

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

July 13, 2011

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### I. FY 2012-2013 BUDGET UPDATE

- **Attachment #1:** CDCAN Report #127-2012: Governor Signs Main Budget Bill
- **Attachment #2:** CDCAN Report #130-2012: Governor Brown Makes Line Item Vetoes – But Impact to Health & Human Services Largely Avoided Except in Certain Areas
- **Attachment #3:** DDS Letter to Regional Centers Regarding June 2012 AB 1472 Trailer Bill Language Affecting Regional Centers
- **Attachment #4:** ARCA AB 1472 Budget Trailer Bill Language Summary
- **Attachment #5:** TCRC AB 1472 Trailer Bill Language Implementation Plan

Governor Brown signed the 2012-2013 California State Budget (AB 1464) on June 27, 2012 with a budget plan that reduced State spending by \$8 billion in cuts and savings, \$5.9 billion in revenues (tied to the Governor's November temporary tax increase ballot measure), and \$2.3 billion in other solutions to close a projected budget deficit of \$16 billion. A full copy of the FY 2012-2013 enacted budget can be found here: <http://www.ebudget.ca.gov/>. Additional cuts through the Governor's line item veto authority were not made -beyond those already in the main budget bill approved by the Legislature – to Developmental Services (Regional Centers and Developmental Centers).

For Developmental Services, the enacted budget is mainly comprised of a \$200 million reduction (\$100 million mid-year trigger reduction from FY 2011-2012 annualized to \$200 million reduction for FY 2012-2013). Earlier in the year, DDS completed a stakeholder process to gather ideas about how to achieve the \$200 million reduction which mainly consists of additional revenues from increased federal funding, savings from implementation of SB 946 mandating health insurance plans to pay for ABA service, a change in difficult to serve options, and a 1.25% reduction for regional centers and service providers (the previous 4.25% reduction will end on June 30, 2012), elimination of independent SLS assessment, and \$40 million transfer for the Early Start Program from the First 5 California Children and Families Commission (**Attachments #1-#2**).

The enacted budget also hinges on voters approving in November the Governor's temporary tax increase ballot measure. If the voters reject the temporary tax measure,

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

July 13, 2011

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automatic additional new spending cuts of over \$6 billion will go into effect January 1, 2013 including a new \$50 million reduction to the Developmental Services budget (an amount that will grow to a \$100 million reduction in FY 2013-2014). Recent polls show waning support for the temporary taxes proposed by the Governor.

DDS and the regional centers are in the process of working together to implement the myriad of new changes and requirements imposed by AB 1472, the new DDS Trailer Bill. A Trailer Bill implements the main Budget Bill. On July 10, 2012, the regional centers received written guidance from DDS on the implementation of AB 1472 Trailer Bill. TCRC has reconvened the internal Infrastructure Committee of the regional center used to implement the 2009 and 2011 Trailer Bill changes to follow a similar process for the implementation of the new 2012 Trailer Bill changes. **(Attachments #3-#5).**

## II. CASH FLOW UPDATE

TCRC has a secured credit line with Union Bank in the amount of \$32.9 mil through September 30, 2012. This credit line is intended to pay for services provided in FY 2011/2012 in the event funding from DDS is delayed. For FY 2012/2013, we have verbal confirmation of an approved revolving line of credit with Union Bank as in previous years. The revolving line of credit will be available to assist with regional center cash flow challenges created by possible delays in payments for the new fiscal year – FY 2012/2013. The revolving line is expected to start October 1, 2012 through September 30, 2013. We have requested an earlier start date of August 1, 2012 and are awaiting approval.

In addition, DDS has informed regional centers that DDS has an agreement with the control agency to issue the second advances earlier than August 1, 2012. DDS will process the second advance on July 15th with expedited processing through the State Controller's Office (SCO). The timing of when regional centers actually receive the warrant for deposit is contingent on the SCO processing the expedited request from DDS. The SCO is receiving many expedited requests at this time and they will do what they can to honor ours.

At present TCRC has enough cash on hand to continue business as usual until July 20, 2012 after which TCRC would need to either receive the second advance payment from DDS or access the revolving line of credit in order to be able to continue operating.

As the Union Bank credit line is limited to the approved contract authority from DDS, currently the C-6 allocation for FY 2011/2012, TCRC would not be able to borrow funds to pay for services that exceed this contract authority. Our FY 2011/2012 contracted budget is projected to be in deficit \$2.7 to \$3.3 million, equal to 75-80% of

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

July 13, 2011

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the estimated late billings (billings paid for services provided in FY 2011/2012 but paid in August 2012 or later). An additional allocation would be necessary from DDS before payment for these late bills could be made.

TCRC is continuing discussions with DDS, Union Bank and exploring other banking options to try to secure the necessary cash and lines of credit for FY 2012/2013.

In the event DDS delays further POS allocations to deficit regional centers for FY 2011/2012 and/or TCRC's cash payments are delayed by DDS or the SCO, and/or TCRC is not able to borrow money in the interim, it is possible payments to service providers may be temporarily delayed for either FY 2011/2012 late billings or FY 2012/2013 current year billings, or both, until funding is available. TCRC continues to strongly encourage TCRC service providers to make efforts to secure their own lines of credit with their banks.

### **III. AUTISM HEALTH INSURANCE PLAN MANDATE (SB 946)** **IMPLEMENTATION PLAN**

- **Attachment #6:** SB 946 Letter to Families
- **Attachment #7:** SB 946 Training Statistics
- **Attachment #8:** SB 946 Flow Chart
- **Attachment #9:** SB 946 FAQ
- **Attachment #10:** TCADD Service Policy and Guidelines 10601

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

TCRC has developed a SB 946 local implementation plan. This plan includes a written notice sent out to all the individuals and families impacted informing them of the new law and inviting them to attend one of six informational sessions that were

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

July 13, 2011

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held at each TCRC office in June to better understand the law and to answer their questions (**Attachment #6-#7**). TCRC has also developed a flow chart on how the process will work and a Frequently Asked Question (FAQ) document for persons served and families – with the assistance of ARCA (**Attachments #8-#9**).

TCRC will work collaboratively with all individuals and families impacted by this change, utilizing the individual planning team process, to ensure as smooth a transition as possible. TCRC staff will support the person and family through their insurance company's process for accessing SB 946 services. When the insurance company approves services, the TCRC Service Coordinator will work with the family to request that the health plan waive any co-payments. If this is not possible, TCRC will offer to pay any co-payments for SB 946 services directly to the ABA service provider, using a service code that maximizes federal funding. Co-payments will be capped at \$45 per co-payment to ensure cost-effectiveness. This cap was determined using Service Code 620 median rate minus a 15% administrative overhead (**Attachment #10**).

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

#### IV. SUPPORTED LIVING SERVICES GUIDELINES IMPLEMENTATION PLAN UPDATE

Over the last year, Tri-Counties Regional Center (TCRC) has embarked on a process to review the delivery of Supported Living Services (SLS) to adults served by TCRC. This process resulted in the development of the TCRC Supported Living Services Guidelines which was approved by the TCADD Board of Directors on February 18, 2012. The development of the Supported Living Services Guidelines is necessary due to recent changes in the law (Trailer Bill Language changes from 2009 and 2011), the necessity to align TCRC's SLS practices with Title 17 Regulations and with the TCADD SLS Policy, as well as due to funding reductions to TCRC's budget by the State based on the State's use of a new Allocation Methodology.

TCRC has developed a comprehensive SLS Guidelines implementation plan and is currently in the process of working with stakeholders to implement the plan. This plan consists of the following action items:

1. All information shared with the public at the February 18, 2012 Special Board Session will be posted on TCRC's website. Status: **DONE**.

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

July 13, 2011

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2. Omar Noorzad, TCRC Executive Director and the TCRC Directors to host a debriefing meeting with SLS Providers (agency SLS only) on **Wednesday, February 22, 2012 from 12:00-2:00**. Keeping the continued concerns of the SLS providers in mind, the purpose of the meeting is to debrief the decision of the TCADD Board to approve the SLS Guidelines, review and discuss a plan for the implementation of the SLS Guidelines, discuss the next steps for negotiating and finalizing SLS provider contracts, and obtain input about the structure of quarterly meetings for the remainder of the year to monitor the implementation of the SLS Guidelines. Status: **DONE**.

Additional follow-up meetings with the SLS providers: **Wednesday, February 29 from 12:00-2:00 and Monday March 12 from 12:00-2:00**. Status: **DONE**.

3. Omar Noorzad, TCRC Executive Director and TCRC Directors to host a debriefing meeting with Parent/Family SLS providers on **Wednesday, March 7, 2012 from 11:00-1:00**. The purpose of this meeting is to debrief with the Parent/Family SLS providers, discuss how the SLS Guidelines apply to these unique service arrangements and to answer questions. Status: **DONE**.

4. Quarterly SLS Provider meetings to be scheduled – **Tentatively scheduled for July 12, October and January**. To be discussed and finalized with SLS Providers. Status: **QUARTERLY MEETINGS SCHEDULED TO OCCUR AS PLANNED**.

5. Letter sent by TCRC to all persons receiving SLS (~700), their families and their conservators (if applicable) that explains the SLS Guidelines, provides a person-served friendly version of the SLS Guidelines, and includes information on frequently asked questions about the SLS Guidelines. The letter invites people to join one of six special Town Hall meetings learn more about TCRC's SLS Guidelines, answer questions and discuss next steps. Status: **DONE**.

6. Conduct a special Town Hall meetings in each of TCRC's office locations to further explain the SLS Guidelines, answer questions and discuss next steps. The schedule of the Special Town Hall meetings is as follows:

- **March 5<sup>th</sup> (Monday) – Santa Barbara**
- **March 6<sup>th</sup> (Tuesday) – Oxnard**
- **March 13<sup>th</sup> (Tuesday) – Atascadero**
- **March 19<sup>th</sup> (Monday) – Simi Valley**
- **March 26<sup>th</sup> (Monday) – San Luis Obispo**
- **March 29<sup>th</sup> (Thursday) – Santa Maria**

All meetings to be held at TCRC's local offices from **5:30 – 7:30 pm**. Status: **DONE**.

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

July 13, 2011

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7. Revise the training module for TCRC's Service Coordinators to reflect the most updated SLS Guidelines language. Train TCRC managers to ensure implementation is consistent agency-wide. Status: **DONE.**

8. Conduct training for TCRC's SLS Providers. Timing to be discussed at the SLS Provider debrief meeting on **February 22<sup>nd</sup> and/or the Vendor Advisory Meeting on March 1<sup>st</sup>.** Status: **DONE.**

9. Conduct individual meetings with SLS Providers to discuss contract terms and rates, and review cost data. Status: **TCRC HAS MET WITH all 21 SLS SERVICE PROVIDERS FOR CONTRACT NEGOTIATIONS. 20 SLS SERVICE PROVIDERS HAVE REACHED FINAL AGREEMENT WITH TCRC AND HAVE SIGNED THEIR CONTRACTS. TCRC EXECUTIVE DIRECTOR HAS SCHEDULED A MEETING WITH THE REMAINING SLS PROVIDER BOARD OF DIRECTORS ON AUGUST 2, 2012 TO EXPLAIN THE SLS GUIDELINES AND ANSWER QUESTIONS.**

10. The TCADD Board of Directors' People's Advisory Committee (PAC) with the assistance of staff and consultation by Stephen Day, former TCRC Supervisor of Peer Advocacy, will develop a pictorial based person-served friendly pamphlet describing the content of the SLS Guidelines. This pamphlet will be used at the time of each individual's IPP meeting to help the person served TCRC to better understand the SLS Guidelines. Status: **FINAL DRAFT HAS BEEN DEVELOPED FOR COMMITTEE APPROVAL**

11. Community and Program Based Client Councils will include a segment on their future agendas to educate persons served about the SLS Guidelines and answer questions. TCRC's Peer Advocacy staff will provide assistance as needed. Status: **CONTINUING TO TAKE PLACE.**

TCRC has also been in contact with DDS regarding a review of the TCRC Guidelines based on concerns raised through the California Supported Living Services Network (CSLN), a supported living services vendor association, as well as some potential concerns raised by the Disability Rights California and Area Board 9 seeking further clarification about the TCRC SLS Guidelines. TCRC has provided additional information to DDS on the SLS Guidelines and will consider any input received from DDS. This information will be shared with the TCADD Board of Directors for review and consideration.

# TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT July 13, 2011

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## V. THE WAY FORWARD INITIATIVE

The Southern California Conference of Regional Center Directors (SCCRCD) have initiated a dialogue among member Regional Center Executive Directors, Board Presidents and Association of Regional Center Agencies (ARCA) Board delegates on the future direction of the community based developmental disabilities service system. Several Northern California regional centers have also joined the SCCRCD with this effort.

Numerous external forces including chronic and recurring budget reductions have imposed dozens of new changes through Trailer Bills since 2009 impacting every provision of service offered by regional centers. As the gap between expectations and financial support widens accompanied with continued “tinkering” with the system, it appears that the community based services system may be on the wrong path not only unable to effectively address budgetary challenges, but may also result in a system that is unable to carry out its mission of meeting the needs of persons with developmental disabilities and their families as outlined in the Lanterman Act. Regional centers must be willing to take risks, hear the critics, and be open to change and innovation while all stakeholders must recognize the limitations on public funds and the implications of these limitations on provision of services.

In an attempt to respond proactively and more strategically to these pressures, the SCCRCD is utilizing a survey and numerous focus groups to gather input and develop a set of recommendations in the form of a “white paper” to guide the system into the future. The survey is by invite only and was sent to 180 persons in the TCRC area consisting of persons served, families, service providers, Board members, and other stakeholders. The focus groups will follow in the near future.

The next full meeting of the Way Forward group is scheduled to take place on July 23, 2012 at Harbor Regional Center.

## VI. ARCA NEW DAY CONFERENCE

- **Attachment #11:** ARCA New Day Conference Brochure

The fourth ARCA conference on employment and housing for persons with developmental disabilities will be held on September 18-19, 2012 in Pasadena. The conference is intended to provide a forum for sharing knowledge and expertise on the promising practices and innovations that make employment and

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

July 13, 2011

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housing a reality for persons with developmental disabilities (**Attachment #11**).  
TCRC will be sending some employees and Board members to the conference.

