

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

I. FY 2016-2017 BUDGET UPDATE

- **Attachment #1:** CDCAN Report (June 15, 2016): Legislature Passes 2016-2017 State Budget and Five Budget Trailer Bills - Will Take Action on About Nine More Budget Trailer Bills on Thursday
- **Attachment #2:** CDCAN Report (June 27, 2016): Governor Signs 2016-2017 State Budget
- **Attachment #3:** CDCAN Report (June 28, 2016): Latest Versions of Main Budget Bill and Budget Trailer Bills As Signed by Governor
- **Attachment #4:** SB 826 (Leno) Budget Bill Section Pertaining to Developmental Services
- **Attachment #5:** AB 1606 (Committee on Budget) Trailer Bill Language Pertaining to Developmental Services
- **Attachment #6:** DDS Letter to Regional Centers on New Provider Rates Effective July 1, 2016

Governor Brown signed FY 2016-2017 California State Budget on June 27, 2016 (SB 826), along with numerous Budget Trailer Bills including AB 1606 - the Budget Trailer Bill for Developmental Services that was sent to him by the Legislature on June 15, 2016. A full copy of the FY 2016-2017 enacted budget can be found here:

<http://www.ebudget.ca.gov/> (**Attachments #1-#3**).

The approved FY 2016-2017 Developmental Services budget provides for a number of funding enhancements to the Developmental Services system expected to serve 303,000 individuals with developmental disabilities in the community. Significant adjustments include (**Attachment #4**):

- \$46 million to establish four bed Alternative Residential Model homes. The rates for these homes are old and were originally based on a 6 bed

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

model. This left providers with two fewer beds from which to derive revenue while maintaining the same overhead. The smaller 4 bed model is increasingly being used by regional centers.

- \$15 million for service providers transitioning to new Home and Community Based Services (HCBS) standards consistent with the HCBS services Waiver.
- \$12 million to reflect the impact on service providers of the 50-cent increase in the state minimum hourly wage, effective January 1, 2017.
- \$17 million for Regional Centers to hire up to 200 new Service Coordinators. The federal government mandates a maximum caseload for each Service Coordinator employed by a Regional Center. These ratios were eroded during the Great Recession.
- \$300K for DDS to award a contract for the creation of a Regional Center Performance Dashboard including at a minimum HCBS setting compliance, competitive integrated employment data, fair hearings, and Section 4731 violation of rights complaints.

AB 1606 is the Trailer Bill for Developmental Services for this year. Some of the significant changes in the law include (**Attachment #5**):

- DDS is to develop, in consultation with stakeholders, a performance dashboard for Regional Centers to include HCBS Waiver compliance, competitive integrated employment data, fair hearings statistics, and W&I Code Section 4731 rights complaints
- Regional Center service providers shall report injuries/deaths from restraints, seclusion, and certain other causes, as well as alleged abuse by staff, to Disability Rights California (DRC). Monthly reports, to DRC, on the use of seclusion/restraints is also required.

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

- Seclusion/restraints in Enhanced Behavioral Support Homes is limited to 15 minutes with exemption provided.
- New section requiring DDS to inform the Legislature of its long term plans for crisis services and zero reject facilities after DCs close and to post information monthly about community capacity development and targets by each Regional Center
- The new DDS research unit shall assess regional center disparity data, caseload ratios, and performance dashboard data.
- Annual service expenditure meetings shall also describe work to improve access in underserved communities. Regional Centers shall consult with stakeholders, and report to DDS, on using new Special Session funds for improving access. DDS has 45 days to review Regional Center fund requests.

DDS and the Regional Centers continue to work on the implementation of the various changes to the Developmental Services system as a result of the passage of the AB X2-1 earlier this year (Special Session bill tied to the passage of the Managed Care Organization Tax). DDS released to Regional Centers on June 24, 2016 a letter that outlines the increases in service provider rates for various service codes that went into effect on July 1, 2016. The rate increases are only applicable to for service providers with rates set by DDS or service providers with rates set through negotiation between Regional Centers and the service provider. The rate increases do not apply to service providers with usual and customary rates or rates that are set by other entities. DDS and Regional Centers are working closely together to implement the service provider changes **(Attachment #6)**.

Tri-Counties Regional Center (TCRC) has developed a "Budget Watch" page on the TCRC website (www.tri-counties.org). Current information and resources related to

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

the budget and the special session of the Legislature is posted on this page and will be kept updated.

II. SELF-DETERMINATION PROGRAM

- **Attachment #7:** DDS Self Determination Program – FAQ (revised 9.15)
- **Attachment #8:** Disability Rights California Self Determination Program – FAQ
- **Attachment #9:** Similarities and Differences Between Traditional Regional Center Service Provision and the New Self-Determination Program
- **Attachment #10:** December 2015 Letter from Centers for Medicare and Medicaid Services
- **Attachment #11:** Self-Determination Enrollment Process
- **Attachment #12:** TCRC Self Determination Informational Flyer
- **Attachment #13:** TCRC Self-determination Advisory Committee 2016 meeting calendar

In October of 2013, Governor Brown, signed into law SB 468 (Emmerson /Beal /Mitchel /Chesbro) authorizing the implementation of the Statewide Self-Determination Program that offers a voluntary, alternative to the traditional way of

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

providing regional center services. The Self Determination Program is intended to provide individuals served by the regional center and their families more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan (**Attachments #7-#9**). It will most likely take several years for the Self Determination Program to be fully in place. Securing federal funding is necessary in order to implement the Self-Determination program.

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

On December 11, 2015, CMS sent a letter to the State asking questions about, and requesting more information on, specific sections in the Self-Determination Waiver Application (**Attachment #10**). The Department of Developmental Services (DDS) continues to work through the Department of Health Care Services to provide written responses to answer questions from CMS and secure approval of the waiver. DDS is in communication with CMS to clarify some of the concepts in the Self-Determination Waiver. The first is related to funding of the Fiscal Management Service (FMS) costs through the individual budget and the second is related to the reporting of special incidents. DDS hopes to provide informal answers to questions from CMS on the application by May 10, 2016 and will then engage in regularly scheduled technical assistance calls with CMS.

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

The Home and Community Based Services (HCBS) settings rule is the biggest challenge that must be overcome for approval of the SDP Waiver application. The Self-Determination stakeholder workgroup is developing an assessment process for service settings that are selected by the Self-Determination Program participants to determine their compliance with the HCBS settings rule. They are working on a tool that would clarify those service settings that do not qualify (i.e., services provided in nursing facilities) and also those service settings that do qualify (i.e., services provided in integrated community settings such as the city library).

DDS anticipates resubmitting the Waiver application formally by August 22, 2016. The latest draft of the application will be posted on the DDS website at least 30 days in advance of this submission date for public comment, which would begin the 90 day clock for CMS to approve, deny or request additional information.

Once federal approval of matching funds is authorized, the program will be available in every regional center. For the first three years, the number of participants in the Self-Determination Program is capped at 2,500 individuals throughout the state. Recent legislation allows for an increase of these participants to include people moving from Developmental Centers. After the three year phase-in period, the program will be available to all eligible persons served and families on a voluntary basis with no limit on the number of participants. TCRC will have 114 individuals or families enrolled in the program for the first three years. This includes the 16 individuals who are currently in our Self-Determination pilot project plus an additional 98 people that TCRC will be able to add under the new program. The process for selecting and enrolling participants in the first three years is described in the Self-Determination Enrollment Process (**Attachment #11**).

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

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

Outreach — Those served by the regional center and their families must be made aware of Self-Determination as an option to traditional services. To assist with the provision of widespread outreach and awareness of the Self-Determination Program, the workgroup developed an informational video that features some of the individual's and their families currently in the self-determination pilot project as well as those who are interested in the Self-Determination Program. This video has been posted on the Department of Developmental Services (DDS) website at: <https://www.dds.ca.gov/SDP> . The Self Determination video is now available in additional languages with more to be added. TCRC along with the Self-Determination Advisory chairpersons, developed an information flyer that was included in the POS annual statements mailed out to all persons served by TCRC. This flyer was also given to our Service Coordinators, Family Resource Centers and Peer Advocacy Team to make available to our community (**Attachment # 12**).

Information — Individual's served by the regional center and/or their families must be informed about the Self-Determination Program, including the new opportunities and increased responsibilities. Those interested in the Self-Determination Program will be required to attend and participate in an informational/pre-enrollment meeting covering topics identified by the Department, including, information regarding the principles of self-determination, the role of the financial management services provider and the development of an individual budget. The state workgroup is currently developing training materials to be distributed to all Regional Centers that will be used during these informational / orientation meetings.

In the Spring 2016 issue of the TCRC Tri-line newsletter, there is an article on Self Determination that provides an overview of the program. In addition, TCRC's website is set up for anyone to receive an email notification when new information is posted. To receive email notifications go to the Self Determination page of the TCRC website and click on the "Get News, Notices and Announcements by email"

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

link. Click on “Join our email List”, provide the information requested and select the box next to Self Determination.

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

Selection for the first three years of the Self-Determination Program— Regional centers will forward to the Department the names of those who have participated in an informational/pre-enrollment meeting and are interested in participating in the Self-Determination Program. The Department will then randomly select the participants based on the following demographic factors within each regional center: age, gender, ethnicity and disability diagnosis. Individual’s not initially selected will remain on the interest list for potential future openings.

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

The primary responsibility of the committee is to provide oversight of the Self-Determination program at Tri-Counties Regional Center. The committee will review the development, implementation and on-going progress of the Self-Determination program and determine if we are meeting the requirements of the law. In addition, the committee will make on-going recommendations for improvements to the program to both Tri-Counties Regional Center and the Department of Developmental

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

July 9, 2016

Services. Our Self-Determination Advisory Committee is meeting on a quarterly basis and all meetings are open to the public (**Attachment #13**).

