others are encouraged to visit the Self-Determination website ([www.dds.ca.gov/sdp](http://www.dds.ca.gov/sdp)) to find out more information about SDP. The site will be updated as more information is available.

**Q14. This sounds great; can I enroll in Self-Determination now?**

A. The process for selecting and enrolling the 2,500 participants in the first three years has not been finalized. However, you can email [sdp@dds.ca.gov](mailto:sdp@dds.ca.gov) to express your interest in the program and you'll receive notice of website updates on the progress of the SDP, including the enrollment process. Please include your name and/or the name of the person interested in enrollment and the regional center you are with in the email.





California's Protection & Advocacy System  
Toll-Free (800) 776-5746

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

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*December 2013, Pub. #F077.01*

SB 468<sup>1</sup> 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 budget<sup>2</sup>, 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

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<sup>1</sup> [http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb\\_0451-0500/sb\\_468\\_bill\\_20131009\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_0451-0500/sb_468_bill_20131009_chaptered.pdf)

<sup>2</sup> 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 Act<sup>3</sup>, 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 Services<sup>4</sup> 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 facility<sup>5</sup>.

(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 available<sup>6</sup>.

---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.

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<sup>3</sup> See Welfare and Institutions Code Section 4512

<sup>4</sup> The early intervention law is found in Government Code Section 95000 et seq.

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

<sup>6</sup> 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 and 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 respite<sup>7</sup>.

**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?**

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<sup>7</sup> 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 participation 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 changes 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](http://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.



--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](http://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>.*



## **SELF-DETERMINATION PROGRAM SB 468 (UPDATE)**

In October of 2013, Governor Edmund G. Brown Jr., signed into law, Senate Bill 468, establishing the Self-Determination Program. The Self-Determination program will provide children and adults served by the regional center, and their families more freedom, control, and responsibility in choosing services and supports to help them meet the goals in their Individual Program Plan (IPP).

### **When will the Self-Determination program be available?**

California's Department of Developmental Services submitted the required application to the Center of Medicare & Medicaid Services (CMS) by December 31, 2014. However, due to a number of questions from CMS, the application will need to be re-submitted. When that happens, the 90-day time line begins again.

### **Who can get services and supports through the Self-Determination program?**

To be eligible to receive services and supports through the Self-Determination program, you must be receiving or eligible to receive services from a regional center and must be at least three years old to enroll in the program.

Once the application is approved, the Department of Developmental Services will select the 114 individuals from Tri-Counties Regional Center (TCRC) to participate. This includes 16 individuals who are currently participating in TCRC's Self-Determination pilot project, plus an additional 98 individuals served by TCRC. Recent legislation may increase our numbers to include those coming from the developmental centers.

Individuals, who are interested in Self-Determination, will be required to attend an informational meeting about the program. At this meeting, people will learn about the opportunities and the increased responsibilities involved in accepting more control over coordinating their services. Understanding this information will help people decide if the Self-Determination Program is a good option for them.

If after the meeting, a person decides they would like to participate, TCRC will submit their name to DDS. Then, DDS will randomly select the initial participants from that list; taking into consideration the ethnicity, age, gender and the type of developmental disability of the person served.

For the second phase of the program, there will be no limits on how many people can participate in the program and anyone who receives regional center services can request to be part of the program.

### **What services are included in the Self-Determination Program?**

In the Self-Determination Program, planning teams will use a person-centered planning process to develop all Individual Program Plans (IPPs). Persons served, and those who support them, will see many changes in the choice of services and supports available to them. For example, a person served may be able to receive services that regional centers are not allowed to pay for because of past changes to state law; services like camping, certain types of therapies, and behavior services.

Regular regional center services such as supported living services, independent living services and day program services will still be available and can be purchased through the Self-Determination program. Also, there may be new and different services available through local businesses or community agencies that can be purchased through the Self-Determination program.