### VII. QUESTIONS & ANSWERS



## Omar Noorzad - Re: CDCAN REPORT #127-2012: BREAKING NEWS - GOVERNOR SIGNS MAIN BUDGET BILL

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**From:** "Marty Omoto - CDCAN (California Disability Community Action Network)"  
<martyomoto@rcip.com>  
**To:** <CDCANreportlist01@rcip.com>  
**Date:** 6/27/2012 9:52 PM  
**Subject:** Re: CDCAN REPORT #127-2012: BREAKING NEWS - GOVERNOR SIGNS MAIN BUDGET BILL

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### **CDCAN DISABILITY RIGHTS REPORT**

**CALIFORNIA DISABILITY COMMUNITY ACTION NETWORK  
#127-2012 – JUNE 27, 2012 – WEDNESDAY NIGHT**

**Advocacy Without Borders: One Community – Accountability With Action**

*CDCAN Reports go out to over 60,000 people with disabilities, mental health needs, seniors, people with traumatic brain and other injuries, people with MS, Alzheimer's and other disorders, veterans with disabilities and mental health needs, families, workers, community organizations, facilities and advocacy groups including those in the Asian/Pacific Islander, Latino, African-American communities; policymakers, and others across the State.*

*Sign up for these free reports by going to the CDCAN website. Website: [www.cdcan.us](http://www.cdcan.us)*

*To reply to THIS Report write:*

*Marty Omoto at [martyomoto@rcip.com](mailto:martyomoto@rcip.com) Twitter: [martyomoto](https://twitter.com/martyomoto) New Phone: 916-757-9549*

### **State Budget Crisis – Breaking News:**

## **GOVERNOR SIGNS MAIN BUDGET BILL**

SACRAMENTO, CA (CDCAN) [Last updated 06/27/2012 09:48 PM] – With only hours away from the deadline to approve or veto the main budget bill that the Legislature passed and sent to him on June 15<sup>th</sup>, Governor Brown, as expected, signed AB 1464 late this evening. The Governor did not make available a list of the line item vetoes, which he is expected to release tomorrow.

The Governor signed the spending plan following final action by the Legislature earlier today on the remaining 21 budget trailer bills that comprised the overall budget agreement that the Governor reached with Democratic legislative leaders Senate President Pro Tem Darrell Steinberg (Democrat – Sacramento, 6<sup>th</sup> State Senate District) and Assembly Speaker John Perez (Democrat – Los Angeles, 46<sup>th</sup> Assembly District) last week. The Legislature will be sending over the next two weeks the budget trailer bills it passed on June 15<sup>th</sup> and June 27<sup>th</sup> (with possible exception of one trailer bill).

The nearly \$93 billion State general fund spending plan for the 2012-2013 State Budget year that begins July 1, 2012 includes \$8 billion in spending cuts and savings, \$5.9 billion in revenues (tied to the Governor's November temporary tax increase ballot measure), and \$2.3 billion in other solutions to close the projected budget deficit of over \$16 billion.

The budget plan, while passed on time for the second year in a row, hinges on voters approving in November the Governor's temporary tax increase ballot measure. If they don't, automatic additional new spending cuts of over \$6 billion will go into effect January 1, 2013, largely impacting education – but \$50 million in new cuts in State general fund spending would hit the developmental services budget, an amount that grows to \$100 million in State general fund spending cuts for the 2013-2014 State Budget year and each budget year after that. Recent polls showed support for the measure falling.

While the spending cuts in many programs were not as deep as in 2011 or in previous years before that – many programs still were hard hit by on-going reductions, or new cuts on top of those, and policy changes impacting especially CalWORKS, Healthy Families, and Medi-Cal. In-Home Supportive Services, developmental services were hit with reductions – though smaller than in 2011 or what the Governor originally proposed this year.

As previously reported this afternoon, the California Legislature completed this afternoon final action on all of the remaining budget trailer bills, passing all 21 bills including controversial bills dealing with community redevelopment funds, the Governor's Coordinated Care Initiative including major changes to the structure of In-Home Supportive Services statewide, and reductions and changes to the CalWORKS and Healthy Families programs.

Those bills, plus six previous trailer bills passed by the Legislature on June 15<sup>th</sup>, will head to the Governor for approval. Those six bills previously passed deal with developmental services, Medi-Cal and public health other health programs, transportation, mental health community-based services, transportation and general government.

### **MAIN BUDGET BILL**

The State's budget plan is contained in several bills: the main budget bill that contains basically spending totals and some language on how some of that spending is to be made; and two dozen or so budget related bills – called budget trailer bills (because those bills follow or trail the main budget bill) that contain changes in State law needed to implement policy changes and reductions that the main budget numbers are based on.

#### AB 1464 – MAIN BUDGET BILL

PREVIOUS ACTION 06/15/2012: PASSED State Senate by vote of 23 to 16. PASSED Assembly by vote of 50 to 25. Sent to Governor at 3:30 PM.

LATEST ACTION 06/ 27/2012: SIGNED by the Governor.

BILL COPY - 06/15/2012 ENROLLED HTML VERSION: [http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1451-1500/ab\\_1464\\_bill\\_20120615\\_enrolled.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1464_bill_20120615_enrolled.html)

BILL COPY - 06/15/2012 ENROLLED PDF VERSION (736 Pages): [http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1451-1500/ab\\_1464\\_bill\\_20120615\\_enrolled.pdf](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1464_bill_20120615_enrolled.pdf)

## **URGENT!!!!!!**

***JUNE 27, 2012 – WEDNESDAY NIGHT***

***PLEASE HELP CDCAN CONTINUE ITS WORK***

***WE MAY NOT BE ABLE TO CONTINUE!!!***



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

**CDCAN – NEW MAILING ADDRESS:**

1500 West El Camino Avenue Suite 499  
Sacramento, CA 95833

[replaces 1225 8<sup>th</sup> Street Suite 480, Sacramento, CA 95814]

**NEW Phone:** 916-757-9549 (replaces 916-212-0237)

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

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

## Attachment #2

**From:** "Marty Omoto - CDCAN (California Disability Community Action Network)"  
<martyomoto@rcip.com>  
**To:** <CDCANreportlist01@rcip.com>  
**Date:** 6/28/2012 10:45 AM  
**Subject:** Re: CDCAN REPORT #130-2012: GOVERNOR BROWN MAKES LINE ITEM VETOES - BUT IMPACT TO HEALTH & HUMAN SERVICES LARGELY AVOIDED EXCEPT IN CERTAIN AREAS  
**Attachments:** 20120628 - Governors Full Budget Summary (Including Line Item Vetoes - 67 Pages).pdf; Part.007

CDCAN DISABILITY RIGHTS REPORT

CALIFORNIA DISABILITY COMMUNITY ACTION NETWORK

#130-2012 - JUNE 28, 2012 - THURSDAY MORNING

Advocacy Without Borders: One Community - Accountability With Action

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<<http://www.cdcan.us>> [www.cdcan.us](http://www.cdcan.us)

To reply to THIS Report write:

Marty Omoto at <<mailto:martyomoto@rcip.com>> [martyomoto@rcip.com](mailto:martyomoto@rcip.com) Twitter:  
[martyomoto](#) New Phone: 916-757-9549

State Budget Crisis - Breaking News:

GOVERNOR MAKES LINE ITEM VETOES - IMPACT TO HEALTH & HUMAN SERVICES LARGELY AVOIDED

- . Additional \$15 Million Cut to Early Mental Health Initiative
- . \$4.7 Million Reduction in IHSS Administration Funding
- . Reduction Impacting Quarterly Reporting Requirements on Hiring Plan Related to Court Monitoring of State Hospitals Under federal Civil Rights of Institutionalized Persons Act

SACRAMENTO, CA (CDCAN) [Last updated 06/28/2012 09:10 AM] - Governor Brown released details of what line item vetoes he made before signing the main budget bill (AB 1464) last night, in a revised budget summary this morning that largely avoided sweeping deeper cuts to health and human services and education that impact children and adults with disabilities, mental health needs, the blind, seniors and low income families. That 67 page summary, saved as a pdf document file, is attached to this CDCAN Report titled

"20120628 - Governors Full Budget Summary (Including Line Item Vetoes -67 Pages).pdf" The 10 pages that make up the line item vetoes by the Governor are at the end of the 67 page document.

Additional cuts were not made - beyond those already in the main budget bill approved by the Legislature - to developmental services (regional centers, developmental centers and Early Start), Caregiver Resource Centers, Medi-Cal, and special education.

However some programs - such as child care under CalWORKS did get hit, as did funding for administration for In-Home Supportive Services (IHSS). Funding for actual services for recipients of IHSS and pay for IHSS workers was not impacted by any of the Governor's line item veto cuts.

Under the education budget, funding for the Early Mental Health Initiative was reduced by \$15 million.

The Governor also eliminated requirements and the funding for additional quarterly progress reports under the Department of State Hospitals (formerly the Department of Mental Health) regarding hiring plan related to the federal court monitoring of those mental health state hospitals and the State's compliance under the federal Civil Rights of Institutionalized Persons Act (CRIPA).

#### GOVERNOR SIGNED MAIN BUDGET BILL WEDNESDAY EVENING

. As reported last night, without any ceremony or press conference, the Governor signed AB 1464, containing the main budget bill, late Wednesday evening.

. Unlike previous governors, Governor Brown did not make available a list of the line item vetoes he made, after signing the budget bill and instead indicated that information would be released this morning.

. In a statement released immediately after signing the main budget bill, the Governor said the spending plan ".reflects tough choices that will help get California back on track."

. He commended the Legislature ".for making difficult decisions, especially enacting welfare reform and across-the-board pay cuts. All this lays the foundation for job growth and continuing economic expansion."

. The budget hinges on the hope that voters will approve in November the Governor's ballot measure - officially known as the "Schools and Local Public Safety Protection Act" that would raise temporarily the state sales tax by one-quarter of one cent for four years and income taxes on wealthy Californians by up to 3% for seven years. If voters reject the ballot measure, the 2012-2013 State Budget signed into law by the Governor authorizes automatic additional new spending cuts of over \$6 billion will go into effect January 1, 2013, largely impacting education - but \$50 million

in new cuts in State general fund spending would hit the developmental services budget, an amount that grows to \$100 million in State general fund spending cuts for the 2013-2014 State Budget year and each budget year after that. Recent polls showed support for the measure falling.

. Commenting on his ballot measure - competing with at least two other tax increase initiatives on the November ballot, the Governor said that his proposal to raise revenues ".is fair and temporary. Our state budget problem was built up over a decade, and it won't be fixed overnight. These temporary increases will ensure funding for our schools until the economy improves."

. The Governor signed the spending plan following final action by the Legislature earlier today on the remaining 21 budget trailer bills that comprised the overall budget agreement that the Governor reached with Democratic legislative leaders Senate President Pro Tem Darrell Steinberg (Democrat - Sacramento, 6th State Senate District) and Assembly Speaker John Perez (Democrat - Los Angeles, 46th Assembly District) last week. The Legislature will be sending over the next two weeks the budget trailer bills it passed on June 15th and June 27th (with possible exception of one trailer bill).

. The nearly \$93 billion State general fund spending plan for the 2012-2013 State Budget year that begins July 1, 2012 includes \$8 billion in spending cuts and savings, \$5.9 billion in revenues (tied to the Governor's November temporary tax increase ballot measure), and \$2.3 billion in other solutions to close the projected budget deficit of over \$16 billion.

#### CDCAN SUMMARY OF MAJOR LINE ITEM VETOES IMPACTING PEOPLE WITH DISABILITIES, MENTAL HEALTH NEEDS, SENIORS & LOW INCOME FAMILIES

The following is a CDCAN summary of the line item vetoes made by the Governor yesterday on signing the main budget bill (AB 1464). The list of line item vetoes, along with a budget summary reflecting the approved budget, was released this morning (June 28th):

#### IHSS (IN-HOME SUPPORTIVE SERVICES) - ADMINISTRATION

. [Budget Item 5180-111-001] - Reduced by \$4,700,000 to eliminate the additional funding (augmentation) to support administration of the IHSS program. The Governor reduced this item because "This would align funding with the level I included in the May Revision. This reduction is necessary to provide for a prudent General Fund reserve. With this reduction, \$134,223,000 General Fund still remains for IHSS administration."

#### CHILD CARE

. [Budget Item 6110-194-0001] - Reduced \$20 million from voucher-based child care programs, except for those serving current and former CalWORKS families.

## PUBLIC HEALTH - NURSING HOME ADMINISTRATOR'S PROGRAM

[Budget Line Item 4265-001-0001] - Deleted Provision 4 because "the requirement contained in this provision to expend funds on an annual work plan for the Nursing Home Administrator's Program creates unnecessary cost pressures. Elimination of this report is consistent with my plan to eliminate unnecessary reports and reporting requirements."

## PUBLIC HEALTH - INFECTIOUS DISEASES

[Budget Line Item 4265-111-0001] - Reduced this item from \$49,332,000 to \$48,832,000 by reducing (under Infectious Diseases) \$500,000 by eliminating funding for the Public Health Laboratory Director Training Program. The Governor noted that ".this reduction is necessary to help bring ongoing expenditures in line with existing resources and to build a prudent reserve."

## MENTAL HEALTH - STATE HOSPITALS

[Budget Item 4440-011-0001] - Under the new Department of State Hospitals (formerly the Department of Mental Health), revised this item by deleting Provisions 5 and 13. The Governor wrote that "I am deleting Provision 5 because the requirement contained in this provision to expend funds by providing quarterly progress reports on the hiring plan related to federal court monitoring of compliance with the Civil Rights of Institutionalized Persons Act (CRIPA) creates unnecessary cost pressures. This provision would require the Department to continue reporting on a hiring plan when facilities have achieved substantial compliance with CRIPA and are in the process of being released from further court monitoring. Elimination of these reports is consistent with my plan to eliminate unnecessary reports and reporting requirements."

The Governor also noted that in deleting Provision 13 ".which permits up to \$3,600,000 to be used for the Adult Education program, and eliminating 37.6 unfunded positions added separately by the Legislature for this program, because the requirement creates unnecessary cost pressures and restricts the Department's efforts to achieve planned General Fund cost savings. The Budget reflects my Administration's efforts to close a structural gap in the Department's budget. Authorizing this program without providing the necessary resources would undermine these efforts."

## EDUCATION - EARLY MENTAL HEALTH SERVICES

[Budget Item 6110-162-0001] - For support of the Department of Education [under Proposition 98, the school funding guarantee constitutional provision passed by voters in 1988], the Governor eliminated \$15 million appropriation for the Early Mental Health Initiative. The Governor wrote that he was deleting this budget item because ".While I appreciate the

importance of prevention and early intervention services, I believe that school districts are in the best position to determine whether these services should be funded at the local level."

#### EDUCATION - CHILD DEVELOPMENT - PRESCHOOL EDUCATION

. [Budget Item 6110-196-0001] Reduced by \$29,972,000 from preschool programs administered by Title 5 centers that contract directly with the California Department of Education. The Governor wrote that he was doing so because ".While I would have preferred to restructure rates and reform the program to achieve savings, this across the board reduction in slots is necessary to help bring ongoing expenditures in line with existing resources.

#### MAIN BUDGET BILL

The State's budget plan is contained in several bills: the main budget bill that contains basically spending totals and some language on how some of that spending is to be made; and two dozen or so budget related bills - called budget trailer bills (because those bills follow or trail the main budget bill) that contain changes in State law needed to implement policy changes and reductions that the main budget numbers are based on.