TCRC's Self-Determination Advisory Committee has been meeting on a quarterly basis in Santa Barbara. Starting with our July 26th meeting, telephone conferencing will be available. For more information, you can visit our website at www.tri-counties.org or email: self-determination@tri-counties.org. In Self-Determination, the only required vendor service is a Fiscal Management Service (FMS). The FMS will assist with managing an individual's budget and oversee the distribution of funds. At the July meeting, we will offer a training that will provide more information on this component of Self-Determination.

In addition to our local advisory committee, there will be a Statewide Advisory committee in which the chair and co-chair of TCRC's advisory committee will participate. There will be a sharing of what has worked / what has not between regional centers to develop best practices throughout the state. The second meeting of the Self Determination Services Statewide Advisory Committee, led by the State Council on Developmental Disabilities, will be held via telephone conferencing in June and will be open to the public.

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

As we wait for more information, TCRC has formed an internal work group consisting of Omar Noorzad, Executive Director; Lorna Owens, CFO; Diva Johnson, Director of Community Development; Pam Crabaugh, Director of Services and Supports; Eulalia Apolinar, Assistant Director of Services and Supports SB/SLO Counties; Sha Azedi, Assistant Director of Services and Supports Ventura County; Cheryl Wenderoth, Assistant Director of Federal Programs; Mary Beth Lepkowsky,

TRI-COUNTIES REGIONAL CENTER

EXECUTIVE DIRECTOR REPORT

July 9, 2016

Assistant Director of Training and Organizational Development; Judith White, Manager of Resource Development; and David Grady, Regional Manager, State Council on Developmental Disabilities Central Coast Office. The group will be working together on a variety of activities in preparation for the Self-Determination Program.

These include:

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

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

III. Q&A

Omar Noorzad - CDCAN REPORT (JUNE 15 2016): BREAKING NEWS - LEGISLATURE PASS 2016-2017 STATE BUDGET

From: Marty Omoto <martyomoto@att.net>
To: Marty Omoto <martyomoto@att.net>
Date: 6/15/2016 4:59 PM
Subject: CDCAN REPORT (JUNE 15 2016): BREAKING NEWS - LEGISLATURE PASS 2016-2017 STATE BUDGET
Be: Omar Noorzad

CDCAN DISABILITY RIGHTS REPORT CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK

JUNE 15, 2016 – WEDNESDAY AFTERNOON

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

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

Sign up for these free reports by going to the CDCAN website. Website: www.cdcan.us

To reply to THIS Report write:

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

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

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

Breaking News:

LEGISLATURE PASSES 2016-2017 STATE BUDGET AND FIVE BUDGET TRAILER BILLS – WILL TAKE ACTION ON ABOUT NINE MORE BUDGET TRAILER BILLS ON THURSDAY

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 06/15/2016 04:45 PM] – As expected, the Legislature, meeting the State Constitutional June 15th deadline to pass a budget and send it to the governor, approved the 2016-2017 State Budget bill. The Assembly passed the main budget bill first at 3:51 PM by a vote of 52 to 27. The Senate followed by a vote of 27 to 11 at 4:17 PM. Both houses convened at 3:00 PM this afternoon.

The Legislature also approved five budget trailer bills – budget related legislation that makes changes in State law to implement certain specific parts of the spending plan. The Legislature will take up about nine additional budget trailer bills tomorrow (June 16th, Thursday) including one dealing with developmental services and human services.

Neither the main budget bill or budget trailer bills taken up drew much debate.

LIST OF BUDGET TRAILER BILLS BY SUBJECT

The following is a CDCAN partial short list or index of the budget trailer bills by subject to make it easier for people to find the right bill.

CALWORKS (“WELFARE TO WORK” PROGRAM) – AB 1603

CHILD WELFARE SERVICES (INCLUDES FOSTER CARE/YOUTH): AB 1603 and AB 1605 (mental health services)

DEVELOPMENTAL CENTERS – AB 1606

EDUCATION – AB 1600/SB 828 (identical bills) and AB 1602 [note: childcare/preschool provider rates issues and increased slots are in AB 1600]

HOUSING – AB 1603 (SSI/SSP housing assistance outreach and “Bringing Families Home” program), AB 1618 (No Place Like Home Program)

IN-HOME SUPPORTIVE SERVICES – AB 1603

MEDI-CAL – AB 1605/SB 833 (identical bills) - including restoration of acupuncture as a Medi-Cal benefit and major changes to Medi-Cal Estate Recovery

MENTAL HEALTH – AB 1605 and SB 833 [identical bills] (Medi-Cal including Behavioral Health Treatment and mental health continuum of crisis services), AB 1603 (SSI/SSP outreach, “Bringing Families Home” program) and AB 1618 (No Place Like Home Program)

REGIONAL CENTERS – AB 1606 (see also Health Budget Trailer Bill for Behavioral Health Treatment and mental health continuum of crisis services – AB 1605/SB 833 [identical bills] and AB 1618 “No Place Like Home Program”)

SSI/SSP GRANTS – AB 1603

LIST OF MAIN BUDGET BILL AND BUDGET TRAILER BILLS BY BILL NUMBER

As previously reported by CDCAN, the following are the budget trailer bills currently in print and available as of Monday evening, June 13th. Note that bill numbers containing budget trailer bill language changed in some instances and can still change over the next day or so as final votes are taken on the Assembly and Senate floors, which is part of the normal budget process:

SB 826 – MAIN 2016-2017 STATE BUDGET BILL

COPY OF SB 826 AS PROPOSED BY BUDGET CONFERENCE COMMITTEE REPORT JUNE 10 2016 – PDF DOCUMENT VERSION (752 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_826_bill_20160610_proposed.pdf

COPY OF SB 826 AS PROPOSED BY BUDGET CONFERENCE COMMITTEE REPORT JUNE 10 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_826_bill_20160610_proposed.htm

LATEST ACTION 06/15/2016: PASSED Assembly by vote of 52 to 27. PASSED by State Senate by vote of 27 to 11.

NEXT STEPS: Sent to Governor.

ADDITIONAL APPROPRIATION FOR 2015-2016 STATE BUDGET TRAILER BILLS

AB 1599 – ADDITIONAL APPROPRIATION FOR 2015-2016 STATE BUDGET TRAILER BILL [IDENTICAL TO SB 827]

COPY OF AB 1599 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (3 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1551-1600/ab_1599_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1599 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1551-1600/ab_1599_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/13/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of 15 to 0.

CDCAN COMMENT: Legislature took up and passed the identical SB 827 budget trailer June 15, 2016.

SB 827 – ADDITIONAL APPROPRIATION FOR 2015-2016 STATE BUDGET TRAILER BILL [IDENTICAL TO AB 1599]

COPY OF SB 827 AS AMENDED JUNE 12 2016 – PDF DOCUMENT VERSION (2 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_827_bill_20160610_amended_asm_v97.pdf

COPY OF SB 827 AS AMENDED JUNE 12 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_827_bill_20160610_amended_asm_v97.htm

LATEST ACTION 06/15/2016: PASSED Assembly by vote of 78 to 0. PASSED State Senate by vote of 38 to 0.

NEXT STEPS: Sent to Governor.

EDUCATION BUDGET TRAILER BILLS

AB 1600 – EDUCATION FINANCE BUDGET TRAILER BILL (FIRST OF TWO) [IDENTICAL TO SB 828]

COPY OF AB 1600 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (99 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1551-1600/ab_1600_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1600 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1551-1600/ab_1600_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/13/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of 17 to 0.

CDCAN COMMENT: Legislature took up and passed the identical SB 828 budget trailer June 15, 2016.

AB 1602 – EDUCATION FINANCE BUDGET TRAILER BILL (SECOND OF TWO)

COPY OF AB 1602 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (98 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1602_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1602 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1602_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/15/2016: Passed Senate Budget and Fiscal Review Committee by vote of 14 to 1.

CDCAN COMMENT: This budget trailer bill will be taken up for final floor votes on Thursday, June 16th.

SB 828 – EDUCATION FINANCE BUDGET TRAILER BILL (FIRST OF TWO) – IDENTICAL TO AB 1600

COPY OF SB 828 AS AMENDED JUNE 12 2016 – PDF DOCUMENT VERSION (98 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_828_bill_20160612_amended_asm_v97.pdf

COPY OF SB 828 AS AMENDED JUNE 12 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_828_bill_20160612_amended_asm_v97.htm

LATEST ACTION 06/15/2016: PASSED Assembly by vote of 73 to 0. PASSED State Senate by vote of 38 to 0.

HUMAN SERVICES BUDGET TRAILER BILLS

AB 1603 – HUMAN SERVICES BUDGET TRAILER BILL

COPY OF AB 1603 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (92 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1603_bill_20160613_amended_sen_v96.pdf

COPY OF AB 1603 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1603_bill_20160613_amended_sen_v96.htm

LATEST ACTION 06/15/2016: Passed Senate Budget and Fiscal Review Committee by vote of 12 to 3.

CDCAN COMMENT: This budget trailer bill will be taken up for final floor votes on Thursday, June 16th.

HEALTH BUDGET TRAILER BILLS

AB 1605 – HEALTH BUDGET TRAILER BILL [IDENTICAL TO SB 833]

COPY OF AB 1605 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (88 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1605_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1605 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1605_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/13/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of 11 to 5.

CDCAN COMMENT: Legislature took up and passed the identical SB 833 budget trailer June 15, 2016.

AB 1607 – MEDI-CAL: HOSPITAL QUALITY ASSURANCE FEE BUDGET TRAILER BILL

COPY OF AB 1607 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (7 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1607_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1607 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1607_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/13/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of 14 to 2.

CDCAN COMMENT: This budget trailer bill will be taken up for final floor votes on Thursday, June 16th.