### **How will the IPP process be different under the Self-Determination Program?**

Self-Determination program participants will have the opportunity to be more active in creating IPPs and taking on more responsibility in the decision-making process for selecting services and supports. Participants will receive information and training from regional center staff about managing services and supports and hiring staff and agencies. Participants in the program have the option of using an "Independent Facilitator" who can help in planning their services and supports and other tasks related to managing their IPP.

### **How will budgets be determined under the Self-Determination Program?**

Each participant will receive a budget based on the amount of money the regional center spent on services and supports for them from the year before. The budget amount can be changed by the IPP planning team if the participant has some sort of a change in circumstances, needs or resources.

For those who are new to the regional center system, or who have not had a year of regional center services, the planning team will determine the services

and supports needed. Using this information, the regional center will put together a budget based on the average cost of similar services.

### **What is a Fiscal Management Service and what does it have to do with the Self-Determination program?**

A Fiscal Management Service (FMS) is a service that helps a participant to manage their budgets under the Self-Determination program. The FMS representative will help the participant make sure that they have enough money to last throughout the year.

The FMS is a required part of the Self-Determination program by California law. The FMS representative must be part of an agency that contracts with the regional center for services. The FMS representative cannot be a parent or family member of the participant on the Self-Determination program.

### **Self-Determination Advisory Committee**

TCRC, in conjunction with the Central Coast Office of the State Council on Developmental Disabilities have been working together on a variety of activities in preparation for the Self-Determination Program. Our first order of business was to select the members of the Self-Determination Advisory Committee.

We were fortunate that we received a large number of applicants from our community. TCRC worked with the Central Coast office of the State Council, to identify candidates who are individuals receiving services from the regional center as well as family members. In addition, the committee reflects the multicultural diversity of those we serve. We are thrilled to have such a talented group who will guide us as we move forward with the implementation of the Self-Determination Program.

The first Self-Determination Advisory Committee meeting was held on Tuesday, June 30, 2015. The committee learned about the Self-Determination Program as well as person-centered planning. They also received updates on the status of the waiver application to CMS.

The Self-Determination Advisory Committee will meet quarterly and the next meeting is scheduled for Tuesday, October 27, 2015 at the TCRC office in Santa Barbara.

## **What's next?**

At this time, we do not know when the Self-Determination program will begin. And what the final rules about the program will be.

However, as we wait for more information about the Self-Determination program, TCRC is involved with the Self-Determination Committee through the Association of Regional Center Agencies (ARCA) to provide information and suggestions to the Department of Developmental Services about the program.

Thank you for your interest in Self-Determination and please check the Self-Determination page on the DDS website at:

[www.dds.ca.gov/sdp/SDPUpdates.cfm](http://www.dds.ca.gov/sdp/SDPUpdates.cfm) for the most recent updates.

For more information, click on the links below:

Department of Developmental Disabilities Services:

[www.dds.ca.gov/sdp/SDPFAQ.cfm](http://www.dds.ca.gov/sdp/SDPFAQ.cfm)

Disability Rights California: <http://www.disabilityrightsca.org/pubs/F07701.pdf>

Autism Society Los Angeles County:

[http://autismla.org/resources/Fact Sheet for Consumers and Families.pdf](http://autismla.org/resources/Fact%20Sheet%20for%20Consumers%20and%20Families.pdf)

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

	<b>Traditional Regional Center Service Provision</b>	<b>Self-Determination Program</b>
<b>Eligibility - Age</b>	All ages	Over age of 3
<b>Eligibility – Living Arrangement</b>	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
<b>Planning Process</b>	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
<b>Frequency of planning process</b>	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
<b>Who decides what services I get?</b>	Regional Center, but you can reject services	You, to meet the objectives in the IPP
<b>Who pays the bills?</b>	Regional Center	Financial Management Service
<b>Do services have to be provided by vendors of the regional center?</b>	Yes, except in very limited circumstances.	No

	<b>Traditional Regional Center Service Provision</b>	<b>Self-Determination Program</b>
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

TRI-COUNTIES REGIONAL CENTER

SELF-DETERMINATION ADVISORY COMMITTEE

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What Is Self-Determination?