#### AB 1464 - MAIN BUDGET BILL

PREVIOUS ACTION 06/15/2012: PASSED State Senate by vote of 23 to 16. PASSED Assembly by vote of 50 to 25. Sent to Governor at 3:30 PM.

LATEST ACTION 06/ 27/2012: SIGNED by the Governor with line item vetoes.

#### BILL COPY - 06/15/2012 ENROLLED HTML VERSION:

<[http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1451-1500/ab\\_1464\\_bill\\_2012\\_0615\\_enrolled.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1464_bill_2012_0615_enrolled.html)>

[http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1451-1500/ab\\_1464\\_bill\\_2012\\_0615\\_enrolled.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1464_bill_2012_0615_enrolled.html)

#### BILL COPY - 06/15/2012 ENROLLED PDF VERSION (736 Pages):

<[http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1451-1500/ab\\_1464\\_bill\\_2012\\_0615\\_enrolled.pdf](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1464_bill_2012_0615_enrolled.pdf)>

[http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1451-1500/ab\\_1464\\_bill\\_2012\\_0615\\_enrolled.pdf](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1464_bill_2012_0615_enrolled.pdf)

URGENT!!!!!!



JUNE 28, 2012 - THURSDAY MORNING

PLEASE HELP CDCAN CONTINUE ITS WORK

WE MAY NOT BE ABLE TO CONTINUE!!!

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

CDCAN - NEW MAILING ADDRESS:

1500 West El Camino Avenue Suite 499

Sacramento, CA 95833

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

NEW Phone: 916-757-9549 (replaces 916-212-0237)

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

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

## DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9  
SACRAMENTO, CA 95814  
TDD 654-2054 (For the Hearing Impaired)  
(916) 654-1958



**DATE:** July 10, 2012

**TO:** REGIONAL CENTER DIRECTORS AND BOARD PRESIDENTS

**SUBJECT:** JUNE 2012 TRAILER BILL LANGUAGE AFFECTING REGIONAL CENTERS

The purpose of this correspondence is to transmit a summary of the recently enacted Trailer Bill, AB 1472 (Chapter 25, Statutes of 2012), that directly affects regional centers or the developmental services system. Trailer Bill Language (TBL) contains an urgency clause, and was therefore effective immediately upon enactment, June 27, 2012. TBL includes a number of changes related to the regional center and provider payment reduction, Supported Living Services (SLS) assessments and Early Start services. The bulk of the policy changes focus on reducing the reliance on developmental centers, locked mental health facilities ineligible for federal financial participation and out-of-state placements. The overarching goal of these reforms is to provide services in the least restrictive California environment while achieving General Fund savings.

While this correspondence provides a high level summary of the TBL, a complete and thorough review of TBL (see [www.leginfo.ca.gov](http://www.leginfo.ca.gov)) is imperative for regional centers' statutory compliance. Clarifying information regarding implementation of TBL is included in several areas below. Regional centers should continue to educate their communities regarding these legislative changes.

### **Early Intervention Services**

**TBL Section 1:** Section 95004 of the Government Code, as amended by Section 1 of Chapter 9 of the Fourth Extraordinary Session of the Statutes of 2009, was amended to require that the use of private health insurance or a health care service plan to pay for early intervention services under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec.1431 et seq.) shall not:

- Count towards or result in a loss of benefits due to the annual or lifetime health insurance or health care service plan coverage caps for the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy or health care service plan contract.
- Negatively affect the availability of health coverage for the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy or health care service plan contract, or result in a

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discontinuance of the health insurance policy or the health care service plan contract or coverage under the health insurance policy or health care service plan contract for these individuals.

- Be the basis for increasing the health insurance or health care service plan premium of the infant or toddler with a disability, the parent, or the child's family members covered under that health insurance policy or health care service plan contract.
- California receives a federal grant under the Individuals with Disabilities Education Act (IDEA) to fund the Early Start Program serving infants and toddlers ages 0 -3 with developmental disabilities or delays. The Department provides early intervention services statewide to approximately 29,000 children annually, through its contracts with 21 non-profit regional centers. The Department of Education serves approximately 3,000 children who have vision, hearing, or severe orthopedic impairments.

New federal grant regulations do not allow states to require families to use their private insurance unless the state enacts protections prohibiting insurance cancellations, loss of benefits or rate increases directly associated with the Early Start services.

*Implementation: The amendments to this section impact health insurance and health care service plans and do not require any action by the regional center for implementation.*

**Utilization of Delayed Egress Devices and Secured Perimeters in ICF/DD, ICF/DD-H, Adult Residential Facilities and Group Homes**

**TBL Sections 2, 3 and 4:** Section 1267.75 was added to the Health and Safety Code, permitting a licensee of an intermediate care facility/developmentally disabled (ICF/DD) or an intermediate care facility/developmentally disabled habilitative (ICF/DD-H) to install and utilize delayed egress devices of the time delay type in combination with secured perimeters. For purposes of this section, "delayed egress device" means a device that precludes the use of exits for a predetermined period of time. These devices shall not delay any resident's departure from the facility for longer than 30 seconds. "Secured perimeters" means fences that meet the requirements prescribed by this section.

Section 1531.1 of the Health and Safety Code was amended to specify that for adult residential facilities operating in accordance with Section 1531.15 (summarized below), the capacity may exceed six residents.

Section 1531.15 was added to the Health and Safety Code, permitting a licensee of an adult residential facility or group home currently utilizing delayed egress devices to

install and utilize secured perimeters. A person that is a foster child under the jurisdiction of the juvenile court, pursuant to Welfare and Institutions Code Sections 300, 301 or 602, may not be admitted to or reside in a residential facility or group home utilizing secured perimeters.

Regional center consumers age 14 or older may be admitted to or reside in these facilities if an interdisciplinary team, through the individual program plan (IPP) process, has determined that the person lacks hazard awareness or impulse control and, for his or her safety and security, requires the level of supervision afforded by a facility equipped with delayed egress devices of the time delay type in combination with secured perimeters. The interdisciplinary team must have also determined that, but for this placement, the person would be at risk of admission to, or would have no option but to remain in, a more restrictive placement. A child who is at least 10 years of age and less than 14 years of age may be placed in these facilities if:

- A comprehensive assessment is conducted;
- An IPP meeting is convened to determine the services and supports needed for the child to receive services in a less restrictive, unlocked residential setting in California;
- The regional center requests assistance from the Department of Developmental Services' (Department) statewide specialized resource service to identify options to serve the child in a less restrictive, unlocked residential setting in California;
- The regional center requests placement of the child in this type of facility on the basis that the placement is necessary to prevent out-of-state placement or placement in a more restrictive, locked residential setting; and,
- The Department approves the request.

Facilities utilizing delayed egress devices and secured perimeters must not house more than 15 residents and must be eligible for and serving clients eligible for federal Medicaid funding. The IPP team shall determine the continued appropriateness of these placements at least annually.

**These sections shall become operative only upon the filing of emergency regulations by the Department.** These regulations shall be developed with stakeholders, including the Department of Public Health, Department of Social Services, consumer advocates, and regional centers. The regulations shall establish program standards for homes eligible for federal financial participation that include delayed egress devices of the time delay type in combination with secured perimeters. The regulations will also establish requirements and timelines for the completion and updating of a comprehensive assessment of the consumer's needs, including the identification through the IPP process of the services and supports needed to transition the consumer to a less restrictive living arrangement, and a timeline for identifying or

developing those services and supports. The regulations shall establish a statewide limit on the total number of beds in homes with delayed egress devices of the time delay type in combination with secured perimeters. The adoption of these regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare.

*Implementation: The Department will work with regional centers and other interested parties regarding input for promulgating regulations for implementation of these new statutory provisions. Regional centers may not use delayed egress homes with secured perimeters until the emergency regulations are effective and the Department has confirmed federal financial participation.*

**Statewide Specialized Resource Service (SSRS), Prioritization of Community Placement Plan (CPP) Funds and Completion of Assessments for Developmental Center Residents**

TBL Section 5: Section 4418.25 of the Welfare and Institutions Code<sup>1</sup> was amended, requiring the Department to establish a SSRS that does all of the following:

- Tracks the availability of specialty residential beds and services.
- Tracks the availability of specialty clinical services.
- Coordinates the need for specialty services and supports in conjunction with regional centers.
- Identifies, subject to federal reimbursement, developmental center services and supports that can be made available to consumers residing in the community, when no other community resource has been identified.

By September 1, 2012, regional centers shall provide the Department with information about all specialty resources developed with the use of CPP funds and shall make these resources available to other regional centers. When allocating funding for CPP, priority shall be given to the development of needed statewide specialty services and supports, including regional community crisis homes. Following issuance of emergency regulations, if approved by the director of the Department, funding may be allocated to adult residential facilities, group homes, ICF/DD and DD-H facilities that meet the criteria for utilization of delayed egress devices and secured perimeters, pursuant to Sections 1267.75 and 1531.15 of the Health and Safety Code. The Department shall not provide CPP funds to develop programs that are ineligible for federal financial participation unless approved by the director.

Regional centers shall complete a comprehensive assessment of any consumer residing in a developmental center on July 1, 2012, who is not committed pursuant to

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<sup>1</sup> All citations are to the Welfare and Institutions Code unless otherwise stated.

Section 1370.1 of the Penal Code and has not had such an assessment in the prior two years. The assessment shall include input from the regional center, the consumer, and, when appropriate, the consumer's family, legal guardian, conservator, or authorized representative, and shall identify the types of community-based services and supports available to the consumer. Regional centers shall specify in the annual CPP how they will complete the required assessments and the timeframe for completing the assessment for each consumer. Initial assessments pursuant to this paragraph for individuals residing in a developmental center on July 1, 2012, shall be completed by December 31, 2015, unless a regional center demonstrates to the Department that an extension of time is necessary and the Department grants such an extension. The assessment completed in the prior two years, or the assessment completed pursuant to the requirements of this section shall be provided to the IPP team in order to assist the planning team in determining the least restrictive environment for the consumer. These assessments shall be updated annually as part of the IPP process for as long as the consumer resides in the developmental center.

Commencing May 1, 2013, and then on April 1, 2014, and on April 1 annually thereafter, the Department shall provide to the fiscal and appropriate policy committees of the Legislature information on efforts to serve consumers with challenging service needs, including, but not limited to, all of the following:

- For each regional center, the number of consumers admitted to each developmental center, including the legal basis for the admissions.
- For each regional center, the number of consumers described in paragraph (2) of subdivision (a) of Section 7505 who were admitted to Fairview Developmental Center by court order pursuant to Article 2(commencing with Section 6500) of Chapter 2 of Part 2 of Division 6, and the number and lengths of stay of consumers, including those who have transitioned back to a community living arrangement.
- Outcome data related to the assessment process set forth in Section 4418.7, including the number of consumers who received assessments pursuant to Section 4418.7 and the outcomes of the assessments. Each regional center, commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter, shall provide the Department with information on alternative community services and supports provided to those consumers who were able to remain in the community following the assessments, and the unmet service needs that resulted in any consumers being admitted to Fairview Developmental Center.
- Progress in the development of needed statewide specialty services and supports, including regional community crisis options, as provided in paragraph (3) of subdivision (b). Each regional center shall provide the Department with a

report containing the information described in this paragraph commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter.

- Progress in reducing reliance on mental health facilities ineligible for federal Medicaid funding, and out-of-state placements.
- Information on the utilization of facilities serving consumers with challenging service needs that utilize delayed egress devices and secured perimeters, pursuant to Section 1267.75 or 1531.15 of the Health and Safety Code, including the number of admissions, reasons for admissions, and lengths of stay of consumers, including those who have transitioned to less restrictive living arrangements.
- If applicable, any recommendations regarding additional rate exceptions or modifications beyond those allowed for under existing law that the Department identifies as necessary to meet the needs of consumers with challenging service needs.

Each regional center, commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter, shall provide to the Department the specified information above regarding facilities utilizing delayed egress devices and secured perimeters, pursuant to Sections 1267.75 and 1531.15 of the Health and Safety Code.

*Implementation: The overall purpose of these changes is to reduce reliance on developmental centers, maximize use of existing resources, prioritize use of limited CPP funding for needed specialty resources and ensure completion of assessments for developmental center residents. The Fiscal Year (FY) 2012-13 CPP guidelines, which the Department will issue shortly, will address regional centers' use of CPP funds for the development of specialized resources and completion of developmental center resident assessments. The Department will also issue guidance regarding regional centers providing the Department, by September 1, 2012, information on their specialized services and supports developed with CPP funding and regional centers' access to statewide specialized services via the Department by October 1, 2012.*

#### **Purchase of Out-of-state Services**

**TBL Section 8:** Section 4519 was amended, requiring that prior to submitting a request for out-of-state services, the regional center shall conduct a comprehensive assessment and convene an IPP meeting to determine the services and supports needed for the consumer to receive services in California and shall request assistance from the Department's SSRS in identifying options to serve the consumer in California. The request shall include details regarding all options considered and an explanation of why these options cannot meet the consumer's needs.

The Department shall authorize for no more than six months the purchase of out-of-state services. Any extension beyond six months shall be based on a new and complete comprehensive assessment of the consumer's needs, review of available options, and determination that the consumer's needs cannot be met in California. An extension shall not exceed six months.

Pre-existing statute requires regional centers to prepare a report for inclusion in the client's IPP, summarizing the regional center's efforts to locate, develop, or adapt an appropriate program for the client within the state. This section was amended to require that this report be **reviewed and updated every three months**.

Each comprehensive assessment and report shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to California. Each regional center shall submit to the Department by December 31, 2012, a transition plan for all consumers residing out-of-state as of June 30, 2012, for whom the regional center is purchasing services.

*Implementation: These provisions became effective July 1, 2012, and apply to consumers currently residing out-of-state. Regional centers should begin completing comprehensive assessments and developing transition plans for consumers residing out-of-state. Any request for a new out-of-state placement or to extend an existing placement requires adherence to the new statutory requirements.*

#### **Admissions to Developmental Centers Due to an Acute Crisis**

**TBL Section 6:** Section 4418.7 was amended, providing the process for admitting consumers to a developmental center due to an acute crisis. If the regional resource development project (RRDP), in consultation with the regional center, the consumer, and the consumer's parents, legal guardian, or conservator, when appropriate, determines that admittance to a developmental center is necessary due to an acute crisis, the regional center shall immediately pursue the obtainment of a court order for short-term admission and crisis stabilization.

For purposes of this section, "acute crisis" means a situation in which the consumer meets the criteria of Section 6500 and, as a result of the consumer's behavior, all of the following are met:

- There is imminent risk for substantial harm to self or others.
- The service and support needs of the consumer cannot be met in the community, including with supplemental services as set forth in subparagraph (E) of paragraph (9) of subdivision (a) of Section 4648 and emergency and crisis intervention services as set forth in paragraph (10) of subdivision (a) of Section 4648.