SB 833 – HEALTH BUDGET TRAILER BILL [IDENTICAL TO AB 1605]

COPY OF SB 833 AS AMENDED JUNE 10 2016 – PDF DOCUMENT VERSION (88 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_833_bill_20160610_amended_asm_v97.pdf

COPY OF SB 833 AS AMENDED JUNE 10 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_833_bill_20160610_amended_asm_v97.htm

LATEST ACTION 06/15/2016: PASSED by Assembly vote of 70 to 7. PASSED State Senate by vote of

NEXT STEPS: Sent to Governor.

DEVELOPMENTAL SERVICES BUDGET TRAILER BILLS

AB 1606 – DEVELOPMENTAL SERVICES BUDGET TRAILER BILL

COPY OF AB 1606 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (48 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1606_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1606 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1606_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/15/2016: Passed Senate Budget and Fiscal Review Committee by vote of 14 to 1.

CDCAN COMMENT: This budget trailer bill will be taken up for final floor votes on Thursday, June 16th.

STATE GOVERNMENT BUDGET TRAILER BILLS

AB 1608 – STATE GOVERNMENT (FIRST OF TWO)

COPY OF AB 1608 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (304 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1608_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1608 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1608_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/15/2016: Passed Senate Budget and Fiscal Review Committee by vote of 11 to 5.

CDCAN COMMENT: This budget trailer bill will be taken up for final floor votes on Thursday, June 16th.

AB 1609 – STATE GOVERNMENT (SECOND OF TWO)

COPY OF AB 1609 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (152 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1609_bill_20160613_amended_sen_v96.pdf

COPY OF AB 1609 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1609_bill_20160613_amended_sen_v96.htm

LATEST ACTION 06/15/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of 13 to 3.

CDCAN COMMENT: This budget trailer bill will be taken up for final floor votes on Thursday, June 16th.

STATE EMPLOYMENT BUDGET TRAILER BILLS

AB 1620 – STATE EMPLOYMENT BUDGET TRAILER BILL [IDENTICAL TO SB 848]

COPY OF AB 1620 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (29 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1620_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1620 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1620_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/13/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of

CDCAN COMMENT: Legislature took up and passed the identical SB 848 budget trailer June 15, 2016.

SB 848 – STATE EMPLOYMENT BUDGET TRAILER BILL [IDENTICAL TO AB 1620]

COPY OF SB 848 AS AMENDED JUNE 12 2016 – PDF DOCUMENT VERSION (29 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_848_bill_20160612_amended_asm_v97.pdf

COPY OF SB 848 AS AMENDED JUNE 12 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_848_bill_20160612_amended_asm_v97.pdf

LATEST ACTION 06/15/2015: PASSED Assembly by vote of 63 to 12. PASSED State Senate by vote of

NEXT STEPS: Sent to Governor.

TRANSPORTATION B BUDGET TRAILER BILLS

AB 1610 – TRANSPORTATION BUDGET TRAILER BILL

COPY OF AB 1610 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (24 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1610_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1610 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1610_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/15/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of 11 to 5.

CDCAN COMMENT: This budget trailer bill will be taken up for final floor votes on Thursday, June 16th.

PUBLIC SAFETY BUDGET TRAILER BILLS

AB 1615 – PUBLIC SAFETY BUDGET TRAILER BILL (FIRST OF TWO)

COPY OF AB 1615 AS AMENDED JUNE 13 2016 - PDF DOCUMENT VERSION (88 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1615_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1615 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1615_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/13/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of 12 to 5.

CDCAN COMMENT: This budget trailer bill will be taken up for final floor votes on Thursday, June 16th.

AB 1616 – PUBLIC SAFETY (CORRECTIONAL FACILITIES) BUDGET TRAILER BILL (SECOND OF TWO) [IDENTICAL TO SB 844]

COPY OF AB 1616 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (9 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1616_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1616 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1616_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/13/2016: Passed out of Senate Budget and Fiscal Review Committee by vote of 14 to 3.

CDCAN COMMENT: Legislature took up and passed the identical SB 844 budget trailer June 15, 2016.

SB 844 – PUBLIC SAFETY (CORRECTIONAL FACILITIES) BUDGET TRAILER BILL (SECOND OF TWO) [IDENTICAL TO AB 1616]

COPY OF SB 844 AS AMENDED JUNE 12 2016 – PDF DOCUMENT VERSION (9 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_844_bill_20160612_amended_asm_v97.pdf

COPY OF SB 844 AS AMENDED JUNE 12 2016 –HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_844_bill_20160612_amended_asm_v97.htm

LATEST ACTION 06/15/2016: PASSED Assembly by vote of 78 to 0. PASSED State Senate by vote of

NEXT STEPS: Sent to Governor.

MENTAL HEALTH “NO PLACE LIKE HOME” PROGRAM BUDGET TRAILER BILLS

AB 1618 – HOUSING – MENTAL HEALTH: NO PLACE LIKE HOME PROGRAM BUDGET TRAILER BILL

COPY OF AB 1618 AS AMENDED JUNE 14 2016 – PDF DOCUMENT VERSION (19 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1618_bill_20160614_amended_sen_v96.pdf

COPY OF AB 1618 AS AMENDED JUNE 14 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1618_bill_20160614_amended_sen_v96.htm

LATEST ACTION 06/15/2016: Passed as amended on June 14, 2016, out of Senate Budget and Fiscal Review Committee by vote of 10 to 2.

CDCAN NOTE: This budget trailer bill will be taken up for a final floor vote on Thursday (June 16th).

CDCAN - MARTY OMOTO YOUTUBE CHANNEL

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

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

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

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

ALERT: PLEASE HELP!!!!!!

JUNE 15, 2016 – WEDNESDAY AFTERNOON

PLEASE HELP CDCAN CONTINUE ITS WORK

CDCAN Townhall Telemeetings, CDCAN Reports and Alerts and other activities cannot continue without YOUR help. To continue the CDCAN website and the CDCAN Reports and Alerts sent out and read by over 65,000 people and organizations, policy makers and media across the State, and to continue and resume CDCAN Townhall Telemeetings, trainings and other events, please send your contribution/donation (please make check payable to "CDCAN" or "California Disability Community Action Network" and mail to:

CDCAN – MAILING ADDRESS:

1500 West El Camino Avenue Suite 499

Sacramento, CA 95833

Office Line: 916-418-4745

CDCAN Cell Phone: 916-757-9549

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

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

Omar Noorzad - CDCAN REPORT (JUNE 27 2016): Breaking News - Governor Signs 2016-2017 State Budget

From: Marty Omoto <martyomoto@att.net>
To: Marty Omoto <martyomoto@att.net>
Date: 6/27/2016 4:36 PM
Subject: CDCAN REPORT (JUNE 27 2016): Breaking News - Governor Signs 2016-2017 State Budget
Bc: Omar Noorzad

CDCAN DISABILITY RIGHTS REPORT CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK

JUNE 27, 2016 – MONDAY AFTERNOON

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

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

Sign up for these free reports by going to the CDCAN website. Website: www.cdcan.us

To reply to THIS Report write:

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

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

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

Breaking News:

GOVERNOR SIGNS 2016-2017 STATE BUDGET

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 06/27/2016 04:25 PM] – Governor Brown signed today the 2016-2017 State Budget contained in the main budget bill, SB 826.

"This solid budget makes responsible investments in California and sets aside billions of dollars to prepare for the next recession," said Governor Brown.

The Governor, in addition to signing the main budget bill also signed into law the following budget related bills – called "budget trailer bills" because they follow or trail the main budget bill. Budget trailer bills contain changes in State law in order to implement provisions in the main budget bill:

SB 826 (main budget bill)

AB 1602 - Education.

AB 1603 – Human Services

AB 1606 - Developmental Services.

AB 1607 - Medi-Cal: Hospitals: Quality Assurance Fee.
 SB 827 - Budget Act of 2015: Augmentation.
 SB 828 - School Finance: Education Omnibus Trailer Bill.
 SB 833 - Health.
 SB 836 - State Government.
 SB 837 - State Government.
 SB 843 - Public Safety.
 SB 844 - Correctional Facilities: Construction: Financing.
 SB 848 - State Employment.

The Legislature will soon be sending the Governor about four to five more budget trailer bills, including the mental health "No Place Like Home" legislation.

CDCAN - MARTY OMOTO YOUTUBE CHANNEL

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

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

<https://www.youtube.com/channel/UCEySEyhn9LQRiCe-F7ELhg>

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

ALERT: PLEASE HELP!!!!!!

JUNE 27, 2016 – MONDAY AFTERNOON

PLEASE HELP CDCAN CONTINUE ITS WORK

CDCAN Townhall Telemeetings, CDCAN Reports and Alerts and other activities cannot continue without YOUR help. To continue the CDCAN website and the CDCAN Reports and Alerts sent out and read by over 65,000 people and organizations, policy makers and media across the State, and to continue and resume CDCAN Townhall Telemeetings, trainings and other events, please send your contribution/donation (please make check payable to "CDCAN" or "California Disability Community Action Network" and mail to:

CDCAN – MAILING ADDRESS:

1500 West El Camino Avenue Suite 499

Sacramento, CA 95833

Office Line: 916-418-4745

CDCAN Cell Phone: 916-757-9549

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

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

Omar Noorzad - CDCAN REPORT (JUNE 28 2016): State Capitol Update - Latest Versions of Main Budget Bill and Budget Trailer Bills As Signed By Governor

From: Marty Omoto <martyomoto@att.net>
To: Marty Omoto <martyomoto@att.net>
Date: 6/28/2016 7:56 AM
Subject: CDCAN REPORT (JUNE 28 2016): State Capitol Update - Latest Versions of Main Budget Bill and Budget Trailer Bills As Signed By Governor
Bc: Omar Noorzad

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

JUNE 28, 2016 – TUESDAY MORNING

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

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

Sign up for these free reports by going to the CDCAN website. Website: www.cdcan.us

To reply to THIS Report write:

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

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

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

State Capitol Update:

LATEST VERSIONS OF MAIN BUDGET BILL AND BUDGET TRAILER BILLS AS SIGNED BY GOVERNOR

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 06/28/2016 06:25 AM] – As reported yesterday late afternoon by CDCAN, Governor Brown signed the 2016-2017 State Budget contained in the main budget bill, SB 826, and also 12 budget related bills (called “trailer bills” because those bills follow or trail the main budget bill). The budget trailer bills are important because those bills contain changes in State law to implement certain appropriations in the main budget bill. Budget trailer bills that the Governor signed into law yesterday included bills focusing on developmental services, Medi-Cal and public health, CalWORKS, SSI/SSP (Supplemental Security Income/State Supplemental Payment grants), education (including child care).