A New Option

- New way to receive services
- Voluntary
- Regular Regional Center vs. Self-Determination Services



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Eligibility

- Have a Developmental Disability and currently receiving services from a Regional Center
- Live at home or in the community
  - People are not eligible if they live in certain types of long term health care facilities, unless you're in the process of moving into the community

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### Selection Process

What we know now:

- During the initial phase-in period, 2500 participants will be chosen statewide.
  - 114 from Tri-Counties Regional Center (includes those who are currently on the pilot project if they chose to continue in the program)
- Recent legislation will potentially allow for an increase in the number of these participants to include people moving from Developmental Centers

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### Selection Process Continued

- What does someone need to do to be considered for enrollment?
  - Participate in an informational meeting about the Self-Determination program at your regional center.
  - After participating in the informational meeting, let your regional center know you are interested in enrolling in the Self-Determination Program

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### What happens next?

- Regional centers will send the names of those interested to the Department of Developmental Services (DDS).
- DDS will randomly select the first 2,500 enrollees from among those who have attended an informational meeting
- The selection will take into consideration:
  - Age
  - Gender
  - Ethnicity
  - Disability diagnosis

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## Participation

If selected, participants will need to agree to:

- Participate in an orientation about the Self-Determination program
- Use self-determination services and supports only when generic services and supports are not available
- Manage the services and supports within your budget
- Use the services of a Fiscal Manager (FMS)

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## Fiscal Management Services (FMS)

- Required vendored service
- Help manage the funds in the individual budget
- Pay bills to those who provide supports and services
- Provide a monthly statement of funds spent
- Provide assistance in the hiring of support workers
- Ensure all employment laws are being followed

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## The Budget

- Will be based upon the cost of services used in the previous 12 months
- If someone is new to the system, the planning team will determine the needed services and supports and the budget will be determined based on the cost of those services
- Changes may be made if there is a significant change in needs or circumstances

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### Self-Determination Advisory Committee

- Membership in the committee must reflect the multi-cultural and geographic area served by the regional center
- Role of the Committee:
  - Provide oversight of the Self-Determination Program
  - Review the development and ongoing progress of the Self-Determination Program
    - Including:
      - Whether the program advances the principles of self-determination
      - Is operating consistent with the requirements of self-determination
      - Make ongoing recommendations for improvement to the regional center and the Department of **Developmental Services**

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### Other Related Advisory Committees

- Statewide Self-Determination Advisory Committee
  - Formed by State Council on Developmental Disabilities
  - Membership consists of the chair, or designee, of the 21 local SDS Advisory Committees
  - Will meet at least twice per year
  - Shall identify:
    - Self-determination best practices and effective training materials
    - Implementation concerns or systemic issues and ways to enhance the program
    - Make recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports.

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### State Council on Developmental Disabilities

- The State Council shall synthesize information received from the Statewide Self-Determination Advisory Committee, local advisory committees, and other sources
  - Share the information with individuals served, families, regional centers, and the Department of Developmental Services
  - Make recommendations, as appropriate, to increase the effectiveness in furthering the principles of self-determination
- DDS Self-Determination Workgroup

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### Timelines

- Once the Waiver is accepted by the Center for Medicare and Medicaid Services (CMS), the Waiver must be approved within 90 days

To date, it has not be accepted by CMS so the 90 "clock" has not begun.

- Implementation of the SD Program will begin once the Waiver is approved

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### Other Things to Consider

#### Person-Centered Planning (PCP)

- A process directed by the family or individual intended to identify strengths, capacities, preferences, needs and the desired outcome.
- Will be a central part of planning for individuals and families participating in the Self-Determination Program.

#### Fiscal Management Services – Required

#### Independent Facilitator (Optional)

- A participant may choose to hire an Independent Facilitator to assist them with their participation in the Self-Determination Program.
- Cannot be someone who is employed by the person or providing services to them.
- Paid out of the individual budget.

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