- Due to serious and potentially life-threatening conditions, the consumer requires a more restrictive environment for crisis stabilization.

The RRDP, in consultation with the regional center, the consumer, and, when appropriate, the consumer's parents, legal guardian, conservator, or authorized representative, shall not make a determination that admittance to a state developmental center is necessary due to an acute crisis as defined in paragraph (1) of subdivision (d) unless the determination includes a regional center report detailing all considered community-based services and supports and an explanation of why those options could not meet the consumer's needs at the time of such a determination. For purposes of this determination, the regional center shall not be required to consider out-of-state placements or mental health facilities, including institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, that are ineligible for federal Medicaid funding.

When an admission occurs due to an acute crisis, all of the following shall apply:

- As soon as possible following admission to a developmental center, a comprehensive assessment shall be completed by the regional center in coordination with the developmental center. The comprehensive assessment shall include the identification of the services and supports needed for crisis stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to the community. The regional center shall immediately submit a copy of the comprehensive assessment to the committing court. Immediately following the assessment, and not later than 30 days following admission, the regional center and the developmental center shall jointly convene an IPP meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients' rights advocate for the regional center shall be notified of the admission and the IPP meeting and may participate in the IPP meeting unless the consumer objects on his or her own behalf.
- If transition is not expected within 90 days of admission, an IPP meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of crisis stabilization. If crisis services continue to be necessary, the regional center shall submit to the Department an updated transition plan and a request for an extension of stay at the developmental center of up to 90 days.
- A consumer admitted due to an acute crisis shall reside in the developmental center no longer than six months before being placed into a community living

arrangement pursuant to Section 4418.3, unless, prior to the end of the six months, all of the following have occurred:

- The regional center has conducted an additional comprehensive assessment based on information provided by the regional center, and the Department determines that the consumer continues to be in an acute crisis.
- The IPP team has developed a plan that identifies the specific services and supports necessary to transition the consumer into the community, and the plan includes a timeline to obtain or develop those services and supports.
- The committing court has reviewed and, if appropriate, extended the commitment.

The clients' rights advocate for the regional center shall be notified of the proposed extension pursuant to clause (iii) of subparagraph (A) and the IPP meeting to consider the extension, and may participate in the IPP meeting unless the consumer objects on his or her own behalf. In no event shall a consumer's placement at the developmental center, pursuant to this section, exceed one year unless both of the following occur:

- The regional center demonstrates significant progress toward implementing the plan specified in clause (ii) of subparagraph (A) identifying the specific services and supports necessary to transition the consumer into the community.
- Extraordinary circumstances exist beyond the regional center's control that have prevented the regional center from obtaining those services and supports within the timeline based on the plan.

If both of the circumstances described in the subclauses above exist, the regional center may request, and the committing court may grant, an additional extension of the commitment, not to exceed 30 days. Commencing July 1, 2012, Fairview Developmental Center shall be the only developmental center authorized to admit a consumer pursuant to a court order for an acute crisis as described in this section.

The Department shall notify the court in writing if the RRDP determines, based on the assessment conducted pursuant to subdivision (b) of this section, that the consumer referred to the RRDP by the court cannot be safely served in the developmental center.

The Department shall collect data on the outcomes of efforts to assist at-risk consumers to remain in the community. The Department shall make aggregate data on the implementation of the requirements of this section available, upon request.

*Implementation:* This section creates a new process to access short-term acute crisis services at Fairview Developmental Center for consumers who would likely otherwise require a more secure setting or out-of-state placement for crisis stabilization. Additionally, it places emphasis on the IPP planning team and the regional center's immediate development of services and supports to transition the consumer back to the community.

**Clarifications for Court Ordered Admissions to Developmental Centers and Technical Conforming Amendments**

TBL Sections 7, 18-30 and 32: Sections 4507, 6000, 6500, 6501, 6502, 6504, 6504.5, 6506, 6507, 6508, 6509, 6510.5, 6511 and 6512 were amended and Section 7505 was added, clarifying who and under what circumstances consumers can be committed to a developmental center under court order.

Section 7505 prohibits the Department from admitting anyone to a developmental center unless the person has been determined eligible for services under Division 4.5 (commencing with Section 4500) and the person is:

- Committed by a court to Porterville Developmental Center, secure treatment program, pursuant to Section 1370.1 of the Penal Code (to restore competency).
- Committed by a court to Fairview Developmental Center pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, pursuant to Section 4418.7.
- Committed by a court to Porterville Developmental Center, secure treatment program, pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 as a result of involvement with the criminal justice system, and the court has determined the person is mentally incompetent to stand trial.
- A person described in Section 4508.
- A juvenile committed to Porterville Developmental Center, secure treatment program, pursuant to Section 709.

Under no circumstances shall the Department admit a person to a developmental center after July 1, 2012, as a result of a criminal conviction or where the person is competent to stand trial for the criminal offense and the admission is ordered in lieu of trial.

Section 4507 was amended to read that persons who constitute a danger to themselves or others may be judicially committed pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 if evidence of such danger is proven in court.

Section 6000 was amended, prohibiting the Department, commencing July 1, 2012, from admitting mentally disordered persons to a developmental center pursuant to rules and regulations established by the Department and the Department of Mental Health.

Section 6500 was amended to include the term "Developmental disability" and state that a person with a developmental disability shall not be committed to the Department pursuant to this article (Welfare and Institutions Code, Article 2 of Chapter 2 of Part 2 of Division 6) unless he or she is a person described in paragraph (2) or (3) of subdivision (a) of Section 7505 and is dangerous to self or others. This section was also amended to include that the clients' rights advocate for the regional center may attend any judicial proceedings conducted under the authority of this article to assist in protecting the individual's rights. Any order of commitment made pursuant to this article with respect to a person described in paragraph (3) of subdivision (a) of Section 7505 shall expire automatically one year after the order of commitment is made.

Any order of commitment made pursuant to this article with respect to a person described in paragraph (2) of subdivision (a) of Section 7505 (acute crisis) shall expire automatically six months after the earlier of the order of commitment pursuant to this section or the order of a placement in a developmental center pursuant to Section 6506, unless the regional center, prior to the expiration of the order of commitment, notifies the court in writing of the need for an extension. The required notice shall state facts demonstrating that the individual continues to be in acute crisis as defined in paragraph (1) of subdivision (d) of Section 4418.7 and the justification for the requested extension, and shall be accompanied by the comprehensive assessment and plan described in subdivision (e) of Section 4418.7. An order granting an extension shall not extend the total period of commitment beyond one year, including any placement in a developmental center pursuant to Section 6506. If, prior to expiration of one year, the regional center notifies the court in writing of facts demonstrating that, due to circumstances beyond the regional center's control, the placement cannot be made prior to expiration of the extension, and the court determines that good cause exists, the court may grant one further extension of up to 30 days. The court may also issue any orders the court deems appropriate to ensure that necessary steps are taken to ensure that the individual can be safely and appropriately transitioned to the community in a timely manner. The required notice shall state facts demonstrating that the regional center has made significant progress implementing the plan described in subdivision (e) of Section 4418.7 and that extraordinary circumstances exist beyond the regional center's control that have prevented the plan's implementation. Nothing in this paragraph precludes the individual or any person acting on his or her behalf from making a request for release pursuant to Section 4800, or counsel for the individual from filing a petition for habeas corpus pursuant to Section 4801. Notwithstanding subdivision (a) of Section 4801, for purposes of this paragraph, judicial review shall be in the superior court of the county that issued the order of commitment pursuant to this section.

Section 6501 was amended, requiring the Department to give priority to placing an individual at Porterville Developmental Center prior to placing the individual at any other secure treatment facility when the individual has been charged with a violent felony, as described in Section 667.5 of the Penal Code, and committed to the Department pursuant to Section 1370.1 of the Penal Code or Section 6500 for placement in a secure treatment facility, as described in subdivision (e) of Section 1370.1 of the Penal Code.

Sections 6502, 6504, 6504.5, 6506, 6507, 6508, 6509, 6511 and 6512 were amended, deleting references to "mental retardation" or "a mentally retarded person" and replacing with "developmental disability" and "a person with a developmental disability".

Section 6504.5 was also amended to require the regional center director or designee to submit to the court, in addition to his or her evaluation pursuant to this section, the results of the assessment conducted pursuant to Section 4418.7, if the person is an individual described in paragraph (2) of subdivision (a) of Section 7505.

Section 6509 was amended, stating that if the court finds that a person has a developmental disability, and that he or she is a person described in paragraph (2) or (3) of subdivision (a) of Section 7505 and is a danger to himself, herself, or to others, the court may make an order that the person be committed to the Department for suitable treatment and habilitation services. Suitable treatment and habilitation services is defined as the least restrictive residential placement necessary to achieve the purposes of treatment. Care and treatment of a person committed to the Department may include placement in Fairview Developmental Center if the person is an individual described in paragraph (2) of subdivision (a) of Section 7505, the secure treatment program at Porterville Developmental Center if the person is an individual described in paragraph (3) of subdivision (a) of Section 7505, any licensed community care facility, as defined in Section 1504, or any health facility, as defined in Section 1250, or any other appropriate placement permitted by law.

Section 6510.5 was added, stating that under no circumstances shall the court order placement of a person described in this article (Welfare and Institutions Code, Article 2 of Chapter 2 of Part 2 of Division 6) or a dangerous person committed pursuant to Section 1370.1 of the Penal Code to a developmental center if the Department has specifically notified the court in writing that the individual cannot be safely served in that developmental center.

*Implementation:* Effective July 1, 2012, there is a moratorium on developmental center admissions unless an individual is sent to restore competency, is incompetent to stand trial or is in an acute crisis. Developmental centers will no longer accept admissions of consumers competent to stand trial (either to serve sentences or in lieu of sentencing) or whom the Department cannot safely serve.

#### **Porterville Developmental Center Secure Treatment Facility**

**TBL Section 31:** Section 7502.5 was amended, prohibiting the Department from admitting any persons into the secure treatment facility at Porterville Developmental Center unless the population of the secure treatment facility is less than 230 persons, including 60 residents receiving services in the transition treatment program.

*Implementation:* This means no more than 170 consumers may reside behind the fence in the secure treatment area. Previously, the cap was 200 persons with 30 in transition.

#### **Transition of Developmental Center Residents into Adult Residential Facilities for Persons with Special Health Needs (ARFPSHN)**

**TBL Sections 12, 13 and 14:** Section 4684.53 was amended, allowing all regional centers, through approved CPPs, to utilize ARFPSHNs when transitioning developmental center residents to placements in the community. Prior statute limited the availability to regional centers connected to the closure of Agnews and Lanterman developmental centers.

Section 4684.65 was amended to state that ARFPSHNs shall only accept, for initial admission, consumers who meet **both** of the following requirements:

1. Reside in a developmental center at the time of the proposed placement.
2. Have an IPP that specifies special health care and intensive support needs that indicate the appropriateness of placement in an ARFPSHN.

If there is no resident residing in a developmental center from any regional center who meets requirement 2, above, a vacancy may be filled by a consumer of any regional center who does not reside in a developmental center if the consumer otherwise meets requirement 2, the regional center demonstrates that the placement is necessary to protect the consumer's health or safety, **and the Department has granted prior written authorization.**

Section 4684.74 was amended to state that the Department shall only approve the development of ARFPSHNs that are directly associated with the community placement of developmental center residents.

*Implementation: The Department will issue correspondence to regional centers outlining the process for placing a non-developmental center resident into an ARFPSHN.*

### **Large Residential Facilities and Institutions for Mental Disease**

**TBL Section 11:** Section 4648 was amended, limiting regional centers from purchasing residential services from facilities licensed as mental health rehabilitation centers by the Department of Mental Health or a successor agency, with a licensed capacity of 16 or more beds, except in any of the following circumstances:

- The facility is eligible for Medicaid reimbursement.
- The facility has a Department-approved plan in place by June 30, 2013, to transition to a program structure eligible for federal Medicaid funding, and this transition will be completed by June 30, 2014. The Department may grant an extension for the date by which the transition will be completed if the facility demonstrates that it has made significant progress toward transition, and states with specificity the timeframe by which the transition will be completed and the specified steps that will be taken to accomplish the transition. A regional center may pay for the costs of care and treatment of a consumer residing in the facility on June 30, 2012, until June 30, 2013, inclusive, and, if the facility has a Department-approved plan in place by June 30, 2013, may continue to pay the costs under this subparagraph until June 30, 2014, or until the end of any period during which the Department has granted an extension.
- There is an emergency circumstance in which the regional center determines that it cannot locate alternate federally eligible services to meet the consumer's needs. Under such an emergency circumstance, an assessment shall be completed by the regional center as soon as possible and within 30 days of admission. An IPP meeting shall be convened immediately following the assessment to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility into the community. If transition is not expected within 90 days of admission, an IPP meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of placement in the facility. Commencing October 1, 2012, this determination shall be made only after considering resource options identified by the SSRS. If it is determined that emergency services continue to be necessary, the regional center shall submit an updated transition plan that can cover a period of up to 90 days. In no event shall placements under these emergency circumstances exceed 180 days.

Effective July 1, 2012, a regional center **shall not** purchase new residential services from institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, for which federal Medicaid funding is not available. The prohibition shall not apply to emergencies, as determined by the regional center, when a regional

center cannot locate alternate federally eligible services to meet the consumer's needs. As soon as possible within 30 days of admission due to an emergency, an assessment shall be completed by the regional center with an IPP meeting to be convened immediately following the assessment, to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility to the community. If transition is not expected within 90 days of admission, an emergency, program plan meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of placement in the facility. If emergency services continue to be necessary, the regional center **shall submit an updated transition plan to the Department** for an extension of up to 90 days. **Placement shall not exceed 180 days.**

Regional centers shall complete a comprehensive assessment of any consumer residing in an institution for mental disease as of July 1, 2012, for which federal Medicaid funding is not available. The comprehensive assessment shall be completed prior to the consumer's next scheduled IPP meeting and shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to the community. Effective October 1, 2012, the regional center shall also consider resource options identified by the SSRS. For each IPP meeting convened pursuant to this subparagraph, the clients' rights advocate for the regional center shall be notified of the meeting and may participate in the meeting unless the consumer objects on his or her own behalf.

This section was also amended to state that when feasible and recommended by the IPP team, for purposes of facilitating better and cost-effective services for consumers or family members, technology, including telecommunication technology, may be used in conjunction with other services and supports. Technology in lieu of a consumer's in-person appearances at judicial proceedings or administrative due process hearings may be used only if the consumer or, when appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, gives informed consent. Technology may be used in lieu of, or in conjunction with, in-person training for providers, as appropriate.