The Governor did not use his line item veto power – the first time a governor has not made additional reductions to a budget since the 1980’s.

"This solid budget makes responsible investments in California and sets aside billions of dollars to prepare for the next recession," said Governor Brown following the signing of the budget.

The Governor's Department of Finance (DOF) released a 70 page (PDF Document version) summary of the enacted 2016-2017 State Budget as signed by the Governor yesterday. That pdf document copy can be viewed or downloaded from the department's website at:

<http://www.ebudget.ca.gov/FullBudgetSummary.pdf>

The Legislature, scheduled to adjourn for their annual month long summer recess at the end of this week, is expected to send the Governor several more budget trailer bills, including AB 1618, the mental health "No Place Like Home" proposal many policymakers and advocates are calling a landmark effort addressing homelessness and housing for persons with mental health needs. Other budget trailer bills remaining deal with public resources and transportation.

Included in this CDCAN Report are the latest versions of budget trailer bills (and the main budget bill) as signed by the Governor, and also latest versions of pending budget trailer bills. CDCAN will issue later today more detailed reports on actions in the budget impacting developmental services, IHSS (In Home Supportive Services), mental health, Medi-Cal and other health and human services and education.

LIST OF BUDGET TRAILER BILLS BY SUBJECT (UPDATED JUNE 28 2016)

The following is a CDCAN partial short list or index of the budget trailer bills by subject to make it easier for people to find the right bill (updated June 28, 2016)

CALWORKS ("WELFARE TO WORK" PROGRAM) – AB 1603

CHILD CARE – SB 828 (identical to AB 1600)

CHILD WELFARE SERVICES (INCLUDES FOSTER CARE/YOUTH): AB 1603 and AB 1605 (mental health services)

DEVELOPMENTAL CENTERS – AB 1606 (Also see main budget bill, SB 826 beginning on page 373 for provisions – only good for the budget year – regarding regional centers and developmental centers)

EDUCATION – SB 828 and AB 1602 [note: childcare/preschool provider rates issues and increased slots are in SB 828 which is identical to AB 1600]

HEALTH – SB 833 (identical to AB 1605)

HOUSING – AB 1603 (SSI/SSP housing assistance outreach and "Bringing Families Home" program), AB 1618 (No Place Like Home Program)

IN-HOME SUPPORTIVE SERVICES – AB 1603

MEDI-CAL – SB 833 (identical bill to AB 1605) includes restoration of acupuncture as a Medi-Cal benefit and major changes to Medi-Cal Estate Recovery and AB 1607.

MENTAL HEALTH – SB 833 [identical to AB 16-5] includes Behavioral Health Treatment and mental health continuum of crisis services), AB 1603 (SSI/SSP outreach, "Bringing Families Home" program) and AB 1618 (No Place Like Home Program) and SB 843 (public safety with some mental health related provisions); and AB 1622 (makes additional appropriation to 2016-2017 State Budget for AB 1618 "No Place Like Home" programs)

PUBLIC SAFETY – SB 843 (identical to AB 1615) and SB 844 (identical to AB 1616)

REGIONAL CENTERS – AB 1606 (see also Health Budget Trailer Bill for Behavioral Health Treatment and mental health continuum of crisis services – SB 833 [identical to AB 1605] and AB 1618 "No Place Like Home Program"); (Also see main budget bill, SB 826

beginning on page 373 for provisions – only good for the budget year – regarding regional centers and developmental centers)

REHABILITATION (DEPARTMENT OF) – No budget trailer bills specific to Department of Rehabilitation related services and programs – see main budget bill, SB 826 beginning on page 392 for provisions – only good for the budget year – relating to Department of Rehabilitation.

RESOURCES – SB 839 and SB 840; also AB 1611 and AB 1612.

SSI/SSP GRANTS – AB 1603

STATE GOVERNMENT (INCLUDING STATE EMPLOYEES) – SB 836 and SB 837, SB 848 (identical to AB 1620), and certain references in AB 1606

TRANSPORTATION – AB 1610 and SB 838

LIST OF MAIN BUDGET BILL AND BUDGET TRAILER BILLS BY BILL NUMBER

As previously reported by CDCAN, the following are the budget trailer bills (and main budget bill) signed by the Governor on Monday (June 27, 2016). Also are other remaining budget trailer bills currently in print and as passed by the Legislature or by at least one house of the Legislature as of June 27, 2016. Note that bill numbers containing budget trailer bill language have changed in some instances and can still change for pending bills this week as final votes are taken on the Assembly and Senate floors, before both houses recess for the summer:

MAIN BUDGET BILL

SB 826 – MAIN 2016-2017 STATE BUDGET BILL

COPY OF SB 826 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (786 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_826_bill_20160627_chaptered.pdf

COPY OF SB 826 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_826_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/15/2016: PASSED Assembly by vote of 52 to 27. PASSED by State Senate by vote of 27 to 11 [final votes]. Presented to Governor at 5:00 PM

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 23, Statutes of 2016).

CDCAN COMMENT: The Governor made no line item vetoes – the first time a governor has not made such cuts in a budget since the 1980's.

ADDITION APPROPRIATION FOR 2016-2017 STATE BUDGET TRAILER BILL

AB 1622 – ADDITIONAL APPROPRIATION RELATED TO HOUSING AND HOMELESSNESS FOR 2016-2017 STATE BUDGET TRAILER BILL (TIED TO AB 1618)

COPY OF AB 1622 AS AMENDED JUNE 23 2016 – PDF DOCUMENT VERSION (5 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1622_bill_20160623_amended_sen_v97.pdf

COPY OF AB 1622 AS AMENDED JUNE 23 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1622_bill_20160623_amended_sen_v97.htm

LATEST ACTION 06/27/2016: PASSED Senate by vote of 37 to 0. To Assembly.

NEXT STEPS: NEXT STEPS: Will be taken up for final floor vote in Assembly likely later this week before both houses recess for the summer.

CDCAN COMMENT: See also AB 1618 related to the mental health "No Place Like Home" budget trailer bill.

ADDITIONAL APPROPRIATION FOR 2015-2016 STATE BUDGET TRAILER BILL
 SB 827 – ADDITIONAL APPROPRIATION FOR 2015-2016 STATE BUDGET TRAILER BILL [IDENTICAL TO AB 1599]

COPY OF SB 827 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (2 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_827_bill_20160627_chaptered.pdf

COPY OF SB 827 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_827_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/15/2016: PASSED Assembly by vote of 80 to 0. PASSED State Senate by vote of 38 to 0 [final votes].

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 28, Statutes of 2016).

CDCAN COMMENT: This budget trailer bill is identical to AB 1599.

EDUCATION BUDGET TRAILER BILLS

AB 1602 – EDUCATION FINANCE (HIGHER EDUCATION) BUDGET TRAILER BILL (SECOND OF TWO)

COPY OF AB 1602 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (70 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1602_bill_20160627_chaptered.pdf

COPY OF AB 1602 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1602_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/16/2016: PASSED State Senate by vote of 29 to 5. PASSED Assembly by vote of 61 to 12 [final votes].

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 24, Statutes of 2016)

CDCAN COMMENT: This budget trailer bill is identical to SB 830.

SB 828 – EDUCATION FINANCE BUDGET TRAILER BILL (FIRST OF TWO) – IDENTICAL TO AB 1600

COPY OF SB 828 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (70 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_828_bill_20160627_chaptered.pdf

COPY OF SB 828 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_828_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/15/2016: PASSED Assembly by vote of 78 to 0. PASSED State Senate by vote of 38 to 0 [final votes].

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 29, Statutes of 2016).

CDCAN COMMENT: This budget trailer bill is identical to AB 1600. This bill contains among other things, provisions dealing with child care.

HUMAN SERVICES BUDGET TRAILER BILL

AB 1603 – HUMAN SERVICES BUDGET TRAILER BILL

COPY OF AB 1603 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (69 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1603_bill_20160627_chaptered.pdf

COPY OF AB 1603 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1603_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/16/2016: PASSED State Senate by vote of 29 to 9. PASSED Assembly by vote of 54 to 24 [final votes].

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 25, Statutes of 2016).

CDCAN COMMENT: This budget trailer bill includes provisions impacting SSI/SSP (Supplemental Security Income/State Supplemental Payment) grants; continued restoration of the 7% in services and supports for In-Home Supportive Services (IHSS); repeal of the Maximum Family Grant rule in the CalWORKS program and an increase in CalWORKS grants and other changes to that program.

HEALTH BUDGET TRAILER BILLS

AB 1607 – MEDI-CAL: HOSPITAL QUALITY ASSURANCE FEE BUDGET TRAILER BILL

COPY OF AB 1607 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (5 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1607_bill_20160627_chaptered.pdf

COPY OF AB 1607 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1607_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/16/2016: PASSED State Senate by vote of 34 to 4. PASSED Assembly by vote of 75 to 0 [final votes].

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 27, Statutes of 2016)

CDCAN COMMENT: This bill required 2/3rds vote because it extended an existing program set to expire that applies a fee applied to hospitals in the Medi-Cal program that is matched by federal funding.

SB 833 – HEALTH BUDGET TRAILER BILL [IDENTICAL TO AB 1605]
 COPY OF SB 833 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF
 DOCUMENT VERSION (59 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_833_bill_20160627_chaptered.pdf

COPY OF SB 833 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML
 VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_833_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/15/2016: PASSED by Assembly vote of 71 to 8. PASSED State
 Senate by vote of 28 to 9 (final votes).