*Implementation: The Department will work with regional centers to identify which consumers and facilities are subject to the amendments of this section.*

### **SLS Assessment**

**TBL Section 15:** Section 4689 was amended, deleting statute that required regional centers to arrange for an independent assessment for consumers currently receiving, or initially entering, supported living who have SLS costs, or have an initial recommendation for service costs, that exceed 125 percent of the annual statewide



average cost of SLS. Instead, the IPP team shall complete a standardized assessment questionnaire at the time of development, review, or modification of a consumer's IPP. The questionnaire shall be used during the IPP meetings, in addition to the provider's assessment, to assist in determining whether the services provided or recommended are necessary and sufficient and that the most cost-effective methods of SLS are utilized. With input from stakeholders, including regional centers, the Department shall develop and post the questionnaire on its Internet Web site, and, by June 30, 2012, shall provide it to the regional centers.

*Implementation: The Department, in collaboration with regional centers, Disability Rights California, and the California Supported Living Network developed a standardized assessment questionnaire that was e-mailed by the Department to regional centers and posted on the Department's Internet Web site, at <http://www.dds.ca.gov/sls>, on June 29, 2012. Statute requires regional centers to use this questionnaire when conducting assessments pursuant to this section.*

### **Disparities Data Collection**

**TBL Section 9:** Section 4519.5 was added, requiring the Department and the regional centers to annually collaborate to compile data relating to purchase of service authorization, utilization, and expenditure by each regional center with respect to all of the following:

- The age of consumer, categorized by the following:
  - Birth to age two, inclusive.
  - Three to 21, inclusive.
  - Twenty-two and older.
- Race or ethnicity of the consumer.
- Primary language spoken by the consumer, and other related details, as feasible.
- Disability detail, in accordance with the categories established by subdivision (a) of Section 4512, and, if applicable, a category specifying that the disability is unknown.

The data shall also include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, who have been determined to be eligible for regional center services but are not receiving purchase of service funds.

By March 31, 2013, the Department and each regional center shall post the data described in this section on their respective Internet Web sites. Commencing on December 31, 2013, the Department and each regional center shall annually post this data by December 31. Within three months of compiling the data with the Department, and annually thereafter, each regional center shall meet with stakeholders in a public meeting regarding the data.

*Implementation: The Department will work with regional centers to establish the specific data to be generated by regional center and statewide. Regional centers will be responsible for ensuring compliance with stakeholder meetings and posting the data on their individual Internet Web sites by the due dates noted above.*

**1.25 Percent Payment Reduction, Regional Center Staffing and Service Provider Relief**

**TBL Sections 10, 16 and 34:** Section 10 of Chapter 13 of the Third Extraordinary Session of the Statutes of 2009, as amended by Section 24 of Chapter 37 of the Statutes of 2011, was amended providing that to implement changes in the level of funding for regional center purchase of services, regional centers must reduce payments for services and supports provided pursuant to Title 14 (commencing with Section 95000) of the Government Code and Division 4.1 (commencing with Section 4400) and Division 4.5 (commencing with Section 4500) of the Code. From February 1, 2009, to June 30, 2010, regional centers were required to reduce all payments for these services and supports paid from purchase of services funds for services delivered on or after February 1, 2009, by 3 percent, from July 1, 2010, to June 30, 2012, by 4.25 percent, and, commencing July 1, 2012, until June 30, 2013, by 1.25 percent unless the regional center demonstrates that a nonreduced payment is necessary to protect the health and safety of the individual for whom the services and supports are proposed to be purchased, and the Department has granted prior written approval.

Section 4791 was amended, extending from July 1, 2012, until June 30, 2013, the provision that regional centers may temporarily modify personnel requirements, functions, or qualifications, or staff training requirements for providers, except for licensed or certified residential providers, whose payments are reduced by 1.25 percent.

A temporary modification, effective during any agreed upon period of time from July 1, 2010, and June 30, 2013, may only be approved when the regional center determines that the change will not do any of the following:

- Adversely affect the health and safety of a consumer receiving services or supports from the provider.
- Result in a consumer receiving services in a more restrictive environment.
- Negatively impact the availability of federal financial participation.
- Violate any state licensing or labor laws or other provisions of Title 17 of the California Code of Regulations (Title 17) not eligible for modification pursuant to this section.

A temporary modification must be described in a written services contract between the regional center purchasing the services and the provider, and a copy of the written services contract and any related documentation shall be retained by the provider and the regional center purchasing the services from the provider.

Section 4791 was also amended to continue, until June 30, 2013, the suspension of the requirements described in Sections 56732 and 56800 of Title 17, and the provision that a residential service provider, vendored by a regional center and whose payment is reduced by 1.25 percent pursuant to the amended section above, is not required to complete quarterly and semiannual progress reports required in subdivisions (b) and (c) of Section 56026 of Title 17.

Section 4640.6 was amended extending the date that specific consumer to service coordinator caseload ratios do not apply. The caseload ratio of 1:66 is lifted until June 30, 2013, for consumers who have not moved from the developmental centers to the community since April 14, 1993, who are three years of age and older, and who are not enrolled in the Home and Community-Based Services Waiver program for persons with developmental disabilities. This section was also amended to extend until June 30, 2013, suspension of the requirement that regional centers must have, or contract for, all of the following areas:

- Criminal justice expertise to assist the regional center in providing services and support to consumers involved in the criminal justice system as a victim, defendant, inmate, or parolee.
- Special education expertise to assist the regional center in providing advocacy and support to families seeking appropriate educational services from a school district.
- Family support expertise to assist the regional center in maximizing the effectiveness of support and services provided to families.
- Housing expertise to assist the regional center in accessing affordable housing for consumers in independent or supportive living arrangements.
- Community integration expertise to assist consumers and families in accessing integrated services and supports and improved opportunities to participate in community life.
- Quality assurance expertise, to assist the regional center to provide the necessary coordination and cooperation with the area board in conducting quality-of-life assessments and coordinating the regional center quality assurance efforts.

*Implementation: The Department issued a letter on July 3, 2012, to regional centers informing them of the change to the payment reduction from 4.25 to 1.25 percent. In addition, on July 5, 2012, the Department issued a technical bulletin to regional centers about changes made to the Uniform Fiscal System to assist regional centers in processing rate reductions for both residential and non-residential vendors.*

### **Developmental Services System Trigger**

**TBL Section 17:** Section 4792.1 was added and shall only be operative if the condition set forth in subdivision (a) of Section 3.62 of the Budget Act of 2012 is satisfied. The Department would be required to identify up to fifty million dollars (\$50,000,000) in General Fund savings from within the overall developmental services system, including any savings or reductions within state administrative support, operation of the developmental centers, and operation of the regional centers, including administration and the purchase of services where applicable.

The reductions made pursuant to this section should be kept as far away as feasible from consumer's direct needs, services, and supports, including health, safety, and quality of life. A variety of strategies, including, but not limited to, all of the following, may be used to achieve this reduction:

- Savings attributable to caseload adjustments, changes in expenditure trends, unexpended contract funds, or other administrative savings or restructuring.
- Savings attributable to the establishment of best practices for the administrative management of regional centers and for regional centers to use when purchasing services for consumers and families. In order to achieve these savings, the Department shall review and submit to the Legislature best practices pursuant to subdivisions (b) to (g), inclusive, of Section 4620.3. The Department shall submit the proposed best practices to the fiscal and applicable policy committees of the Legislature. This submission shall include a description of the process that was followed to collaborate with system stakeholders, the anticipated impact of the best practices coupled with prior reductions on consumers, families, and providers, estimated cost savings associated with each practice, and draft statutory language necessary to implement the best practices. Consistent with subdivision (h) of Section 4620.3, implementation of the best practices shall take effect only upon subsequent legislative enactment.

The Department shall consider input from stakeholders, including consumers and family members, consumer-focused advocacy groups, service provider representatives, regional center representatives, developmental center representatives, other stakeholders, and staff of the Legislature, to develop General Fund savings proposals as necessary. If the condition set forth in subdivision (a) of Section 3.62 of the Budget Act of 2012 is satisfied, and the Department is directed to identify up to fifty million

Regional Center Directors and Board Presidents  
July 10, 2012  
Page twenty

dollars (\$50,000,000) in General Fund savings from within the developmental services system, any savings or reductions identified shall be reported to the Joint Legislative Budget Committee within 10 days of the reduction as directed by subdivision (e) of Section 3.62 of the Budget Act of 2012.

If you have any questions regarding this correspondence, please contact Brian Winfield, at (916) 654-1569.

Sincerely,

*Original Signed By*

NANCY BARGMANN  
Deputy Director  
Community Services Division

cc: Eileen Richey, ARCA  
Mark Hutchinson, DDS

**ASSOCIATION OF REGIONAL CENTER AGENCIES  
AB 1472 - BUDGET TRAILER BILL  
Chaptered June 27, 2012**

7/9/2012 15:29

Bill Section	Page(s)	Topic	Code	Code Section	Added or Amended
1	3 - 4	Using health plans for Early Start services will not affect participation in the health plan	GC	95004	Amended
2	4 - 7	ICFs with Delayed Egress and Secured Perimeters	H&S	1267-75	Added
3	7 - 8	<i>Added language:</i> Delayed egress devices shall not substitute for adequate staff. <i>Except for facilities operating in accordance with Section 1531.15,</i> the capacity of the facility shall not exceed six residents.	H&S	1531.1	Amended
4	8 - 10	ARFs with Delayed Egress and Secured Perimeters	H&S	1513.15	Added
5	10 - 13	Specialty Resources, CPP, comprehensive assessments of DC residents, report to the Legislature	W&I	4418.25	Amended
6	13 - 16	DC Admissions, out-of-state placements, comprehensive assessments	W&I	4418.7	Amended
7	16	Judicial Commitments - danger to self or others. <i>Added language: "pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Division 6"</i>	W&I	4507	Amended
8	16 - 17	Out-of-state placements, comprehensive assessments, six-month limit on out-of-state placements and six-month limits on extensions, transition plan due to DDS by RCs by 12/31/12	W&I	4519	Amended
9	17 - 18	POS data by age, race or ethnicity, primary language, disability	W&I	4519.5	Added
10	18 - 21	Extends workload relief to June 30, 2013 - RC caseload ratios	W&I	4640.6	Amended
11	21 - 28	Mental Health Rehab Facilities, use of telecommunications technology	W&I	4648	Amended
12	28 - 29	Expansion of use of ARFPSHNs	W&I	4684.53	Amended
13	29 - 30	Expansion of use of ARFPSHNs	W&I	4684.65	Amended
14	30	Replace "...orderly closure of Lanterman Developmental Center, unless a later enacted statute deletes or extends this provision" with <i>"community placement of developmental center residents"</i>	W&I	4684.74	Amended
15	30 - 34	SLS - standardized assessment tool, delete requirement for independent assessments	W&I	4689	Amended
16	34 - 35	Extends workload relief to June 30, 2013 - providers	W&I	4791	Amended
17	35 - 36	\$50 million trigger reduction - stakeholder process	W&I	4792.1	Added
18	36 - 37	DC admissions. <i>Added language: Commencing July 1, 2012, the department shall not admit any person to a developmental center pursuant to this section.</i>	W&I	6000	Amended
19	37 - 39	DC Admissions, commitments	W&I	6500	Amended
20	39	DC Admissions, person charged with a violent felony. <i>Deleted language: "the department shall give priority to placing the individual at Porterville Developmental Center prior to placing the individual at any other developmental center that has been designated as a secure treatment facility.</i>	W&I	6501	Amended
21	39 - 40	Petitions for commitment to a DC. Change "mentally retarded person" to "person with a developmental disability"	W&I	6502	Amended
22	40	Petitions for "persons alleged to have a developmental disability"	W&I	6504	Amended
23	40 - 41	Petitions for "persons alleged to have a developmental disability"	W&I	6504.5	Amended
24	41	Court orders pending hearing - "persons alleged to have a developmental disability"	W&I	6506	Amended

**ASSOCIATION OF REGIONAL CENTER AGENCIES  
 AB 1472 - BUDGET TRAILER BILL  
 Chaptered June 27, 2012**

7/9/2012 15:29

25	41	Court determination if someone has a developmental disability	W&I	6507	Amended
26	41 - 42	Remuneration of psychologist and physicians called to court	W&I	6508	Amended
27	42 - 43	Court ordered placements into a DC	W&I	6509	Amended
28	43	Court ordered placements into a DC	W&I	6510.5	Added
29	43	Language change from "mentally retarded" to "to have a developmental disability"	W&I	6511	Amended
30	43	Language change from "mentally retarded" to "to have a developmental disability"	W&I	6512	Amended
31	43	Population for Porterville secure treatment facility limited to 230 persons <i>"including 60 residents receiving services in the transition treatment program. [Added]"</i>	W&I	7502.5	Amended
32	44	DC Admissions	W&I	7505	Added
33	44	DC Admissions	W&I	7507	Amended
34	44 - 45	1.25% Payment reduction from July 1, 2012 to June 30, 2013			

July 11, 2012

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
1	<p><b>Early Intervention Services</b></p> <p><i>Use of private insurance or a health care service plan to pay for early intervention services under Part C.</i></p>	<p>Section 95004 of the Government Code was amended to require that the use of private health insurance or a health care service plan to pay for early intervention services under Part C of the federal Individuals with Disabilities Education Act shall not:</p> <ul style="list-style-type: none"> <li>• Count towards or result in a loss of benefits due to the annual or lifetime health insurance or health care service plan coverage caps.</li> <li>• Negatively affect the availability of health coverage.</li> <li>• Be the basis for increasing the health insurance or health care service plan premium.</li> </ul> <p>New federal grant regulations do not allow states to require families to use their private insurance unless the state enacts protections prohibiting insurance cancellations, loss of benefits or rate increases directly associated with the Early Start services.</p>	<p><i>The amendments to this section impact health insurance and health care service plans and do not require any action by the regional center for implementation.</i></p>	<p>No action required by RCs.</p>
2, 3 and 4	<p><b>Utilization of Delayed Egress Devices and Secured Perimeters in ICF/DD, ICF/DD-H, Adult Residential Facilities and Group Homes</b></p>	<p>Section 1267.75 was added to the Health and Safety Code permitting a licensee of an ICF/DD or ICF/DD-H to install and utilize delayed egress devices of the time delay type in combination with secured perimeters.</p> <p>For the purposes of this section, “Delayed egress device” means a device that precludes the use of exits for a predetermined period of time or no longer than 30 seconds.</p> <p>Section 1531.15 was added to the Health &amp; Safety Code to permit a licensee of an adult residential facility or group home currently utilizing delayed egress devices to install and utilize secure perimeters and for such adult residential facilities, the capacity may exceed six residents (Section 1531.1).</p>	<p><i>DDS will work with regional centers and other interested parties regarding input for promulgating regulations for implementation of these new statutory provisions. Regional centers may not use delayed egress homes with secured perimeters until the emergency regulations are effective and the Department has confirmed federal financial participation.</i></p>	<p>Participate with other stakeholders in providing input to DDS on regulations.</p> <p>Hold on utilizing homes with delayed egress and secure perimeters until the emergency regulations are released.</p>