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 30, Statutes of
 2016).

CDCAN COMMENT: This bill is identical to AB 1605. Includes restoration of Medi-Cal
 acupuncture benefit that was eliminated in 2009; and major change in Medi-Cal estate
 recovery.

DEVELOPMENTAL SERVICES BUDGET TRAILER BILL

AB 1606 – DEVELOPMENTAL SERVICES BUDGET TRAILER BILL
 COPY OF AB 1606 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF
 DOCUMENT VERSION (35 PAGES);

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1606_bill_20160627_chaptered.pdf

COPY OF AB 1606 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML
 VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1606_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/16/2016: PASSED State Senate by vote of 38 to 0. PASSED
 Assembly by vote 65 to 13 [final votes]

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 26, Statutes of
 2016).

NEXT STEPS: Will be sent to Governor.

CDCAN COMMENT: This trailer bill is identical to SB 834. Along with the funding
 increases in the special session legislation ABx2 1 passed in February and signed into law
 by the Governor in early March, makes up changes, funding increases and other
 provisions impacting developmental services under the Department of Developmental
 Services. See also main budget bill, SB 826, for provisions relating to developmental
 services (good only for that budget year), beginning on page 373.

MENTAL HEALTH “NO PLACE LIKE HOME” PROGRAM BUDGET TRAILER BILLS

AB 1618 – HOUSING – MENTAL HEALTH: NO PLACE LIKE HOME PROGRAM
 BUDGET TRAILER BILL

COPY OF AB 1618 AS AMENDED JUNE 23 2016 – PDF DOCUMENT VERSION (27
 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1618_bill_20160623_amended_sen_v94.pdf

COPY OF AB 1618 AS AMENDED JUNE 23 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1618_bill_20160623_amended_sen_v94.htm

LATEST ACTION 06/27/2016: PASSED Senate by vote of 36 to 1 [final vote]. To Assembly.

NEXT STEPS: Will be taken up for final floor vote in Assembly likely later this week before both houses recess for the summer. See also AB 1622 that makes additional appropriations to the 2016-2017 State Budget for the “No Place Like Home” programs.

STATE GOVERNMENT AND STATE EMPLOYMENT BUDGET TRAILER BILLS

SB 836 – STATE GOVERNMENT BUDGET TRAILER BILL

COPY OF SB 836 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (218 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_836_bill_20160627_chaptered.pdf

COPY OF SB 836 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_836_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/16/2016: PASSED Assembly by vote of 59 to 17. PASSED State Senate by vote of 26 to 13 [final votes].

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 31, Statutes of 2016).

CDCAN COMMENT: This budget trailer bill is identical to AB 1608.

SB 837 – STATE GOVERNMENT BUDGET TRAILER BILL

COPY OF SB 837 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (116 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_837_bill_20160627_chaptered.pdf

COPY OF SB 837 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_837_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/16/2016: PASSED Assembly by vote of 49 to 27. PASSED State Senate by vote 27 to 12 [final votes].

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 32, Statutes of 2016).

CDCAN COMMENT: This budget trailer bill is identical to AB 1609.

SB 848 – STATE EMPLOYMENT BUDGET TRAILER BILL [IDENTICAL TO AB 1620]

COPY OF SB 848 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (20 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_848_bill_20160627_chaptered.pdf

COPY OF SB 848 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_848_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/15/2015: PASSED Assembly by vote of 64 to 15. PASSED State Senate by vote of 31 to 4 (final votes).

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 35, Statutes of 2016).

CDCAN COMMENT: This budget trailer bill is identical to AB 1620.

TRANSPORTATION BUDGET TRAILER BILLS

AB 1610 – TRANSPORTATION BUDGET TRAILER BILL

COPY OF AB 1610 AS AMENDED JUNE 13 2016 – PDF DOCUMENT VERSION (24 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1610_bill_20160613_amended_sen_v97.pdf

COPY OF AB 1610 AS AMENDED JUNE 13 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1610_bill_20160613_amended_sen_v97.htm

LATEST ACTION 06/16/2016: PASSED State Senate by vote of 23 to 14.

NEXT STEPS: In Assembly for further action. Could be taken up later this week by Assembly before it adjourns for month long summer recess.

SB 838 – TRANSPORTATION BUDGET TRAILER BILL

COPY OF SB 838 AS AMENDED JUNE 10 2016 – PDF DOCUMENT VERSION (30 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_838_bill_20160610_amended_asm_v97.pdf

COPY OF SB 838 AS AMENDED – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_838_bill_20160610_amended_asm_v97.htm

LATEST ACTION 06/16/2016: PASSED Assembly by vote of 49 to 28 (final vote). To Senate.

NEXT STEPS: In Senate – could be taken up later this week before Senate adjourns for month long summer recess.

PUBLIC SAFETY BUDGET TRAILER BILLS

SB 843 – PUBLIC SAFETY BUDGET TRAILER BILL (FIRST OF TWO) [IDENTICAL TO AB 1615]

COPY OF SB 843 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF DOCUMENT VERSION (55 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_843_bill_20160627_chaptered.pdf

COPY OF SB 843 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_843_bill_20160627_chaptered.htm

LATEST ACTION 06/16/2016: PASSED Assembly by vote of 51 to 27. PASSED State Senate by vote of 26 to 13 (final votes).

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 33, Statutes of 2016).

CDCAN COMMENT: This budget trailer bill is identical to AB 1615.

**SB 844 – PUBLIC SAFETY (CORRECTIONAL FACILITIES) BUDGET TRAILER BILL
(SECOND OF TWO) [IDENTICAL TO AB 1616]**

**COPY OF SB 844 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 – PDF
DOCUMENT VERSION (7 PAGES):**

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_844_bill_20160627_chaptered.pdf

**COPY OF SB 844 AS SIGNED INTO LAW BY GOVERNOR JUNE 27 2016 –HTML
VERSION:**

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_844_bill_20160627_chaptered.htm

PREVIOUS ACTION 06/15/2016: PASSED Assembly by vote of 79 to 0. **PASSED** State Senate by vote of 32 to 6 (final votes).

LATEST ACTION 06/27/2016: SIGNED into law by Governor (Chapter 34, Statutes of 2016).

CDCAN COMMENT: This budget trailer bill is identical to AB 1616.

RESOURCES AND ENERGY BUDGET TRAILER BILLS

SB 839 – PUBLIC RESOURCES BUDGET TRAILER BILL

**COPY OF SB 839 AS AMENDED JUNE 14 2016 – PDF DOCUMENT VERSION (83
PAGES):**

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_839_bill_20160614_amended_asm_v97.pdf

COPY OF SB 839 AS AMENDED – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_839_bill_20160614_amended_asm_v97.htm

LATEST ACTION 06/16/2016: PASSED Assembly by vote of 48 to 28 (final vote). To Senate.

NEXT STEPS: In Senate. Could be taken up by Senate by end of this week before it adjourns for month long summer recess.

SB 840 – ENERGY BUDGET TRAILER BILL

**COPY OF SB 840 AS AMENDED JUNE 14 2016 – PDF DOCUMENT VERSION (32
PAGES):**

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_840_bill_20160614_amended_asm_v97.pdf

COPY OF SB 840 AS AMENDED JUNE 14 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0801-0850/sb_840_bill_20160614_amended_asm_v97.htm

LATEST ACTION 06/16/2016: PASSED Assembly by vote of 53 to 23 (final vote).

NEXT STEPS: In Senate. Could be taken up by Senate by end of this week before it adjourns for month long summer recess.

AB 1611 – PUBLIC RESOURCES BUDGET TRAILER BILL

**COPY OF AB 1611 AS AMENDED JUNE 15 2016 – PDF DOCUMENT VERSION (73
PAGES):**

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1611_bill_20160615_amended_sen_v96.pdf

COPY OF AB 1611 AS AMENDED JUNE 15 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1611_bill_20160615_amended_sen_v96.htm

LATEST ACTION 06/27/2016: PASSED Senate by vote of 23 to 13 (final vote). To Assembly.

NEXT STEPS: In Assembly for further action. Could be taken up by Assembly by end of this week before it adjourns for month long summer recess.

AB 1612 – PUBLIC RESOURCES (ENERGY) BUDGET TRAILER BILL

COPY OF AB 1612 AS AMENDED JUNE 27 2016 – PDF DOCUMENT VERSION (41 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1612_bill_20160627_amended_sen_v95.pdf

COPY OF AB 1612 AS AMENDED JUNE 27 2016 – HTML VERSION:

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1601-1650/ab_1612_bill_20160627_amended_sen_v95.htm

LATEST ACTION 06/27/2016: Senate suspends rules. Set for hearing June 29 2016 in Senate Budget and Fiscal Review Committee.

NEXT STEPS: Full Senate will have to take up this bill and send to Assembly.

CDCAN - MARTY OMOTO YOUTUBE CHANNEL

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

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

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

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

ALERT: PLEASE HELP!!!!!!

JUNE 28, 2016 – TUESDAY MORNING

PLEASE HELP CDCAN CONTINUE ITS WORK

CDCAN Townhall Telemeetings, CDCAN Reports and Alerts and other activities cannot continue without YOUR help. To continue the CDCAN website and the CDCAN Reports and Alerts sent out and read by over 65,000 people and organizations, policy makers and media across the State, and to continue and resume CDCAN Townhall Telemeetings, trainings and other events, please send your contribution/donation (please make check payable to "CDCAN" or "California Disability Community Action Network" and mail to:

Budget Bill (BBL)

SB 826 (Leno)

SB 826 is this year's Budget Bill. This provides the legal authority for the State to spend money, including on developmental services. A summary of this year's BBL is provided here. Line items are noted for reference. Unless otherwise specified, funds do not include any possible federal component.

- 4300-001-0001 – \$300,000 is provided so the Department of Developmental Services (DDS) can award a contract for the creation of the performance dashboard (see TBL one-pager).