**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE  
Fiscal Year 2012/2013**

*July 11, 2012*

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
		<p>A child who is at least 10 years of age and less than 14 years of age may be placed in these facilities under certain conditions specified in the TBL.</p> <p>Facilities utilizing delayed egress devices and secured perimeters must not house more than 15 residents and must be eligible for and serving clients eligible for federal Medicaid funding.</p> <p><b>These sections shall become operative only upon the filing of emergency regulations by DDS</b> to be developed with stakeholders, including Dept. of Public Health, Dept. of Social Services, advocates and regional centers.</p>		
5	<p><b>Statewide Specialized Resource Service (SSRS), Prioritization of Community Placement Plan (CPP) Funds and Completion of Assessments for Developmental Center Residents</b></p>	<p>Section 4418.25<sup>1</sup> was amended requiring DDS to establish a SSRS that does all of the following:</p> <ul style="list-style-type: none"> <li>• Tracks the availability of specialty residential beds and services.</li> <li>• Tracks the availability of specialty clinical services.</li> <li>• Coordinates the need for specialty services and supports in conjunction with RCs.</li> <li>• Identifies, subject to federal reimbursement, DC services and supports that can be made available to persons residing in the community, when no other community resource has been identified.</li> </ul> <p>By September 1, 2012, RCs shall provide DDS with information about all specialty resources developed with use of CPP funds and shall make these resources available to other RCs.</p> <p>RCs shall complete a comprehensive assessment of any person residing in a DC on July 1, 2012, who is not committed pursuant to Section 1370.1 of the Penal Code and has not had such an assessment in</p>	<p><i>The overall purpose of these changes is to reduce reliance on DCs, maximize use of existing resources, prioritize use of limited CPP funding for needed specialty resources and ensure completion of assessments for DC residents. The FY 2012/13 CPP guidelines, which DDS will issue shortly, will address RC's use of CPP funds for the development of specialized resources and completion of DC resident assessments. DDS will also issue guidance regarding RCs providing DDS, by Sept. 1, 2012, information on their specialized services and supports developed with CPP funding and RC's access to statewide specialized services via DDS by October 1, 2012.</i></p>	<p>To be determined after the FY 12/13 CPP guidelines and guidance on information reporting from DDS are received.</p>

**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE**  
**Fiscal Year 2012/2013**

*July 11, 2012*

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
		<p>the prior two years.</p> <p>Commencing on May 1, 2013, and then on April 1, 2014, and on April 1 annually thereafter, DDS shall provide to the fiscal and appropriate policy committees of the Legislature information on efforts to serve persons with challenging service needs.</p> <p>Each RC, commencing March 1, 2013, and then on February 1, 2014 and on February 1 annually thereafter, shall provide to DDS the specified information regarding facilities utilizing delayed egress devices and secured perimeters, pursuant to Sections 1267.75 and 1531.15 of the Health and Safety Code.</p>		
8	<b>Purchase of Out-of-State Services</b>	<p>Section 4519 was amended, requiring that prior to submitting a request for out-of-state services, the RC shall conduct a comprehensive assessment and convene an IPP meeting to determine the services and supports needed for a person to receive services in California and shall request assistance from the DDS' SSRS in identifying options to serve the person in California.</p> <p>DDS shall authorize for no more than six months the purchase of out-of-state services. Any extension beyond six months shall be based on a new and complete comprehensive assessment, review of available options, and determination that the person's needs cannot be met in California. An extension shall not exceed six months.</p> <p>The existing requirement for RCs to prepare a report summarizing the RCs efforts to locate, develop, or adapt an appropriate program for a person within the state was amended to require that this report be</p>	<p><i>These provisions became effective July 1, 2012, and apply to persons currently residing out-of-state. RCs should begin completing comprehensive assessments and developing transition plans for persons residing out-of-state. Any request for a new out-of-state placement or to extend an existing placement requires adherence to the new statutory requirements.</i></p>	<p>Identify persons currently residing out-of-state and develop a plan to complete the assessments.</p> <p>Review and update internal procedures to incorporate the new requirements.</p>

**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE  
Fiscal Year 2012/2013**

*July 11, 2012*

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
		<p>reviewed and updated every three months.</p> <p>Each RC shall submit to DDS by December 31, 2012, a transition plan for all persons residing out-of-state as of June 30, 2012, for whom the RC is purchasing services.</p>		
9	<b>Disparities Data Collection</b>	<p>Section 4519.5 was added, requiring DDS and the RCs to annually collaborate to compile data relating to purchase of service authorization, utilization, and expenditure by each RC with respect to all of the following:</p> <ul style="list-style-type: none"> <li>• The age of the person, categorized by: <ul style="list-style-type: none"> <li>○ Birth to age two</li> <li>○ Three to 21</li> <li>○ Twenty-two and older.</li> </ul> </li> <li>• Race or ethnicity of the person.</li> <li>• Primary language spoken by the person, and other details, as feasible.</li> <li>• Disability detail.</li> </ul> <p>The data shall also include the number and percentage of individuals, in these categories, who have been determined to be eligible for RC services but are not receiving POS funds.</p> <p>By March 31, 2013, DDS and each RC shall post the required data on their respective Internet Web sites. Commencing on December 31, 2013, DDS and each RC shall annually post this data by December 31. Within three months of compiling the data with DDS and annually thereafter, each RC shall meet with stakeholders in a public meeting regarding the data.</p>	<p><i>DDS will work with RCs to establish the specific data to be generated by RC and statewide. RCs will be responsible for ensuring compliance with stakeholder meetings and posting the data on their individual Internet Web sites by the due dates noted in this section.</i></p>	<p>To be determined after notice from DDS is received.</p>
11	<b>Large Residential Facilities and Institutions for Mental Disease</b>	<p>Section 4648 was amended, limiting RCs from purchasing residential services from facilities licensed as mental health rehabilitation centers by the Dept.</p>	<p><i>DDS will work with RCs to identify which persons and facilities are subject to the amendments of</i></p>	<p>To be determined after notice from DDS is received.</p>

<sup>1</sup> Page 43  
All citations are to the Welfare and Institutions Code unless otherwise stated.

**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE  
Fiscal Year 2012/2013**

*July 11, 2012*

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
		<p>of Mental Health or a successor agency, with a licensed capacity of 16 or more beds, except in a variety of specified circumstances.</p> <p>Effective July 1, 2012, a RC <b>shall not</b> purchase new residential services from institutions for mental disease, for which federal Medicaid funding is not available. The prohibition shall not apply to emergencies, as determined by the RC.</p> <p>RCs shall complete a comprehensive assessment of any person residing in an institution for mental disease as of July 1, 2012, for which federal Medicaid funding is not available.</p> <p>When feasible and recommended by the IPP team, for purposes of facilitating better and cost-effective services for persons or family members, technology, including communications technology, may be used in conjunction with other services and supports.</p>	<p><i>this section.</i></p>	
6	<b>Admissions to Developmental Centers Due to an Acute Crisis</b>	<p>Section 4418.7 was amended, providing the process for admitting persons to a DC due to an acute crisis. If the regional resource development project (RRDP), in consultation with the RC, the person served, and the person’s parents, legal guardian, or conservator, when appropriate, determines that admittance to a DC is necessary due to an acute crisis, the RC shall immediately pursue the obtainment of a court order for short-term admission and crisis stabilization.</p> <p>A procedure is provided in the new TBL for when an admission occurs due to an acute crisis.</p> <p>Commencing July 1, 2012, Fairview DC shall be the only DC authorized to admit a person pursuant to a court order for an acute crisis as described in this</p>	<p><i>This section creates a new process to access short-term acute crisis services at Fairview DC for persons who would likely otherwise require a more secure setting or out-of-state placement for crisis stabilization. Additionally, it places emphasis on the IPP planning team and the RC’s immediate development of services and supports to transition the person back to the community.</i></p>	<p>Review new requirements and update policies and procedures in accordance.</p> <p>Provide data upon request to DDS regarding TCRC’s efforts to assist at-risk persons to remain in the community.</p>

**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE  
Fiscal Year 2012/2013**

*July 11, 2012*

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
		<p>section.</p> <p>DDS shall notify the court in writing if the RRDP determines, based on the assessment conducted pursuant to subdivision (b) of this section, that the person referred to the RRDP by the court cannot be safely served in the DC.</p> <p>DDS shall collect data on the outcomes of efforts to assist at-risk persons to remain in the community. DDS shall make aggregate data on the implementation of the requirements of this section available, upon request.</p>		
7, 18-30 and 32	<b>Clarifications for Court Ordered Admissions to Developmental Centers and Technical Conforming Amendments</b>	<p>Several sections were amended of WIC and Section 7505 was added, clarifying who and under what circumstances persons can be committed to a DC under court order.</p> <p>Section 7505 prohibits DDS from admitting anyone to a DC unless the person has been determined eligible for [RC] services and the person is:</p> <ul style="list-style-type: none"> <li>• Committed by court to Porterville DC, secure treatment program, pursuant to Section 1370.1 of the Penal Code (to restore competency).</li> <li>• Committed by court to Fairview DC due to an acute crisis.</li> <li>• Committed by court to Porterville DC, secure treatment program, as a result of involvement with the criminal justice system, and the court has determined the person is mentally incompetent to stand trial.</li> <li>• A person described in 4508 [a person who may be released from a DC for provisional placement]</li> <li>• A juvenile committed to Porterville DC, secure treatment program.</li> </ul>	<p><i>Effective July 1, 2012, there is a moratorium on DC admissions unless an individual is sent to restore competency, is incompetent to stand trial or is in acute crisis. DCs will no longer accept admission of persons competent to stand trial (either to serve sentences or in lieu of sentencing) or whom DDS cannot safely serve.</i></p>	<p>Review new statute and ensure compliance.</p> <p>Update policies and procedures in accordance.</p>

<sup>1</sup> Page 45  
All citations are to the Welfare and Institutions Code unless otherwise stated.

**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE  
Fiscal Year 2012/2013**

*July 11, 2012*

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
		<p>Under no circumstances shall DDS admit a person to a DC after July 1, 2012, as a result of a criminal conviction or where the person is competent to stand trial for the criminal offense and the admission is ordered in lieu of trial.</p> <p>Section 4507 was amended to read that persons who constitute a danger to themselves or others may be judicially committed if evidence of such danger is proven in court.</p> <p>Section 6501 was amended, requiring DDS to give priority to placing an individual at Porterville DC prior to placing the individual at any other secure treatment facility when the individual has been charged with a violent felony.</p> <p>Section 6501.5 was added, stating that under no circumstances shall the court order placement of a person described in this article or a dangerous person committed to a DC if DDS has specifically notified the court in writing that the individual cannot be safely served in that DC.</p>		
31	<b>Porterville Development Center Secure Treatment Facility</b>	Section 7502.5 was amended, prohibiting DDS from admitting any persons into the secure treatment facility at Porterville DC unless the population of the secure treatment facility is less than 230 persons, including 60 residents receiving services in the transition treatment program.	<i>This means no more than 170 persons may reside behind the fence in the secure treatment area. Previously, the cap was 200 persons with 30 in transition.</i>	Inform CPP staff of these revised caps.
12, 13 and 14	<b>Transition of Developmental Center Residents into Adult Residential Facilities for Persons with Special Health Needs (ARFPSHN)</b>	Section 4684.53 was amended, allowing all RCs, through approved CPPs, to utilize ARFPSHNs when transitioning DC residents to placements in the community. Prior statute limited the availability to RCs connected with the closure of Agnews and	<i>DDS will issue correspondence to RCs outlining the process for placing a non-DC resident into an ARFPSHN.</i>	To be determined after notice from DDS is received.

<sup>1</sup> Page 46  
All citations are to the Welfare and Institutions Code unless otherwise stated.

**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE  
Fiscal Year 2012/2013**

*July 11, 2012*

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
		<p>Lanterman DCs.</p> <p>ARFPSHNs shall only accept, for initial admission, persons who meet certain requirements.</p> <p>A vacancy in an ARFPSHN may be filled by a person of any RC who does not reside in a DC if the person otherwise has special health care and intensive support needs, the RC demonstrates that placement is necessary to protect the person’s health or safety <b>and DDS has granted prior written authorization.</b></p> <p>DDS shall only approve the development of ARFPSHNs that are directly associated with the community placement of DC residents.</p>		
15	<b>Supported Living Services (SLS) Assessment</b>	<p>Section 4689 was amended, deleting statute that required RCs to arrange for an independent assessment for persons currently receiving, or initially entering, supported living who have SLS costs, or have an initial recommendation for service costs, that exceed 125% of the annual statewide average cost of SLS. Instead, the IPP team shall complete a standardized assessment questionnaire at the time of development, review, or modification of a person’s IPP.</p> <p>The questionnaire shall be used during the IPP meetings, in addition to the provider’s assessment, to assist in determining whether the services provided or recommended are necessary and sufficient and that the most cost-effective methods of SLS are utilized.</p>	<p><i>DDS, in collaboration with RCs, Disability Rights California, and the California Supported Living Network, developed a standardized assessment questionnaire that was e-mailed by DDS to RCs and posted on DDS’ Internet Web site on June 29, 2012. Statute requires RCs to use this questionnaire when conducting assessments pursuant to this section.</i></p>	<p>Independent assessments required in FY 11/12 have been discontinued in FY 12/13.</p> <p>Internal review of the new questionnaire and training for staff on utilizing the questionnaire.</p> <p>New questionnaire to be discussed with SLS providers on July 12, 2012.</p>
10, 16 and 34	<b>1.25% Payment Reduction, Regional Center Staffing and Service Provider Relief</b>	<p>These sections were amended to require RCs to reduce all payments for services and supports paid from purchase of services funds for services commencing July 1, 2012 until June 30, 2013, by</p>	<p><i>DDS issued a letter on July 3, 2012, to RCs informing them of the change to the payment reduction from 4.25% to 1.25%.</i></p>	<p>TCRC accounting staff will run the DDS rate change program the week of July 23<sup>rd</sup>. Updated rates on authorizations will</p>

<sup>1</sup> Page 47  
All citations are to the Welfare and Institutions Code unless otherwise stated.