- 4300-101-0002
 - \$17M is provided for RCs to hire up to 200 new service coordinators. RCs must justify, to DDS, hiring any who do not serve HCBS waiver clients.
 - \$46M is provided for the four-bed (ARM rate) homes (see TBL one-pager).
 - \$15M is provided for vendors transitioning to new HCBS standards. Vendors must apply to regional centers. Funding requires RC and DDS approval.

Developmental Services Trailer Bill (TBL)

AB 1606 (Committee on Budget)

AB 1606 is this year's developmental services "Trailer Bill." A summary of this year's TBL is provided here, with reference to the sections of law being changed. All changes will go into effect immediately upon signing by Gov. Brown (by/before July 1, 2016).

- Health & Safety Code §1180.4 – Seclusion/restraints in Enhanced Behavioral Support Homes is limited to 15 minute with exemptions provided.
- Public Contract Code §10430 – DC employees may work to become vendorized while still employed, to facilitate the development of community resources for DC movers.
- Welfare & Institutions (W&I) Code §4435.1 – Removal of outdated language related to the old Family Resource Centers Prevention Referral and Resource Services Program.
- W&I §4437 – DDS to post info about developmental center (DC) and regional center-specific community placement plan (CPP) funds, OPS and POS funding, caseloads, and staff information.
- W&I §4474.15 – New section, requiring DDS to tell the Legislature of its long-term plans for crisis services and zero-reject facilities after DCs close, and to post info monthly about community capacity development and targets by each RC.
- W&I §4474.6 – New section requiring DDS and the Department of Health Care Services to collaborate on health care service coordination for DC movers.
- W&I §4519.5 – Annual service expenditure meetings shall also describe work to improve access in underserved communities. RCs shall consult with stakeholders, and report to DDS, on using new Special Session funds for improving access. DDS has 45 days to review RC fund requests.
- W&I §4572 – DDS shall develop, in consultation with stakeholders, a performance dashboard showing including at a minimum HCBS setting compliance, competitive integrated employment data, fair hearings, & Section 4731 complaints.
- W&I §4659.2 – RC vendors shall report injuries/deaths from restraints, seclusion, and certain other causes, as well as alleged abuse by staff, to DRC. Monthly reports, to DRC, on the use of seclusion/restraints also required.
- W&I §4681.5 – DDS shall create rates for (new) four-bed homes. Existing providers may convert to such rates. RCs will report to DDS the number of such homes, both new and old.
- W&I §4685.8 – RCs to consult with SDP Local Advisory Committees on SDP training, outreach.
- W&I §4690.5 – Clarification that out-of-home respite is included in the 5% rate increase.
- W&I §4691.6, §4691.9 – Work activity programs, day/in-home respite providers, and negotiated rate providers are eligible for rate increases due to the upcoming minimum wage increase.
- W&I §4870 – All providers are eligible for incentive payments upon successful placements into competitive integrated employment (includes 30 day, 6 month, and 12 month time points). Internship placements don't count.
- Section 15, ABX2 1 (www.arcnet.org/abx2-1) – Technical language related to federal funding.
- Section 18, ABX2 1 – The new DDS research unit shall assess disparity data, caseload ratios, and performance dashboard data.
- Section 19, ABX2 1 – DDS shall report quarterly on funding backfills for Sonoma DC, and either PDC or FDC if they also lose federal funding due to a decertification.

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-8
 SACRAMENTO, CA 95814
 TTY (916) 654-2054 (For the Hearing Impaired)
 (916) 654-1954



DATE: JUNE 24, 2016

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: NEW PROVIDER RATES EFFECTIVE JULY 1, 2016

The State budget for Fiscal Year 2016-17, and Assembly Bill (AB) X2-1 (Chapter 3, Statutes of 2016¹) provides for a number of rate changes and/or increases for some service providers. The rate increases, effective July 1, 2016, are only applicable for providers with rates set by the Department² (including rates set in statute or regulation), or providers with rates set through negotiation between regional centers and the provider. The rate increases do not apply for providers with usual and customary rates or rates that are set by other entities.

This correspondence addresses the following rate changes:

1. Five percent (5%) rate increases for supported living, independent living, respite and transportation.
2. Survey based rate increases:
 - a. For the purpose of enhancing wages and benefits for staff who spend a minimum of 75 percent of their time providing direct services to consumers; and
 - b. For provider administrative expenses.
3. New rate for supported employment.
4. Establishment of Alternative Residential Model (ARM) rates for community care facilities vendored to serve four or fewer consumers.

Five Percent (5%) Increase for Specified Services

Several sections of the Welfare and Institutions Code (WIC) were amended to authorize rate increases of 5%, to the rate in effect on June 30, 2016, for specified services. The applicable categories and service codes are detailed below.

- Supported Living (WIC section 4689.8)
 - 894-Supported Living Administration
 - 896-Supported Living Services
- Independent Living (WIC section 4691.6)
 - 520-Independent Living Program

¹ http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB1

² "Department" means the Department of Developmental Services.

"Building Partnerships, Supporting Choices"

- Respite (WIC section 4690.5 and 4691.6)
 - Family Member-provided Respite*
 - 420-Respite Service-Family Member
 - 465-Participant Directed Respite Service-Family Member
 - In-home Respite*
 - 862 In-home Respite Services Agency
 - 864 In-home Respite Worker
 - Out-of-home Respite*
 - 868-Out-of-home Respite Services
 - 869-Respite Facility
- Transportation (WIC section 4691.9)
 - 875-Transportation Company
 - 880-Transportation-Additional Component
 - 882-Transportation-Assistant
 - 883-Transportation Broker

Increases for Wages and Benefits for Direct Service Staff and Administrative Expenses

Unlike the specific percentage rate increases described above, ABX2-1 provided a set amount of funds for rate increases, based on the rates in effect on June 30, 2016, for direct service (\$294.8M³) and administrative (\$17.3M⁴) expenses. As a result, the Department was required to conduct a survey of a sample of providers to determine the percentage rate increases. The survey was necessary because the percentage of provider costs for direct services and administrative costs varies by category. Therefore, to maintain the same level of increase for direct service and administrative costs for each service, the resulting overall provider rate increases vary by service category. An overview of how this calculation was done can be found at <http://www.dds.ca.gov/vendorsurvey/docs/ExampleCalculatingRateIncreases.pdf>. Note, the numbers in this example are for demonstration purposes only and are not from the actual results of the survey.

Enclosure A contains the percentage increases for each service category and the service codes within each category.

³ Includes federal reimbursement amounts in addition to the General Fund amounts appropriated in ABX2-1.

⁴ Includes federal reimbursement amounts in addition to the General Fund amounts appropriated in ABX2-1.

Future Survey Regarding Rate Increase for Direct Services: Providers granted a rate increase to increase wages and benefits for staff who provide direct services must maintain documentation, subject to audit by the Department or regional center, that the rate increase was used solely to increase wages, salaries and benefits of staff who spend a minimum of 75 percent of their time providing direct services to consumers.

Additionally, by October 1, 2017, the Department, with regional center participation, will conduct a survey of all providers that received this rate increase to determine how the increase was used. It is important to note that any provider that does not report the information requested by October 1, 2017, will forfeit the rate increase.

New Supported Employment Rate

WIC section 4860 was amended to increase the rate for supported employment to \$34.24 per hour. Additionally, as a result of the direct service and administrative cost increases, which also apply to supported employment rates, the hourly supported employment rate, effective July 1, 2016, will be \$36.57.

Calculating New Rates

When applicable, a provider may receive more than one of the percentage rate increases described above. To determine the new rate effective July 1, 2016, each percentage increase is calculated from the June 30, 2016, rate and then summed together. The following is an example of how this would work for a provider eligible for a 5% increase, as well as an increase for direct services and administrative expenses. The example below assumes a service rate of \$10.00 per hour in effect on June 30, 2016, and will receive a 5% increase, a 7% increase for wage and benefits for direct service staff, and a 1% rate increase for administrative expenses.

Step 1: Calculate separately the dollar amount for each increase (multiply the rate in effect on June 30, 2016, by the percentage increase).

- | | |
|--|-------------------------------|
| 1. Specified service: | $\$10.00 \times 5\% = \0.50 |
| 2. Wage and benefits for direct service staff: | $\$10.00 \times 7\% = \0.70 |
| 3. Administrative expenses: | $\$10.00 \times 1\% = \0.10 |

Step 2: Add the amounts to get the total increase.

$$\$0.50 + \$0.70 + \$0.10 = \$1.30 \text{ total increase}$$

Step 3: Add the total increase to the rate in effect on June 30, 2016, to get the new rate.

$\$1.30 + \$10.00 = \$11.30$ new rate. Adding the percentage increases also leads to the same result. In this example, $5\% + 7\% + 1\% = 13\%$. 13% of \$10.00 is \$1.30.

Regional Center Executive Directors
June 24, 2016
Page four

Enclosure A contains information on all service codes eligible for the various increases and the total percentage rates will increase effective July 1, 2016. Note, these increases do not apply to providers with usual and customary rates or rates set by another entity, even if the provider's service code is listed in the enclosure. Also enclosed are the following updated rate schedules, effective July 1, 2016, reflecting all applicable rate increases:

- Enclosure B – Work Activity and Supported Employment Rates
- Enclosure C – Community-Based Day Program and Respite Agency Rate Schedule
- Enclosure D – Community Care Facility Rates

Additionally, rates for the following services/codes, updated as applicable, effective July 1, 2016 are:

- Respite – Service codes 420, 465 and 864; rate is \$15.23 per hour
- Financial Management Services FE/A – Service Code 490; new maximum rates are \$45.88, \$71.37 or \$96.86 per month depending on the number of participant-directed services used.
- Financial Management Services Co-Employer – Service Code 491; new maximum rate is \$96.86 per month
- Participant-Directed Community-Based Training Services – Service code 475; rate is \$14.99 per hour

Notification to Providers: The Department will adjust rates and send new rate letters to all community-based day, in-home respite agency, and work activity providers. Regional centers will need to make applicable rate adjustments and notify all other providers of the new rates effective July 1, 2016.