**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE  
Fiscal Year 2012/2013**

*July 11, 2012*

Bill Section(s)	Main Topic	DDS Memo / Description <sup>1</sup>	DDS Implementation Requirements	NEXT STEPS
		<p>1.25% unless the RC demonstrates that a nonreduced payment is necessary to protect the health and safety of the individual for whom the services and supports are proposed to be purchased, and DDS has granted prior written approval.</p> <p>Section 4791 was amended, extending until June 30, 2013 the provision that RCs may temporarily modify personnel requirements, functions, or qualifications, or staff training requirements for providers, except for licensed or certified residential providers, whose payments are reduced by 1.25%.</p> <p>Also, until June 30, 2013, the provision that a residential service provider, vendored by a RC and whose payment is reduced by 1.25% is not required to complete quarterly and semiannual progress reports.</p> <p>Section 4640.6 was amended extending the date that specific SC caseload ratios do not apply. The ratio of 1:66 is lifted until June 30, 2013, for persons who have not moved from the DCs to the community since April 14, 1993, who are 3 years of age and older, and who are not enrolled in the Home and Community Based Services Waiver. Suspension of the requirement that RCs must have, or contract for, certain expertise is also extended until June 30, 2013.</p>	<p><i>In addition, on July 5, 2012, DDS issued a technical bulletin to RCs about changes made to the Uniform Fiscal System to assist RCs in processing rate reductions for both residential and non-residential vendors.</i></p>	<p>appear after the program is run.</p> <p>Notification is being sent to service providers.</p>
17	<b>Developmental Services System Trigger</b>	<p>Section 4792.1 was added and shall only be operative if the condition set forth in subdivision (a) of Section 3.62 of the Budget Act of 2012 [Ballot Trigger Reductions] is satisfied. DDS would be required to identify up to \$50 million in General Fund savings from within the overall developmental services system, including any savings or reductions within state administrative support, operation of DCs, and</p>	None provided.	To be determined based on the outcome of the November ballot measure.

<sup>1</sup> Page 48  
All citations are to the Welfare and Institutions Code unless otherwise stated.



**TRI-COUNTIES REGIONAL CENTER – AB 1472 CHAPTERED TRAILER BILL LANGUAGE**  
**Fiscal Year 2012/2013**

*July 11, 2012*

<b>Bill Section(s)</b>	<b>Main Topic</b>	<b>DDS Memo / Description <sup>1</sup></b>	<b>DDS Implementation Requirements</b>	<b>NEXT STEPS</b>
		<p>operation of RCs, including administration and the purchase of services, where applicable.</p> <p>DDS shall consider input from stakeholders, including persons served and family members; person-focused advocacy groups; service provider, RC and DC representatives; and staff of the Legislature, to develop savings proposals as necessary.</p>		

<sup>1</sup> Page 49  
<sup>1</sup> All citations are to the Welfare and Institutions Code unless otherwise stated.



May 31, 2012

Dear Parent,

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

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

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

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

**Autism Insurance Training Schedule**

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

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

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

Sincerely,

Omar Noorzad, Ph.D.  
Executive Director



**Tri-Counties  
Regional Center**

**By The Numbers**  
*SB 946 Training*

**383** *Total* face to face **stakeholders** trained

**88** *Parents* and **Families**

**124** *TCRC staff*

**37** participated in **Path** planning with the **Autism Task Force**

**40** by **SB Autism Health Insurance Project**

**94** by **Oxnard Autism Health Insurance Project**

**134**

by **Autism Health  
Insurance Project**

**212**

by **TCRC Autism  
Coordinator  
Presentation**

**966**

received information  
through **US Postal  
Service Mail**

**16** *Total* live sessions 2x at each TCRC Office

Santa Barbara - May 31\*, June 21\*

Oxnard - June 1, 27\*, & 28

Simi Valley - June 20\*

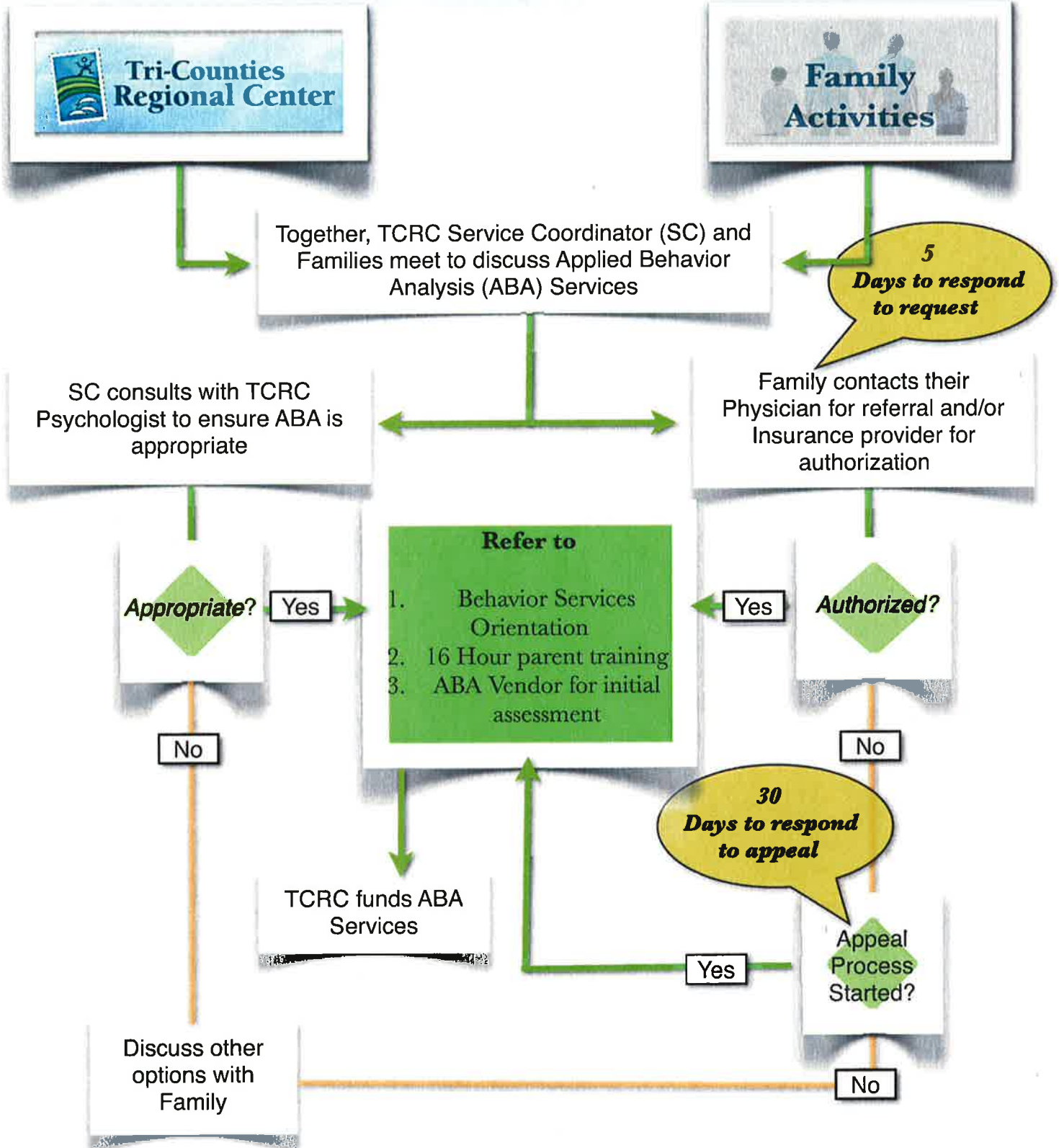
Santa Maria - June 13\*

San Luis Obispo - June 7\*

Atascadero - June 6\*

# SENATE BILL 946

## INSURANCE COMPANY FUNDING OF APPLIED BEHAVIOR ANALYSIS



## FAQs Regarding Insurance Funding for Behavioral Health Treatment for Autism and PDD June 29, 2012

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

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

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

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

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

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

Self-funded plans are not required to provide funding for these services under California law. Some are, however, opting to provide this as a benefit to their members. At least one regional center is requiring that families in self-funded plans provide evidence that their plan is self-funded as well as an indication from their insurers whether this is a covered benefit. *TCRC is asking families to inquire with their Human Resources Department to verify if their self-funded plan includes an autism benefit. Many families are also requesting their employer to add an autism benefit to the plan.*

**4. When do the funding requirements go into effect?**

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

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

Healthy Families provides private HMO coverage through contracted insurance providers to income-eligible children. As a part of the 2012-2013 state budget, there was agreement to transition children served by Healthy Families into Medi-Cal. The timeline for termination of Healthy Families outlined in trailer bill language is very preliminary and dependent upon approval to changes in Medi-Cal. Funding for behavioral health treatments through insurers funded by Healthy Families remains available in the meantime. As such, regional centers should pursue funding for these services through those insurers. *TCRC has begun working with the Healthy Families Administrator in Ventura County to refer local ABA vendors to contract with Ventura County Health Plan and will be working with the Healthy Families providers in each county to assist families with the transition.*

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

As with other clients, check to ascertain whether they have health insurance in addition to Medi-Cal and pursue funding for behavioral health treatment through that insurance provider. *TCRC has informed families through the June presentations and the on-going monthly orientations of the requirement for private insurance to be the primary source of coverage for ABA services.*

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

No. Insurance companies have broad latitude in the implementation of the requirements. Insurance plans can choose what providers to contract with and what rates to pay. They will also individually determine what copayments will be charged for the services provided.

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

There are a couple of important distinctions to be aware of. First, some insurance plans contract out their behavioral health services to other providers such as Magellan or Optum Behavioral Health, so individuals may be redirected to call a different phone number once it is apparent that the request is for behavioral health treatment. Some insurance cards have a distinct phone number on the back for the behavioral health provider, but this is not necessarily the case. Second, some insurers that are

anticipating a high volume of referrals for these services have established special units to address concerns related to these specific services.

**9. What types of treatments are required to be covered?**

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

**10. What efforts are in place to try to increase consistency?**

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

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

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

**12. How can regional centers facilitate a referral for behavioral health treatment to an individual’s health insurer?**

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

- Individual’s date of birth
- Individual’s health member identification number
- Diagnostic assessment confirming the diagnosis of autism or PDD
- Current behavioral treatment plan that includes:
  - Measurable goals
  - Current symptomatology

- Background of the individual
- Number of hours of service requested delineated by service level (i.e., BCBA and paraprofessional)

ARCA is in the process of developing detailed procedures for specific health plans as staff completes calls with health insurers on their preferred processes for transition. For specific referral information for those plans, please see the specific guidance as it becomes available. *TCRC is reviewing the current information received to date regarding the various health plan procedures and working with (TCRC) contracted ABA vendors& families to prepare the necessary documentation required by each plan.*

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

As with other changes to the Individual Program Plan, this change requires the consent of the planning team. If agreement cannot be reached, the regional center will need to issue a notice of proposed action at least thirty days prior to discontinuing funding. Many regional centers have found that having personal conversations with impacted clients and families prior to sending written notification of the change is an important first step to take. Clients and their families will have an opportunity to appeal that decision. *During June, TCRC mailed notices to nearly 1000 individuals and provided training on the new law and provided 16 staff and parent training events to reassure stakeholders of our commitment to the IPP process and intent to use the Planning Team process to facilitate any transitions, TCRC has also agreed to allow a 90 day transition period for families to complete the process with their health plan.*

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

Families and regional centers should access the health plan’s on-line provider list. Since the providers change frequently, a printed listing would be quickly out of date. One regional center has indicated they have asked behavioral treatment vendors to provide this information so that they can match families with insurance to vendors that are contracted with their health plans. Lastly, regional centers and health plans have been asked to provide liaison contact information to troubleshoot issues such as this as they arise. ARCA has provided regional centers with the insurance liaison contact information that has been received. If contact information for a specific plan is needed, please let Amy Westling in the ARCA office know so that efforts can be made to get that information for you.

*TCRC maintains an internal list of vendors who are contracted with health plans. This information is updated regularly as more vendors submit information on their contracted status with various health plans. This list was provided to over 400 individual staff and parents during June to assist with preparing for the transition process. Many of TCRC’s ABA vendors are already established on panels with several*



major insurance providers. The ABA providers are also becoming familiar with the different expectations of the health plans and are able to assist families and TCRC staff to obtain coverage.

*Colleen Duncan, TCRC Autism Coordinator is the liaison contact with health plans.*

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

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

*TCRC is fortunate to have several vendors who have licensed psychologists in addition to BCBAs, which has allowed them to obtain contracts with many insurance plans. At this time, we are reviewing the most recent information received from ARCA regarding provider availability to ascertain if various plans have sufficient networks established or will approve single case agreements with local ABA vendors to serve families in rural areas.*

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

This depends a bit upon the type of health plan involved. If the coverage is provided through an HMO, the provider can request a “single case agreement” or to be paid as an out-of-network provider if there is a strong justification to not change providers. HMOs have wide discretion on whether to approve such requests or not. In a PPO plan, contracted providers are in the network and those meeting necessary qualifications that have not contracted with the PPO are not. Individuals and families may choose to utilize a non-network provider and pay a higher coinsurance for the service. As regional centers are the payers of last resort, ongoing funding of alternative providers at family request may not be permissible.

*This issue may be of some concern in North SB & SLO counties, where the information received regarding health plan networks is indicating a possible shortage of providers. TCRC is working with affected families and the providers they are currently served by to explore the ability to retain existing ABA provider through single case agreements, based upon network insufficiency and continuity of care.*

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

As the change to insurance funding for these services is July 1, 2012, insurance companies have indicated a willingness to begin evaluating their patients for necessary services.

*TCRC expects families (who have private insurance) to request services first from insurance, providing documentation to the Service Coordinator throughout the process to verify the attempt was made to access insurance. Families are provided the DMHC contact info to obtain assistance with the appeal process.*

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

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

**19. What if insurance companies deny funding for these services?**

Most impacted health plans are licensed by the Department of Managed Health Care. That department provided a webinar training about the internal grievance procedures for plans as well as further appeal processes to regional center staff on June 14, 2012. This was intended to enable regional center staff to assist individuals and their families with walking through the insurance appeal process. DMHC archived this webinar for future regional center training use. When the specific Internet address becomes available to access this training, ARCA will provide that information to regional centers.

*TCRC staff participated in the webinar with DMHC and has been providing families & staff with DMHC referral information since beginning behavioral services orientations in 2010. TCRC continues to encourage families to contact DMHC during this transition to obtain accurate information on their health plans as well as to file appeals if denied coverage.*

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

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

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

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

*TCRC has informed families that they are expected to contact insurance plan, request services and provide documentation to Service Coordinator regarding the status, including copy of complaints and/or appeals filed. The Planning Team will determine individual service levels.*

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

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

*TCRC will obtain individual releases from each family before contacting health plans.*

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

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

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

ARCA's attempts to have the insurance copayment issue legislatively addressed were not successful. Regional centers are in the process of developing practices for their individual centers around this issue. In some instances, centers are planning to pay the copayments to providers directly under the service code that they are already vendored for. There is a commitment to ensuring that there remains access to needed services.

*TCRC has provided the information below to local parent list-servs regarding the intent to assist with co-pays for services with existing contracted TCRC ABA vendors:*

***TCRC will pay co-pays for ABA sessions covered by private insurance up to a cap yet TBD, up to approximately \$38-\$40. We're still reviewing the appropriate rationale and methodology for determining the cap to ensure TCRC can provide the state with the appropriate justification if needed.***

***TCRC will not require any financial justification from families to approve co-pays.***

***TCRC will pay the ABA service provider directly for family co-pays, using the existing waiver billable behavioral service codes the vendor is already contracted for with TCRC.***

***TCRC will not reimburse families directly for insurance co-pays. This eliminates any potential IRS income penalties for the family.***

***TCRC will only reimburse co-pays for ABA treatments at this time. (OT, PT, SLP or other medically necessary services are not included in this reimbursement procedure).***

***Early Start services and insurance reimbursement are regulated differently; please contact your Service Coordinator or the Early Start Manager in your local TCRC office if you have questions about insurance funded services for children 0-3.***

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

Yes. Providers can accept third-party payments for copayments if they choose to.

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

ARCA has heard reports that health insurers are less consistent at tracking copayments for behavioral health than for medical services. Families should be encouraged to keep track of copayment amounts paid in order to avoid an overpayment of copayments.

**27. What can regional centers do as more issues arise?**

ARCA remains committed to helping regional centers to navigate through the implementation of insurance funding for behavioral health services. ARCA is meeting with the Departments of Managed Health Care, Insurance and Developmental Services as well as the California Association of Health Plans to discuss and resolve Senate Bill 946 implementation issues. Please contact Amy Westling ([awestling@arcnet.org](mailto:awestling@arcnet.org)) in the ARCA office for additional assistance or guidance on implementation concerns and issues.



# TRI-COUNTIES REGIONAL CENTER

Enhancing the Quality of Life for Persons with Developmental Disabilities

## Policies & Guidelines

Policies and Guidelines - 10601

### SERVICE POLICY GUIDELINES

#### Behavior Intervention Services

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

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

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

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

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

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



# TRI-COUNTIES REGIONAL CENTER

Enhancing the Quality of Life for Persons with Developmental Disabilities

## Policies & Guidelines

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

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

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

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

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

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



# TRI-COUNTIES REGIONAL CENTER

Enhancing the Quality of Life for Persons with Developmental Disabilities

## Policies & Guidelines

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

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

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

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

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

### Exception Policy:

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

The Association of Regional Center  
Agencies Proudly Presents

September 18-19th  
Pasadena Hilton  
Pasadena, California

# ANEWDAY 2012

## WORKING TOWARD A POSITIVE FUTURE

*The Fourth ARCA Conference  
on Employment and Housing for People  
with Developmental Disabilities*



**REGISTER NOW!**  
Early Bird Deadline Ends July 2, 2012



# ANEWDAY 2012

The conference will provide a forum for sharing knowledge and expertise on the promising practices and innovations that make employment and housing a reality for people with developmental disabilities. The Conference is a place where advocates, self-advocates, and a wide range of professionals and academics converge to share ideas, discuss priorities, and take action to create positive change in the lives of people with disabilities.

## PRE-CONFERENCE INSTITUTES

Monday, September 17, 2012

The 2012 Pre-conference Institutes provide opportunities for attendees to participate in intensive, topic-specific, workshop-style events taught by notable and well-respected experts in their field. Ranging from 4 hours to a full day, the Institutes are an outstanding chance for conference attendees to receive in-depth professional development.

**Register Online for a Pre-Conference Institute, at <http://arcenet.org/new-day>**

**Early Bird (until July 2)     \$50**  
**After July 2nd                     \$65**

Choose one of the four inspirational presentations below:

### Linking Discovery & Micro-Enterprise

Speaker: Cary Griffin  
Time: 10:00-5:00pm

Most folks with significant disabilities get only one or two chances at securing employment. Therefore, our efforts at finding a quality ecological fit require precision. The Discovering Personal Genius (DPG) process reveals an individual's skills, tasks they perform, interests, support and instructional strategies that work, and the vocational options that match these conditions. This session reviews critical Discovery actions, helps translate the information into both wage and self-employment development strategies, then details feasibility studies, funding and benefits/work incentives options, the business planning process and basic financial statements that meet the needs of individuals and systems alike. Specifically this session will explore the development of Vocational Themes based on an individual's skills and interests, generating non-stereotypical business ideas with an individual and their support team, raising the capital to launch, working with Vocational Rehabilitation and other funders, developing business support strategies, testing business feasibility, and writing a functional business plan.

### Key Learnings from Project SEARCH

Speaker: Erin Riehle  
Time: 12-5pm

Erin will discuss some of the key learnings from Project SEARCH including Obstacles to meaningful employment for young adults with disabilities, the need for a business

driven approach, basics of the Project SEARCH High School Transition Model, how to design effective internships, complex and systematic jobs, and workplace conduct.

### Building Assets: Proven Strategies for Creating Community Based, Individuallized Housing Opportunities for People with Disabilities

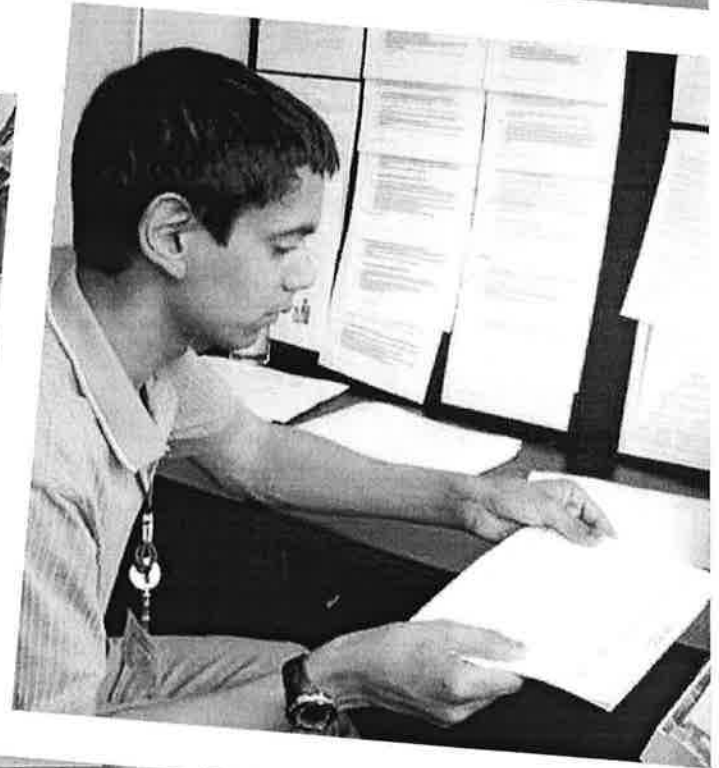
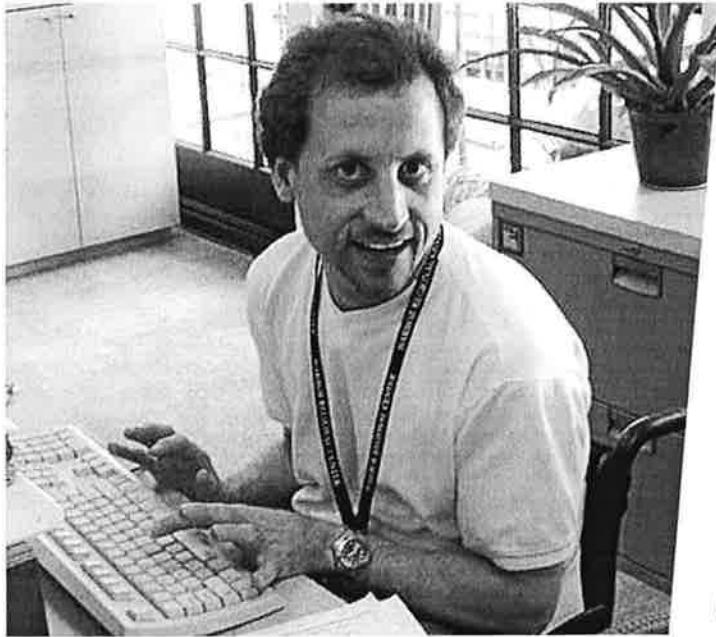
Speaker: Joe Wykowski  
Time: 12-5pm

Individuals with disabilities have faced a long history of programs such as group homes, nursing homes, larger institutions and medical facilities that limit housing choice. We are challenged to create housing opportunities that are truly individualized where the person with a disability is the leaseholder or deed holder of their home. This workshop will provide an array of proven strategies and methods utilized throughout the United States for creating person-controlled community based rental housing and home ownership opportunities for individuals with disabilities. Participants will gain a better understanding of rental and home ownership resources available to people with disabilities, understand how asset-building strategies can improve the lives of individuals with disabilities without harming public benefits, and understand how to create community partnerships to obtain generic community housing resources. Technical assistance will be provided to participants to better understand at a technical level how to discover, partner and utilize generic community based housing resources.

### The Right Job at the Right Time at the Right Pay for the Right Person

Speaker: Peter Gerhardt  
Time: 12-5pm

As students prepare to exit the school system, it is not just learning a vocation that is going to result in employment. The goal is not just a job. The goal is the right job at the right time at the right pay for the right person. Transition needs to begin early to set the stage for all of this to occur. How can schools help prepare students to meet this goal? How can we prepare the community to hire people with developmental disabilities? What strategies can parents/educators use to help a person with ASD and related disabilities acquire needed social skills to be better accepted in the community or in a job?



**JOIN US FOR COMMUNITY CONVERSATIONS  
ON EMPLOYMENT AND HOUSING 2012**

*When registering to attend the conference, please select the Community Conversations topic, Employment or Housing, that is of greatest interest to you.*

**September 19th  
8am-9:15am  
California Ballroom**

The Community Conversations are designed to bring people together to share promising practices and to discuss and brainstorm approaches to questions and issues related to employment or housing. Community Conversations is an opportunity to learn from others, build skills, collaborate and brainstorm ideas and approaches to address important issues. If you are interested in meeting new people who are also interested in sharing promising practices and working together to resolve issues, then Community Conversations are for you.

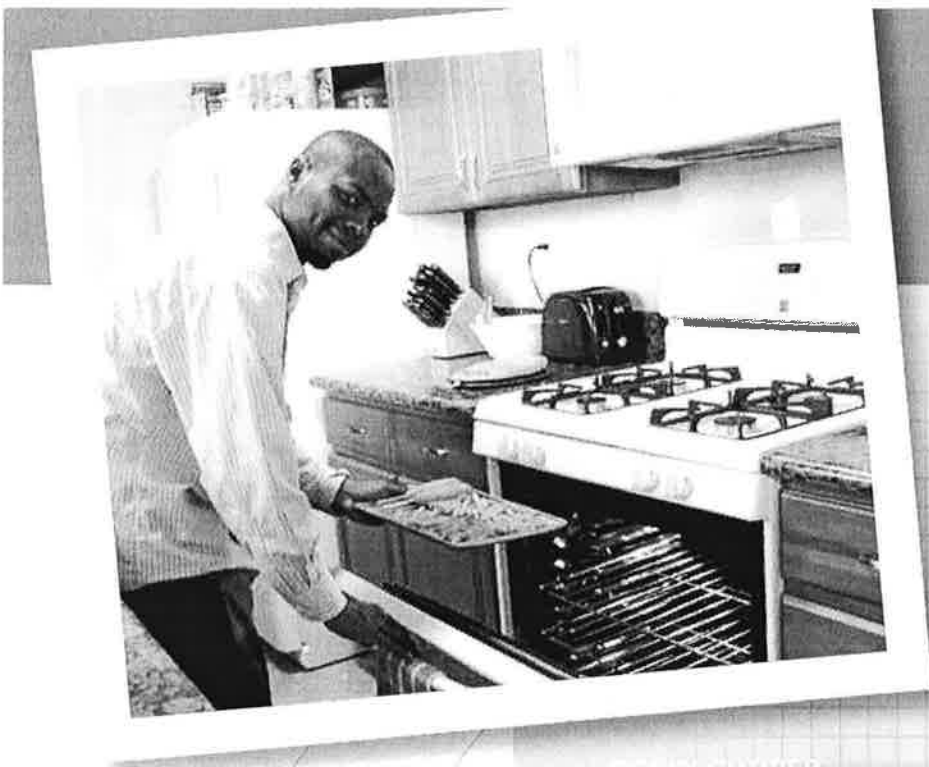
**ACCOMMODATIONS**

The Hilton is offering a discount rate for New Day attendees, providing the full comfort and hospitality of the Hilton, with the convenience of being an elevator ride away from the conference. The standard room rate is \$179/night. The special room rate of \$119 per night will be available until August 24th, or until the group block of rooms is sold out, whichever comes first. Accessible rooms are available. Please contact ARCA at (916) 446-7961 or [arca@arcenet.org](mailto:arca@arcenet.org), in advance, to request special accommodations as needed. To reserve your room, log on to <http://arcenet.org/new-day>

**CONFERENCE  
REGISTRATION**

- Early Bird  
(by July 2, 2012).....\$200
- Regular Registration  
(after July 2, 2012).....\$250
- Regional Center Clients,  
Support Staff,  
and Family .....\$200

Register online at  
<http://arcenet.org/new-day>



## KEYNOTE SPEAKERS

Dale is a widely sought-after speaker and consultant, and well-known advocate for people with disabilities. He is the Past President of the Board of the Association for Persons in Supported Employment (APSE) and is the lead author of that organization's highly respected Ethical Guidelines in Supported Employment. His popular book, *Raymond's Room*, focuses on ending the shameful segregation of people with disabilities in community life.

Robin works with state, county, and local governments as well as advocacy and provider organizations on issues in long-term community services for people with disabilities. She has focused on assisting states to redesign support coordination systems and providing technical assistance to states to modify their Medicaid-financed home and community-based waiver, and state plan programs to include more person-centered and participant-directed options.

Peter Gerhardt is the Director of Education - Upper School for the McCarton School in New York City. Dr. Gerhardt has over 30 years experience utilizing the principles of Applied Behavior Analysis in support of adolescents and adults with ASD in educational, employment, residential, and community-based settings. He is the author or co-author of articles and book chapters on the needs of adolescents and adults with autism spectrum disorder and he has presented nationally and internationally on this topic. In addition, he serves as Chairman of the Scientific Council for the Organization for Autism Research, on the Editorial Board of Behavior Analysis in Practice, and on numerous professional advisory boards including the Autism Society of America.

Erin is a recognized authority and national leader in promoting employment opportunities for people with disabilities and other barriers to employment. She is a founder and Senior Director of Project SEARCH, an employment and transition program that has received national recognition for innovative practices pioneered under Ms. Riehle's guidance.

**In addition the conference will have workshops on housing and employment including the following topics:**

- Job development and marketing
- Transformation of services
- Job support resources
- Internship programs and self-employment
- Microenterprise
- Public policy and systems change
- The future of housing for people with developmental disabilities
- Sustainable housing
- Case studies of successful housing developments



Association of  
Regional Center Agencies

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