4-Bed ARM Rates

The budget for Fiscal Year 2016-17 and accompanying trailer bill language, allow the Department to establish a rate schedule for community care facilities vendored to provide services to a maximum of four individuals. This schedule, effective July 1, 2016, can be found in Enclosure D.

If you have any questions regarding this correspondence, please contact Greg Nabong at (916) 653-3749, or greg.nabong@dds.ca.gov.

Sincerely,

Original signed by

JIM KNIGHT
Assistant Deputy Director
Community Services Division

Enclosures

**cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies**

ABX2 1 Service Provider Reimbursement Rate Increases Effective July 1, 2016
 (Each rate increase is applied to service provider rate amount as of June 30, 2016)

Enclosure A

Service Provider Reimbursement Rate Increases				
Residential Services	Direct Services	Administrative	5% Rate Increase	Total Increase
905 - Residential Facility Serving Adults-Owner Operated	7.40%	0.35%	N/A	7.75%
910 - Residential Facility Serving Children - Owner Operated	7.40%	0.35%	N/A	7.75%
915 - Residential Facility Serving Adults - Staff Operated	7.40%	0.35%	N/A	7.75%
920 - Residential Facility Serving Children-Staff Operated	7.40%	0.35%	N/A	7.75%
090 - Crisis Intervention Facility/Bed	7.40%	0.35%	N/A	7.75%
096 - Geriatric Facility	7.40%	0.35%	N/A	7.75%
<i>Residential Services rate increases based on average % cost:</i>	<i>65.81%</i>	<i>18.05%</i>		
Family Home Agency	Direct Service	Administrative	5% Rate Increase	Total Increase
904 - Family Home Agency	1.84%	0.28%	N/A	2.12%
<i>Family Home Agency rate increases based on average % cost:</i>	<i>16.38%</i>	<i>14.32%</i>		
Specialized Rehabilitation Facilities	Direct Service	Administrative	5% Rate Increase	Total Increase
113 - DSS Licensed-Spec Residentl Facility--Habilitation	6.54%	0.41%	N/A	6.95%
114 - Specialized Residential Facility (Health)	6.54%	0.41%	N/A	6.95%
<i>Specialized Rehabilitation Facilities rate increases based on average % cost:</i>	<i>58.16%</i>	<i>20.70%</i>		
Day Services	Direct Service	Administrative	5% Rate Increase	Total Increase
028 - Socialization Training Program	6.66%	0.46%	N/A	7.12%
055 - Community Integration Training Program	6.66%	0.46%	N/A	7.12%
063 - Community Activities Support Services	6.66%	0.46%	N/A	7.12%
091 - In-Home/Mobile Day Program	6.66%	0.46%	N/A	7.12%
094 - Creative Arts Program	6.66%	0.46%	N/A	7.12%
505 - Activity Center	6.66%	0.46%	N/A	7.12%
510 - Adult Development Center	6.66%	0.46%	N/A	7.12%
515 - Behavior Management Program	6.66%	0.46%	N/A	7.12%
525 - Social Recreation Program	6.66%	0.46%	N/A	7.12%
805 - Infant Development Program	6.66%	0.46%	N/A	7.12%
810 - Infant Development Specialist	6.66%	0.46%	N/A	7.12%
<i>Day Services rate increases based on average % cost:</i>	<i>59.18%</i>	<i>23.72%</i>		
Supported Employment	Direct Service	Administrative	5% Rate Increase	Total Increase
950 - Supported Employment-Group	7.19%	0.37%	N/A	7.56%
952 - Supported Employment-Individual	7.19%	0.37%	N/A	7.56%
<i>Supported Employment rate increases based on average % cost:</i>	<i>63.94%</i>	<i>19.03%</i>		
Work Activity Programs	Direct Service	Administrative	N/A	Total Increase
954 - Rehab Work Activity Program	4.99%	0.66%	N/A	5.66%
<i>Work Activity Programs rate increases based on average % cost:</i>	<i>44.40%</i>	<i>33.90%</i>		
Behavioral Services	Direct Service	Administrative	5% Rate Increase	Total Increase
017 - Crisis Team - Evaluation & Behavior Modification	8.11%	0.38%	N/A	8.49%
048 - Client/Parent Support Behavior Intervention Trng	8.11%	0.38%	N/A	8.49%
077 - Parent-Coord Hme Base Beh Intven Prg for Autistic Children	8.11%	0.38%	N/A	8.49%
605 - Adaptive Skills Trainer	8.11%	0.38%	N/A	8.49%
612 - Behavior Analyst	8.11%	0.38%	N/A	8.49%
613 - Associate Behavior Analyst	8.11%	0.38%	N/A	8.49%
615 - Behavior Management Assistant	8.11%	0.38%	N/A	8.49%
616 - Behavior Technician - Paraprofessional	8.11%	0.38%	N/A	8.49%
620 - Behavior Management Consultant	8.11%	0.38%	N/A	8.49%
625 - Counseling Services (Family Counselor, Social Worker)	8.11%	0.38%	N/A	8.49%
670 - Developmental Specialist	8.11%	0.38%	N/A	8.49%
<i>Behavioral Services rate increases based on average % cost:</i>	<i>72.11%</i>	<i>19.31%</i>		
Personal Assistance, ILS, and Supported Living	Direct Service	Administrative	5% Rate Increase	Total Increase
062 - Personal Assistance	7.85%	0.49%	N/A	8.34%
073 - Parent Coordinator Supported Living Prog	7.85%	0.49%	N/A	8.34%
093 - Parent-Coordinated Personal Assist Service	7.85%	0.49%	N/A	8.34%
520 - Independent Living Program	7.85%	0.49%	5%	13.34%
635 - Independent Living Specialist	7.85%	0.49%	N/A	8.34%
858 - Homemaker	7.85%	0.49%	N/A	8.34%
896 - Supported Living Services	7.85%	0.49%	5%	13.34%
<i>Personal Assistance, ILS, and Supported Living rate increases based on average % cost:</i>	<i>69.80%</i>	<i>25.03%</i>		

ABX2 1 Service Provider Reimbursement Rate Increases Effective July 1, 2016
 (Each rate increase is applied to service provider rate amount as of June 30, 2016)

Enclosure A

Service Provider Reimbursement Rate Increases				
Individualized Professional or Support Services	Direct Service	Administrative	5% Rate Increase	Total Increase
025 - Tutor Services – Group	8.63%	0.34%	N/A	8.97%
102 - Individual or Family Training	8.63%	0.34%	N/A	8.97%
108 - Parenting Support Services	8.63%	0.34%	N/A	8.97%
109 - Program Support Group-Residential	8.63%	0.34%	N/A	8.97%
110 - Program Support Group-Day Service	8.63%	0.34%	N/A	8.97%
111 - Program Support Group-Other Services	8.63%	0.34%	N/A	8.97%
645 - Mobility Training Services Agency	8.63%	0.34%	N/A	8.97%
650 - Mobility Training Service Specialist	8.63%	0.34%	N/A	8.97%
680 - Tutor	8.63%	0.34%	N/A	8.97%
<i>Individualized Professional or Support Services rate increases based on average % cost:</i>	76.71%	17.53%		
Health and Therapeutic Services	Direct Service	Administrative	5% Rate Increase	Total Increase
103 - Specialized Health, Treatment & Training Svcs	8.36%	0.31%	N/A	8.67%
106 - Specialized Recreational Therapy	8.36%	0.31%	N/A	8.67%
056 - Interdisciplinary Assessment Services	8.36%	0.31%	N/A	8.67%
115 - Specialized Therapeutic Svcs – Consumers 3 to 20	8.36%	0.31%	N/A	8.67%
116 - Early Start Specialized Therapeutic Services	8.36%	0.31%	N/A	8.67%
117 - Specialized Therapeutic Svcs – Consumers 21 and Older	8.36%	0.31%	N/A	8.67%
<i>Health and Therapeutic Services rate increase is based on average % cost:</i>	74.35%	15.87%		
Respite	Direct Service	Administrative	5% Rate Increase	Total Increase
862 - In-Home Respite Services Agency	8.82%	0.37%	5%	14.19%
868 - Out-of-Home Respite	8.82%	0.37%	5%	14.19%
869 - Respite Facility	8.82%	0.37%	5%	14.19%
850 - Camping Services	8.82%	0.37%	N/A	9.19%
<i>Respite rate increase is based on average % cost:</i>	78.38%	18.95%		
Transportation	Direct Service	Administrative	5% Rate Increase	Total Increase
875 - Transportation Company	5.31%	0.42%	5%	10.72%
880 - Transportation-Additional Component	5.31%	0.42%	5%	10.72%
882 - Transportation-Assistant	5.31%	0.42%	5%	10.72%
883 - Transportation Broker	5.31%	0.42%	5%	10.72%
<i>Transportation rate increase is based on average % cost:</i>	47.19%	21.29%		
Day Care Individual Providers	Direct Service	Administrative	5% Rate Increase	Total Increase
405 - Day Care Voucher	11.25%	0.00%	N/A	11.25%
455 - Day Care	11.25%	0.00%	N/A	11.25%
<i>Day Care Individual Providers rate increase is based on average % cost:</i>	100.00%	0.00%		
Day Care Agency Providers	Direct Service	Administrative	5% Rate Increase	Total Increase
851 - Child Day Care	6.19%	0.64%	N/A	6.84%
855 - Adult Day Care	6.19%	0.64%	N/A	6.84%
<i>Day Care Agency Providers rate increase is based on average % cost:</i>	55.08%	32.89%		
100% Administrative Costs	Direct Service	Administrative	5% Rate Increase	Total Increase
490 - Financial Management Services - F/EA	0.00%	1.96%	N/A	1.96%
491 - Financial Management Services - Co-Employer	0.00%	1.96%	N/A	1.96%
894 - SLS – Vendor Administration	0.00%	1.96%	5%	6.96%
<i>100% Administrative Costs rate increase is based on average % cost:</i>	0.00%	100.00%		
100% Direct Services Costs	Direct Service	Administrative	5% Rate Increase	Total Increase
475 - Participant-Directed Community-Based Training Service for Adults	11.25%	0.00%	N/A	11.25%
420- Voucher Respite	11.25%	0.00%	5%	16.25%
465 - Participant-Directed Respite Services	11.25%	0.00%	5%	16.25%
864 - In-Home Respite Worker	11.25%	0.00%	5%	16.25%
<i>100% Direct Services Costs rate increase is based on average % cost:</i>	100.00%	0.00%		

**Work Activity Program (WAP)
Service Code 954
Upper Limits for WAP
Effective 7/1/2016**

Small vendors:	0 to 30 consumers	\$62.19 per consumer per day
Medium vendors:	31 to 100 consumers	\$44.69 per consumer per day
Large vendors:	101 or more consumers	\$33.28 per consumer per day
Statewide average:	Temporary Rate	\$37.29 per consumer per day

**Supported Employment Programs (SEP)
Service Codes 950 & 952
Effective 7/1/2016**

Pursuant to Welfare and Institutions Code 4691.10 and 4691.11 the hourly rate effective July 1, 2016 shall be \$36.57 .

COMMUNITY-BASED DAY PROGRAMS AND IH-HOME RESPITE AGENCIES

**ALLOWABLE RANGE OF RATES
and
TEMPORARY PAYMENT RATES**

FISCAL YEAR 2016-17
Effective July 1, 2016

Service Category	Staff Ratio	Lower Limit	Upper Limit	Temporary Payment Rate
Daily Rates				
Activity Center (505)	1:08	\$28.74	\$50.25	\$38.98
	1:07	\$30.55	\$49.49	\$39.14
	1:06	\$35.01	\$60.80	\$48.30
Adult Dev. Center (510)	1:04	\$38.71	\$71.71	\$57.69
	1:03	\$48.66	\$74.15	\$63.06
Behavior Management (515)	1:03	\$53.53	\$89.43	\$77.58
Hourly Rates				
Independent Living (520)	1:03	\$12.06	\$18.75	\$16.22
	1:02	\$19.78	\$25.71	\$23.42
	1:01	\$25.41	\$48.74	\$35.84
Social Recreation (525)	1:10	\$14.05	\$26.50	\$17.52
Infant Development (805)	1:03	\$30.70	\$51.78	\$41.48
	1:02	\$45.61	\$78.89	\$63.38
	1:01	\$64.35	\$115.74	\$83.86
In-Home Respite (862)	1:01	\$20.63	\$28.51	\$24.70

**DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY CARE FACILITY RATES
FIVE BEDS OR MORE PER FACILITY
EFFECTIVE JULY 1, 2016**

Service Level	Monthly Payment Rate Per Consumer Effective 1/01/2016 ^[1]	Monthly Payment Rate Per Consumer Effective 7/01/2016 ^[2]
1	\$1,014	\$1,014
2-Owner	\$2,187	\$2,357
2-Staff	\$2,428	\$2,617
3-Owner	\$2,548	\$2,746
3-Staff	\$2,861	\$3,083
4A	\$3,317	\$3,575
4B	\$3,543	\$3,818
4C	\$3,767	\$4,059
4D	\$4,041	\$4,354
4E	\$4,332	\$4,668
4F	\$4,631	\$4,990
4G	\$4,978	\$5,364
4H	\$5,351	\$5,766
4I	\$5,878	\$6,334

The Personal and Incidental (P&I) expenses effective with the January 1, 2015, SSI/SSP payment standard increased from \$130.00 to \$131.00.

[1] Includes the SSI/SSP pass through effective January 1, 2015.

[2] Includes the SSI/SSP pass through effective January 1, 2015.

**DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY CARE FACILITY RATES
FOUR BEDS OR LESS PER FACILITY
EFFECTIVE JULY 1, 2016**

Service Level	Monthly Payment Rate Per Consumer Effective 7/01/2016 ^[3]
1	\$1,014
2-Owner	\$3,281
2-Staff	\$3,642
3-Owner	\$3,322
3-Staff	\$3,792
4A	\$4,423
4B	\$4,683
4C	\$4,940
4D	\$5,272
4E	\$5,603
4F	\$5,945
4G	\$6,361
4H	\$6,788
4I	\$7,395

The Personal and Incidental (P&I) expenses effective with the January 1, 2015, SSI/SSP payment standard increased from \$130.00 to \$131.00.

[3] Includes the SSI/SSP pass through effective January 1, 2015.

State of California
Department of Developmental Services

Self-Determination Program - Frequently Asked Questions

GENERAL

Q. What is the Self-Determination Program?

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

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

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

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

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

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

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

CRIMINAL BACKGROUND CHECKS

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

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

FINANCIAL MANAGEMENT SERVICES

Q. What are Financial Management Services?

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

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

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

Q. Who can be a Financial Management Services Provider?

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

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

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

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

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

INDEPENDENT FACILITATOR

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

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

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

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

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

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

INDIVIDUAL BUDGET

Q. What is an individual budget?

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

Q. How does the individual budget amount get determined?

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

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

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

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

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

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

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

Q. In reality is the program decreasing your budget?

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

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

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

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

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

budget by adding them to your Individual program plan.

RIGHTS

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

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

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

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

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

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

SELECTION PROCESS

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

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

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

A. An individual must meet the following eligibility requirements:

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

SERVICES

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

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

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

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

Last Updated: 9/29/2015

[Conditions of Use](#) | [Privacy Policy](#)
Copyright © 2016. State of California



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

December 2013, Pub. #F077.01

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

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

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

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

² See question 6 for an explanation of the individual budget

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

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

To be eligible for the program, you must:

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

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

(3) Agree to do the following:

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

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

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

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

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

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

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

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

³ See Welfare and Institutions Code Section 4512

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9. Can I move money around in my budget?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Page 9 of 9

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

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

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

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

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

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

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

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 11, 2015

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

Dear Ms. Cantwell:

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

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

CRITICAL RESOLUTION ISSUES

Appendix B: Participant Access and Eligibility

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

Appendix B: Evaluation/Reevaluation of Level of Care

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

Appendix C-3: Waiver Services

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

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

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

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

23. Integrative Therapies

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

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

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

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

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

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

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

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

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

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

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

Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

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

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

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

42. D-QIS, Service Plan

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

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

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

44. D-QIS, Sub-assurance (c) - Please clarify that the term “required intervals” means that service plans were updated/revised when warranted by changes in the waiver participant’s needs.

45. D-QIS, Sub-assurance (d)

- a. How will the state determine whether participants have received the appropriate type, scope, amount, duration and frequency of services specified in the IPP?
- b. How does the state monitor/ensure that participants with similar needs (similar service plans) do not have drastically different budgets? How will the state monitor whether individual budgets are equitable?

46. D-QIS, Sub-assurance (e) - The proposed PM does not specifically measure whether participants are afforded a choice among services and providers. Please revise this PM to specifically address these issues.

Appendix E: Participant Direction of Services

47. E-1-c: Availability of Participant Direction by Type of Living Arrangement - Please specify/define “community living arrangement” where the state indicated participant direction is supported, including the size of the living arrangement.

48. E-1-f: Participant Direction by a Representative - Please describe the safeguards that ensure a non-legal representative functions in the best interest of the participant.

49. E-1-l-i: Payment for FMS - Please specify how the state will compensate the entities that provide FMS services. Per the HCBS Waiver Technical Guide examples could be a per transaction fee, a monthly fee per participant, a combination of both types of fees, or another method. The state indicates in response to this item in the waiver that FMS costs will be paid from the individual budget but that the individual budget will not be increased to include these costs. This is not permissible. The state may include the FMS waiver service costs in an individual budget but then must reflect and account for this in the individual budget methodology as described in Appendix E-2-b-ii.

50. E-2-b-ii: Participant, Budget Authority - Please specify and define “budget categories.” Are there limits to and/or within budget categories? Per the previous comment, if the state intends to pay for waiver FMS costs from the individual budget, then the state needs to revise the budget methodology.

51. E-2-b-ii: Participant Directed Budget - Please describe how the budget methodology is made available to the public.

52. E-2-a: Participant Employer Status - What mechanism does the state have in place to ensure that individuals maintain authority and control over employees when co-employment is occurring.

53. E-2-b-v: Expenditure Safeguards

- a. Please describe the safeguards to address potential service delivery problems that may be associated with budget underutilization or premature depletion of the participant budget.

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

Appendix F: Participant Rights

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

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

Appendix G: Participant Safeguards

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

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

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

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

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

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

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

Appendix I: Financial Accountability

67. I-1: Financial Integrity and Accountability

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

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

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

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

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

70. I-2-d: Billing Validation Process

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

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

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

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

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

Appendix J: Cost Neutrality Demonstration

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

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

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

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

ISSUES THAT NEED FURTHER CLARIFICATION OR CORRECTION

1. Overall Questions about the Waiver

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

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

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

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

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

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

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

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

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

Sincerely,

/s/

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

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

Self-Determination Program Enrollment

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

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

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

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

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



WHAT'S HAPPENING WITH SELF-DETERMINATION AT TCRC?

The Five Principles of Self Determination

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

From the Law *Section 4685.8, SB 496*

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

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

Who is Eligible?

People served by TCRC

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

When Will Self-Determination Start?

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

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

How do I Enroll?

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

Interested?

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

DDS's "Interest List"

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

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

Join our Meeting!

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

SELF DETERMINATION ADVISORY COMMITTEE

2016 CALENDAR

JANUARY 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

APRIL 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

JULY 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

OCTOBER 25, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting