

# 質問票

## 1 調査対象国での知的障害児（者）の認定基準について

### 1. 連邦

#### ○ 前提（障害全般の定義）

障害のあるアメリカ人改正法（Americans with Disabilities Act of 1990, As Amended）<sup>1</sup>第12102条において、次のとおり定義されている。

- ・ 主要な生活活動の1つまたは複数を相当に制限する（substantially limits）身体的または精神的な機能障害（impairment）を有する
- ・ またはそのような機能障害の経歴を有する
- ・ またはそのような機能障害があるとみなされる

※ 1点目の要件にある「主要な生活活動」は、「全般」と「主要な身体的諸機能」の2つ。

具体的に、「全般」の活動とは、身辺処理、操作、見る、聞く、食事、睡眠、歩く、立つ、持ち上げる、屈む、話す、呼吸、学習、読む、集中、思考、コミュニケーション、労働などである。「主要な身体的諸機能」とは、免疫系の機能、正常な細胞成長、消化器、腸、膀胱、神経、脳、呼吸器、循環、内分泌、生殖機能の身体機能などである。

一時的あるいは抑制されていたとしても、その機能障害が生じているときに主要な生活活動を相当に制限する場合は障害とされ、機能障害が非常に軽い、継続期間が6ヶ月以内のような一時的なものには適用されない。

#### ○ 知的障害等の定義

発達障害者権利擁護法（Developmental Disabilities Assistance and Bill of Rights Act of 2000 : DD Act）<sup>2</sup>第102条第8項（A）（B）において、「知的障害を含む発達障害（Developmental Disabilities）」として定義されている。

- ・ 精神的または身体的障害、もしくは精神的および身体的障害の組み合わせに起因する重度の慢性障害
- ・ 22歳になる前に発現
- ・ 障害が生涯にわたる可能性がある
- ・ 主要な日常生活活動の3つ以上の領域において相当の機能的制約をもたらす（セルフケア、言語の理解と表現、学習、移動、自己決定、自立生活の能力、経済的自立）
- ・ 個人のニーズは、生涯又は長期にわたる個別に計画、調整された一連の特別な

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<sup>1</sup> 障害のあるアメリカ人改正法（Americans with Disabilities Act of 1990, As Amended）

<https://www.ada.gov/law-and-regs/ada/>

<sup>2</sup> 発達障害者権利擁護法（Developmental Disabilities Assistance and Bill of Rights Act of 2000）

[https://acl.gov/sites/default/files/about-acl/2016-12/dd\\_act\\_2000.pdf](https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf)

サービス、分野を超えたサービス、一般的なサービス、個別の支援、もしくはその他の支援の組み合わせが必要である

また、相当な発達の遅れか特定の先天的・後天的異常がある0～9歳の子どもは、上記の日常生活活動の制約がなくとも、サービスや支援がなければ、将来的に条件を満たす可能性が高い場合、発達障害とみなされる。

## 2. カリフォルニア州

ランターマン発達障害者サービス法（Lanterman Developmental Disabilities Services Act : Lanterman Act）<sup>3</sup>第4512項（a）において、発達障害（Developmental disability）が定義されており、知的障害も含まれる。

- ・ 18歳に達する前に発生し、生涯にわたり継続又は継続することが予想され、かつ、本人にとって相当な支障となる障害
- ・ 知的障害、脳性麻痺、てんかん、および自閉症が含まれる
- ・ 知的障害と密接に関連した状態にあること、または知的障害のある人が必要とする同様の支援を必要とすると判明した状態も含まれるが、身体的のみで他の障害状態を含まないものは含まれない。

## 2 調査対象国での知的障害児（者）（グレーゾーンを含む）への支援内容

知的障害児（者）に限らないが以下のとおり。

### ○ 社会保障制度

障害年金や補足的所得保障による現金給付と、メディケアおよびメディケイドによる医療保障が中心。詳細については、厚生労働省がまとめた「2022年 海外情勢報告」の第1章「北米地域にみる厚生労働施策の概要と最近の動向」の第2節「アメリカ合衆国」の（2）社会保障施策<sup>4</sup>等をご参照。

○ 連邦は、リハビリテーション法（Rehabilitation Act）に基づき、州の職業リハビリテーションプログラムの保証、雇用、個人の生活を支援。具体的なプログラムは、リハビリテーションサービス管理当局（Rehabilitation Services Administration : RSA）のプログラム<sup>5</sup>をご参照。

### ○ 特別教育

個別障害者教育法（Individuals with Disabilities Education Act : IDEA）<sup>6</sup>に基

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<sup>3</sup> ランターマン発達障害者サービス法（Lanterman Developmental Disabilities Services Act）別添1をご参照。

<sup>4</sup> 「2022年 海外情勢報告」の第1章「北米地域にみる厚生労働施策の概要と最近の動向」  
[https://www.mhlw.go.jp/stf/toukei\\_hakusho/kaigai23.html](https://www.mhlw.go.jp/stf/toukei_hakusho/kaigai23.html)

<sup>5</sup> RSA Programs  
<https://rsa.ed.gov/about/programs>

<sup>6</sup> 個別障害者教育法（Individuals with Disabilities Education Act : IDEA）

づき、3歳から21歳までの子どもと若者を対象とした特別教育と関連サービス、および2歳までの乳幼児とその家族を対象とする早期介入が実施される。米国教育省 (U.S. Department of Education) および特別教育・リハビリテーションサービス教育局 (Office of Special Education and Rehabilitative Services: OSERS) が監督し、連邦からの助成を受けた州政府が提供する無償の公教育。

## 【カリフォルニア州】

### ○ 雇用

カリフォルニア州発達サービス局 (California Department of Developmental Services: DDS)、カリフォルニア州リハビリテーション局 (California Department of Rehabilitation: DOR)、およびカリフォルニア州教育局 (California Department of Education: CDE) は、州の「雇用第一」施策およびその他の法律に基づき、知的障害および発達障害 (I/DD) のある者に対して、競争力のある統合雇用の機会を促進<sup>7</sup>。

### ○ 継続的ケア改革 (Continuum of Care Reform: CCR)<sup>8</sup>

知的障害および発達障害 (I/DD) を持つ青少年 (※) に対して、臨床専門家による全額助成のケースコンサルテーションを提供。

※ 青少年とは以下のとおり。

- ・現在および過去に児童養護施設に入所していた青少年、または児童養護施設に入所するリスクのある青少年。
- ・軽度から重度のトラウマ、精神疾患、複雑で影響力のある行動を伴う神経発達障害または外傷性脳損傷 (TBI) があり、行動および/または精神医学的な介入を必要としている。
- ・3歳以上の青少年 (過渡期の青少年を含む)。

### ○ カリフォルニア州発達障害者協議会 (California State Council on Developmental Disabilities: California SCDD)<sup>9</sup>による包括的な支援の他、地域センター (Regional Center)<sup>10</sup>による個別支援計画 (Individual Program Plan :

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<https://sites.ed.gov/idea/statuteregulations/>

<sup>7</sup> 具体的な内容については、省庁間計画「カリフォルニア州競争的統合雇用青写真の概要 (California Competitive Integrated Employment Blueprint)」に記載されている。

<https://www.chhs.ca.gov/home/cie/>

<sup>8</sup> 継続的ケア改革 (Continuum of Care Reform: CCR)

<https://www.cdss.ca.gov/inforesources/cdss-programs/continuum-of-care-reform/supporting-intellectual-and-developmental-disabilities>

<sup>9</sup> カリフォルニア州発達障害者協議会 (California State Council on Developmental Disabilities: California SCDD)

<https://scdd.ca.gov/about/>

<sup>10</sup> 地域センター (Regional Center)

発達障害者のためのサービスの調整と提供を監督する 21 の非営利機関。

IPP) の策定支援および必要なサービスのコーディネート等が実施される<sup>11</sup>。

また、地域において、発達障害のある成人が自己所有または借りた家に住むことを選択した場合、幅広い生活支援サービス (Supported Living Services : SLS)<sup>12</sup>が提供される。

- 州が運営する施設では、24 時間体制で自立性と生活能力の向上を促進し、地域社会へのスムーズな移行を支援するサービスが提供されている。例えば、キャニオンスプリングスコミュニティ施設 (Canyon Springs Community Facility) では、知的障害を抱える人々がより自立し、生産的で尊厳のある生活を送るための各種治療・訓練等が行われている。

### 3 調査対象国において、知的障害児（者）（グレーゾーンを含む）が「犯罪加害者」にならないための支援の担い手には、どのようなものがあるか。また、それぞれの担い手が、どのような役割を果たし、どのような支援を行っているか。

- 犯罪加害者にならないことに特化した統一的な支援は特に見受けられない。
- 地域センター機関協会 (Association of Regional Center Agencies : ARCA) では発達障害者の刑事司法制度における状況などについて調査および情報提供を行っている。

### 4 調査対象国において、知的障害児（者）（グレーゾーンを含む）の福祉と刑事司法の連携の制度が存在しますか。存在する場合、その制度の内容について教えてください。

- 具体的な制度ではないが、調査研究等は実施されている。
- 全国規模では、知的発達障害者とその家族を擁護し、サービスを提供する地域密着型組織である Arc<sup>13</sup>の犯罪司法と障害に関する国立センター (National Center on Criminal Justice and Disability : NCCJD)<sup>14</sup>において、米国司法省司法計画局司法支援局 (Bureau of Justice Assistance : BJA) との連携などを通じ

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提供内容の詳細は別添 2 をご参照。

<sup>11</sup> 個別支援計画 (Individual Program Plan : IPP) の策定支援等。

別添 3 をご参照。

<sup>12</sup> 生活支援サービス (Supported Living Services : SLS)

別添 4 をご参照。

<sup>13</sup> The Arc

<https://thearc.org/about-us/>

<sup>14</sup> 犯罪司法と障害に関する国立センター (National Center on Criminal Justice and Disability : NCCJD)

<https://thearc.org/our-initiatives/criminal-justice/request-assistance/>

て、刑事司法と障害に関する情報の収集等を実施<sup>15</sup>している。

5 調査対象国において、知的障害児（者）（グレーゾーンを含む）が仮に「犯罪加害者」になってしまった場合、矯正施設（刑務所等）を退所した知的障害児（者）の支援に特化した入所型施設は存在しますか。存在する場合、その支援内容について教えてください。

特になし。

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<sup>15</sup> 実施例

[https://thearc.org/wp-content/uploads/2019/07/15-037-Juvenile-Justice-White-Paper\\_2016.pdf](https://thearc.org/wp-content/uploads/2019/07/15-037-Juvenile-Justice-White-Paper_2016.pdf)

別添 1

# **LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT AND RELATED LAWS**

January 2023

State of California  
Department of Developmental Services



# FOREWORD

This compilation, prepared by the Legislative Counsel, includes the 2022 revisions to the Lanterman Developmental Disabilities Services Act and related laws (Divisions 4.1, 4.5, and 4.7 of the Welfare and Institutions Code and Title 14 of the Government Code).

This edition shows all sections as they are in effect on and after January 1, 2023.

History notes in parentheses following headings or sections reflect only the latest legislative action preceding this publication. The statutory record may be consulted to determine prior history in any particular instance.

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The Lanterman Act and related laws are also available in a digital format on the DDS website:

**[www.dds.ca.gov](http://www.dds.ca.gov)**

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**Director, Department of Developmental Services**





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# **EXCERPTS FROM WELFARE AND INSTITUTIONS CODE**

## **DIVISION 4.1. DEVELOPMENTAL SERVICES**

**(Division 4.1 added by Stats. 1977, Ch. 1252.)**

### **PART 1. GENERAL ADMINISTRATION, POWERS AND DUTIES OF THE DEPARTMENT**

**(Part 1 added by Stats. 1977, Ch. 1252.)**

4400. There is in the Health and Welfare Agency a State Department of Developmental Services.

**(Added by Stats. 1977, Ch. 1252.)**

4401. As used in this division:

(a) "Department" means the State Department of Developmental Services.

(b) "Director" means the Director of Developmental Services.

(c) "State hospital" means any hospital specified in Section 4440.

**(Added by Stats. 1977, Ch. 1252.)**

4404. The department is under the control of an executive officer known as the Director of Developmental Services.

**(Added by Stats. 1977, Ch. 1252.)**

4405. With the consent of the Senate, the Governor shall appoint to serve at his pleasure, the Director of Developmental Services. He shall have the powers of a head of a department pursuant to Chapter 2 (commencing with Section 11150) of Part 1 of Division 3 of Title 2 of the Government Code, and shall receive the salary provided for by Chapter 6 (commencing with Section 11550) of Part 1 of Division 3 of Title 2 of the Government Code.

Upon recommendation of the director, the Governor may appoint a chief deputy director of the department who shall hold office at the pleasure of the Governor. The salary of the chief deputy director shall be fixed in accordance with law.

**(Amended by Stats. 1978, Ch. 432.)**

4406. The State Department of Developmental Services succeeds to and is vested with the duties, purposes, responsibilities, and jurisdiction exercised by the State Department of Health with respect to developmental disabilities on the date immediately prior to the date this section becomes operative.

**(Added by Stats. 1977, Ch. 1252.)**

4407. The State Department of Developmental Services shall have possession and control of all records, papers, offices, equipment, supplies, moneys, funds, appropriations, land, and other property real or personal held for the benefit or use of the Director of Health in the performance of his duties, powers, purposes, responsibilities, and jurisdiction that are vested in the State Department of Developmental Services by Section 4406.

**(Added by Stats. 1977, Ch. 1252.)**

4408. All officers and employees of the Director of Health who on the operative date of this section are serving in the state civil service, other than as temporary employees, and engaged in the performance of a function vested in the State Department of Developmental Services by Section 4406 shall be transferred to the State Department of Developmental Services. The status, positions, and rights of such persons shall not be affected by the transfer and shall be retained by them as officers and employees of the State Department of Developmental Services pursuant to the State Civil Service Act, except as to positions exempt from civil service.

**(Added by Stats. 1977, Ch. 1252.)**

4409. All regulations heretofore adopted by the State Department of Health pursuant to authority now vested in the State Department of Developmental Services by Section 4406 and in effect immediately preceding the operative date of this section shall remain in effect and shall be fully enforceable unless and until readopted, amended or repealed by the Director of Developmental Services.

**(Amended by Stats. 1978, Ch. 429.)**

4410. With the approval of the Department of General Services and for use in the furtherance of the work of the State Department of Developmental Services, the director may accept any or all of the following:

(a) Grants of interest in real property.

(b) Grants of money received by this state from the United States, the expenditure of which is administered through or under the direction of any department of this state.

(c) Gifts of money from public agencies or from persons, organizations, or associations interested in scientific, educational, charitable, or mental health fields.

**(Amended by Stats. 2014, Ch. 144, Sec. 80. (AB 1847) Effective January 1, 2015.)**

4411. The department may expend in accordance with law all money now or hereafter made available for its use, or for the administration of any statute administered by the department.

**(Added by Stats. 1977, Ch. 1252.)**

4412. The department may expend money in accordance with law for the actual and necessary travel expenses of officers and employees of the department who are authorized to absent themselves from the State of California on official business.

For the purposes of this section and of Sections 11030 and 11032 of the Government Code, the following constitutes, among other purposes, official business for said officers and employees for which such officers and employees shall be allowed actual and necessary traveling expenses when incurred either in or out of this state upon approval of the Governor and Director of Finance:

Attending meetings of any national association or organization having as its principal purpose the study of matters relating to administration of institutions, and care and treatment of developmentally disabled patients; conferring with officers or employees of the United States or other states, relative to problems of institutional care, treatment or management; and obtaining information therefrom, which information would be useful in the conduct of institutional, psychiatric, medical, and similar activities of the State Department of Developmental Services.

**(Added by Stats. 1977, Ch. 1252.)**

4413. The department may appoint and fix the compensation of such employees as it deems necessary, subject to the laws governing civil service.

**(Added by Stats. 1977, Ch. 1252.)**

4414. When convening any task force or advisory group, the department shall make its best effort to ensure representation by consumers and family members representing California's multicultural diversity.

**(Added by Stats. 1997, Ch. 414, Sec. 1. Effective September 22, 1997.)**

4415. Except as in this chapter otherwise prescribed, the provisions of the Government Code relating to state officers and departments shall apply to the State Department of Developmental Services.

**(Added by Stats. 1977, Ch. 1252.)**

4415.5. (a) The Chief of the Office of Protective Services, who has the responsibility and authority to manage all protective service components within the department's law enforcement and fire protection divisions, including those at each state developmental center, shall be known as the Director of Protective Services. The director shall be an experienced law enforcement officer with a Peace Officers Standards and Training Management Certificate or higher, and with extensive management experience directing uniformed peace officer and investigation operations.

(b) The Director of Protective Services shall be appointed by, and shall serve at the pleasure of, the Secretary of California Health and Human Services.

**(Added by Stats. 2012, Ch. 660, Sec. 2. (SB 1051) Effective September 27, 2012.)**

4416. Unless otherwise indicated in this code, the State Department of Developmental Services has jurisdiction over the execution of the laws relating to the care, custody, and treatment of developmentally disabled persons, as provided in this code.

As used in this division, "establishment" and "institutions" include every hospital, sanitarium, boarding home, or other place receiving or caring for developmentally disabled persons.

**(Added by Stats. 1977, Ch. 1252.)**

4416.5. The State Department of Developmental Services may contract with one or more qualified organizations to provide the services required by Section 1919 of the Social Security Act (P.L. 100-203) to persons eligible for those services who are not otherwise within the scope of Division 4.1 (commencing with Section 4400), Division 4.5 (commencing with Section 4500), Division 6 (commencing with Section 6000), or Chapter 3 (commencing with Section 7500) of Division 7. Contracts entered into pursuant to this section may be awarded on either a competitive bidding basis or on a noncompetitive bidding basis.

**(Added by Stats. 1989, Ch. 973, Sec. 2. Effective September 29, 1989.)**

4417. (a) The State Department of Developmental Services may:

(1) Disseminate educational information relating to the prevention, diagnosis and treatment of persons with intellectual disabilities.

(2) Upon request, advise all public officers, organizations and agencies interested in the developmental disabilities of the people of the state.

(3) Conduct educational and related work that will tend to encourage the development of proper facilities for persons with developmental disabilities throughout the state.

(b) The department may organize, establish, and maintain community mental health clinics for the prevention, early diagnosis, and treatment of intellectual disability. These clinics may be maintained only for persons not requiring institutional care, who voluntarily seek the aid of the clinics. These clinics may be maintained at the locations in the communities of the state designated by the director, or at any institution under the jurisdiction of the department designated by the director.

(c) The department may establish rules and regulations that are necessary to carry out this section. This section does not authorize any form of compulsory medical or physical examination, treatment, or control of any person.

**(Amended by Stats. 2014, Ch. 144, Sec. 81. (AB 1847) Effective January 1, 2015.)**

4418. The State Department of Developmental Services may obtain psychiatric, medical and other necessary aftercare services for judicially committed patients on leave of absence from state hospitals by contracting with any city, county, local health district, or other public officer or agency, or with any private person or agency to furnish such services to patients in or near the home community of the patient. Any city, county, local health district, or other public officer or agency authorized by law to provide mental health and aftercare services is authorized to enter such contracts.

**(Added by Stats. 1977, Ch. 1252.)**

4418.2. The department shall support, utilizing regional resource development projects, the activities specified in Sections 4418.25, 4418.3, and 4418.7.

**(Added by Stats. 2002, Ch. 1161, Sec. 27. Effective September 30, 2002.)**

4418.25. (a) (1) The department shall establish policies and procedures for the development of an annual community placement plan by regional centers. The community placement plan shall be based upon an individual program plan process as referred to in subdivision (a) of Section 4418.3 and shall be linked to the development of the annual State Budget. The department's policies shall address statewide priorities, plan requirements, and the statutory roles of regional centers, developmental centers, and regional resource development projects in the process of assessing consumers for community living and in the development of community resources.

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

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

Legislative Budget Committee and the appropriate policy and fiscal committees of the Legislature.

(b) (1) To reduce reliance on developmental centers and mental health facilities, including institutions for mental disease as described in Part 5 (commencing with Section 5900) of Division 5, for which federal funding is not available, and out-of-state placements, the department shall establish a statewide specialized resource service that does all of the following:

(A) Tracks the availability of specialty residential beds and services.

(B) Tracks the availability of specialty clinical services.

(C) Coordinates the need for specialty services and supports in conjunction with regional centers.

(D) Identifies, subject to federal reimbursement, developmental center services and supports that can be made available to consumers residing in the community, when no other community resource has been identified.

(2) By September 1, 2012, regional centers shall provide the department with information about all specialty resources developed with the use of community placement plan funds and shall make these resources available to other regional centers.

(3) When allocating funding for community placement plans, priority shall be given to the development of needed statewide specialty services and supports, including regional community crisis homes.

(4) If approved by the director, funding may be allocated to facilities that meet the criteria of Sections 1267.75 and 1531.15 of the Health and Safety Code.

(5) The department shall not provide community placement plan funds to develop programs that are ineligible for federal funding participation unless approved by the director.

(c) (1) The community placement plan shall provide for dedicated funding for comprehensive assessments of developmental center residents, for identified costs of moving individuals from developmental centers to the community, and for deflection of individuals from developmental center admission. The plans shall, where appropriate, include budget requests for regional center operations, assessments, resource development, and ongoing placement costs. These budget requests are intended to provide supplemental funding to regional centers. The plan is not intended to limit the department's or regional centers' responsibility to otherwise conduct assessments and individualized program planning, and to provide needed services and supports in the least restrictive, most integrated setting in accord with the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)).

(2) (A) Regional centers shall complete a comprehensive assessment of a consumer residing in a developmental center on July 1, 2012, who meets both of the following criteria:

(i) The consumer is not committed pursuant to Section 1370.1 of the Penal Code.

(ii) The consumer has not had such an assessment in the prior two years.

(B) The assessment shall include input from the regional center, the consumer, and, if appropriate, the consumer's family, legal guardian, conservator, or authorized representative, and shall identify the types of community-based services and supports available to the consumer that would enable the consumer to move to a community setting. Necessary services and supports not currently available in the community



setting shall be considered for development pursuant to community placement planning and funding.

(C) Regional centers shall specify in the annual community placement plan how they will complete the required assessment and the timeframe for completing the assessment for each consumer. Initial assessments pursuant to this paragraph for individuals residing in a developmental center on July 1, 2012, shall be completed by December 31, 2015, unless a regional center demonstrates to the department that an extension of time is necessary and the department grants such an extension.

(D) The assessment completed in the prior two years, or the assessment completed pursuant to the requirements of this section, including any updates pursuant to subparagraph (E), shall be provided to both of the following:

(i) The individual program planning team and clients' rights advocate for the regional center in order to assist the planning team in determining the least restrictive environment for the consumer.

(ii) The superior court with jurisdiction over the consumer's placement at the developmental center, including the consumer's attorney of record and other parties known to the regional center. For judicial proceedings pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6, the comprehensive assessment shall be included in the regional center's written report required by Section 6504.5. For all other proceedings, the regional center shall provide the comprehensive assessment to the court and parties to the case at least 14 days in advance of regularly scheduled judicial review. This clause shall not apply to consumers committed pursuant to Section 1370.1 of the Penal Code.

(E) The assessments described in subparagraph (D) shall be updated annually as part of the individual program planning process for as long as the consumer resides in the developmental center. To the extent appropriate, the regional center shall also provide relevant information from the statewide specialized resource service. The regional center shall notify the clients' rights advocate for the regional center of the time, date, and location of each individual program plan meeting that includes discussion of the results of the comprehensive assessment and updates to that assessment. The regional center shall provide this notice as soon as practicable following the completion of the comprehensive assessment or update and not less than 30 calendar days before the meeting. The clients' rights advocate may participate in the meeting unless the consumer objects on their own behalf.

(d) The department shall review, negotiate, and approve regional center community placement plans for feasibility and reasonableness, including recognition of each regional centers' current developmental center population and their corresponding placement level, as well as each regional centers' need to develop new and innovative service models. The department shall hold regional centers accountable for the development and implementation of their approved plans. The regional centers shall report, as required by the department, on the outcomes of their plans. The department shall make aggregate performance data for each regional center available, upon request, as well as data on admissions to, and placements from, each developmental center.

(e) Funds allocated by the department to a regional center for a community placement plan developed under this section shall be controlled through the regional center contract to ensure that the funds are expended for the purposes allocated. Funds allocated for community placement plans that are not used for that purpose may be

transferred to Item 4300-003-0001 for expenditure in the state developmental centers if their population exceeds the budgeted level. Any unspent funds shall revert to the General Fund.

(f) Commencing May 1, 2013, and then on April 1, 2014, and on April 1 annually thereafter, the department shall provide to the fiscal and appropriate policy committees of the Legislature, and to the contractor for regional center clients' rights advocacy services under Section 4433, information on efforts to serve consumers with challenging service needs, including, but not limited to, all of the following:

(1) For each regional center, the number of consumers admitted to each developmental center, including the legal basis for the admissions.

(2) For each regional center, the number of consumers described in paragraph (2) of subdivision (a) of Section 7505 who were admitted to Fairview Developmental Center by court order pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6, and the number and lengths of stay of consumers, including those who have transitioned back to a community living arrangement.

(3) Outcome data related to the assessment process set forth in Section 4418.7, including the number of consumers who received assessments pursuant to Section 4418.7 and the outcomes of the assessments. Each regional center, commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter, shall provide the department with information on alternative community services and supports provided to those consumers who were able to remain in the community following the assessments, and the unmet service needs that resulted in any consumers being admitted to Fairview Developmental Center.

(4) Progress in the development of needed statewide specialty services and supports, including regional community crisis options, as provided in paragraph (3) of subdivision (b). Each regional center shall provide the department with a report containing the information described in this paragraph commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter.

(5) Progress in reducing reliance on mental health facilities ineligible for federal Medicaid funding, and out-of-state placements, including information on the utilization of those facilities, which shall include, by regional center, all of the following:

(A) The total number and age range of consumers placed in those facilities.

(B) The number of admissions.

(C) The reasons for admissions by category, including, but not limited to, incompetent-to-stand-trial (IST) commitment, Section 6500 commitment, crisis stabilization, and lack of appropriate community placement.

(D) The lengths of stay of consumers.

(E) The type of facility.

(6) Information on the utilization of facilities serving consumers with challenging service needs that utilize delayed egress devices and secured perimeters, pursuant to Section 1267.75 or 1531.15 of the Health and Safety Code, including the number of admissions, reasons for admissions, and lengths of stay of consumers, including those who have transitioned to less restrictive living arrangements.

(7) If applicable, any recommendations regarding additional rate exceptions or modifications beyond those allowed for under existing law that the department identifies as necessary to meet the needs of consumers with challenging service needs.

(g) Each regional center, commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter, shall provide information to the department regarding the facilities described in paragraph (6) of subdivision (f), including, but not limited to, the number of admissions, reasons for admissions, and lengths of stay of consumers, including those who have transitioned to less restrictive living arrangements.

(h) Each institution for mental disease that, in the preceding year, has admitted a regional center consumer, including consumers whose placements are not funded by a regional center, shall report quarterly on February 1, May 1, August 1, and November 1, to the department, the regional center providing services to the consumer, and the contractor for regional center clients' rights advocacy services under Section 4433, all of the following in a format prescribed by the department:

(1) The total number and age, race, and ethnicity of consumers placed in that facility.

(2) The number of admissions.

(3) The reasons for admissions by category.

(4) The lengths of stay of consumers.

(5) The funding source.

**(Amended by Stats. 2022, Ch. 49, Sec. 12. (SB 188) Effective June 30, 2022.)**

4418.3. (a) It is the intent of the Legislature to ensure that the transition process from a developmental center to a community living arrangement is based upon the individual's needs, developed through the individual program plan process, and ensures that needed services and supports will be in place at the time the individual moves. It is further the intent of the Legislature that regional centers, developmental centers, and regional resource development projects coordinate with each other for the benefit of their activities in assessment, in the development of individual program plans, and in planning, transition, and deflection, and for the benefit of consumers.

(b) As individuals are identified for possible movement to the community, an individual planning meeting shall be initiated by the developmental center, which shall notify the planning team, pursuant to subdivision (j) of Section 4512, and the regional resource development project of the meeting. The regional resource development project shall make services available to the developmental center and the regional center, including, but not limited to, consultations with the planning teams and the identification of services and supports necessary for the consumer to succeed in community living.

(c) The development of the individual program plan shall be consistent with Sections 4646 and 4646.5. For the purpose of this section, the planning team shall include developmental center staff knowledgeable about the service and support needs of the consumer.

(d) Regional resource development project services may include providing information in an understandable form to consumers and, where appropriate, their families, conservators, legal guardians, or authorized representatives, that will assist them in making decisions about community living and services and supports. This information may include affording the consumer the opportunity to visit a variety of community living arrangements that could meet his or her needs. If the visits are not feasible, as determined by the planning team, a family member or other representative of the consumer may conduct the visits. Regional resource development projects may

be requested to facilitate these visits. The availability of this service shall be made known by the planning team to consumers and, where appropriate, their families, conservators, legal guardians, or authorized representative.

(e) Once the individual program plan is completed and providers of services and supports are identified and agreed to, pursuant to subdivision (b) of Section 4646.5, and no less than 15 days prior to the move, unless otherwise ordered by a court, a transition conference, which may be facilitated by a regional resource development project, shall be held. Participants in the transition conference shall include, but not be limited to, the consumer, where appropriate the consumer's parents, legal guardian, conservator, or authorized representative, a regional center representative, a developmental center representative, and a representative of each provider of primary services and supports identified in the individual program plan. This meeting may take place in the catchment area to which the consumer is moving. If necessary, conferees may participate by telephone or video conference. The purpose of this conference shall be to ensure a smooth transition from the developmental center to the community.

(f) The department, through the appropriate regional resource development project, shall provide, in cooperation with regional centers and developmental centers, followup services to help ensure a smooth transition to the community. Followup services shall include, but shall not be limited to, all of the following:

(1) Regularly scheduled as well as on an as-needed basis, contacts and visits with consumers and service providers during the 12 months following the consumers movement date.

(2) Participation in the development of an individual program plan in accordance with Sections 4646 and 4646.5.

(3) Identification of issues that need resolution.

(4) Arrangement for the provision of developmental center services, including, but not limited to, medication review, crisis services, and behavioral consultation.

(g) To ascertain that the individual program plan is being implemented, that planned services are being provided, and that the consumer and, where appropriate the consumer's parents, legal guardian, or conservator, are satisfied with the community living arrangement, the regional center shall schedule face-to-face reviews no less than once every 30 days for the first 90 days. Following the first 90 days, and following notification to the department, the regional center may conduct these reviews less often as specified in the individual program plan.

(h) The regional center and the regional resource development project shall coordinate their followup reviews required pursuant to subdivisions (f) and (g) and shall share with each other information obtained during the course of the followup visits.

**(Amended by Stats. 2002, Ch. 1161, Sec. 29. Effective September 30, 2002.)**

4418.5. The department may provide protective social services for the care of developmentally disabled patients released from state hospitals of the department or to prevent the unnecessary admission of developmentally disabled persons to hospitals at public expense or to facilitate the release of developmentally disabled patients for whom such hospital care is no longer the appropriate treatment; provided that such services may be rendered only if provision for such services is made in the California Developmental Disabilities State Plan.

The department, to the extent funds are appropriated and available, shall pay for the cost of providing for care in a private home for developmentally disabled persons described in, and subject to the request and plan conditions of, the immediately preceding paragraph. The monthly rate for such private home care shall be set by the department at an amount which will provide the best possible care at minimum cost and also insure:

(1) That the person will receive proper treatment and may be expected to show progress in achieving the maximum adjustment toward returning to community life; and

(2) That sufficient homes can be recruited to achieve the stated objectives of this section.

It is the legislative intent that the department may make the fullest possible use of available resources in serving developmentally disabled persons.

The department may provide services pursuant to this section directly or through contract with public or private entities.

Notwithstanding any other provision of law, any contract or grant entered into with a public or private nonprofit corporation for the provision of services to developmentally disabled persons may provide for periodic advance payments for services to be performed under such contract. No advanced payment made pursuant to this section shall exceed 25 percent of the total annual contract amount.

The department may provide protective social services, including the cost of care in a private home pursuant to this section or in a suitable facility as specified in Section 7354, for judicially committed developmentally disabled patients released from a state hospital on leave of absence or parole, and payments therefor shall be made from funds available to the department for that purpose or for the support of patients in state hospitals.

**(Amended by Stats. 1979, Ch. 1142.)**

4418.6. The department may establish within its family care program respite care services for the developmentally disabled. Such respite care services may be available to both family home caretakers and to persons referred by the regional centers for the developmentally disabled. For purposes of this section, respite care means temporary and intermittent care provided for short periods of time.

The rate of reimbursement for such respite care service shall be established by the department after it conducts a study to determine if there are increased costs inherent in the provision of an intermittent and irregular service.

**(Added by renumbering Section 10053.9 by Stats. 1978, Ch. 429.)**

4418.7. (a) (1) If the regional center determines, or is informed by the consumer's parents, legal guardian, conservator, or authorized representative that the community placement of a consumer is at risk of failing, and that admittance to an acute crisis home operated by the department is a likelihood, or the regional center is notified by a court of a potential admission to an acute crisis home operated by the department, the regional center shall immediately notify the appropriate regional resource development project, the consumer, the consumer's parents, legal guardian, or conservator, and the regional center clients' rights advocate. For purposes of this section, "acute crisis home operated by the department" means property used to provide Stabilization, Training, Assistance and Reintegration (STAR) services.

(2) For purposes of this section, notification to the clients' rights advocate for the consumer's regional center shall include a copy of the most recent comprehensive assessment or updated assessment, and the time, date, and location of an individual program plan meeting held pursuant to subdivision (b). The regional center shall provide this notice as soon as practicable, but not less than seven calendar days prior to the meeting.

(b) In these cases, the regional resource development project shall immediately arrange for an assessment of the situation, including, visiting the consumer, if appropriate, determining barriers to successful integration, and recommending the most appropriate means necessary to assist the consumer to remain in the community. The regional center shall request assistance from the statewide specialized resource service pursuant to Section 4418.25, as necessary, in order to determine the most appropriate means necessary to assist the consumer to remain in the community and shall provide the information obtained from the statewide specialized resource service to the regional resource development project. If, based on the assessment, the regional resource development project determines that additional or different services and supports are necessary, the department shall ensure that the regional center provides those services and supports on an emergency basis. An individual program plan meeting, including the regional resource development project's representative, if necessary shall be convened as soon as possible to review the emergency services and supports and determine the consumer's ongoing needs for services and supports. The regional resource development project shall follow up with the regional center as to the success of the recommended interventions until the consumer's living arrangement is stable.

(c) (1) If the regional resource development project determines, based on the assessment conducted pursuant to subdivision (b), that the consumer referred to the regional resource development project by the court cannot be safely served in an acute crisis home operated by the department, the department shall notify the court in writing.

(2) (A) If the regional resource development project, in consultation with the regional center, the consumer, and the consumer's parents, legal guardian, or conservator, when appropriate, determines that admittance to an acute crisis home operated by the department is necessary due to an acute crisis, as defined in paragraph (1) of subdivision (d), and the director of the department or their designee has approved admission, the regional center shall immediately pursue the obtainment of a court order pursuant to Section 6506 for short-term admission and crisis stabilization.

(B) (i) The regional resource development project, in consultation with the regional center, the consumer, and, when appropriate, the consumer's parents, legal guardian, conservator, or authorized representative, shall not make a determination that admittance to an acute crisis home operated by the department is necessary due to an acute crisis, as defined in paragraph (1) of subdivision (d), unless the determination includes a regional center report detailing all considered community-based services and supports, including a community crisis home certified pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs at the time of the determination.

(ii) For purposes of complying with clause (i), the regional center shall not be required to consider out-of-state placements or mental health facilities, including

institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, that are ineligible for federal Medicaid funding.

(d) (1) For purposes of this section, an “acute crisis” means, as a result of the consumer’s behavior, all of the following are met:

(A) There is imminent risk for substantial harm to the consumer or others.

(B) The service and support needs of the consumer cannot be met in the community, including with supplemental services, as set forth in subparagraph (F) of paragraph (9) of subdivision (a) of Section 4648, and emergency and crisis intervention services, as set forth in paragraph (10) of subdivision (a) of Section 4648.

(C) Due to serious and potentially life-threatening conditions, the consumer requires a specialized environment for crisis stabilization.

(2) For purposes of paragraph (1), out-of-state placements or mental health facilities and other facilities, including institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, for which federal Medicaid funding is not available, shall not be deemed to be supplemental services or emergency and crisis intervention services.

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

(1) As soon as possible following admission to an acute crisis home operated by the department, a comprehensive assessment shall be completed by the regional center in coordination with the regional resource development project and the acute crisis service staff. The comprehensive assessment shall include the identification of the services and supports needed for crisis stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to a noncrisis community setting. The regional center shall immediately submit a copy of the comprehensive assessment to the committing court. Immediately following the assessment, and not later than 30 days following admission, the regional center and the acute crisis home operated by the department shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients’ rights advocate for the regional center shall be notified of the admission and the individual program plan meeting and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

(2) If transition is not expected within 90 days of admission, an individual program plan meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of crisis stabilization. If crisis services continue to be necessary, the regional center shall submit to the department an updated transition plan and a request for an extension of stay at the acute crisis home operated by the department of up to 90 days.

(3) (A) A consumer shall reside in an acute crisis home operated by the department no longer than six months before being placed into a community living arrangement pursuant to Section 4418.3, unless, prior to the end of the six months, all of the following have occurred:

(i) The regional center has conducted an additional comprehensive assessment based on information provided by the regional center, and the department determines that the consumer continues to be in an acute crisis.

(ii) The individual program planning team has developed a plan that identifies the specific services and supports necessary to transition the consumer into the

community, and the plan includes a timeline to obtain or develop those services and supports.

(iii) The committing court has reviewed and, if appropriate, extended the commitment.

(B) The clients' rights advocate for the regional center shall be notified of the proposed extension pursuant to clause (iii) of subparagraph (A) and the individual program plan meeting to consider the extension, and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

(C) (i) A consumer's placement at an acute crisis home operated by the department shall not exceed one year unless both of the following occur:

(I) The regional center demonstrates significant progress toward implementing the plan specified in clause (ii) of subparagraph (A) identifying the specific services and supports necessary to transition the consumer into the community.

(II) Extraordinary circumstances exist beyond the regional center's control that have prevented the regional center from obtaining those services and supports within the timeline based on the plan.

(ii) If both of the circumstances described in subclauses (I) and (II) of clause (i) exist, the regional center may request, and the committing court may grant, an additional extension of the commitment, not to exceed 30 days.

(D) Consumers placed in the community after admission to an acute crisis home operated by the department pursuant to this section shall be considered to have moved from a developmental center for purposes of Section 4640.6.

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

(g) Commencing January 1, 2015, admissions to an acute crisis home operated by the department pursuant to a court order for an acute crisis, as described in this section, shall be limited to a property used to provide STAR services.

(h) Acute crisis consumers may participate in day, work, education and recreational programs when the individual program plan identifies it is appropriate and consistent with the individual's treatment plan. The acute crisis homes shall assist the consumer with transitioning back to their prior residence, or an alternative community based residential setting, within the timeframe described in this section.

(i) The department may execute leases, lease-purchases, or leases with the option to purchase for real property necessary for the establishment or maintenance of STAR homes to serve as acute crisis homes operated by the department.

**(Amended by Stats. 2021, Ch. 76, Sec. 16. (AB 136) Effective July 16, 2021.)**

4419. Within the limits of available funds it is the intent of the Legislature that the department shall require all personnel working directly with patients to complete, within a reasonable time after the effective date of this section or after their appointments, whichever is later, or have completed, training with regard to the care and treatment of such patients.

**(Added by Stats. 1977, Ch. 1252.)**

4420. In order to assure an adequate number of qualified psychiatric technicians, psychiatrists, physicians and surgeons, psychologists, nurses, social workers, laboratory and other technicians, and ancillary workers, the department shall negotiate with any or all of the following: the University of California, the state colleges, the



community colleges, private universities and colleges, and public and private hospitals, and arrange such affiliations or make such contracts for educational or training programs and awards training grants or stipends as may be necessary. Arrangements may be made in the hospitals and clinics operated by the department for the clinical experience essential to such educational and training programs, and positions in the department as interns and residents may be established.

**(Amended by Stats. 1979, Ch. 373.)**

4421. In order to assure an adequate number of qualified psychiatrists and psychologists with forensic skills, the State Department of Developmental Services shall plan with the University of California, private universities, and the California Postsecondary Education Commission, for the development of programs for the training of psychiatrists and psychologists with forensic skills.

**(Added by Stats. 1977, Ch. 1252.)**

4422. The department may examine all public and private hospitals, boarding homes or other establishments whether or not licensed by the department, receiving or caring for developmentally disabled persons and may inquire into their methods of government, and the treatment of all patients thereof.

It may examine the condition of all buildings, grounds, or other property connected with such institutions, and may inquire into all matters relating to their management. For the purposes specified in this paragraph the department shall have free access to the grounds, buildings, and books and papers of any such institution, and every person connected therewith shall give such information and afford such facilities for examination or inquiry as the department requires.

Any evidence found of suspected licensing violations shall be reported immediately to the State Department of Health Services or the State Department of Social Services, whichever has jurisdiction.

**(Amended by Stats. 1978, Ch. 432.)**

4423. In every place in which a developmentally disabled person may be involuntarily held, the persons confined therein shall be permitted access to and examination or inspection of copies of this code.

**(Added by Stats. 1977, Ch. 1252.)**

4424. The department shall adopt, for all hospitals, rules and regulations, books of record for all departments, blank forms for clinical records and other purposes, questions for examination of employees, and questions for examination, in all the different branches of medicine and surgery and especially in the subject of diseases affecting the brain and nervous system, of all officers and interns, for the special use of the hospital.

**(Added by Stats. 1977, Ch. 1252.)**

4425. The department shall keep in its office a record showing the following facts concerning each patient in custody in the several institutions:

- (a) Name, residence, sex, age, place of birth, occupation, and civil condition.
- (b) The date of commitment, and the respective names and residences of
  - (1) The person who made the petition for commitment,
  - (2) The persons who signed the medical certificate, and
  - (3) The judge who made the order of commitment.

(c) The name of the institution in which he is confined, the date of his admission thereto, and whether he was brought from his home or from another institution. If he was brought from another institution, the record shall show also the name of that institution, by whom he was brought therefrom and his condition.

(d) If discharged, the date of discharge, to whose care he was committed, and whether recovered, improved, unimproved, or not in need of commitment.

(e) If transferred, for what cause the transfer was made, and to what institution.

(f) If dead, the date and cause of death.

**(Added by Stats. 1977, Ch. 1252.)**

4426. The department may inquire into the manner in which a person with an intellectual disability who is subject to commitment, not confined in a state hospital, is cared for and maintained. If, in its judgment, the person is not properly and suitably cared for, the department may apply to a judge of the superior court for an order to commit him or her to a state hospital under the provisions of this code. This order shall not be made unless the judge finds, and certifies in the order, that the person is not properly or suitably cared for by his or her relatives, legal guardian, or conservator, or that it is dangerous to the public to allow him or her to be cared for and maintained by the relatives, legal guardian, or conservator.

**(Amended by Stats. 2012, Ch. 457, Sec. 47. (SB 1381) Effective January 1, 2013.)**

4427. When the department has reason to believe that any person held in custody as developmentally disabled is wrongfully deprived of his liberty, or is cruelly or negligently treated, or that inadequate provision is made for the skillful medical care, proper supervision, and safekeeping of any such person, it may ascertain the facts. It may issue compulsory process for the attendance of witnesses and the production of papers, and may exercise the powers conferred upon a referee in a superior court. It may make such orders for the care and treatment of such person as it deems proper.

Whenever the department undertakes an investigation into the general management and administration of any establishment or place of detention for the developmentally disabled, it may give notice of such investigation to the Attorney General, who shall appear personally or by deputy, to examine witnesses in attendance and to assist the department in the exercise of the powers conferred upon it in this code.

The department may at any time cause the patients of any county or city almshouse to be visited and examined, in order to ascertain if developmentally disabled persons are kept therein.

**(Added by Stats. 1977, Ch. 1252.)**

4427.5. (a) (1) A developmental center or State Department of Developmental Services-operated facility shall immediately, but no later than within two hours of the developmental center or State Department of Developmental Services-operated facility observing, obtaining knowledge of, or suspecting abuse, report the following incidents involving a resident to the local law enforcement agency having jurisdiction over the city or county in which the developmental center or State Department of Developmental Services-operated facility is located, regardless of whether the Office of Protective Services has investigated the facts and circumstances relating to the incident:

(A) A death.

(B) A sexual assault, as defined in Section 15610.63.

(C) An assault with a deadly weapon, as described in Section 245 of the Penal Code, by a nonresident of the developmental center or State Department of Developmental Services-operated facility.

(D) An assault with force likely to produce great bodily injury, as described in Section 245 of the Penal Code.

(E) An injury to the genitals when the cause of the injury is undetermined.

(F) A broken bone when the cause of the break is undetermined.

(2) If the incident is reported to the law enforcement agency by telephone, a written report of the incident shall also be submitted to the agency, within two working days.

(3) The reporting requirements of this subdivision are in addition to, and do not substitute for, the reporting requirements of mandated reporters, and any other reporting and investigative duties of the developmental center or State Department of Developmental Services-operated facility and the department as required by law.

(4) This section does not prevent the developmental center or State Department of Developmental Services-operated facility from reporting any other criminal act constituting a danger to the health or safety of the residents of the developmental center or State Department of Developmental Services-operated facility to the local law enforcement agency.

(b) (1) The department shall report to the agency described in subdivision (i) of Section 4900 any of the following incidents involving a resident of a developmental center or State Department of Developmental Services-operated facility:

(A) Any unexpected or suspicious death, regardless of whether the cause is immediately known.

(B) Any allegation of sexual assault, as defined in Section 15610.63, in which the alleged perpetrator is an employee or contractor of a developmental center or State Department of Developmental Services-operated facility.

(C) Any report made to the local law enforcement agency in the jurisdiction in which the facility is located that involves physical abuse, as defined in Section 15610.63, in which a staff member is implicated.

(2) A report pursuant to this subdivision shall be made no later than the close of the first business day following the discovery of the reportable incident. The report shall include the unique identifier of the person involved, and the name, street address, and telephone number of the facility.

(c) The department shall do both of the following:

(1) Annually provide written information to every employee of a developmental center or State Department of Developmental Services-operated facility regarding all of the following:

(A) The statutory and departmental requirements for mandatory reporting of suspected or known abuse.

(B) The rights and protections afforded to individuals' reporting of suspected or known abuse.

(C) The penalties for failure to report suspected or known abuse.

(D) The telephone numbers for reporting suspected or known abuse or neglect to designated investigators of the department and to local law enforcement agencies.

(2) On or before August 1, 2001, in consultation with employee organizations, advocates, consumers, and family members, develop a poster that encourages staff, residents, and visitors to report suspected or known abuse and provides information on how to make these reports.

(d) A failure to report an incident under subdivision (a) shall be deemed a class B violation as provided in Section 1424.6 of the Health and Safety Code if the incident occurs in a distinct part long-term health care facility. If the incident occurs in the general acute care hospital or acute psychiatric hospital portion of the developmental center, a failure to report the incident under subdivision (a) shall be subject to a civil penalty specified in Section 1280.4 of the Health and Safety Code.

**(Amended by Stats. 2017, Ch. 18, Sec. 7. (AB 107) Effective June 27, 2017.)**

4427.7. (a) Designated investigators of developmental centers shall request a sexual assault forensic medical examination for any resident of a developmental center who is a victim or reasonably suspected to be a victim of sexual assault, as defined in Section 15610.63, performed at an appropriate facility off the grounds of the developmental center in accordance with Sections 13823.5 to 13823.12, inclusive, of the Penal Code, which includes, but is not limited to, the requirement that the law enforcement agency having jurisdiction over the city or county in which the developmental center is located be notified by the person performing the sexual assault forensic medical examination and that consent is obtained as required by subdivisions (a) and (c) of Section 13823.11 of the Penal Code.

(b) The sexual assault forensic medical examination described in subdivision (a) may be performed at a developmental center by an independent sexual assault forensic examiner designated to perform examinations of victims of sexual assault in the jurisdiction of the developmental center only if it is deemed safer for the victim and the developmental center's examination facilities are equipped with forensic examination and evidence collection capability comparable to that of the designated community examination facility, as determined by the independent sexual assault forensic examiner.

**(Added by Stats. 2013, Ch. 724, Sec. 6. (SB 651) Effective January 1, 2014.)**

4428. When complaint is made to the department regarding the officers or management of any hospital or institution for the developmentally disabled, or regarding the management of any person detained therein or regarding any person held in custody, the department may, before making an examination regarding such complaint, require it to be made in writing and sworn to before an officer authorized to administer oaths. On receipt of such a complaint, sworn to if so required, the department shall direct that a copy of the complaint be served on the authorities of the hospital or institution or the person against whom complaint is made, together with notice of the time and place of the investigation, as the department directs.

**(Added by Stats. 1977, Ch. 1252.)**

4429. The department shall biennially report to the Legislature its acts and proceedings for the two years ending the June 30th last preceding, with such facts regarding the management of the institution for the developmentally disabled as it deems necessary for the information of the Legislature, including estimates of the amounts required for the use of such hospitals and the reasons therefor, and including annual reports for each state hospital.

**(Added by Stats. 1977, Ch. 1252.)**

4430. The department shall report to the Legislature the prospective needs for the care, custody, and treatment of developmentally disabled persons, together with its

recommendations therefor. For the purpose of preventing overcrowding, it shall recommend such plans for the development of additional medical facilities as, in its judgment, will best meet the requirements of such persons.

**(Added by Stats. 1977, Ch. 1252.)**

4431. Charges made by the department for the care and treatment of each patient in a facility maintained by the department shall not exceed the actual cost thereof as determined by the director in accordance with standard accounting practices. The director is not prohibited from including the amount of expenditures for capital outlay or the interest thereon, or both, in his determination of actual cost.

As used in this section, the terms "care" and "care and treatment" include care, treatment, support, maintenance, and other services rendered by the department to a patient in the state hospital or other facility maintained by or under the jurisdiction of the department.

**(Added by Stats. 1977, Ch. 1252.)**

4432. (a) The State Department of Developmental Services shall report proposed allocations for level-of-care staffing in state hospitals that serve persons with developmental disabilities that shall include the following:

(1) All assumptions underlying estimates of state hospital developmentally disabled population.

(2) A comparison of the actual and estimated population levels for the year to date. If the actual populations differ from the estimated population by 50 or more, the department shall include in its reports a description of the change and the fiscal impact. The department shall make this information available to the Legislature during the budget process, but no later than January 10 of each year and no later than the release of the May revision of the Governor's proposed budget each year.

(b) The department shall provide the information required by subdivision (a) on the same dates as specified in subdivision (a) to the State Council on Developmental Disabilities created by Section 4520. The State Council on Developmental Disabilities shall provide the Legislature with review and comment on the information in a report.

**(Amended by Stats. 1992, Ch. 713, Sec. 34. Effective September 15, 1992.)**

4433. (a) The Legislature finds and declares all of the following:

(1) The State of California accepts its responsibility to ensure and uphold the rights of persons with developmental disabilities and an obligation to ensure that laws, regulations, and policies on the rights of persons with developmental disabilities are observed and protected.

(2) Persons with developmental disabilities are vulnerable to abuse, neglect, and deprivations of their rights.

(3) Clients' rights advocacy services provided by the regional centers, the advocacy services currently provided by the department at the state developmental centers, and the services provided by the department's Office of Human Rights may have conflicts of interest or the appearance of a conflict of interest.

(4) The services provided to individuals with developmental disabilities and their families are of such a special and unique nature that they cannot satisfactorily be provided by state agencies or regional centers and must be contracted out pursuant to paragraph (3) of subdivision (b) of Section 19130 of the Government Code.

(b) (1) To avoid the potential for a conflict of interest or the appearance of a conflict of interest, beginning January 1, 1998, the department shall contract for clients' rights advocacy services. The department shall solicit a single statewide contract with a nonprofit agency that results in at least three responsive bids that meet all of the criteria specified in paragraph (2) to perform the services specified in subdivision (d). If three responsive bids are not received, the department may rebid the contract on a regional basis, not to exceed three regional contracts and one contract for developmental centers and headquarters.

(2) Any contractor selected shall meet the following requirements:

(A) The contractor can demonstrate the capability to provide statewide advocacy services to individuals with developmental disabilities living in developmental centers and in the community.

(B) The contractor does not directly or indirectly provide services to individuals with developmental disabilities, except advocacy services.

(C) The contractor has knowledge of the service system, entitlements, and service rights of persons receiving services from regional centers and in state hospitals.

(D) The contractor can demonstrate the capability of coordinating services with the protection and advocacy agency specified in Division 4.7 (commencing with Section 4900).

(E) The contractor has not provided any services, except advocacy services, to, or been employed by, any regional center or the Association of Regional Center Agencies during the two-year period prior to the effective date of the contract.

(c) For the purposes of this section, the Legislature further finds and declares that because of a potential conflict of interest or the appearance of a conflict of interest, the goals and purposes of the regional center clients' rights advocacy services, the state hospitals, and the services of the Office of Human Rights, cannot be accomplished through the utilization of persons selected pursuant to the regular civil service system, nor can the services be provided through the department's contracts with regional centers. Accordingly, contracts into which the department enters pursuant to this section are permitted and authorized by paragraphs (3) and (5) of subdivision (b) of Section 19130 of the Government Code.

(d) The contractor shall do all of the following:

(1) Provide clients' rights advocacy services to persons with developmental disabilities who are consumers of regional centers and to individuals who reside in the state developmental centers and hospitals, including ensuring the rights of persons with developmental disabilities, and assisting persons with developmental disabilities in pursuing administrative and legal remedies.

(2) Investigate and take action as appropriate and necessary to resolve complaints from or concerning persons with developmental disabilities residing in licensed health and community care facilities regarding abuse, and unreasonable denial, or punitive withholding, of rights guaranteed under this division.

(3) Provide consultation, technical assistance, supervision and training, and support services for clients' rights advocates that were previously the responsibility of the Office of Human Rights.

(4) Coordinate the provision of clients' rights advocacy services in consultation with the department, stakeholder organizations, and persons with developmental disabilities and their families representing California's multicultural diversity.

(5) Provide at least two self-advocacy trainings for consumers and family members.

(e) In order to ensure that individuals with developmental disabilities have access to high quality advocacy services, the contractor shall establish a grievance procedure and shall advise persons receiving services under the contract of the availability of other advocacy services, including the services provided by the protection and advocacy agency specified in Division 4.7 (commencing with Section 4900).

(f) The department shall contract on a multiyear basis for a contract term of up to five years, subject to the annual appropriation of funds by the Legislature.

(g) This section shall not prohibit the department and the regional centers from advocating for the rights, including the right to generic services, of persons with developmental disabilities.

**(Amended by Stats. 2014, Ch. 409, Sec. 1. (AB 1595) Effective January 1, 2015.)**

4433.5. Notwithstanding Section 4433, the department may contract with the State Council on Developmental Disabilities for the purpose of providing clients' rights advocacy services to individuals with developmental disabilities who reside in developmental centers.

**(Amended by Stats. 2014, Ch. 409, Sec. 2. (AB 1595) Effective January 1, 2015.)**

4434. (a) Notwithstanding preexisting rights to enforce the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)), it is the intent of the Legislature that the department ensure that the regional centers operate in compliance with federal and state law and regulation and provide services and supports to consumers in compliance with the principles and specifics of this division.

(b) The department shall take all necessary actions to support regional centers to successfully achieve compliance with this section and provide high quality services and supports to consumers and their families.

(c) The contract between the department and individual regional centers required by Chapter 5 (commencing with Section 4620) of Division 4.5 shall include a provision requiring each regional center to render services in accordance with applicable provisions of state laws and regulations. In the event that the department finds a regional center has violated this requirement, or whenever it appears that a regional center has engaged in, or is about to engage in, any act or practice constituting a violation of any provision of Division 4.5 (commencing with Section 4500) or any regulation adopted thereunder, the department shall promptly take the appropriate steps necessary to ensure compliance with the law, including actions authorized under Section 4632 or 4635. The department, as the director deems appropriate, may pursue other legal or equitable remedies for enforcement of the obligations of regional centers including, but not limited to, seeking specific performance of the contract between the department and the regional center or otherwise act to enforce compliance with Division 4.5 (commencing with Section 4500) or any regulation adopted thereunder.

(d) As part of its responsibility to monitor regional centers, the department shall collect and review printed materials issued by the regional centers, including, but not limited to, purchase of service policies and other policies, guidelines, or assessment tools utilized by regional centers when determining the service needs of a consumer, instructions and training materials for regional center staff, board meeting agendas and minutes, and general policy and notifications provided to all providers and consumers and families. Within a reasonable period of time, the department shall review new or amended purchase of service policies prior to implementation by the regional center to

ensure compliance with statute and regulation. The department shall take appropriate and necessary steps to prevent regional centers from utilizing a policy or guideline that violates any provision of Division 4.5 (commencing with Section 4500) or any regulation adopted thereunder. The department shall confirm that the purchase of service policies and other policies, guidelines, or assessment tools utilized by regional centers when determining the service needs of a consumer are available to the public, as required by paragraph (5) of subdivision (b) of Section 4629.5.

(Amended by Stats. 2019, Ch. 28, Sec. 5. (SB 81) Effective June 27, 2019.)

4436. (a) In order to provide the information necessary to assess the impact of implementing the recommendations of the report submitted by the California Health and Human Services Agency, pursuant to Section 14 of Chapter 25 of the Statutes of 2013, the State Department of Developmental Services shall evaluate enhanced behavioral supports homes, established pursuant to Article 3.6 (commencing with Section 4684.80) of Chapter 6 of Division 4.5, community crisis homes, established pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and the acute crisis centers at the Fairview Developmental Center and the Sonoma Developmental Center, as described in subdivision (h) of Section 4418.7.

(b) The evaluation for enhanced behavioral supports homes and community crisis homes shall include information, by regional center catchment area, regarding the number of homes approved, the number of homes opened, the number of beds, the number of placements in a home from outside the regional center catchment area, comparative summary information regarding the characteristics of the persons served in these homes, immediate past residential settings, vacancy rates, and the established fixed facility rates and individual rates.

(c) The evaluation for community crisis homes and the acute crisis centers at the Fairview Developmental Center and the Sonoma Developmental Center shall include comparative information regarding characteristics of the persons served, immediate past residential settings, staffing requirements, the average monthly occupancy, the average length of time to secure placement into the home or center, the average length of stay, the regional center of origin for placements, the number of placements from outside the regional center of origin, the number of individuals with multiple stays, the number of residents whose discharge was delayed due to the unavailability of a residential placement, and the per capita and total cost for each home or center.

(d) The evaluation for enhanced behavioral supports homes shall also include the number of beds in the homes utilizing delayed egress devices in combination with secured perimeters, the extent to which the statewide limit established in regulation on the total number of beds permitted in homes with delayed egress devices in combination with secured perimeters is exceeded, the number of residents requiring out-of-home crisis intervention services, the nature of the services provided, and the ability of residents to return to the same home after temporary placement in another facility.

(e) (1) Notwithstanding Section 10231.5 of the Government Code, the department shall provide the evaluations of enhanced behavioral supports homes and community crisis homes to the budget committees and appropriate policy committees of the Legislature annually, commencing on January 10 of the year after the first enhanced behavioral supports home or community crisis home is opened and services have commenced.



(2) Notwithstanding Section 10231.5 of the Government Code, the department shall provide the evaluations for the acute crisis centers at the following facilities to the budget committees and appropriate policy committees of the Legislature annually:

(A) The Fairview Developmental Center, commencing on January 10, 2015.

(B) The Sonoma Developmental Center, commencing on January 10, 2016.

**(Added by Stats. 2014, Ch. 30, Sec. 10. (SB 856) Effective June 20, 2014.)**

4436.5. (a) For the purposes of this section, the following definitions apply:

(1) "Physical restraint" means any behavioral or mechanical restraint as defined in Section 1180.1 of the Health and Safety Code.

(2) "Chemical restraint" means a drug that is used to control behavior and that is used in a manner not required to treat the patient's medical conditions.

(3) "Long-term health care facility" means a facility, as defined in Section 1418 of the Health and Safety Code, that is required to report to a regional center pursuant to Section 54327 of Title 17 of the California Code of Regulations.

(4) "Acute psychiatric hospital" means a facility, as defined in subdivision (b) of Section 1250 of the Health and Safety Code, including an institution for mental disease, that is a regional center vendor.

(5) "Regional center vendor" means an agency, individual, or service provider that a regional center has approved to provide vendored or contracted services or supports pursuant to paragraph (3) of subdivision (a) of Section 4648.

(b) The department shall ensure the consistent, timely, and public reporting of data it receives from regional centers pursuant to Section 54327 of Title 17 of the California Code of Regulations regarding the use of physical restraint, chemical restraint, or both, by all regional center vendors who provide residential services or supported living services pursuant to Section 4689, and by long-term health care facilities and acute psychiatric hospitals serving individuals with developmental disabilities.

(c) The department shall publish quarterly on its Internet Web site the following data, segregated by individual regional center vendor that provides residential services or supported living services and each individual long-term health care facility and acute psychiatric hospital that serves persons with developmental disabilities:

(1) The number of incidents of physical restraint.

(2) The number of incidents of chemical restraint.

**(Added by Stats. 2015, Ch. 340, Sec. 2. (AB 918) Effective January 1, 2016.)**

4437. (a) The State Department of Developmental Services shall, on or before February 1 of each year, report to the Legislature and post on its Internet Web site supplemental budget information, which shall include both of the following:

(1) For each developmental center, an estimate for the annual budget, including a breakdown of the staffing costs for Porterville Developmental Center's general treatment area and secured treatment area.

(2) For each regional center, all of the following information:

(A) Current fiscal year allocations of total and per capita funding for operations and purchase of services.

(B) The number of persons with developmental disabilities being served by the regional center in the current fiscal year.

(C) The past fiscal year and current fiscal year information on the funding for its community placement plan, including a breakdown of the funding for startup, assessment, placement, and deflection.

(D) Staff information.

(b) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

(Added by Stats. 2016, Ch. 26, Sec. 4. (AB 1606) Effective June 27, 2016.)

## **PART 2. ADMINISTRATION OF STATE INSTITUTIONS FOR THE DEVELOPMENTALLY DISABLED**

(Part 2 added by Stats. 1977, Ch. 1252.)

### **CHAPTER 1. JURISDICTION AND GENERAL GOVERNMENT**

(Chapter 1 added by Stats. 1977, Ch. 1252.)

4440. The department has jurisdiction over the following institutions:

Fairview State Hospital.

Frank D. Lanterman State Hospital.

Porterville State Hospital.

Sonoma State Hospital.

(Amended by Stats. 2014, Ch. 144, Sec. 82. (AB 1847) Effective January 1, 2015.)

4440.1. The department may contract with the State Department of State Hospitals to provide services to persons with developmental disabilities in state hospitals under the jurisdiction of the State Department of State Hospitals.

(Amended by Stats. 2012, Ch. 24, Sec. 122. (AB 1470) Effective June 27, 2012.)

4440.5. A state hospital under the jurisdiction of the department may also be known as a developmental center.

(Added by Stats. 1985, Ch. 582, Sec. 2.)

4441. Except as otherwise specifically provided elsewhere in this code, all of the institutions under the jurisdiction of the State Department of Developmental Services shall be governed by uniform rule and regulation of the State Department of Developmental Services and all of the provisions of this chapter shall apply to the conduct and management of such institutions.

(Added by Stats. 1977, Ch. 1252.)

4441.5. The State Department of Developmental Services shall develop policies and procedures, by no later than 30 days following the effective date of the Budget Act of 1999, at each developmental center, to notify appropriate law enforcement agencies in the event of a forensic client walkaway or escape. Local law enforcement agencies, including local police and county sheriff's departments, shall review the policies and procedures prior to final implementation by the department.

(Added by Stats. 1999, Ch. 146, Sec. 24. Effective July 22, 1999.)

4442. Each state hospital is a corporation.

(Added by Stats. 1977, Ch. 1252.)

4443. Each such corporation may acquire and hold in its corporate name by gift, grant, devise, or bequest property to be applied to the maintenance of the patients of the hospital and for the general use of the corporation.

**(Added by Stats. 1977, Ch. 1252.)**

4444. All lands necessary for the use of state hospitals except those acquired by gift, devise, or purchase, shall be acquired by condemnation as lands for other public uses are acquired.

The terms of every purchase shall be approved by the State Department of Developmental Services. No public street or road for railway or other purposes, except for hospital use, shall be opened through the lands of any state hospital, unless the Legislature by special enactment consents thereto.

**(Added by Stats. 1977, Ch. 1252.)**

4445. Notwithstanding the provisions of Section 4444, the Director of General Services, with the consent of the State Department of Developmental Services, may grant rights-of-way for road purposes over and across state property comprising the site of the Sonoma State Hospital, upon such terms and conditions as the Director of General Services may deem to be for the best interests of the state.

**(Added by renumbering Section 4105 by Stats. 1977, Ch. 1252.)**

4446. (a) Notwithstanding Section 4444, the Director of General Services may enter into an agreement with the City of Santa Clara for the dedication of a public right-of-way and the granting of long-term easements, as specified in subdivision (d), by the department over and across state property within Agnews State Hospital, for public road purposes.

(b) The term of any easement agreed to by the department shall be of sufficient duration to enable the city to exercise jurisdiction over the public street or road thereon for maintenance purposes. Any construction or maintenance of a public street or road shall be at no cost to the state, and shall be subject to any applicable state or local requirements relating to accessibility for the physically handicapped or disabled.

(c) The agreement shall contain such terms, conditions, reservations, and exceptions as the director deems in the best interest of the state, and as will protect the future use and marketability of the property.

(d) Any public right-of-way or easements agreed to pursuant to subdivision (a) shall meet the following specifications:

(1) A public right-of-way over approximately an 80-foot wide strip of land starting at a point approximately 1450 feet east of the center line of De La Cruz Boulevard and running in a northerly direction from Montague Expressway approximately 2200 feet to a point 250 feet south of the northern boundary of the Camsi III property, the last 970 feet of which lies contiguous with the western boundary of the Camsi III property, together with land necessary for acceleration and deceleration lanes from the proposed collector street onto and off of Montague Expressway, the land consisting of two wedge shaped parcels, 600 feet in length and varying width, between 20 feet to 0 feet.

(2) A 20-foot wide easement for entry into state land, to fill an existing channel and install and maintain a water main, lying contiguous to the northern right-of-way line of Montague Expressway and running from the western boundary of Camsi III property, westerly to De La Cruz Boulevard, excepting that right-of-way previously described in paragraph (1) of this subdivision for the proposed street purpose.

(3) A 30-foot wide easement, for the purpose of filling an existing storm channel, running from Montague Expressway 441 feet northerly along the water boundary of Camisi III property.

(4) Other easements determined by the Director of General Services as necessary for the purpose of constructing a business development park pursuant to Section 14672.9 of the Government Code.

**(Amended by Stats. 1986, Ch. 121, Sec. 2. Effective June 3, 1986.)**

4447. Notwithstanding Section 4444, the Director of General Services with the consent of the State Department of Developmental Services, may grant a right-of-way for road purposes to the City of Stockton over and along a portion of the Stockton State Hospital property adjacent to Harding Way upon such terms and conditions and with such reservations and exceptions as in the opinion of the Director of General Services may be for the best interests of the state.

The Director of General Services under the same conditions may grant a right-of-way for road purposes to the County of Orange over a portion of the Fairview State Hospital property adjacent to Harbor Boulevard.

**(Added by renumbering Section 4108 by Stats. 1977, Ch. 1252.)**

4448. The department shall participate with the City of Porterville in the construction of an interceptor sewer between the Porterville State Hospital facilities and the sewer facilities of the City of Porterville.

For the purpose of this section the state may expend from any available funds 20 percent of the bid for the construction of the project authorized pursuant to this section or sixty thousand dollars (\$60,000), whichever is less.

**(Added by renumbering Section 4108.2 by Stats. 1977, Ch. 1252.)**

4449. The State Department of Developmental Services has general control and direction of the property and concerns of each state hospital specified in Section 4440. The department shall:

(a) Take care of the interests of the hospital, and see that its purpose and its bylaws, rules, and regulations are carried into effect, according to law.

(b) Establish such bylaws, rules, and regulations as it deems necessary and expedient for regulating the duties of officers and employees of the hospital, and for its internal government, discipline, and management.

(c) Maintain an effective inspection of the hospital.

**(Amended by Stats. 1978, Ch. 429.)**

4450. The medical superintendent shall make triplicate estimates, in minute detail, as approved by the State Department of Developmental Services of such supplies, expenses, buildings, and improvements as are required for the best interests of the hospital, and for the improvement thereof and of the grounds and buildings connected therewith. These estimates shall be submitted to the State Department of Developmental Services which may revise them. The department shall certify that it has carefully examined the estimates, and that the supplies, expenses, buildings, and improvements contained in such estimates, as approved by it, are required for the best interests of the hospital. The department shall thereupon proceed to purchase such

supplies, make such expenditures, or conduct such improvements or buildings in accordance with law.

**(Added by Stats. 1977, Ch. 1252.)**

4451. The state hospitals may manufacture supplies, materials, and assisting devices which are for the benefit of individuals with disabilities who otherwise would not have access to those articles, or which are necessary or required to be used in any of the state hospitals, and which can be economically manufactured therein. The necessary cost and expense of providing for and conducting the manufacture of such supplies and materials shall be paid in the same manner as other expenses of the hospitals. No hospital shall enter into or engage in manufacturing any supplies or materials unless permission for the same is obtained from the State Department of Developmental Services. If, at any time, it appears to the department that the manufacture of any article is not being or cannot be economically carried on at a state hospital, the department may suspend or stop the manufacture of such article, and on receipt of a certified copy of the order directing the suspension or stopping of such manufacture, by the medical superintendent, the hospital shall cease from manufacturing such article.

**(Amended by Stats. 1987, Ch. 1071, Sec. 1.)**

4452. All money belonging to the state and received by state hospitals from any source, except appropriations, shall, at the end of each month, be deposited in the State Treasury, to the credit of the General Fund. This section shall not apply to the funds known as the industrial or amusement funds or the "sheltered workshop funds."

**(Added by Stats. 1977, Ch. 1252.)**

4453. The state hospitals and the officers thereof shall make such financial statements to the Controller as the Controller requires.

**(Added by Stats. 1977, Ch. 1252.)**

4454. The authorities for the several hospitals shall furnish to the State Department of Developmental Services the facts mentioned in Section 4425 and such other obtainable facts as the department from time to time requires of them, with the opinion of the superintendent thereon, if requested. The superintendent or other person in charge of a hospital shall, within 10 days after the admission of any person thereto, cause an abstract of the medical certificate and order on which such person was received and a list of all property, books, and papers of value found in the possession of or belonging to such person to be forwarded to the office of the department, and when a patient is discharged, transferred, or dies, the superintendent or person in charge shall within three days thereafter, send the information to the office of the department, in accordance with the form prescribed by it.

**(Added by Stats. 1977, Ch. 1252.)**

4455. The department may permit, subject to such conditions and regulations as it may impose, any religious or missionary corporation or society to erect a building on the grounds of any state hospital for the holding of religious services. Each such building when erected shall become the property of the state and shall be used exclusively for the benefit of the patients and employees of the state hospital.

**(Added by Stats. 1977, Ch. 1252.)**

4456. The department may establish and supervise under its rules and regulations training schools or courses for employees of the department or of state institutions under its jurisdiction.

**(Added by Stats. 1978, Ch. 429.)**

4457. Whenever a trial is had of any person charged with escape or attempt to escape from a state hospital, whenever a hearing is had on the return of a writ of habeas corpus prosecuted by or on behalf of any person confined in a state hospital except in a proceeding to which Section 5110 applies, whenever a hearing is had on a petition under Section 1026.2, subdivision (b) of Section 1026.5, or subdivision (f) of Section 2960 of the Penal Code, or Section 7361 of this code for the release of a person confined in a state hospital, and whenever a person confined in a state hospital is tried for any crime committed therein, the appropriate financial officer or other designated official of the county in which the trial or hearing is had shall make out a statement of all costs incurred by the county for investigation and other preparation for the trial or hearing, and the actual trial or hearing, all costs of maintaining custody of the patient and transporting him or her to and from the hospital, and costs of appeal, which statement shall be properly certified by a judge of the superior court of that county and sent to the Controller for approval. After the court approval, the Controller shall cause the amount of the costs incurred on and after July 1, 1987, to be paid out of the money appropriated by the Legislature, to the county treasurer of the county where the trial or hearing was had.

**(Amended by Stats. 2002, Ch. 221, Sec. 206. Effective January 1, 2003.)**

4459. The State Department of Developmental Services shall investigate and examine all nonresident persons judicially committed to any state hospital and shall cause such persons, when found to be nonresidents as defined in this chapter, to be promptly and humanely returned under proper supervision to the state in which they have legal residence. The department may defer such action by reason of a patient's medical condition.

For the purpose of facilitating the prompt and humane return of such persons the State Department of Developmental Services may enter into reciprocal agreements with the proper boards, commissions, or officers of other states or political subdivision thereof for the mutual exchange or return of such person judicially committed to any state hospital in one state whose legal residence is in the other, and it may in such reciprocal agreements vary the period of residence as defined in this chapter to meet the requirements or laws of the other states.

The department may give written permission for the return of any resident of this state confined in a public institution in another state, corresponding to any state home for the developmentally disabled of this state. When a resident is returned to this state pursuant to this chapter, he may be admitted as a voluntary patient to any institution of the department as designated by the Director of Developmental Services.

**(Added by Stats. 1977, Ch. 1252.)**

4460. In order to be entitled to hospitalization in this state, an adult developmentally disabled person or the parent or guardian or conservator of a developmentally disabled minor shall be a state resident. Residence acquired in this or

in another state shall not be lost by reason of military service in the armed forces of the United States.

**(Amended by Stats. 1979, Ch. 730.)**

4461. (a) All expenses incurred in returning such persons to other states shall be paid by this state, the person, or his or her relatives, but the expense of returning residents of this state shall be borne by the state making the returns.

(b) The cost and expense incurred in effecting the transportation of the nonresident persons to the states in which they have residence shall be advanced from the funds appropriated for that purpose or, if necessary, from the money appropriated for the care of developmentally disabled persons upon vouchers approved by the Department of General Services.

**(Amended by Stats. 2016, Ch. 31, Sec. 281. (SB 836) Effective June 27, 2016.)**

4462. The State Department of Developmental Services, when it deems it necessary, may, under conditions prescribed by the director, transfer any patients of a state institution under its jurisdiction to another such institution. Transfers of patients of state hospitals shall be made in accordance with the provisions of Section 7300.

Transfer of a conservatee shall only be with the consent of the conservator.

The expense of any such transfer shall be paid from the moneys available by law for the support of the department or for the support of the institution from which the patient is transferred. Liability for the care, support, and maintenance of a patient so transferred in the institution to which he has been transferred shall be the same as if he had originally been committed to such institution.

**(Added by Stats. 1977, Ch. 1252.)**

4463. The Director of Developmental Services may authorize the transfer of persons from any institution within the department to any institution authorized by the federal government to receive such person.

**(Added by Stats. 1977, Ch. 1252.)**

4464. The State Department of Developmental Services shall send to the Department of Veterans Affairs whenever requested a list of all persons who have been patients for six months or more in each state institution within the jurisdiction of the State Department of Developmental Services and who are known to have served in the armed forces of the United States.

**(Added by Stats. 1977, Ch. 1252.)**

4465. The Director of Developmental Services may deposit any funds of patients in the possession of each hospital administrator of a state hospital in trust with the treasurer pursuant to Section 16305.3, Government Code, or, subject to the approval of the Department of Finance, may deposit such funds in interest-bearing bank accounts or invest and reinvest such funds in any of the securities which are described in Article 1 (commencing with Section 16430), Chapter 3, Part 2, Division 1, Title 2 of the Government Code and for the purposes of deposit or investment only may mingle the funds of any patient with the funds of other patients. The hospital administrator with the consent of the patient may deposit the interest or increment on the funds of a patient in the state hospital in a special fund for each state hospital, to be designated the "benefit fund," of which he shall be the trustee. He may, with the approval of the Director of

Developmental Services, expend the moneys in any such fund for the education or entertainment of the patients of the institution.

On and after December 1, 1970, the funds of a patient in a state hospital or a patient on leave of absence from a state hospital shall not be deposited in interest-bearing bank accounts or invested and reinvested pursuant to this section except when authorized by the patient; any interest or increment accruing on the funds of a patient on leave of absence from a state hospital shall be deposited in his account; any interest or increment accruing on the funds of a patient in a state hospital shall be deposited in his account, unless such patient authorizes their deposit in the state hospital's "benefit fund."

Any state hospital charges for patient care against the funds of a patient in the possession of a hospital administrator or deposited pursuant to this section and which are used to pay for such care, shall be stated in an itemized bill to the patient.

**(Added by Stats. 1977, Ch. 1252.)**

4466. Whenever any patient in any state institution subject to the jurisdiction of the State Department of Developmental Services dies, and any personal funds or property of such patient remains in the hands of the superintendent thereof, and no demand is made upon such superintendent by the owner of the funds or property or his legally appointed representative all money and other personal property of such decedent remaining in the custody or possession of the superintendent thereof shall be held by him for a period of one year from the date of death of the decedent, for the benefit of the heirs, legatees, or successors in interest of such decedent.

Upon the expiration of such one-year period, any money remaining unclaimed in the custody or possession of the superintendent shall be delivered by him to the State Treasurer for deposit in the Unclaimed Property Fund under the provisions of Article 1 (commencing with Section 1440) of Chapter 6 of Title 10 of Part 3 of the Code of Civil Procedure.

Upon the expiration of such one-year period, all personal property and documents of the decedent, other than cash, remaining unclaimed in the custody or possession of the superintendent, shall be disposed of as follows:

(a) All deeds, contracts or assignments shall be filed by the superintendent with the public administrator of the county of commitment of the decedent;

(b) All other personal property shall be sold by the superintendent at public auction, or upon a sealed-bid basis, and the proceeds of the sale delivered by him to the State Treasurer in the same manner as is herein provided with respect to unclaimed money of the decedent. If he deems it expedient to do so, the superintendent may accumulate the property of several decedents and sell the property in such lots as he may determine, provided that he makes a determination as to each decedent's share of the proceeds;

(c) If any personal property of the decedent is not salable at public auction, or upon a sealed-bid basis, or if it has no intrinsic value, or if its value is not sufficient to justify the deposit of such property in the State Treasury, the superintendent may order it destroyed;

(d) All other unclaimed personal property of the decedent not disposed of as provided in subdivision (a), (b), or (c) hereof, shall be delivered by the superintendent to the State Controller for deposit in the State Treasury under the provisions of Article 1 (commencing with Section 1440) of Chapter 6 of Title 10 of Part 3 of the Code of Civil Procedure.

**(Added by Stats. 1977, Ch. 1252.)**



4467. Whenever any patient in any state institution subject to the jurisdiction of the State Department of Developmental Services escapes, or is discharged or is on leave of absence from such institution, and any personal funds or property of such patient remains in the hands of the superintendent thereof, and no demand is made upon said superintendent by the owner of the funds or property or his legally appointed representative, all money and other intangible personal property of such patient, other than deeds, contracts, or assignments, remaining in the custody or possession of the superintendent thereof shall be held by him for a period of seven years from the date of such escape, discharge, or leave of absence, for the benefit of such patient or his successors in interest; provided, however, that unclaimed personal funds or property of minors on leave of absence may be exempted from the provisions of this section during the period of their minority and for a period of one year thereafter, at the discretion of the Director of Developmental Services.

Upon the expiration of said seven-year period, any money and other intangible property, other than deeds, contracts, or assignments, remaining unclaimed in the custody or possession of the superintendent shall be subject to the provisions of Chapter 7 (commencing with Section 1500) of Title 10 of Part 3 of the Code of Civil Procedure.

Upon the expiration of one year from the date of such escape, discharge, or parole:

(a) All deeds, contracts or assignments shall be filed by the superintendent with the public administrator of the county of commitment of such patient;

(b) All tangible personal property other than money, remaining unclaimed in his custody or possession, shall be sold by the superintendent at public auction, or upon a sealed-bid basis, and the proceeds of the sale shall be held by him subject to the provisions of Section 4465 of this code, and subject to the provisions of Chapter 7 (commencing with Section 1500) of Title 10 of Part 3 of the Code of Civil Procedure. If he deems it expedient to do so, the superintendent may accumulate the property of several patients and may sell the property in such lots as he may determine, provided that he makes a determination as to each patient's share of the proceeds;

If any tangible personal property covered by this section is not salable at public auction or upon a sealed-bid basis, or if it has no intrinsic value, or if its value is not sufficient to justify its retention by the superintendent to be offered for sale at public auction or upon a sealed-bid basis at a later date, the superintendent may order it destroyed.

**(Added by Stats. 1977, Ch. 1252.)**

4468. Before any money or other personal property or documents are delivered to the State Treasurer, State Controller, or public administrator, or sold at auction or upon a sealed-bid basis, or destroyed, under the provisions of Section 4466, and before any personal property or documents are delivered to the public administrator, or sold at auction or upon a sealed-bid basis, or destroyed, under the provisions of Section 4467, notice of such intended disposition shall be posted at least 30 days prior to the disposition, in a public place at the institution where the disposition is to be made, and a copy of such notice shall be mailed to the last known address of the owner or deceased owner, at least 30 days prior to such disposition. The notice prescribed by this section need not specifically describe each item of property to be disposed of.

**(Added by Stats. 1977, Ch. 1252.)**

4469. At the time of delivering any money or other personal property to the State Treasurer or State Controller under the provisions of Section 4126 or of Chapter 7 (commencing with Section 1500) of Title 10 of Part 3 of the Code of Civil Procedure, the superintendent shall deliver to the State Controller a schedule setting forth a statement and description of all money and other personal property delivered, and the name and last known address of the owner or deceased owner.

**(Added by Stats. 1977, Ch. 1252.)**

4470. When any personal property has been destroyed as provided in Section 4466 or 4467, no suit shall thereafter be maintained by any person against the state or any officer thereof for or on account of such property.

**(Added by Stats. 1977, Ch. 1252.)**

4471. All day hospitals and rehabilitation centers maintained by the State Department of Developmental Services shall be subject to the provisions of this code pertaining to the admission, transfer, and discharge of patients at the state hospitals, except that all admissions to such facilities shall be subject to the approval of the chief officer thereof. Charges for services rendered to patients at such facilities shall be determined pursuant to Section 4431. The liability for such charges shall be governed by the provisions of Article 4 (commencing with Section 6715) of Chapter 3 of Part 2 of Division 6 of this code and Chapter 4 (commencing with Section 7500) of Division 7 of this code.

**(Added by Stats. 1977, Ch. 1252.)**

4472. The state hospitals under the jurisdiction of the State Department of Developmental Services shall comply with the California Food Sanitation Act, Article 1 (commencing with Section 111950) of Chapter 4 of Part 6 of Division 104 of the Health and Safety Code.

The state hospitals under the jurisdiction of the State Department of Developmental Services shall also comply with the California Uniform Retail Food Facilities Law, Chapter 4 (commencing with Section 113700) of Part 7 of Division 104.

Sanitation, health and hygiene standards that have been adopted by a city, county, or city and county that are more strict than those of the California Uniform Retail Food Facilities Law or the California Food Sanitation Act shall not be applicable to state hospitals that are under the jurisdiction of the State Department of Developmental Services.

**(Amended by Stats. 1996, Ch. 1023, Sec. 462. Effective September 29, 1996.)**

4473. Whenever a patient dies in a state hospital for the developmentally disabled and the coroner finds that the death was by accident or at the hands of another person other than by accident, the State Department of Developmental Services shall determine upon review of the coroner's investigation if such death resulted from the negligence, recklessness, or intentional act of a state employee. If it is determined that such death directly resulted from the negligence, recklessness, or intentional act of a state employee, the department shall immediately notify the State Personnel Board and any appropriate licensing agency and shall terminate the employment of such employee as provided by law. In addition, if such state employee is a licensed mental health professional, the appropriate licensing board shall inquire into the circumstances of such death, examine the findings of the coroner's investigation, and

make a determination of whether such mental health professional should have his license revoked or suspended or be subject to other disciplinary action. "Licensed mental health professional," as used in this section, means a person licensed by any board, bureau, department, or agency pursuant to a state law and employed in a state hospital for the developmentally disabled.

(Added by Stats. 1978, Ch. 69.)

4474. Each patient in a state hospital for the developmentally disabled who has resided in the state hospital for a period of at least 30 days shall be paid an amount of aid for his or her personal and incidental needs which when added to his or her income equals twelve dollars and fifty cents (\$12.50) per month.

(Added by renumbering Section 4473 (as added by Stats. 1978, Ch. 429) by Stats. 1986, Ch. 248, Sec. 250.)

4474.1. (a) Whenever the State Department of Developmental Services proposes the closure of a state developmental center, the department shall be required to submit a detailed plan to the Legislature not later than April 1 immediately prior to the fiscal year in which the plan is to be implemented, and as a part of the Governor's proposed budget. A plan submitted to the Legislature pursuant to this section, including any modifications made pursuant to subdivision (b), shall not be implemented without the approval of the Legislature.

(b) A plan submitted on or before April 1 immediately prior to the fiscal year in which the plan is to be implemented may be subsequently modified during the legislative review process.

(c) Prior to submission of the plan to the Legislature, the department shall solicit input from the State Council on Developmental Disabilities, the Association of Regional Center Agencies, the protection and advocacy agency specified in Section 4901, the local regional center, consumers living in the developmental center, parents, family members, guardians, and conservators of persons living in the developmental centers or their representative organizations, persons with developmental disabilities living in the community, developmental center employees and employee organizations, community care providers, the affected city and county governments, and business and civic organizations, as may be recommended by local state Senate and Assembly representatives.

(d) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the developmental center is located, the regional centers served by the developmental center, and other state departments using similar occupational classifications, to develop a program for the placement of staff of the developmental center planned for closure in other developmental centers, as positions become vacant, or in similar positions in programs operated by, or through contract with, the county, regional centers, or other state departments, including, but not limited to, the community state staff program, use of state staff for mobile health and crisis teams in the community, and use of state staff in new state-operated models that may be developed as a component of the closure plan.

(e) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the developmental center is located, and shall consider recommendations for the use of the developmental center property.

(f) Prior to the submission of the plan to the Legislature, the department shall hold at least one public hearing in the community in which the developmental center is located, with public comment from that hearing summarized in the plan.

(g) The plan submitted to the Legislature pursuant to this section shall include all of the following:

- (1) A description of the land and buildings at the developmental center.
- (2) A description of existing lease arrangements at the developmental center.
- (3) A description of resident characteristics, including, but not limited to, age, gender, ethnicity, family involvement, years of developmental center residency, developmental disability, and other factors that will determine service and support needs.
- (4) A description of stakeholder input provided pursuant to subdivisions (c), (d), and (e), including a description of local issues, concerns, and recommendations regarding the proposed closure, and alternative uses of the developmental center property.
- (5) The impact on residents and their families.
- (6) A description of the unique and specialized services provided by the developmental center, including, but not limited to, crisis facilities, health and dental clinics, and adaptive technology services.
- (7) A description of the assessment process and community placement decision process that will ensure necessary services and supports are in place prior to a resident transitioning into the community.
- (8) Anticipated alternative placements for residents.
- (9) A description of how the department will transition the client rights advocacy contract provided at the developmental center pursuant to Section 4433 to the community.
- (10) A description of how the well-being of the residents will be monitored during and following their transition into the community.
- (11) The impact on regional center services.
- (12) Where services will be obtained that, upon closure of the developmental center, will no longer be provided by that facility.
- (13) A description of the potential job opportunities for developmental center employees, activities the department will undertake to support employees through the closure process, and other efforts made to mitigate the effect of the closure on employees.
- (14) The fiscal impact of the closure.
- (15) The timeframe in which closure will be accomplished.

**(Amended by Stats. 2016, Ch. 86, Sec. 313. (SB 1171) Effective January 1, 2017.)**

4474.11. (a) Notwithstanding any other law, on or before October 1, 2015, the Department of Developmental Services shall submit to the Legislature a plan or plans to close one or more developmental centers. The plan or plans shall meet the requirements of subdivisions (c) to (g), inclusive of Section 4474.1, and shall be posted on the department's Internet Web site. The department may develop community resources and otherwise engage in activities for transitioning developmental center residents into the community, and utilize funds allocated for that purpose as part of the annual Budget Act that is enacted at the 2015–16 Regular Session of the Legislature. Implementation of a plan following the 2015–16 fiscal year is contingent upon

legislative approval of the plan as part of the legislative budget process during the 2016–17 Regular Session of the Legislature.

(b) A plan submitted to the Legislature pursuant to this section may subsequently be modified during the legislative review process. Modifications may include changes based on stakeholder and county-designated advisory group comments, as well as recommendations made by the county in which the developmental center is located.

**(Added by Stats. 2015, Ch. 23, Sec. 6. (SB 82) Effective June 24, 2015.)**

4474.12. (a) The department shall seek to modify the contract in existence on January 1, 2017, for the conduct of a movers longitudinal study to include all of the following:

(1) A requirement that at least 250 individuals who meet the following criteria participate in the study:

(A) Volunteered to participate in the study.

(B) Proportionately selected from among individuals who have moved into the community from Sonoma Developmental Center, Fairview Developmental Center, or Porterville Developmental Center.

(C) Proportionately selected from among individuals who have moved into the community at different stages of the closure process.

(2) A requirement that the study follow a sample of individuals described in paragraph (1) for a two-year period after the individual moves into the community from the developmental center.

(3) A requirement that the study include individuals who move into the community from a developmental center during the first year of the study, and during each subsequent year of the study, until the developmental centers identified in subparagraph (B) of paragraph (1) close.

(4) A requirement that researchers conducting the study meet with each individual participating in the study at intervals of three months, six months, one year, and two years following the person's move into the community from the developmental center to discuss the individual's quality of life and services and supports.

(b) The movers longitudinal study described in this section is one element of the quality assurance instrument required pursuant to Section 4571.

(c) (1) For purposes of conducting the study, the department shall maintain and update the addresses of, and contact information for, former residents of the centers who relocated as a result of the closure of the centers.

(2) The department shall ensure, to the extent permitted by law, that researchers conducting the study have access to data and other information necessary to conduct the study, including the addresses of, and contact information for, former residents of the centers who relocated due to the closure of the centers.

(d) The department shall annually submit interim reports to the Legislature regarding the study in accordance with the requirements of Section 9795 of the Government Code. The reports shall include information about consumer and family satisfaction and adequacy of community services. Upon the completion of the study as described in subdivision (a), the department shall submit the study to the Legislature, in accordance with the requirements of Section 9795 of the Government Code.

**(Added by Stats. 2016, Ch. 586, Sec. 2. (SB 982) Effective January 1, 2017.)**

4474.15. (a) The State Department of Developmental Services shall include an update to the Legislature in the 2017–18 May Revision regarding how the department will provide access to crisis services after the closure of a developmental center and how the state will maintain its role in providing residential services to those whom private sector vendors cannot or will not serve. As part of this plan, the department shall assess the option of expanding the community state staff program authorized in Section 4474.2 to allow the department’s employees to serve as regional crisis management teams that provide assessment, consultation, and resolution for persons with developmental disabilities in crisis in the community.

(b) The State Department of Developmental Services shall post on its Internet Web site a monthly progress report regarding the development of residential capacity by each regional center. The report shall include information on monthly targets for individuals moving out of a developmental center based on transition activities and community resource development activities by each regional center. The report shall also provide an explanation of any targets that have not been met.

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

(d) (1) The requirement for submitting a report imposed under subdivision (a) is inoperative on January 1, 2020, pursuant to Section 10231.5 of the Government Code.

(2) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

**(Amended by Stats. 2017, Ch. 18, Sec. 8. (AB 107) Effective June 27, 2017.)**

4474.16. (a) (1) On or before January 10, 2023, and in conjunction with the Governor’s proposed 2023–24 budget, the State Department of Developmental Services shall submit to the Legislature an updated version of the safety net plan that was originally submitted pursuant to subdivision (a) of Section 4474.15.

(2) The updated plan shall be developed in consultation with stakeholders and shall do all of the following:

(A) Evaluate the progress made to create a safety net, including services or residences intended to facilitate transitions or diversions from institutions for mental disease, the Canyon Springs Community Facility, the secure treatment program at Porterville Developmental Center, carceral settings such as prisons or jails, or other restrictive settings. This evaluation shall include data on the number of consumers who transitioned from those facilities since 2019, and to which setting type or living option.

(B) Identify areas the stakeholder community suggests evaluating and recommendations from the stakeholder community, which may include, but is not limited to, best practices for supporting individuals at risk of placement in restrictive settings, expanding or refining existing service or models of care, and developing new models of care for individuals whom private sector vendors cannot or will not serve.

(C) Provide data on the number of adolescents and adults with complex needs, statewide and by regional center, the number of special incidents involving restraints, as described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 54327 of Title 17 of the California Code of Regulations, and the number of admissions to institutions for mental diseases funded by regional centers and to the Canyon Springs Community Facility between January 1, 2020, and December 31, 2021.

(D) The department's strategic planning process, including how the department identifies service gaps, and how the department plans to address future needs in the community.

(b) Commencing July 1, 2023, and until December 31, 2026, the department shall provide quarterly updates to the appropriate policy and fiscal committees of the Legislature on the steps foreseen, planned, and completed in the development of services under the department's update to the Legislature pursuant to subdivision (a).

(c) Commencing July 1, 2023, and until December 31, 2026, the department shall make quarterly updates to the plan available on its internet website.

(d) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

(e) For purposes of this section, "adolescents and adults with complex needs" has the same meaning as a "consumer with complex needs," as defined in subparagraph (C) of paragraph (4) of subdivision (c) of Section 4640.6.

**(Amended by Stats. 2022, Ch. 49, Sec. 13. (SB 188) Effective June 30, 2022.)**

4474.17. (a) The Legislature finds and declares all of the following:

(1) The Supplemental Report of the 2014–15 Budget Package required the State Department of Developmental Services to provide quarterly briefings to update legislative staff about the closures of developmental centers. Chapter 18 of the Statutes of 2017 expanded the scope of these briefings to include information about the development of community-based crisis services following the developmental center closures. The quarterly briefings have evolved to provide detailed information about the development of the community-based safety net, including information about the physical homes and wrap-around and mobile crisis services intended to prevent, deescalate, and treat consumers in crisis.

(2) The quarterly briefings have provided a valuable opportunity for the department and legislative staff to convene and discuss key issues during the developmental center closure process. They have kept legislative staff, and consequently Members of the Legislature, informed about the department's progress, challenges, and strategies as it transitioned consumers from a developmental center or an institution into the community and developed a community-based safety net.

(3) The imminent final closure of the developmental centers provides an opportunity to consider the ongoing purpose of the quarterly briefings. Once the final developmental center closures are complete, the quarterly briefings can provide an avenue for the department and legislative staff to maintain an important ongoing dialogue about key issues facing the developmental services system. The quarterly briefings will allow the department to keep legislative staff informed about its approach to, and progress in, handling various changes in policy and modes of service delivery. This will be especially important as the consumer population continues to grow and change and as the system continues to move toward consumer choice and

community integration. The disposition of the developmental center properties may continue to be a point of inquiry until that subject comes to a conclusion.

(4) An important feature of the current briefings has been the department's willingness to adapt the content over time based on feedback from legislative staff. Mindful of the fact that preparing materials and presentations for these briefings requires department staff resources, the ongoing nature of the quarterly briefings should also remain flexible to both meet the needs of the Legislature and the department's capacity to prepare for the briefings. Through the briefing discussions themselves, department leadership and legislative staff should come to an agreement about what data and information should be tracked and provided regularly at each briefing, based on what is feasible for the department to provide and considering the priorities of the Legislature. In addition, the department and legislative staff can regularly discuss the range of issues and level of detail that should be provided at briefings, recognizing that every issue cannot be covered at every briefing and that the relative importance of individual issues will shift over time.

(5) As the quarterly briefings related to the developmental center closures wind down in the 2019–20 fiscal year, the department and legislative staff could use some of the time in those meetings to discuss and determine the content of the subsequent quarterly briefings. Appreciating that the priorities of the Legislature shift over time, and depending on the department's capacity, the particular topics and level of detail provided in the briefings can be discussed and revisited on a regular basis, such as annually.

(b) Commencing with the first planned quarterly briefing after January 1, 2020, the department shall provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees of the Legislature addressing some or all of the following, pursuant to the planning discussion described in paragraph (5) of subdivision (a):

- (1) Consumer health and safety, including safety net and crisis services.
- (2) The person-centered approach to planning, coordinating, delivering, and receiving services, including caseload ratio updates, compliance with home- and community-based services rules, competitive integrated employment, and housing supports.
- (3) Quality outcomes for consumers.
- (4) Efforts to identify and reduce disparities in regional center services.
- (5) Community development through community placement plans and community resource development plans, by regional center, and difficulties or issues in the provision of services or development of resources.
- (6) Implementation of any rate changes pending and being implemented.
- (7) Status, efforts, and outcomes related to the department headquarter's reorganization structure.
- (8) Regional center accountability, transparency, and oversight efforts.
- (9) Status on the development of Group Homes for Children with Special Health Care Needs, including information on how the needs of regional center consumers are assessed when developing new homes.
- (10) Status on the implementation of the provisional eligibility requirement of paragraph (2) of subdivision (a) of Section 4512.
- (11) Information pursuant to the provisions of subdivision (c) of Section 7505.



(12) Status on the development of a training curriculum for direct service professionals, pursuant to Section 4511.5.

(13) Most recent data regarding average per capita purchase of service expenditures for all age groups, by ethnicity and other factors, in addition to any other data that will aid in the illustration of progress, toward the active closure of racial, ethnic, and other disparities.

**(Amended by Stats. 2021, Ch. 76, Sec. 17. (AB 136) Effective July 16, 2021.)**

4474.2. (a) Notwithstanding any other law, the department may operate any facility, provide its employees to assist in the operation of any facility, or provide other necessary services and supports if, in the discretion of the department, it determines that the activity will assist in meeting the goal of successfully transitioning developmental center residents to community living or deflecting the admission of individuals with developmental disabilities to a developmental center, an institution for mental disease, an out-of-state placement, a general acute care hospital, or an acute psychiatric hospital. The department may contract with any entity for the use of the department's employees to provide services and supports in furtherance of this goal.

(b) The department shall prepare a report on the use of the department's employees in providing services in the community pursuant to this section. The report shall include data on the number and classification of state employees working in the community program. The report shall include recommendations on whether the program should be continued or ways in which the program may be improved. Notwithstanding Section 10231.5 of the Government Code, the report shall be submitted with the Governor's proposed budget for the 2015–16 fiscal year to the fiscal committees of both houses of the Legislature and annually thereafter.

**(Amended by Stats. 2014, Ch. 30, Sec. 11. (SB 856) Effective June 20, 2014.)**

4474.3. The provisions of Section 10411 of the Public Contract Code shall not apply to any person who provides developmental services and supports to individuals transitioning from a developmental center to community living or to individuals with developmental disabilities at risk of admission to a developmental center, an institution for mental disease, an out-of-state placement, a general acute care hospital, or an acute psychiatric hospital, pursuant to Section 4474.2.

**(Amended by Stats. 2014, Ch. 30, Sec. 12. (SB 856) Effective June 20, 2014.)**

4474.4. Notwithstanding any other provision of law to the contrary, the Secretary of California Health and Human Services shall verify that the State Department of Developmental Services and the State Department of Health Care Services have established protocols in place between the departments, as well as with the regional centers and health care plans participating in the Medi-Cal program who will be providing services, including health, dental, and vision care, to people with developmental disabilities transitioning from Agnews Developmental Center and Lanterman Developmental Center.

The Secretary of California Health and Human Services shall provide written verification of the establishment of these protocols to the Joint Legislative Budget Committee, as well as to the fiscal and policy committees of the Legislature that oversee health and human services programs.

The purpose of the protocols is to ensure that a mutual goal of providing appropriate, high-quality care and services to children and adults who have developmental

disabilities in order to optimize the health and welfare of each individual. Further, the purpose of the protocols is to ensure that all involved parties, including consumers and families, the state, regional centers, and providers, are clear as to their roles and responsibilities, and are appropriately accountable for optimizing the health and welfare of each individual.

The protocols, at a minimum, shall address enrollment for services, all referral practices, including those to specialty care, authorization practices for services of all involved parties, coordination of case management services, education and training services to be provided, the management of medical records, and provider reimbursement methods. These protocols shall be provided to the consumers and their families, and be made available to the public upon request.

**(Amended by Stats. 2010, Ch. 717, Sec. 120. (SB 853) Effective October 19, 2010.)**

4474.5. (a) In order to meet the unique medical health needs of consumers transitioning from Agnews Developmental Center into Alameda, San Mateo, and Santa Clara Counties pursuant to the Plan for the Closure of Agnews Developmental Center, and consumers transitioning from Lanterman Developmental Center into various health plans in central and southern California counties pursuant to the Plan for the Closure of Lanterman Developmental Center, whose individual program plans document the need for coordinated medical and specialty care that cannot be met using the traditional Medi-Cal fee-for-service system, services provided under the contract shall be provided by Medi-Cal managed care health plans that are currently operational in these counties. For consumers transitioning from Agnews Developmental Center, the Medi-Cal managed care health plan shall be a county organized health system or a local initiative if consumers, where applicable, choose to enroll. For consumers transitioning from Lanterman Developmental Center, the Medi-Cal managed care health plan shall be any plan operating in the various counties if consumers choose to enroll or, where applicable, are enrolled by mandate pursuant to Section 14182. Reimbursement shall be by the State Department of Health Care Services for all Medi-Cal services provided under the contract that are not reimbursed by the Medicare Program.

(b) (1) Medi-Cal managed care health plans enrolling consumers transitioning from Agnews Developmental Center as referred to in subdivision (a) shall be further reimbursed for the reasonable cost of administrative services.

(2) Notwithstanding subdivision (c), Medi-Cal managed care health plans enrolling consumers transitioning from Lanterman Developmental Center as referred to in subdivision (a) shall be paid a full-risk capitation payment.

(3) "Administrative services" pursuant to this subdivision include, but are not limited to, coordination of care and case management not provided by a regional center, provider credentialing and contracting, quality oversight, assuring member access to covered services, consultation with Agnews Developmental Center staff, regional center staff, State Department of Developmental Services staff, contractors, and family members, and financial management of the program, including claims processing. "Reasonable cost" means the actual cost incurred by the Medi-Cal managed care health plan, including both direct and indirect costs incurred by the Medi-Cal managed care health plan, in the performance of administrative services, but shall not include any incurred costs found by the State Department of Health Care Services to be unnecessary for the efficient delivery of necessary health services. Payment for

administrative services shall continue on a reasonable cost basis until sufficient cost experience exists to allow these costs to be part of an all-inclusive capitation rate covering both administrative services and direct patient care services.

(c) Until the State Department of Health Care Services is able to determine by actuarial methods, prospective per capita rates of payment for services for those members who enroll in the Medi-Cal managed care health plans specified in subdivision (a), the State Department of Health Care Services shall reimburse the Medi-Cal managed care health plans for the net reasonable cost of direct patient care services and supplies set forth in the scope of services in the contract between the Medi-Cal managed care health plans and the State Department of Health Care Services and that are not reimbursed by the Medicare Program. "Net reasonable cost" means the actual cost incurred by the Medi-Cal managed care health plans, as measured by the Medi-Cal managed care health plan's payments to providers of services and supplies, less payments made to the plans by third parties other than Medicare, and shall not include any incurred cost found to be unnecessary by the State Department of Health Care Services in the efficient delivery of necessary health services. Reimbursement shall be accomplished by the State Department of Health Care Services making estimated payments at reasonable intervals, with these estimates being reconciled to actual net reasonable cost at least semiannually.

(d) The State Department of Health Care Services shall seek any approval necessary for implementation of this section from the federal government, for purposes of federal financial participation under Title XIX of the Social Security Act (42 U.S.C. Sec. 1396 et seq.). Notwithstanding any other provision of law, subdivisions (a) to (c), inclusive, shall be implemented only to the extent that federal financial participation is available pursuant to necessary federal approvals.

**(Amended by Stats. 2011, Ch. 3, Sec. 90. (AB 97) Effective March 24, 2011.)**

4474.6. (a) The State Department of Developmental Services and the State Department of Health Care Services shall coordinate the transition of health care services for Medi-Cal eligible consumers who are transitioning from a developmental center into the community.

(b) In order to meet the unique medical health needs of consumers who will be transitioning from a developmental center into the community, whose individual program plans document the need for coordinated medical and specialty care, and who are Medi-Cal eligible, the State Department of Health Care Services shall issue transition requirements including referral practices, service authorization practices, coordination of case management services, education and training services, and the management and sharing of medical records, to applicable Medi-Cal managed care health plans and monitor compliance. These transition requirements shall include, but are not limited to, processes for individuals assigned to a Medi-Cal managed care plan which promote coordination of care during and following the transition, identification of providers prior to a transition occurring, and the continuation of medically necessary covered services. These processes shall be described in a transition plan which will be shared with stakeholders prior to being finalized. The final transition plan shall be submitted to the Joint Legislative Budget Committee no later than December 31, 2016.

(c) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the State Department of Health Care Services may implement, interpret, or make specific this section, in whole or in part, by

means of all-county letters, plan letters, plan or provider bulletins, policy letters, or other similar instructions, without taking regulatory action.

(d) The State Department of Health Care Services shall implement this section only to the extent that any necessary federal approvals are obtained and federal financial participation is available.

**(Added by Stats. 2016, Ch. 26, Sec. 6. (AB 1606) Effective June 27, 2016.)**

4474.8. Notwithstanding any other provision of law to the contrary, the State Department of Developmental Services shall continue the operation of the Agnews Outpatient Clinic and the Lanterman Outpatient Clinic until such time as the State Department of Developmental Services is no longer responsible for the property at the respective developmental center, as applicable.

**(Amended by Stats. 2010, Ch. 717, Sec. 122. (SB 853) Effective October 19, 2010.)**

## **CHAPTER 2. BOARDS OF TRUSTEES AND OTHER ADVISORY BOARDS**

**(Chapter 2 added by Stats. 1977, Ch. 1252.)**

4475. (a) Each developmental center under the jurisdiction of the State Department of Developmental Services shall have a developmental center advisory board of eight members appointed by the Governor from a list of nominations submitted to him or her by the boards of supervisors of counties within each developmental center's designated service area. If a state hospital and developmental center provides services for both persons with mental disorders and persons with developmental disabilities, there shall be a separate advisory board for the program provided the persons with mental disorders and a separate board for the program provided the persons with developmental disabilities. To the extent feasible, an advisory board serving a developmental center for persons with developmental disabilities shall consist of two relatives of persons with developmental disabilities who are residents in that developmental center, three representatives of professional disciplines who are not employees of the state developmental center system, but who are serving persons with developmental disabilities, two representatives of the general public who have demonstrated an interest in services to persons with developmental disabilities, and one current or former resident of a state developmental center.

(b) Each appointment to the advisory board shall be for the term of three years, except that an appointment to fill a vacancy shall be for the unexpired term only. No person shall be appointed to serve more than a maximum of two terms as a member of the board.

**(Amended by Stats. 1994, Ch. 1095, Sec. 2. Effective September 29, 1994.)**

4476. No person shall be eligible for appointment to a developmental center advisory board if he or she is a Member of the Legislature or an elective state officer, and if that person becomes a Member of the Legislature or an elective state officer after his or her appointment his or her office shall be vacated and a new appointment made. If any appointee fails to attend three consecutive regular meetings of the board, unless he or she is ill or absent from the state, his or her office becomes vacant, and the board, by resolution, shall so declare, and shall transmit a certified copy of that resolution to the Governor immediately.

**(Amended by Stats. 1994, Ch. 1095, Sec. 3. Effective September 29, 1994.)**

4477. The advisory boards of the several state developmental centers are advisory to the State Department of Developmental Services and the Legislature with power of visitation and advice with respect to the conduct of the developmental centers and coordination with community mental health programs or regional programs for persons with developmental disabilities. The members of the boards shall serve without compensation other than necessary expenses incurred in the performance of duty. They shall organize and elect a chairperson. They shall meet at least once every three months and at any other times they are called by the chairperson, by the medical director, by the head of the department, or by a majority of the board. No expenses shall be allowed except in connection with meetings so held. The advisory board or boards of each developmental center or state hospital and developmental center may make a written report on its activities.

**(Amended by Stats. 1994, Ch. 1095, Sec. 4. Effective September 29, 1994.)**

4478. (a) The chairperson of an advisory board advising a developmental center shall meet annually with the developmental center director, the regional center directors, and a representative of the State Council on Developmental Disabilities.

(b) The chairpersons shall be allowed necessary expenses incurred in attending these meetings.

(c) It is the intent of the Legislature that the department assist the development of annual regional meetings required by this section.

**(Amended by Stats. 2014, Ch. 409, Sec. 4. (AB 1595) Effective January 1, 2015.)**

### **CHAPTER 3. OFFICERS AND EMPLOYEES**

**(Chapter 3 added by Stats. 1977, Ch. 1252.)**

4480. As used in this article, "officers" of a state hospital means:

- (a) Clinical director.
- (b) Hospital administrator.
- (c) Hospital director.

**(Added by Stats. 1977, Ch. 1252.)**

4481. (a) The Director of Developmental Services shall appoint and define the duties, subject to the laws governing civil service, of the clinical director and the hospital administrator for each state hospital. The director shall appoint either the clinical director or the hospital administrator to be the hospital director.

(b) The director shall appoint a medical director for each state hospital where neither the hospital director nor the clinical director is a licensed physician. The medical director shall be a physician licensed to practice medicine in California and shall be responsible for standards, coordination, surveillance, and planning for improvement of medical care in the facility. The director shall accomplish the requirements of this subdivision by a reclassification and redirection of non-level-of-care administrative positions in existence on December 31, 1983.

(c) The director shall appoint a program director for each program at a state hospital. In each hospital for the developmentally disabled, the director may appoint a medical program director.

**(Amended by Stats. 1984, Ch. 1262, Sec. 1.)**

4482. The Director of the State Department of Developmental Services shall have the final authority for determining all other employee needs after consideration of

program requests from the various hospitals, and with the concurrence of the Health and Welfare Agency, the State Personnel Board, the Department of Finance and the Department of General Services, as appropriate, may establish positions to assist with the planning, development, direction, management, supervision, and evaluation of patient, administrative and support services in the hospital facility.

**(Amended by Stats. 1980, Ch. 1191, Sec. 7. Effective September 29, 1980.)**

4483. Salaries of resident and other officers and wages of employees shall be included in the budget estimates of, and paid in the same manner as other expenses of, the state hospitals.

**(Added by Stats. 1977, Ch. 1252.)**

4484. The primary purpose of a state hospital is the medical and nursing care of patients who are developmentally disabled. The efforts and direction of the officers and employees of each state hospital shall be directed to this end.

**(Added by Stats. 1977, Ch. 1252.)**

4485. Subject to the rules and regulations established by the department, and under the supervision of the hospital director when the hospital director is the hospital administrator, the clinical director of each state hospital shall be responsible for the planning, development, direction, management, supervision, and evaluation of all patient services, and of the supervision of research and clinical training.

**(Amended by Stats. 1984, Ch. 1262, Sec. 2.)**

4486. Subject to the rules and regulations established by the department, under the supervision of the hospital director when the hospital director is the clinical director, the hospital administrator shall be responsible for the planning, development, direction, management and supervision of all administrative and supportive services in the hospital facility. Such services include, but are not limited to:

(a) All administrative functions such as personnel, accounting, budgeting, and patients' accounts.

(b) All life-support functions such as food services, facility maintenance and patient supplies.

(c) All other business and security functions.

It shall be the responsibility of the hospital administrator to provide support services, as specified in this section, within available resources, to all hospital treatment programs.

**(Added by Stats. 1977, Ch. 1252.)**

4487. The hospital director is the chief executive officer of the hospital and is responsible for all hospital operations. If the hospital director is the clinical director, then the hospital administrator is responsible to him; if the hospital director is the hospital administrator, then the clinical director is responsible to him.

**(Added by Stats. 1977, Ch. 1252.)**

4488. As often as a vacancy occurs in a hospital under the jurisdiction of the Director of Developmental Services, he shall appoint, as provided in Section 4481, a clinical director, a hospital administrator, a hospital director, a medical program director, and program directors.

A hospital administrator shall be a college graduate preferably with an advanced degree in hospital, business or public administration and shall have had experience in this area. He shall receive a salary which is competitive with other private and public mental hospital administrators.

A clinical director for a state hospital for the developmentally disabled shall be a person who is a physician, psychologist, registered nurse, clinical social worker, physical therapist or psychiatric technician, and licensed as such pursuant to the Business and Professions Code, or a person who is a rehabilitation therapist, or a person who possesses a valid and unrevoked teaching credential which authorizes specialist instruction in special education in grades kindergarten through 12 or in the community college, or a person who has had at least five years of experience teaching the developmentally disabled. The clinical director for any state hospital shall be well qualified by training or experience to have proven skills in mental hospital program administration.

The hospital director shall be either the hospital administrator or the clinical director. He shall be selected based on his overall knowledge of the hospital, its programs, and its relationship to its community, and on his demonstrated abilities to administer a large facility.

The standards for the professional qualifications of a program director shall be established by the Director of Developmental Services for each patient program. The director shall not adopt any regulations which prohibit a licensed psychiatrist, psychologist, psychiatric technician, or clinical social worker from employment in a patient program in any professional, administrative, or technical position; provided, however, that the program director of a medical-surgical unit shall be a licensed physician.

If the program director is not a physician, a physician shall be available to assume responsibility for all those acts of diagnosis, treatment, or prescribing or ordering of drugs which may only be performed by a licensed physician.

A medical program director for a state hospital for the developmentally disabled shall be a physician who has passed, or shall pass, an examination for a license to practice medicine in California and who shall be a qualified specialist in a branch of medicine which includes diseases affecting the brain and nervous system, and the care, treatment, and habilitation of the developmentally disabled.

**(Amended by Stats. 1978, Ch. 100.)**

4489. The hospital director is responsible for the overall management of the hospital. In his absence one of the other hospital officers or in the absence of both officers a program director shall be designated to perform his duties and assume his responsibilities.

**(Added by Stats. 1977, Ch. 1252.)**

4491. The hospital administrator shall be responsible for preserving the peace in the hospital buildings and grounds and may arrest or cause the arrest and appearance before the nearest magistrate for examination, of all persons who attempt to commit or have committed a public offense thereon.

**(Added by Stats. 1977, Ch. 1252.)**

4492. The hospital director may establish rules and regulations not inconsistent with law or departmental regulations, concerning the care and treatment of patients,

research, clinical training, and for the government of the hospital buildings and grounds. Any person who knowingly or willfully violates such rules and regulations may, upon the order of either of the hospital officers, be ejected from the buildings and premises of the hospital.

**(Added by Stats. 1977, Ch. 1252.)**

4493. The hospital administrator of each state hospital may designate, in writing, as a police officer, one or more of the bona fide employees of the hospital. The hospital administrator and each such police officer have the powers and authority conferred by law upon peace officers listed in Section 830.38 of the Penal Code. Such police officers shall receive no compensation as such and the additional duties arising therefrom shall become a part of the duties of their regular positions. When and as directed by the hospital administrator, such police officers shall enforce the rules and regulations of the hospital, preserve peace and order on the premises thereof, and protect and preserve the property of the state.

**(Amended by Stats. 1989, Ch. 1165, Sec. 50.)**

4494. The Director of Developmental Services may set aside and designate any space on the grounds of any of the institutions under the jurisdiction of the department that is not needed for other authorized purposes, to enable such institution to establish and maintain therein a store or canteen for the sale to or for the benefit of patients of the institution of candies, cigarettes, sundries and other articles. The stores shall be conducted subject to the rules and regulations of the department and the rental, utility and service charges shall be fixed as will reimburse the institutions for the cost thereof. The stores when conducted under the direction of a hospital administrator shall be operated on a nonprofit basis but any profits derived shall be deposited in the benefit fund of each such institution as set forth in Section 4465.

Before any store is authorized or established, the Director of Developmental Services shall first determine that such facilities are not being furnished adequately by private enterprise in the community where it is proposed to locate the store, and may hold public hearings or cause surveys to be made, to determine the same.

The Director of Developmental Services may rent such space to private individuals, for the maintenance of a store or canteen at any of the said institutions upon such terms and subject to such regulations as are approved by the Department of General Services, in accordance with the provisions of Section 13109 of the Government Code. The terms imposed shall provide that the rental, utility and service charges to be paid shall be fixed so as to reimburse the institution for the cost thereof and any additional charges required to be paid shall be deposited in the benefit fund of such institution as set forth in Section 4465.

**(Added by Stats. 1977, Ch. 1252.)**

4495. Wherever the term "superintendent" appears, the term shall be deemed to mean clinical director, except in Sections 4450, 4466, 4467, 4469, 7281, and 7289, where the term shall be deemed to mean hospital administrator.

**(Amended by Stats. 1984, Ch. 1262, Sec. 3.)**

4496. Subject to rules and regulations adopted by the department, the hospital director may establish a sheltered workshop at a state hospital to provide patients with remunerative work performed in a setting which simulates that of industry and is



performed in such a manner as to meet standards of industrial quality. The workshop shall be so operated as to provide the treatment staff with a realistic atmosphere for assessing patients' capabilities in work settings, and to provide opportunities to strengthen and expand patient interests and aptitudes.

**(Added by Stats. 1977, Ch. 1252.)**

4497. At each state hospital at which there is established a sheltered workshop, there shall be a sheltered workshop fund administered by the clinical director. The fund shall be used for the purchase of materials, for the purchase or rental of equipment needed in the manufacturing, fabricating, or assembly of products, for the payment of remuneration to patients engaged in work at the workshop, and for the payment of such other costs of the operation of the workshop as may be directed by the medical director. The clinical director may cause the raw materials, goods in process, finished products, and equipment necessary for the production thereof to be insured against any and all risks of loss, subject to the approval of the Department of General Services. The costs of such insurance shall be paid from the sheltered workshop fund.

All money received from the manufacture, fabrication, assembly, or distribution of products at any state hospital sheltered workshop shall be deposited and credited to the hospital's sheltered workshop fund.

**(Added by Stats. 1977, Ch. 1252.)**

4498. To assure a continuous level of competency for all state hospital treatment personnel under the jurisdiction of the State Department of Developmental Services, the department shall provide adequate in-service training programs for such state hospital treatment personnel.

**(Repealed and added by Stats. 1978, Ch. 429.)**

4499. To assure an adequate supply of licensed psychiatric technicians for state hospitals for the developmentally disabled, the State Department of Developmental Services, to the extent necessary, shall establish in state hospitals for the developmentally disabled a course of study and training equivalent, as determined by the Board of Vocational Nurse and Psychiatric Technician Examiners, to the minimum requirements of an accredited program for psychiatric technicians in the state. No unlicensed psychiatric technician trainee shall be permitted to perform the duties of a licensed psychiatric technician as provided by Section 4502 of the Business and Professions Code unless such trainee performs such duties pursuant to a plan of supervision approved by the Board of Vocational Nurse and Psychiatric Technician Examiners as part of the equivalency trainee program. This section shall not be construed to reduce the effort presently expended by the community college system or private colleges in training psychiatric technicians.

**(Added by Stats. 1978, Ch. 429.)**

**DIVISION 4.5. SERVICES FOR THE DEVELOPMENTALLY DISABLED**

(Division 4.5 added by Stats. 1977, Ch. 1252.)

**CHAPTER 1. TITLE AND INTENT**

(Heading of Chapter 1 amended by Stats. 2014, Ch. 178, Sec. 1. (AB 1687) Effective January 1, 2015.)

4500. This division shall be known and may be cited as the Lanterman Developmental Disabilities Services Act.

(Added by Stats. 1977, Ch. 1252.)

4500.5. The Legislature makes the following findings regarding the State of California's responsibility to provide services to persons with developmental disabilities, and the right of those individuals to receive services, pursuant to this division:

(a) Since the enactment of this division in 1977, the number of consumers receiving services under this division has substantially increased and the nature, variety, and types of services necessary to meet the needs of the consumers and their families have also changed. Over the years the concept of service delivery has undergone numerous revisions. Services that were once deemed desirable by consumers and families may now no longer be appropriate, or the means of service delivery may be outdated.

(b) As a result of the increased demands for services and changes in the methods in which those services are provided to consumers and their families, the value statements and principles contained in this division should be updated.

(c) It is the intent of the Legislature, in enacting the act that added this section, to update existing law; clarify the role of consumers and their families in determining service needs; and to describe more fully service options available to consumers and their families, pursuant to the individual program plan. Nothing in these provisions shall be construed to expand the existing entitlement to services for persons with developmental disabilities set forth in this division.

(d) It is the intent of the Legislature that the department monitor regional centers so that an individual consumer eligible for services and supports under this division receive the services and supports identified in his or her individual program plan.

(Amended by Stats. 1997, Ch. 414, Sec. 4. Effective September 22, 1997.)

4501. The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors, and whole communities, developmental disabilities present social, medical, economic, and legal problems of extreme importance.

The complexities of providing services and supports to persons with developmental disabilities requires the coordination of services of many state departments and community agencies to ensure that no gaps occur in communication or provision of services and supports. A consumer of services and supports, and where appropriate, his or her parents, legal guardian, or conservator, shall have a leadership role in service design.

An array of services and supports should be established which is sufficiently complete to meet the needs and choices of each person with developmental disabilities,

regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream life of the community. To the maximum extent feasible, services and supports should be available throughout the state to prevent the dislocation of persons with developmental disabilities from their home communities.

Services and supports should be available to enable persons with developmental disabilities to approximate the pattern of everyday living available to people without disabilities of the same age. Consumers of services and supports, and where appropriate, their parents, legal guardian, or conservator, should be empowered to make choices in all life areas. These include promoting opportunities for individuals with developmental disabilities to be integrated into the mainstream of life in their home communities, including supported living and other appropriate community living arrangements. In providing these services, consumers and their families, when appropriate, should participate in decisions affecting their own lives, including, but not limited to, where and with whom they live, their relationships with people in their community, the way in which they spend their time, including education, employment, and leisure, the pursuit of their own personal future, and program planning and implementation. The contributions made by parents and family members in support of their children and relatives with developmental disabilities are important and those relationships should also be respected and fostered, to the maximum extent feasible, so that consumers and their families can build circles of support within the community.

The Legislature finds that the mere existence or the delivery of services and supports is, in itself, insufficient evidence of program effectiveness. It is the intent of the Legislature that agencies serving persons with developmental disabilities shall produce evidence that their services have resulted in consumer or family empowerment and in more independent, productive, and normal lives for the persons served. It is further the intent of the Legislature that the Department of Developmental Services, through appropriate and regular monitoring activities, ensure that regional centers meet their statutory, regulatory, and contractual obligations in providing services to persons with developmental disabilities. The Legislature declares its intent to monitor program results through continued legislative oversight and review of requests for appropriations to support developmental disabilities programs.

(Amended by Stats. 1997, Ch. 414, Sec. 5. Effective September 22, 1997.)

4501.5. In counties where State Department of Developmental Services hospitals are located, the state hospitals shall ensure that appropriate special education and related services, pursuant to Chapter 8 (commencing with Section 56850) of Part 30 of the Education Code, are provided eligible individuals with exceptional needs residing in state hospitals.

(Added by Stats. 1980, Ch. 1191, Sec. 8. Effective September 29, 1980.)

### **CHAPTER 1.3. PERSONS WITH DEVELOPMENTAL DISABILITIES BILL OF RIGHTS**

(Chapter 1.3 heading added by Stats. 2014, Ch. 178, Sec. 2. (AB 1687) Effective January 1, 2015.)

4502. (a) Persons with developmental disabilities have the same legal rights and responsibilities guaranteed all other individuals by the United States Constitution and laws and the Constitution and laws of the State of California. An otherwise qualified person by reason of having a developmental disability shall not be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity that receives public funds.

(b) It is the intent of the Legislature that persons with developmental disabilities shall have rights including, but not limited to, the following:

(1) A right to treatment and habilitation services and supports in the least restrictive environment. Treatment and habilitation services and supports should foster the developmental potential of the person and be directed toward the achievement of the most independent, productive, and normal lives possible. Such services shall protect the personal liberty of the individual and shall be provided with the least restrictive conditions necessary to achieve the purposes of the treatment, services, or supports.

(2) A right to dignity, privacy, and humane care. To the maximum extent possible, treatment, services, and supports shall be provided in natural community settings.

(3) A right to participate in an appropriate program of publicly supported education, regardless of degree of disability.

(4) A right to prompt medical care and treatment.

(5) A right to religious freedom and practice.

(6) A right to social interaction and participation in community activities.

(7) A right to physical exercise and recreational opportunities.

(8) A right to be free from harm, including unnecessary physical restraint, or isolation, excessive medication, abuse, or neglect.

(9) A right to be free from hazardous procedures.

(10) A right to make choices in their own lives, including, but not limited to, where and with whom they live, their relationships with people in their community, the way they spend their time, including education, employment, and leisure, the pursuit of their personal future, and program planning and implementation.

(11) A right to a prompt investigation of any alleged abuse against them.

**(Amended by Stats. 2014, Ch. 178, Sec. 3. (AB 1687) Effective January 1, 2015.)**

4502.1. (a) The right of individuals with developmental disabilities to make choices in their own lives requires that all public or private agencies receiving state funds for the purpose of serving persons with developmental disabilities, including, but not limited to, regional centers, shall respect the choices made by a consumer or, if appropriate, the consumer's parents, legal guardian, conservator, or authorized representative. Those public or private agencies shall provide consumers with opportunities to exercise decisionmaking skills in any aspect of day-to-day living and shall provide consumers with relevant information in an understandable form to aid the consumer in making his or her choice.

(b) A regional center shall provide information in a manner that is culturally and linguistically appropriate for the consumer, or, when appropriate, the consumer's parents, legal guardian, conservator, or authorized representative, including providing alternative communication services, as required by Article 9.5 (commencing with Section 11135) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code and the regulations implementing that article.

**(Amended by Stats. 2017, Ch. 474, Sec. 1. (AB 959) Effective January 1, 2018.)**

4503. Each person with developmental disabilities who has been admitted or committed to a state hospital, community care facility as defined in Section 1502 of the Health and Safety Code, or a health facility as defined in Section 1250 of the Health and Safety Code shall have the following rights, a list of which shall be prominently posted in English, Spanish, and other appropriate languages, in all facilities providing those

services and otherwise brought to his or her attention by any additional means as the Director of Developmental Services may designate by regulation:

(a) To wear his or her own clothes, to keep and use his or her own personal possessions including his or her toilet articles, and to keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases.

(b) To have access to individual storage space for his or her private use.

(c) To see visitors each day.

(d) To have reasonable access to telephones, both to make and receive confidential calls.

(e) To have ready access to letterwriting materials, including stamps, and to mail and receive unopened correspondence.

(f) To refuse electroconvulsive therapy.

(g) To refuse behavior modification techniques which cause pain or trauma.

(h) To refuse psychosurgery notwithstanding the provisions of Sections 5325, 5326, and 5326.3. Psychosurgery means those operations currently referred to as lobotomy, psychiatric surgery, and behavioral surgery and all other forms of brain surgery if the surgery is performed for any of the following purposes:

(1) Modification or control of thoughts, feelings, actions, or behavior rather than the treatment of a known and diagnosed physical disease of the brain.

(2) Modification of normal brain function or normal brain tissue in order to control thoughts, feelings, action, or behavior.

(3) Treatment of abnormal brain function or abnormal brain tissue in order to modify thoughts, feelings, actions, or behavior when the abnormality is not an established cause for those thoughts, feelings, actions, or behavior.

(i) To make choices in areas including, but not limited to, his or her daily living routines, choice of companions, leisure and social activities, and program planning and implementation.

(j) Other rights, as specified by regulation.

**(Amended by Stats. 2003, Ch. 62, Sec. 324. Effective January 1, 2004.)**

4504. The professional person in charge of the facility or his designee may, for good cause, deny a person any of the rights specified under subdivisions (a), (b), (c), (d), and (e) of Section 4503. To ensure that these rights are denied only for good cause, the Director of Developmental Services shall adopt regulations specifying the conditions under which they may be denied. Denial of a person's rights shall in all cases be entered into the person's treatment record and shall be reported to the Director of Developmental Services on a quarterly basis. The content of these records shall enable the Director of Developmental Services to identify individual treatment records, if necessary, for future analysis and investigation. These reports shall be available, upon request, to Members of the Legislature. Information pertaining to denial of rights contained in the person's treatment record shall be made available, on request, to the person, his attorney, his parents, his conservator or guardian, the State Department of Developmental Services, and Members of the Legislature.

**(Added by Stats. 1977, Ch. 1252.)**

4505. For the purposes of subdivisions (f) and (g) of Section 4503, if the patient is a minor age 15 years or over, the right to refuse may be exercised either by the minor or his parent, guardian, conservator, or other person entitled to his custody.

If the patient or his parent, guardian, conservator, or other person responsible for his custody do not refuse the forms of treatment or behavior modification described in subdivisions (f) and (g) of Section 4503, such treatment and behavior modification may be provided only after review and approval by a peer review committee. The Director of Developmental Services shall, by March 1, 1977, adopt regulations establishing peer review procedures for this purpose.

(Amended by Stats. 1979, Ch. 373.)

#### CHAPTER 1.6. GENERAL PROVISIONS

(Chapter 1.6 heading added by Stats. 2014, Ch. 178, Sec. 4. (AB 1687) Effective January 1, 2015.)

4507. Developmental disabilities alone shall not constitute sufficient justification for judicial commitment. Instead, persons with developmental disabilities shall receive services pursuant to this division. Persons who constitute a danger to themselves or others may be judicially committed pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 if evidence of such danger is proven in court.

(Amended by Stats. 2012, Ch. 25, Sec. 7. (AB 1472) Effective June 27, 2012.)

4508. Persons with developmental disabilities may be released from developmental centers for provisional placement, with parental consent in the case of a minor or with the consent of an adult person with developmental disabilities or with the consent of the guardian or conservator of the person with developmental disabilities, not to exceed twelve months, and shall be referred to a regional center for services pursuant to this division. Any person placed pursuant to this section shall have an automatic right of return to the developmental center during the period of provisional placement.

(Amended by Stats. 1997, Ch. 414, Sec. 6. Effective September 22, 1997.)

4509. By January 1, 1977, the Director of Developmental Services shall compile a roster of all persons who are in the custody of a state hospital, or on leave therefrom, pursuant to an order of judicial commitment as a mentally retarded person made prior to January 1, 1976. The appropriate regional center shall be given a copy of the names and pertinent records of the judicially committed retarded persons within its jurisdiction, and shall investigate the need and propriety of further judicial commitment of such persons under the provisions of Sections 6500 and 6500.1.

Each regional center shall complete all investigations required by this section within two years after the roster is submitted. In conducting its investigations, each regional center shall solicit information, advice, and recommendations of state hospital personnel familiar with the person whose needs are being evaluated.

For those persons found by a regional center to no longer require state hospital care, the regional center shall immediately prepare an individual program plan pursuant to Sections 4646 and 4648 for the provision of appropriate alternative services outside the state hospital.

If such alternative is not immediately available, the regional center shall give continuing high priority to the location and development of such services. As part of the program budget submission required in Section 4776, the regional director shall include a report specifying:

(a) The number of state hospital residents for whom a community alternative is deemed more suitable than a state hospital.

(b) The number of residents for whom no placement is made because of a lack of community services.

(c) The number, type, nature, and cost of community services that would be necessary in order for placement to occur.

For those persons found to be in continued need of state hospital care, the regional center shall either admit such person as a voluntary resident of the state hospital, or shall file a petition seeking the commitment of those persons for whom commitment is believed to be appropriate.

**(Added by Stats. 1977, Ch. 1252.)**

4510. The State Department of Developmental Services, the State Department of Health Care Services, and the State Department of State Hospitals shall jointly develop and implement a statewide program for encouraging the establishment of sufficient numbers and types of living arrangements, both in communities and state hospitals, as necessary to meet the needs of persons served by those departments. The departments shall consult with the following organizations in the development of procedures pursuant to this section:

(a) The League of California Cities, the County Supervisors Association of California, and representatives of other local agencies.

(b) Organizations or advocates for clients receiving services in residential care services.

(c) Providers of residential care services.

**(Amended by Stats. 2012, Ch. 438, Sec. 9. (AB 1468) Effective September 22, 2012.)**

4511. (a) The Legislature finds and declares that meeting the needs and honoring the choices of persons with developmental disabilities and their families requires information, skills and coordination and collaboration between consumers, families, regional centers, advocates and service and support providers.

(b) The Legislature further finds and declares that innovative and ongoing training opportunities can enhance the information and skills necessary and foster improved coordination and cooperation between system participants.

(c) The department shall be responsible, subject to the availability of fiscal and personnel resources, for securing, providing, and coordinating training to assist consumers and their families, regional centers, and services and support providers in acquiring the skills, knowledge, and competencies to achieve the purposes of this division.

(d) This training may include health and safety issues; person-centered planning; consumer and family rights; building circles of support; training and review protocols for the use of psychotropic and other medications; crime prevention; life quality assessment and outcomes; maximizing inclusive opportunities in the community; how to communicate effectively with consumers; and developing opportunities for decisionmaking.

(e) Whenever possible, the department shall utilize existing training tools and expertise.

(f) Each training module shall include an evaluation component.

(g) The department shall establish an advisory group, consisting of consumers, family members, regional centers, service providers, advocates and legislative

representatives. The advisory group shall make recommendations for training subjects, review the design of training modules, and assess training outcomes.

**(Added by Stats. 1998, Ch. 310, Sec. 31. Effective August 19, 1998.)**

4511.1. (a) The Legislature finds and declares the following:

(1) Supporting service access and equity for persons with developmental disabilities and their families requires awareness, skill development, and training for regional center personnel.

(2) Ongoing implicit bias training enhances service access and equity in the developmental disabilities system.

(b) The department shall require regional centers to implement implicit bias training through its contracts pursuant to Section 4640.6 and shall establish course content and training frequency requirements for that training.

(c) All the regional center personnel shall comply with the implicit bias training requirements of paragraph (9) of subdivision (g) of Section 4640.6 and this section. This section shall additionally apply to regional center contractors involved in intake and assessment and eligibility determinations. The department shall specify the timelines by which training must be completed. Training shall be prioritized for regional center employees and contractors who are involved in eligibility determination or directly assist individuals and their families, or both, during the regional center intake and assessment processes, service coordination, and regional center employees who are involved in developing and implementing purchase of service policies and other policies, guidelines, instructions, or training materials utilized by regional centers when determining the service needs of consumers.

(d) The training described by this section may be procured either by the department or by a regional center that has obtained prior approval by the department. Each regional center and its contractors shall retain the training record of employees in their respective personnel files. Regional centers shall annually inform the department of the percentage of its contractors and regional center personnel, identified by job classification, who successfully have completed the training. A list and description of trainings procured by the department, or a regional center with approval by the department, shall be posted on the department's internet website.

(e) The department or regional center shall make reasonable efforts to procure training that considers all of the following:

(1) Trainers who are representative of the diversity of persons served by regional centers.

(2) Academic training in implicit bias or experience educating public benefit programs about implicit bias and its effects on people accessing and interacting with public benefit programs.

(3) The impact of implicit bias, explicit bias, and systemic bias on public benefit programs and the effect this can have on individuals seeking eligibility for and services through public benefit programs.

(4) Actionable steps trainees can take to recognize and address their own implicit biases.

**(Added by Stats. 2021, Ch. 76, Sec. 18. (AB 136) Effective July 16, 2021.)**



4511.5. (a) The Legislature finds and declares both of the following:

(1) Direct service professionals are critical to the provision of services and supports to individuals with intellectual and developmental disabilities.

(2) In recognition of the value of the services provided by direct service professionals, additional training and development will enhance the services they provide and foster a more sustainable workforce.

(b) (1) With input from stakeholders pursuant to subdivision (c), the department shall develop or utilize existing curriculum to implement enhanced direct service professional training that promotes services that are person centered and culturally and linguistically sensitive, and that improve outcomes for individuals with intellectual and developmental disabilities.

(2) It is the intent of the Legislature to enhance the quality of services that consumers receive from their direct service professionals, including, but not limited to, improving direct service professional knowledge about general health and safety issues, employing principles of self-determination in order to promote dignity of the recipient and the provider, and working to improve quality of services and quality of life, including advancing health equity for consumers of regional center services.

(3) The training described in paragraph (1) in shall include, but is not limited to, all of the following elements:

(A) Competency based.

(B) Tiered training and certification.

(C) Continuing education.

(D) Outcome measures, as defined by the department, with input from stakeholders pursuant to subdivision (c).

(c) (1) The department shall consult with stakeholders throughout the implementation of this section. This consultation shall include facilitation of a process for providing input and comments on implementation.

(2) Stakeholders may include, but are not limited to, the following:

(A) Consumers and families across different geographic regions of the state and from diverse racial and ethnic backgrounds, diverse consumer age groups and disabilities.

(B) Regional center representatives.

(C) Service providers representing a diverse range of service types and models.

(d) Implementation of this section is subject to an appropriation of funds for this purpose in the annual Budget Act.

**(Added by Stats. 2021, Ch. 76, Sec. 19. (AB 136) Effective July 16, 2021.)**

4511.6. (a) The department shall develop a pilot project to test the feasibility of remote consumer services and supports that use technology solutions.

(b) It is the intent of the Legislature to test whether remote services and supports could provide an effective option for consumers to lead more independent lives, increase their access to bilingual services, and, when chosen and safe, reduce system reliance on one-to-one in-person direct support.

(c) The department shall pilot remote services and supports as specified in subdivision (d).

(d) In choosing consumers to pilot remote services and supports, the department shall consider consumer preference, the type and amount of services or supports and staffing needed to meet the consumer's individual program plan, and the consumer's

individualized choices and their unique health, safety, and other needs. Consumers chosen for the pilot project shall represent diverse cultural and ethnic backgrounds, ages, and urban and rural regions of the state.

(e) The department shall work with an external entity with relevant program evaluation experience to both design and evaluate the pilot project.

(f) Providers shall be selected to participate in the pilot project by no later than March 1, 2023.

(g) The department shall report to the Legislature at quarterly briefings for legislative staff about the progress of the pilot project. Reporting shall include summaries of the relevant data collected by service providers and regional centers.

(h) The department shall submit a final evaluation report of the pilot project to the Legislature, in accordance with Section 9795 of the Government Code, no later than January 10, 2026.

(i) Contracts to procure services to implement this section shall be exempt from the requirements contained in the Public Contract Code and the State Administrative Manual and from approval by the Department of General Services.

(j) Implementation of this section shall be subject to an appropriation by the Legislature for the purpose of this section.

(k) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

**(Added by Stats. 2022, Ch. 49, Sec. 14. (SB 188) Effective June 30, 2022. Repealed as of January 1, 2030, by its own provisions.)**

4512. As used in this division:

(a) (1) "Developmental disability" means a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

(2) (A) If a child who is three or four years of age is not otherwise eligible for regional center services pursuant to paragraph (1), the child shall be provisionally eligible for regional center services if the child has a disability that is not solely physical in nature and has significant functional limitations in at least two of the following areas of major life activity, as determined by a regional center and as appropriate to the age of the child:

- (i) Self-care.
- (ii) Receptive and expressive language.
- (iii) Learning.
- (iv) Mobility.
- (v) Self-direction.

(B) To be provisionally eligible, a child is not required to have one of the developmental disabilities listed in paragraph (1).

(3) An infant or toddler eligible for early intervention services from the regional center pursuant to Section 95014 of the Government Code shall be assessed by the

regional center at least 90 days prior to the date that they turn three years of age for purposes of determining their ongoing eligibility for regional center services. That assessment initially shall determine if the child has a developmental disability under paragraph (1). If the regional center determines that the child does not have a developmental disability as defined in paragraph (1), the regional center shall determine if the child is provisionally eligible for regional center services on the basis of paragraph (2). If the regional center determines the child is not provisionally eligible, the regional center shall give adequate notice pursuant to Section 4701.

(4) A child who is provisionally eligible pursuant to paragraph (2) shall be reassessed at least 90 days before turning five years of age. The child shall meet the definition set forth in paragraph (1) to continue to be eligible for regional center services at five years of age.

(5) Regional center services for a child who was provisionally eligible pursuant to paragraph (2) and who does not meet the definition in paragraph (1) shall end when the child is five years of age unless an appeal was filed pursuant to Section 4715.

(b) "Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. Services and supports listed in the individual program plan may include, but are not limited to, diagnosis, evaluation, treatment, personal care, daycare, domiciliary care, special living arrangements, physical, occupational, and speech therapy, training, education, supported and sheltered employment, mental health services, recreation, counseling of the individual with a developmental disability and of the individual's family, protective and other social and sociolegal services, information and referral services, follow-along services, adaptive equipment and supplies, advocacy assistance, including self-advocacy training, facilitation and peer advocates, assessment, assistance in locating a home, childcare, behavior training and behavior modification programs, camping, community integration services, community support, daily living skills training, emergency and crisis intervention, facilitating circles of support, habilitation, homemaker services, infant stimulation programs, paid roommates, paid neighbors, respite, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, as described in Section 2290.5 of the Business and Professions Code, supported living arrangements, technical and financial assistance, travel training, training for parents of children with developmental disabilities, training for parents with developmental disabilities, vouchers, and transportation services necessary to ensure delivery of services to persons with developmental disabilities. This subdivision does not expand or authorize a new or different service or support for any consumer unless that service or support is contained in the consumer's individual program plan.

(c) Notwithstanding subdivisions (a) and (b), for any organization or agency receiving federal financial participation under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, as amended, “developmental disability” and “services for persons with developmental disabilities” mean the terms as defined in the federal act to the extent required by federal law.

(d) “Consumer” means a person who has a disability that meets the definition of developmental disability set forth in subdivision (a).

(e) “Natural supports” means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships, friendships reflecting the diversity of the neighborhood and the community, associations with fellow students or employees in regular classrooms and workplaces, and associations developed through participation in clubs, organizations, and other civic activities.

(f) “Circle of support” means a committed group of community members, who may include family members, meeting regularly with an individual with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports. A circle of support generally includes a plurality of members who neither provide nor receive services or supports for persons with developmental disabilities and who do not receive payment for participation in the circle of support.

(g) “Facilitation” means the use of modified or adapted materials, special instructions, equipment, or personal assistance by an individual, such as assistance with communications, that will enable a consumer to understand and participate to the maximum extent possible in the decisions and choices that affect the individual’s life.

(h) “Family support services” means services and supports that are provided to a child with developmental disabilities or the child’s family and that contribute to the ability of the family to reside together.

(i) “Voucher” means any authorized alternative form of service delivery in which the consumer or family member is provided with a payment, coupon, chit, or other form of authorization that enables the consumer or family member to choose a particular service provider.

(j) “Planning team” means the individual with developmental disabilities, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, one or more regional center representatives, including the designated regional center service coordinator pursuant to subdivision (b) of Section 4640.7, any individual, including a service provider, invited by the consumer, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, or the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, and including a minor’s, dependent’s, or ward’s court-appointed developmental services decisionmaker appointed pursuant to Section 319, 361, or 726.

(k) “Stakeholder organizations” means statewide organizations representing the interests of consumers, family members, service providers, and statewide advocacy organizations.

(l) (1) “Substantial disability” means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:

- (A) Self-care.
- (B) Receptive and expressive language.
- (C) Learning.
- (D) Mobility.
- (E) Self-direction.
- (F) Capacity for independent living.
- (G) Economic self-sufficiency.

(2) A reassessment of substantial disability for purposes of continuing eligibility shall utilize the same criteria under which the individual was originally made eligible.

(m) “Native language” means the language normally used or the preferred language identified by the individual and, when appropriate, the individual’s parent, legal guardian or conservator, or authorized representative.

(n) “Authorized representative” means an individual appointed by the State Council on Developmental Disabilities pursuant to subdivision (a) of Section 4541 or who is an authorized representative, as defined in Section 4701.6.

**(Amended by Stats. 2021, Ch. 76, Sec. 20. (AB 136) Effective July 16, 2021.)**

4513. (a) Whenever the department allocates funds to a regional center through a request for proposal process to implement special projects funded through the Budget Act, the department shall require that the regional center demonstrate community support for the proposal.

(b) In awarding funds to regional centers to implement such proposals, the department shall consider, among other indicators, the following:

- (1) The demonstrated commitment of the regional center in establishing or expanding the service or support.
- (2) The demonstrated ability of the regional center to implement the proposal.
- (3) The success or failure of previous efforts to establish or expand the service or support.
- (4) The need for the establishment or expansion of the service and support in the regional center catchment area as compared to other geographic areas.

(c) The department may require periodic progress reports from the regional center in implementing a proposal.

(d) The department shall ensure that each funded and implemented proposal be evaluated and that the evaluation process include the input of consumers, families, providers and advocates, as appropriate.

(e) The department shall make these evaluations available to the public, upon request.

(f) The department shall develop and implement strategies for fostering the duplication of successful projects.

**(Added by Stats. 1998, Ch. 310, Sec. 32. Effective August 19, 1998.)**

4514. All information and records obtained in the course of providing intake, assessment, and services under Division 4.1 (commencing with Section 4400), Division 4.5 (commencing with Section 4500), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7100) to persons with developmental disabilities shall be confidential. Information and records obtained in the course of

providing similar services to either voluntary or involuntary recipients before 1969 shall also be confidential. Information and records shall be disclosed only in any of the following cases:

(a) In communications between qualified professional persons, whether employed by a regional center or state developmental center, or not, in the provision of intake, assessment, and services or appropriate referrals. The consent of the person with a developmental disability, or the person's guardian or conservator, shall be obtained before information or records may be disclosed by regional center or state developmental center personnel to a professional not employed by the regional center or state developmental center, or a program not vendored by a regional center or state developmental center.

(b) When the person with a developmental disability, who has the capacity to give informed consent, designates individuals to whom information or records may be released. This chapter does not compel a physician and surgeon, psychologist, social worker, marriage and family therapist, professional clinical counselor, nurse, attorney, or other professional to reveal information that has been given to the person in confidence by a family member of the person unless a valid release has been executed by that family member.

(c) To the extent necessary for a claim, or for a claim or application to be made on behalf of a person with a developmental disability for aid, insurance, government benefit, or medical assistance to which the person may be entitled.

(d) If the person with a developmental disability is a minor, dependent ward, or conservatee, and the person's parent, guardian, conservator, limited conservator with access to confidential records, or authorized representative, designates, in writing, persons to whom records or information may be disclosed. This chapter does not compel a physician and surgeon, psychologist, social worker, marriage and family therapist, professional clinical counselor, nurse, attorney, or other professional to reveal information that has been given to the person in confidence by a family member of the person unless a valid release has been executed by that family member.

(e) For research, if the Director of Developmental Services designates, by regulation, rules for the conduct of research and requires the research to be first reviewed by the appropriate institutional review board or boards. These rules shall include, but need not be limited to, the requirement that all researchers shall sign an oath of confidentiality as follows:

“

\_\_\_\_\_

Date

As a condition of doing research concerning persons with developmental disabilities who have received services from \_\_\_\_ (fill in the facility, agency, or person), I, \_\_\_\_, agree to obtain the prior informed consent of persons who have received services to the maximum degree possible as determined by the appropriate institutional review board or boards for protection of human subjects reviewing my research, or the person's parent, guardian, or conservator, and I further agree not to divulge any information obtained in the course of the research to unauthorized persons, and not to publish or otherwise make public any information regarding persons who have received services so those persons who received services are identifiable.

I recognize that the unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

\_\_\_\_\_  
Signed

- (f) To the courts, as necessary to the administration of justice.
- (g) To governmental law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.
- (h) To the Senate Committee on Rules or the Assembly Committee on Rules for the purposes of legislative investigation authorized by the committee.
- (i) To the courts and designated parties as part of a regional center report or assessment in compliance with a statutory or regulatory requirement, including, but not limited to, Section 1827.5 of the Probate Code, Sections 1001.22 and 1370.1 of the Penal Code, and Section 6502 of this code.
- (j) To the attorney for the person who was sterilized or alleges they have been sterilized, or to the attorney of an individual with a developmental disability in any and all proceedings upon presentation of a release of information signed by the person, except that when the person lacks the capacity to give informed consent, the regional center or state developmental center director or designee, upon satisfying themselves of the identity of the attorney, and of the fact that the attorney represents the person, shall release all information and records relating to the person. This article does not compel a physician and surgeon, psychologist, social worker, marriage and family therapist, professional clinical counselor, nurse, attorney, or other professional to reveal information that has been given to the person in confidence by a family member of the person unless a valid release has been executed by that family member.
- (k) Upon written consent by a person with a developmental disability previously or presently receiving services from a regional center or state developmental center, the director of the regional center or state developmental center, or the director's designee, may release any information, except information that has been given in confidence by members of the family of the person with a developmental disability, requested by a probation officer charged with the evaluation of the person after the person's conviction of a crime if the regional center or state developmental center director or designee determines that the information is relevant to the evaluation. The consent shall only be operative until sentence is passed on the crime for which the person was convicted. The confidential information released pursuant to this subdivision shall be transmitted to the court separately from the probation report and shall not be placed in the probation report. The confidential information shall remain confidential except for purposes of sentencing. After sentencing, the confidential information shall be sealed.
- (l) Between persons who are trained and qualified to serve on multidisciplinary personnel teams, as defined in subdivision (d) of Section 18951. The information and records sought to be disclosed shall be relevant to the prevention, identification, management, or treatment of an abused child and the child's parents pursuant to Chapter 11 (commencing with Section 18950) of Part 6 of Division 9.
- (m) When a person with a developmental disability dies from any cause, natural or otherwise, while hospitalized in a state developmental center, the State Department of Developmental Services, the physician and surgeon in charge of the client, or the

professional in charge of the facility or the professional's designee, shall release the patient's medical record to a medical examiner, forensic pathologist, or coroner, upon request. Except for the purposes included in paragraph (8) of subdivision (b) of Section 56.10 of the Civil Code, a medical examiner, forensic pathologist, or coroner shall not disclose any information contained in the medical record obtained pursuant to this subdivision without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11 of the Civil Code.

(n) To authorized licensing personnel who are employed by, or who are authorized representatives of, the State Department of Public Health, and who are licensed or registered health professionals, and to authorized legal staff or special investigators who are peace officers who are employed by, or who are authorized representatives of, the State Department of Social Services, as necessary to the performance of their duties to inspect, license, and investigate health facilities and community care facilities, and to ensure that the standards of care and services provided in these facilities are adequate and appropriate and to ascertain compliance with the rules and regulations to which the facility is subject. The confidential information shall remain confidential except for purposes of inspection, licensing, or investigation pursuant to Chapter 2 (commencing with Section 1250) and Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code, or a criminal, civil, or administrative proceeding in relation thereto. The confidential information may be used by the State Department of Public Health or the State Department of Social Services in a criminal, civil, or administrative proceeding. The confidential information shall be available only to the judge or hearing officer and to the parties to the case. Names that are confidential shall be listed in attachments separate to the general pleadings. The confidential information shall be sealed after the conclusion of the criminal, civil, or administrative hearings, and shall not subsequently be released except in accordance with this subdivision. If the confidential information does not result in a criminal, civil, or administrative proceeding, it shall be sealed after the State Department of Public Health or the State Department of Social Services decides that no further action will be taken in the matter of suspected licensing violations. Except as otherwise provided in this subdivision, confidential information in the possession of the State Department of Public Health or the State Department of Social Services shall not contain the name of the person with a developmental disability.

(o) To a board that licenses and certifies professionals in the fields of mental health and developmental disabilities pursuant to state law, when the Director of Developmental Services has reasonable cause to believe that there has occurred a violation of a law subject to the jurisdiction of a board and the records are relevant to the violation. The information shall be sealed after a decision is reached in the matter of the suspected violation, and shall not subsequently be released except in accordance with this subdivision. Confidential information in the possession of the board shall not contain the name of the person with a developmental disability.

(p) (1) To governmental law enforcement agencies by the director of a regional center or state developmental center, or the director's designee, when (A) the person with a developmental disability has been reported lost or missing or (B) there is probable cause to believe that a person with a developmental disability has committed, or has been the victim of, murder, manslaughter, mayhem, aggravated mayhem, kidnapping, robbery, carjacking, assault with the intent to commit a felony, arson, extortion, rape, forcible sodomy, forcible oral copulation, assault or battery, or



unlawful possession of a weapon, as provided in any provision listed in Section 16590 of the Penal Code.

(2) This subdivision shall be limited solely to information directly relating to the factual circumstances of the commission of the enumerated offenses and shall not include information relating to the mental state of the patient or the circumstances of the patient's treatment unless relevant to the crime involved.

(3) This subdivision is not an exception to, and does not in any other way affect, the provisions of Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code, or Chapter 11 (commencing with Section 15600) and Chapter 13 (commencing with Section 15750) of Part 3 of Division 9.

(q) To the Division of Juvenile Facilities and Department of Corrections and Rehabilitation or any component thereof, as necessary to the administration of justice.

(r) To an agency mandated to investigate a report of abuse filed pursuant to either Section 11164 of the Penal Code or Section 15630 of this code for the purposes of either a mandated or voluntary report or when those agencies request information in the course of conducting their investigation.

(s) When a person with a developmental disability, or the parent, guardian, or conservator of a person with a developmental disability who lacks capacity to consent, fails to grant or deny a request by a regional center or state developmental center to release information or records relating to the person with a developmental disability within a reasonable period of time, the director of the regional or developmental center, or the director's designee, may release information or records on behalf of that person if both of the following conditions are met:

(1) Release of the information or records is deemed necessary to protect the person's health, safety, or welfare.

(2) The person, or the person's parent, guardian, or conservator, has been advised annually in writing of the policy of the regional center or state developmental center for release of confidential client information or records when the person with developmental disabilities, or the person's parent, guardian, or conservator, fails to respond to a request for release of the information or records within a reasonable period of time. A statement of policy contained in the client's individual program plan shall be deemed to comply with the notice requirement of this paragraph.

(t) (1) When an employee is served with a notice of adverse action, as defined in Section 19570 of the Government Code, the following information and records may be released:

(A) All information and records that the appointing authority relied upon in issuing the notice of adverse action.

(B) All other information and records that are relevant to the adverse action, or that would constitute relevant evidence as defined in Section 210 of the Evidence Code.

(C) The information described in subparagraphs (A) and (B) may be released only if both of the following conditions are met:

(i) The appointing authority has provided written notice to the consumer and the consumer's legal representative or, if the consumer has no legal representative or if the legal representative is a state agency, to the clients' rights advocate, and the consumer, the consumer's legal representative, or the clients' rights advocate has not objected in writing to the appointing authority within five business days of receipt of the notice, or the appointing authority, upon review of the objection has determined that the circumstances on which the adverse action is based are egregious or threaten the health,

safety, or life of the consumer or other consumers and without the information the adverse action could not be taken.

(ii) The appointing authority, the person against whom the adverse action has been taken, and the person's representative, if any, have entered into a stipulation that does all of the following:

(I) Prohibits the parties from disclosing or using the information or records for any purpose other than the proceedings for which the information or records were requested or provided.

(II) Requires the employee and the employee's legal representative to return to the appointing authority all records provided to them under this subdivision, including, but not limited to, all records and documents or copies thereof that are no longer in the possession of the employee or the employee's legal representative because they were from a source containing confidential information protected by this section, and all copies of those records and documents, within 10 days of the date that the adverse action becomes final, except for the actual records and documents submitted to the administrative tribunal as a component of an appeal from the adverse action.

(III) Requires the parties to submit the stipulation to the administrative tribunal with jurisdiction over the adverse action at the earliest possible opportunity.

(2) For the purposes of this subdivision, the State Personnel Board may issue, before an appeal from adverse action being filed with it, a protective order, upon application by the appointing authority, for the limited purpose of prohibiting the parties from disclosing or using information or records for any purpose other than the proceeding for which the information or records were requested or provided, and to require the employee or the employee's legal representative to return to the appointing authority all records provided to them under this subdivision, including, but not limited to, all records and documents from any source containing confidential information protected by this section, and all copies of those records and documents, within 10 days of the date that the adverse action becomes final, except for the actual records and documents that are no longer in the possession of the employee or the employee's legal representatives because they were submitted to the administrative tribunal as a component of an appeal from the adverse action.

(3) Individual identifiers, including, but not limited to, names, social security numbers, and hospital numbers, that are not necessary for the prosecution or defense of the adverse action, shall not be disclosed.

(4) All records, documents, or other materials containing confidential information protected by this section that have been submitted or otherwise disclosed to the administrative agency or other person as a component of an appeal from an adverse action shall, upon proper motion by the appointing authority to the administrative tribunal, be placed under administrative seal and shall not, thereafter, be subject to disclosure to any person or entity except upon the issuance of an order of a court of competent jurisdiction.

(5) For purposes of this subdivision, an adverse action becomes final when the employee fails to answer within the time specified in Section 19575 of the Government Code, or, after filing an answer, withdraws the appeal, or, upon exhaustion of the administrative appeal or of the judicial review remedies as otherwise provided by law.

(u) To the person appointed as the developmental services decisionmaker for a minor, dependent, or ward pursuant to Section 319, 361, or 726.

(v) To a protection and advocacy agency established pursuant to Section 4901, to the extent that the information is incorporated within any of the following:

(1) An unredacted facility evaluation report form or an unredacted complaint investigation report form of the State Department of Social Services. This information shall remain confidential and subject to the confidentiality requirements of subdivision (f) of Section 4903.

(2) An unredacted citation report, unredacted licensing report, unredacted survey report, unredacted plan of correction, or unredacted statement of deficiency of the State Department of Public Health, prepared by authorized licensing personnel or authorized representatives described in subdivision (n). This information shall remain confidential and subject to the confidentiality requirements of subdivision (f) of Section 4903.

(w) To the regional center clients' rights advocate who provides service pursuant to Section 4433, unless the consumer objects on the consumer's own behalf, for the purpose of providing authorized clients' rights advocacy services pursuant to Section 4418.25 or 4418.7, subparagraph (B) or (C) of paragraph (9) of subdivision (a) of Section 4648, Sections 4684.80 to 4684.87, inclusive, or Section 4698 or 7502.5 of this code, or Section 1267.75 or 1531.15 of the Health and Safety Code.

(x) For purposes of this section, a reference to a "medical examiner, forensic pathologist, or coroner" means a coroner or deputy coroner, as described in subdivision (c) of Section 830.35 of the Penal Code, or a licensed physician who currently performs official autopsies on behalf of a county coroner's office or a medical examiner's office, whether as a government employee or under contract to that office.

(y) To authorized personnel who are employed by the Employment Development Department as necessary to enable the Employment Development Department to provide the information required to be disclosed to the State Department of Developmental Services pursuant to subdivision (ak) of Section 1095 of the Unemployment Insurance Code. The Employment Development Department shall maintain the confidentiality of information provided to it by the State Department of Developmental Services to the same extent as if the Employment Development Department had acquired the information directly.

(z) To authorized personnel who are employed by the State Department of Social Services as necessary to enable the department to provide the information required to be disclosed to the State Department of Developmental Services pursuant to Section 10850.6. The State Department of Social Services shall maintain the confidentiality of any information provided to it by the State Department of Developmental Services to the same extent as if the State Department of Social Services had directly acquired that information.

(aa) To authorized personnel who are employed by the California Victim Compensation Board for the purposes of verifying the identity and eligibility of individuals claiming compensation pursuant to the Forced or Involuntary Sterilization Compensation Program described in Chapter 1.6 (commencing with Section 24210) of Division 20 of the Health and Safety Code. The California Victim Compensation Board shall maintain the confidentiality of any information or records received from the department in accordance with Part 160 (commencing with Section 160.101) and Part 164 (commencing with Section 164.102) of Subchapter C of Subtitle A of Title 45 of the Code of Federal Regulations and this section. Public disclosure of aggregated

claimant information or the annual report required under subdivision (b) of Section 24211 of the Health and Safety Code is not a violation of this section.

**(Amended by Stats. 2021, Ch. 77, Sec. 32. (AB 137) Effective July 16, 2021.)**

4514.3. (a) Notwithstanding Section 4514, information and records shall be disclosed to the protection and advocacy agency designated by the Governor in this state to fulfill the requirements and assurances of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with developmental disabilities, as defined in Section 15002(8) of Title 42 of the United States Code.

(b) Access to information and records to which subdivision (a) applies shall be in accord with Division 4.7 (commencing with Section 4900).

**(Amended by Stats. 2003, Ch. 878, Sec. 3. Effective January 1, 2004.)**

4514.5. Upon request of a family member of a resident of a state hospital, community care facility, or health facility, or other person designated by the resident, the facility shall give such family member or the designee notification of the resident's presence in the facility, the transfer, the diagnosis, the prognosis, the medications prescribed, the side effects of medications prescribed, if any, the progress of the resident, and the serious illness of the resident, if, after notification of the resident that such information is requested, the resident authorizes such disclosure. If, when initially informed of the request for notification, the resident is unable to authorize the release of such information, notation of the attempt shall be made into the resident's treatment record, and daily efforts shall be made to secure the resident's consent or refusal of such authorization. However, if a request for information is made by the spouse, parent, child, or sibling of the resident and the resident is unable to authorize the release of such information, such requester shall be given notification of the resident's presence in the facility, except to the extent prohibited by federal law. Upon request of a family member of a resident or the designee, the facility shall notify such family member or designee of the release or death of the resident. Nothing in this section shall be construed to require photocopying of the resident's medical records in order to satisfy its provisions.

**(Added by Stats. 1982, Ch. 1141, Sec. 2.)**

4515. Signed consent forms by a person with a developmental disability or, where appropriate, the parent, guardian, or conservator, for release of any information to which such person consents under the provision of Sections 11878 or 11879 of the Health and Safety Code, or subdivision (a) or (d) of Section 4514 shall be obtained for each separate use with the use specified, the information to be released, the name of the agency or individual to whom information will be released indicated on the form and the name of the responsible individual who has authorization to release information specified. Any use of this form shall be noted in the file of the person with developmental disabilities. Persons who sign consent forms shall be given a copy of the consent forms signed.

**(Added by Stats. 1982, Ch. 1141, Sec. 3.)**

4516. When any disclosure of information or records is made as authorized by the provisions of subdivision (a), (d), or (q) of Section 4514 or Section 4514.5, the physician in charge of the person with a developmental disability or the professional in charge of the facility shall promptly cause to be entered into the person's medical record the date and circumstances under which such disclosure was made, the names and relationships to the person, if any, of individuals or agencies to whom such disclosure was made, and the specific information disclosed.

**(Added by Stats. 1982, Ch. 1141, Sec. 4.)**

4517. Nothing in this chapter shall be construed to prohibit the compilation and publication of statistical data for use by government or researchers and standards set by the Director of Developmental Services.

**(Added by Stats. 1982, Ch. 1141, Sec. 5.)**

4518. Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning him or her in violation of the provisions of this chapter, or of Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for the greater of the following amounts:

(1) Five hundred dollars (\$500).

(2) Three times the amount of actual damages, if any, sustained by the plaintiff.

Any person may, in accordance with the provisions of Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of the provisions of this chapter, and may in the same action seek damages as provided in this section.

It is not a prerequisite to an action under this section that the plaintiff suffer or be threatened with actual damages.

**(Added by Stats. 1982, Ch. 1141, Sec. 6.)**

4519. (a) The department shall not expend funds, and a regional center shall not expend funds allocated to it by the department, for the purchase of any service outside the state unless the Director of Developmental Services or the director's designee has received, reviewed, and approved a plan for out-of-state service in the consumer's individual program plan developed pursuant to Sections 4646 to 4648, inclusive. Prior to submitting a request for out-of-state services, the regional center shall conduct a comprehensive assessment and convene an individual program plan meeting to determine the services and supports needed for the consumer to receive services in California and shall request assistance from the department's statewide specialized resource service in identifying options to serve the consumer in California. The request shall include details regarding all options considered and an explanation of why these options cannot meet the consumer's needs. The department shall authorize for no more than six months the purchase of out-of-state services when the director determines the proposed service or an appropriate alternative, as determined by the director, is not available from resources and facilities within the state. Any extension beyond six months shall be based on a new and complete comprehensive assessment of the consumer's needs, review of available options, and determination that the consumer's needs cannot be met in California. An extension shall not exceed six months. For the purposes of this section, the department shall be considered a service agency under Chapter 7 (commencing with Section 4700).

(b) Funds shall not be expended for the cost of interstate travel or transportation by regional center staff in connection with the purchase of any service outside the state unless authorized by the director or the director's designee.

(c) If a regional center places a consumer out of state pursuant to subdivision (a), it shall prepare a report for inclusion in the consumer's individual program plan. This report shall summarize the regional center's efforts to locate, develop, or adapt an appropriate program for the consumer within the state. This report shall be reviewed and updated every three months, and a copy shall be sent to the director. Each comprehensive assessment and report shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to California.

(d) Notwithstanding subdivisions (a), (b), and (c), the State Department of Developmental Services or a regional center may expend funds allocated to it for the purchase of services for residents of this state and administrative costs incurred in providing services in the border areas of a state adjacent to California when the purchase is approved by the regional center director.

(e) Each regional center shall submit to the department by December 31, 2012, a transition plan for all consumers residing out of state as of June 30, 2012, for whom the regional center is purchasing services.

(f) This section shall become operative January 1, 2022.

**(Repealed (in Sec. 21) and added by Stats. 2021, Ch. 76, Sec. 22. (AB 136) Effective July 16, 2021. Operative January 1, 2022, by its own provisions.)**

4519.2. (a) Through the Developmental Services Task Force, the department shall identify key indicators to track the regional center system's delivery of services. These indicators shall include both local and statewide measures and shall include a recommendation for analysis and followup of any concerning trends, as well as a plan for reporting of best practices for use statewide. The department, with stakeholder input, shall also identify recommendations for measuring outcomes and improving outcomes for consumers. Goals for system improvement include enhancement of customer services for consumers and their families, facilitation of enhanced communication between regional centers and the state, and identification and dissemination of best practices for developmental services providers. The department shall report these recommended indicators, best practices, and recommendations for analysis to the Legislature no later than January 10, 2021.

(b) (1) Each regional center shall post the following information on its internet website in a format determined by the department no later than April 1, 2020, and shall update the information no less frequently than every six months until the department determines that statewide compliance with the federal Home and Community-Based Services (HCBS) Final Rule has been met, or January 1, 2025, whichever is earlier:

(A) The number of providers identified as needing assessment for HCBS compliance, broken down by provider type, as defined by the department.

(B) The number of providers within each provider type that have been inspected or reviewed for HCBS compliance.

(C) The number of providers within each provider type that have been determined to be HCBS compliant.

(D) The number of providers within each provider type that have been determined not to be HCBS compliant and the reason for lack of compliance.

(E) The number of providers, broken down by provider type, that have been identified as presumed to have the qualities of an institutional setting, as described in Sections 441.301(c)(5)(v) and 441.710(a)(2)(v) of Title 42 of the Code of Federal Regulations.

(2) The department shall provide this information to the Legislature as statewide data and for each regional center, no later than May 1, 2020, and shall post that summary on its internet website.

(c) (1) The department shall update the Legislature annually, beginning on January 10, 2020, with the number of complaints filed at each regional center pursuant to Section 4731 for the prior fiscal year, and include the following information:

(A) The subject matter of complaints filed.

(B) How complaints were resolved.

(C) The timeframe within which resolutions to those complaints were provided by the regional center.

(D) The number of complaints that were appealed to the department, their resolution, and the timeframe within which a written administrative decision was issued.

(E) Demographic information, as identified by the department, about consumers on whose behalf the complaint was filed, including the ethnicity of the consumer.

(2) The update shall include data for the prior two fiscal years, as available.

(3) The department shall also post this data on its internet website.

(d) The department and each regional center shall include on their internet websites a link to the protection and advocacy agency designated pursuant to Division 4.7 (commencing with Section 4900) and the clients' rights advocate contracted with pursuant to Section 4433. This link shall be posted on the home page of their internet websites, or in another standard location determined by the department.

(e) On and after October 1, 2019, the department shall post all new directives that it issues to regional centers on its internet website.

(f) Any reports submitted by the department to the Legislature pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.

**(Amended by Stats. 2022, Ch. 49, Sec. 15. (SB 188) Effective June 30, 2022.)**

4519.4. (a) Beginning in the summer of 2019, the State Department of Developmental Services shall consult with a broad and balanced group of stakeholders, including, but not limited to, representatives of the Developmental Services Task Force, the Rates Workgroup of the Developmental Services Task Force, legislative staff from the fiscal and relevant policy committees of the Legislature, the Legislative Analyst's Office, the Association of Regional Center Agencies, the State Council on Developmental Disabilities, the Department of Rehabilitation, and Disability Rights California to discuss system reforms, including fiscal reforms, to better serve consumers with developmental disabilities. The focus of this discussion shall be on how to create a sustainable, innovative, cost-effective, consumer-focused, and outcomes-based service delivery system.

(b) For purposes of implementing subdivision (a), the State Department of Developmental Services shall do all of the following:

(1) Consider a wide variety of perspectives of consumers, families, and service providers to discuss the potential outcomes associated with different approaches to system reform.

(2) Engage with consumers, families, and service providers across different geographic regions of the state, including urban and rural areas, and from diverse racial and ethnic backgrounds, consumer age groups, consumer diagnoses, and service categories.

(3) Identify key consumer outcomes and measurable targets to be achieved through these reforms, as informed by the stakeholder process.

(4) Evaluate compliance with federal rules relating to home- and community-based services, and how the department plans to redesign services that are not compliant with these rules.

(5) Discuss how feedback may be collected about the reforms, and how this information may be used to make changes to, and adapt, the system over time.

(c) The State Department of Developmental Services shall report on the progress of these efforts during the 2020–21 budget hearing process.

(d) By October 1, 2019, the State Department of Developmental Services shall post to its internet website a summary of public comments, departmental responses to those comments, and any appropriate and necessary changes to the rate models contained in the rate study, submitted pursuant to Section 4519.8.

**(Added by Stats. 2019, Ch. 28, Sec. 9. (SB 81) Effective June 27, 2019.)**

4519.5. (a) The department and the regional centers shall annually collaborate to compile data in a uniform manner relating to purchase of service authorization, utilization, and expenditure by each regional center with respect to all of the following:

(1) The age of the consumer, categorized by the following:

(A) Birth to two years of age, inclusive.

(B) Three to 21 years of age, inclusive.

(C) Twenty-two years of age and older.

(2) Race or ethnicity of the consumer.

(3) Preferred language spoken by the consumer, and other related details, as feasible.

(4) Disability detail, in accordance with the categories established by subdivision (a) of Section 4512, and, if applicable, a category specifying that the disability is unknown.

(5) Residence type, subcategorized by age, race or ethnicity, and preferred language.

(6) Number of instances when the written copy of the individual program plan was provided at the request of the consumer and, when appropriate, the consumer's parents, legal guardian or conservator, or authorized representative, in a language other than a threshold language, as defined by paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations, if that written copy was provided more than 60 days after the request.

(7) Number of instances when the written copy of the individual program plan was provided at the request of the consumer and, when appropriate, the consumer's parents, legal guardian or conservator, or authorized representative, in a threshold language, as defined by paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations, if that written copy was provided more than 45 days after the request, in violation of paragraph (5) of subdivision (a) of Section 4646.5.

(8) Beginning with data for the fiscal year of 2023–24, the numbers, percentages, and total and per capita expenditure and authorization amounts, by age, as applicable,



according to race or ethnicity and preferred language, for all combined residence types and for consumers living in the family home, regarding the following service types:

- (A) Camping and associated travel expenses.
- (B) Social recreation activities.
- (C) Educational services.
- (D) Nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.

(b) The data reported pursuant to subdivision (a) shall also include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, and by residence type, as set forth in paragraph (5) of subdivision (a), who have been determined to be eligible for regional center services, but are not receiving purchase of service funds.

(c) By March 31, 2013, each regional center shall post the data described in this section that are specific to the regional center on its website. Commencing on December 31, 2013, each regional center shall annually post these data by December 31. Each regional center shall maintain all previous years' data on its website.

(d) By March 31, 2013, the department shall post the information described in this section on a statewide basis on its website. Commencing December 31, 2013, the department shall annually post this information by December 31. The department shall maintain all previous years' data on its website. The department shall also post notice of any regional center stakeholder meetings on its website.

(e) Within three months of compiling the data with the department, and annually thereafter, each regional center shall meet with stakeholders in one or more public meetings regarding the data. The meeting or meetings shall be held separately from any meetings held pursuant to Section 4660. The regional center shall provide participants of these meetings with the data and any associated information related to improvements in the provision of developmental services to underserved communities and shall conduct a discussion of the data and the associated information in a manner that is culturally and linguistically appropriate for that community, including providing alternative communication services, as required by Sections 11135 to 11139.7, inclusive, of the Government Code and implementing regulations. Regional centers shall inform the department of the scheduling of those public meetings 30 days prior to the meeting. Notice of the meetings shall also be posted on the regional center's website 30 days prior to the meeting and shall be sent to individual stakeholders and groups representing underserved communities in a timely manner. Each regional center shall, in holding the meetings required by this subdivision, consider the language needs of the community and shall schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities.

(f) (1) Each regional center shall annually report to the department regarding its implementation of the requirements of this section. The report shall include, but shall not be limited to, all of the following:

(A) Actions the regional center took to improve public attendance and participation at stakeholder meetings, including, but not limited to, attendance and participation by underserved communities.

(B) Copies of minutes from the meeting and attendee comments.

(C) Whether the data described in this section indicate a need to reduce disparities in the purchase of services among consumers in the regional center's catchment area. If

the data do indicate that need, the regional center's recommendations and plan to promote equity, and reduce disparities, in the purchase of services.

(2) Each regional center and the department shall annually post the reports required by paragraph (1) on its website by August 31.

(g) (1) The department shall consult with stakeholders, including consumers and families that reflect the ethnic and language diversity of regional center consumers, regional centers, advocates, providers, family resource centers, the protection and advocacy agency described in Section 4901, and those entities designated as University Centers for Excellence in Developmental Disabilities Education, Research, and Service pursuant to Section 15061 of Title 42 of the United States Code, to achieve the following objectives:

(A) Review the data compiled pursuant to subdivision (a).

(B) Identify barriers to equitable access to services and supports among consumers and develop recommendations to help reduce disparities in purchase of service expenditures.

(C) Encourage the development and expansion of culturally appropriate services, service delivery, and service coordination.

(D) Identify best practices to reduce disparity and promote equity.

(2) The department shall report the status of its efforts to satisfy the requirements of paragraph (1) during the 2016–17 legislative budget subcommittee hearing process.

(h) (1) Subject to available funding, the department shall allocate funding to regional centers or community-based organizations with department oversight to assist with implementation of the recommendations and plans developed pursuant to subdivisions (f) and (g). Activities funded through these allocations may include, but are not limited to, pay differentials supporting direct care bilingual staff of community-based service providers, parent or caregiver education programs, cultural competency training for regional center staff, outreach to underserved populations, or additional culturally appropriate service types or service delivery models.

(2) Each regional center shall consult with stakeholders regarding activities that may be effective in addressing disparities in the receipt of regional center services and the regional center's proposed requests for the funding specified in paragraph (1). Each regional center shall identify the stakeholders it consulted with and include information on how it incorporated the input of stakeholders into its requests.

(3) A community-based organization may submit a request for grant funding pursuant to this subdivision. The organization shall submit the request concurrently to the regional center of the jurisdiction in which the organization is located and to the department. The regional center shall provide the department with input regarding the request prior to the department's final determination on the request.

(4) The department shall review requests for funding within 45 days from the deadline specified in the department's guidance to regional centers and community-based organizations.

(5) Each regional center and community-based organization receiving funding shall report annually to the department, in a manner determined by the department, on how the funding allocations were used and shall include recommendations of priorities for activities that may be effective in addressing disparities, based on the consultation with stakeholders.

(6) The department shall post the following information on its website:

(A) By September 1 of any year in which grant funding is available and has not been allocated, a structure for the grant program, including all of the following information:

(i) How community-based organizations reflecting groups that are disadvantaged by disparities in the purchase of services will be invited to participate in the grant program.

(ii) How statewide strategies were considered.

(iii) How the department will ensure grant funds are not used for activities that regional centers are otherwise required by statute or regulation to conduct.

(iv) How funded activities will be evaluated.

(B) By October 1 of any year in which grant funding is available and has not been allocated, the final invitation for requests for funding or another mechanism through which requests for funding are solicited.

(C) By January 1 of any year in which grant funding has been allocated, a list of grant recipients, funding level per grant, and a description of the funded project.

(D) By May 1 of any year in which the information is available, evaluation results from prior grants. To ensure the department complies with this subparagraph, regional centers and community-based organizations receiving funding shall provide the department, by March 1 of the same year, with an evaluation of funded activities and the effectiveness of those activities in reducing disparities in the purchase of services, to the extent information is available.

(i) On or before December 31, 2021, the department shall contract with an entity or entities with demonstrated experience in quantitative and qualitative data evaluation to design and conduct an independent evaluation of the efforts to promote equity and reduce disparities pursuant to subdivision (h).

**(Amended by Stats. 2022, Ch. 314, Sec. 1. (AB 1957) Effective January 1, 2023.)**

4519.6. The department and the regional centers shall annually collaborate to determine the most appropriate methods to collect and compile meaningful data in a uniform manner, as specified in Section 4519.5, related to the payment of copayments, coinsurance, and deductibles by each regional center.

**(Amended by Stats. 2014, Ch. 30, Sec. 14. (SB 856) Effective June 20, 2014.)**

4519.7. (a) Any regional center employee shall not be liable for civil damages on account of an injury or death resulting from an employee's act or omission where the act or omission was the result of the exercise of the discretion vested in him or her, in good faith, in carrying out the intent of this division, except for acts or omissions of gross negligence or acts or omissions giving rise to a claim under Section 3294 of the Civil Code. This section shall not be applied to provide immunity from liability for any criminal act.

(b) This section is not intended to change, alter, or affect the liability of regional centers, including, but not limited to, the vicarious liability of a regional center due to a negligent employee.

(c) A regional center employee, when participating in filing a complaint or providing information as required by law regarding a consumer's health, safety, or well-being, or participating in a judicial proceeding resulting therefrom, shall be presumed to be acting in good faith, and unless the presumption is rebutted, shall be immune from any liability, civil or criminal, and shall be immune from any penalty,

sanction, or restriction that might be incurred or imposed. The presumption established by this subdivision is a presumption affecting the burden of producing evidence.

(d) This section shall apply only to acts or omissions that occur on or after January 1, 2001.

**(Amended by Stats. 2008, Ch. 51, Sec. 1. Effective January 1, 2009.)**

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

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

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

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

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

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

**(Added by Stats. 2016, 2nd Ex. Sess., Ch. 3, Sec. 2. (AB 1 2x) Effective June 9, 2016.)**

4519.9. (a) The department shall establish a community navigator program to promote the utilization of generic and regional center services by using community leaders, family members, or self-advocates to provide information and guidance to consumers and their families who could benefit from added support to navigate available resources.

(1) The program shall be structured to utilize individuals and families who are receiving or have received regional center services to provide education to those individuals who are or may be eligible for regional center services regarding the developmental disabilities services system, agencies available to assist them, and other available resources.

(2) The program shall focus on cultural and linguistic competency in supporting individuals and families to improve equitable access to regional center services.

(b) The department shall engage stakeholders to obtain input on key elements for the community navigator program by August 31, 2021.

(c) The department shall allocate funding to family resource centers to administer community navigator programs.

(1) To the extent possible, each funded program shall share a culture or ethnicity, or both, community, and language with the individuals and families they support when offering assistance and education to reduce barriers in accessing services.

(2) Each program funded pursuant to this subdivision shall assist individuals and families in accessing and utilizing generic and regional center services in their communities, including, but not limited to, assistance in building trust with regional

center staff, education on available services, guidance on how to request needed services, and support from peers in the community who have experience with the regional center system.

(d) The department shall issue funding guidelines regarding the selection of community navigator programs and the conditions under which the funding shall be used consistent with the requirements of this section. The guidelines shall be exempt from the rulemaking process of Chapter 3.5 (commencing with Section 11340) of Part 1 Division 3 of Title 2 of the Government Code.

(e) A family resource center receiving funding for the purpose of the community navigator program shall report to the department in a manner and within a time period determined and outlined in guidance by the department on how the funding allocations were used and shall include recommendations of priorities for activities that may be effective in addressing disparities, including removing barriers to accessing and utilizing generic and regional center services. The department shall post these reports on its internet website by November 1, 2022.

**(Added by Stats. 2021, Ch. 76, Sec. 24. (AB 136) Effective July 16, 2021.)**

4519.10. (a) The Legislature finds and declares all of the following:

(1) The current service provider rate structure in the system administered by the State Department of Developmental Services lacks transparency, remains complex, is not tied to person-centered outcomes, and varies across providers who provide the same service in the same region.

(2) In 2016, the Legislature funded a rate study to address the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities.

(3) The department, with the help of a consultant, completed the rate study in 2019 and subsequently submitted the study's findings and recommendations to the Legislature. Among other things, the study recommended all of the following:

(A) Within each service category, rate models that include components that may be regularly updated.

(B) Regional differentials to account for regional variance in the cost of living and doing business.

(C) Enhanced rates for services delivered in other languages, including American Sign Language.

(D) An optional add-on for direct service professional levels and wage differentials based on training and demonstrated competency.

(E) The consolidation of certain service codes.

(4) The rate study's fiscal impact analysis indicated that full implementation of these rate models would cost an additional one billion one hundred million dollars (\$1,100,000,000) from the General Fund, or one billion eight hundred million dollars (\$1,800,000,000) of total funds, in the 2019–20 fiscal year.

(5) The recommendations from the rate study and the associated rate models have not been implemented, even as rate study findings informed supplemental rate increases for many service categories in the 2019–20 fiscal year and three additional service categories in the 2020–21 fiscal year.

(6) For Medi-Cal eligible consumers, the department receives federal Medicaid reimbursements to support home- and community-based services provided to those consumers.

(7) Direct service professionals employed by service providers are critical to the quality and provision of services and supports to individuals with intellectual and developmental disabilities.

(8) A prevailing need and challenge within the developmental services system is moving from a compliance-based system to an outcomes-based system. Outcome measures must reinforce the system's core values of meeting individual needs based on person-centered planning. The implementation of rates, pursuant to this section, should support this person-centered transformation through consideration of incentive payments, alternative payment models, alternative service delivery, lessons learned from the COVID-19 pandemic period, person-centered and culturally and linguistically sensitive and competent approaches, training of direct service professionals, compliance with the federal home- and community-based services rule set to take effect on March 17, 2023, and methods for assessing and reporting outcomes.

(9) To improve consumer outcomes and experiences and measure overall system performance, four goals should guide rate reform:

- (A) Consumer experience.
- (B) Equity.
- (C) Quality and outcomes.
- (D) System efficiencies.

(b) Therefore, it is the intent of the Legislature to phase in funding and policies beginning in the 2021–22 fiscal year to implement rate reform, which shall include a quality incentive program, create an enhanced person-centered, outcomes-based system, and complete this transformation by July 1, 2025.

(c) (1) (A) Commencing April 1, 2022, the department shall implement a rate increase for service providers that equals one-quarter of the difference between current rates and the fully funded rate model for each provider.

(B) Commencing January 1, 2023, and continuing through the 2023–24 fiscal year, the department shall adjust rates to equal one-half of the difference between rates in effect March 31, 2022, and the fully funded rate model for each provider, and additional funding shall be available for the quality incentive program described in subdivision (e).

(i) Notwithstanding any other law or regulation, it is the intent of the Legislature that the majority of the rate increase described in this subparagraph for the 2022–23 fiscal year be used 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.

(ii) Commencing January 1, 2023, a provider shall not spend a smaller percentage of the rate increase on direct care staff wages and benefit costs than the corresponding percentage included for direct care staff wages and benefit costs in the rate models for each specific service.

(iii) A provider granted a rate increase pursuant to this section shall maintain documentation, subject to audit by the department or regional center, that the portion of the rate increase identified in this subparagraph was used to increase wages, salaries, or benefits of eligible staff members spending a minimum of 75 percent of their time providing direct services to consumers at least at the same percentage as provided in the rate models.

(iv) For the purpose of this subparagraph, “direct services” are services, supports, care, supervision, or assistance provided by staff directly to a consumer to address the

consumer's needs, as identified in the individual program plan, and includes staff's participation in training and other activities directly related to providing services to consumers, as well as program preparation functions as defined in Section 54302 of Title 17 of the California Code of Regulations.

(v) Commencing July 1, 2023, a vendor shall be in compliance with the home- and community-based final rule, effective March 17, 2014, or implementing a corrective action plan, to be eligible for the quality incentive program described in subdivision (e).

(C) Commencing July 1, 2024, the department shall implement the fully funded rate models. The fully funded rate models shall be implemented using two payment components, a base rate equaling 90 percent of the rate model, and a quality incentive payment, equaling up to 10 percent of the rate model, to be implemented through the quality incentive program described in subdivision (e).

(2) (A) Effective July 1, 2024, it is the intent of the Legislature that rates be uniform within service categories and adjusted for geographic cost differentials, including differentials in wages, the cost of travel, and the cost of real estate.

(B) Providers who were not identified as requiring a rate increase in the rate study are not eligible for rate adjustments pursuant to paragraph (1).

(d) (1) Beginning in the 2021–22 fiscal year, the department shall implement a hold harmless policy for providers whose rates exceed rate model recommendations. The policy shall freeze a provider's existing rates until June 30, 2026, after which time the provider's rates shall be adjusted to equal the rates for other providers in the provider's service category and region.

(2) Notwithstanding paragraph 1, the department may adjust rates as a result of reviews or audits.

(e) In conjunction with implementing rate reform, the department shall implement a quality incentive program in order to improve consumer outcomes, service provider performance, and the quality of services.

(1) (A) The department shall, with input from stakeholders develop quality measures or benchmarks, or both, for consumer outcomes and regional center and service provider performance. Measures or benchmarks, or both, shall initially include process- and performance-related measures for service providers and, by the conclusion of the 2025–26 fiscal year, shall also evolve to include outcome measures at the individual consumer level. In developing the proposed measures or benchmarks, or both, the department shall do all of the following:

(i) Gather public input through regularly held public meetings that are accessible both virtually and by telephone. Public meeting agendas and meeting materials shall be posted at least three days in advance of any meeting and shared by various means, including internet website updates, focus groups, and other communication.

(ii) Provide documents, which may include, but are not limited to, updates, concept papers, interim reports, proposals, and performance and quality measures and benchmarks, and revisions to these materials, to the Legislature and post these materials on an internet website for public comment at least 30 days, as required by the Centers for Medicare and Medicaid Services prior to submitting a request for federal funding.

(iii) Seek input from subject matter experts to understand options for outcomes-based system structures using person-centered planning and alternative payment models.

(B) (i) On or before April 1, 2022, proposed quality measures or benchmarks, or both, shall be provided to the Legislature and posted for public comment, as described in subparagraph (A). After the department has considered public comments and modified the proposed quality measures or benchmarks, or both, as needed, the measures or benchmarks, or both, shall be finalized and implemented in the 2022–23 fiscal year.

(ii) On or before April 1 of any subsequent year in which the department proposes new or revised quality measures or benchmarks, or both, the proposed measures or benchmarks, or both, shall be provided to the Legislature and posted for public comment, as described in subparagraph (A). After the department has considered public comments and modified the proposed quality measures or benchmarks, or both, as needed, the measures or benchmarks, or both, shall be finalized and implemented in the upcoming fiscal year.

(2) The department shall develop a quality incentive payment structure for providers meeting the quality measures or benchmarks, or both, developed pursuant to paragraph (1). The department shall issue written directives to define the way quality incentive payments will be made to service providers based on quality measures or benchmarks, or both, developed and implemented under this subdivision.

(f) On or before March 1, 2022, the department shall provide a status update to the Legislature regarding progress toward implementing rate reform and creating an enhanced person-centered, outcomes-based system. The status update may include, but is not limited to, information about all of the following:

(1) Additional changes that may be necessary to effectively implement rate reform, including adding and amending statutes, regulations, and other departmental policies.

(2) Compliance with rules of the federal Medicaid program, including the home- and community-based services final rule effective on March 17, 2014, and state compliance consistent with the current federal guidance, including all of the following:

(A) A definition of what it means to be compliant with the rules of the federal Medicaid program.

(B) Whether there are certain service categories that are unlikely to achieve compliance due to the structure of the service, and, if so, which categories this includes.

(C) Data about the total number of providers within each service category and the estimated number of providers that have not yet achieved compliance.

(3) Program and system improvement efforts made as a result of the state’s home- and community-based services additional federal funding, including the one-time investment implemented beginning in the 2021–22 state fiscal year, including a description of how the department will build on the investments.

(g) For purposes of this section, “rate model” means a rate model included in the rate study submitted to the Legislature pursuant to Section 4519.8.

(h) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this section by means of written directives or similar instructions through July 1, 2025.

(i) Implementation of this section is contingent upon the approval of federal funding.

**(Amended by Stats. 2022, Ch. 49, Sec. 16. (SB 188) Effective June 30, 2022.)**



**CHAPTER 2. STATE COUNCIL ON DEVELOPMENTAL DISABILITIES**  
(Chapter 2 added by Stats. 1977, Ch. 1252.)

**Article 1. Composition and Appointments**  
(Article 1 added by Stats. 1977, Ch. 1252.)

4520. (a) A State Council on Developmental Disabilities with authority independent of any single state service agency is hereby created.

(b) The Legislature finds that in each of the 56 states and territories, the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.)) establishes State Councils on Developmental Disabilities that work to promote the core values of the act, including self-determination, independence, productivity, integration, and inclusion in all aspects of community life.

(c) The Legislature finds that California's State Council on Developmental Disabilities was established pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 to engage in advocacy, capacity building, and systemic change activities that are consistent with the policy contained in federal law and contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system that includes the provision of needed community services, individualized supports, and other forms of assistance that promote self-determination for individuals with developmental disabilities and their families. It is the intent of the Legislature that the state council independently exercise its authority and responsibilities under federal law, expend its federal funding allocation, and exercise all powers and duties that may be necessary to carry out the purposes contained in applicable federal law.

(d) The Legislature finds that the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 requires the council to promote certain principles that include all of the following:

(1) Individuals with developmental disabilities, including those with the most severe developmental disabilities, are capable of self-determination, independence, productivity, and integration and inclusion in all facets of community life, but often require the provision of community services, individualized supports, and other forms of assistance.

(2) Individuals with developmental disabilities and their families have competencies, capabilities, and personal goals that should be recognized, supported, and encouraged, and any assistance to these individuals should be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of these individuals.

(3) Individuals with developmental disabilities and their families are the primary decisionmakers regarding the services and supports these individuals and their families receive, including choosing where an individual lives from available options, and have decisionmaking roles in policies and programs that affect the lives of these individuals and their families.

(e) (1) The Legislature finds that the state council faces unique challenges in ensuring access and furthering these principles due to the state's size, diversity, and a service delivery system that promotes significant local control.

(2) Therefore, it is the intent of the Legislature that the state council, consistent with its authority and responsibilities under federal law, ensure that the council is accessible and responsive to the diverse geographic, racial, ethnic, and language needs of individuals with developmental disabilities and their families throughout California, which in part may, as determined by the state council, be achieved through the establishment of regional offices, the number and location of which may be determined by the state council.

(f) This chapter, Chapter 3 (commencing with Section 4561), and Division 4.7 (commencing with Section 4900), are intended by the Legislature to secure full compliance with the requirements of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 as amended and extended, which provides federal funds to assist the state in planning, coordinating, monitoring, and evaluating services for persons with developmental disabilities and in establishing a system to protect and advocate the legal and civil rights of persons with developmental disabilities.

(g) The state council may use funds and other moneys allocated to the state council in accordance with the purposes of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000. This section does not preclude the state council from using moneys other than moneys provided through the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 in any manner consistent with applicable federal and state law.

**(Amended by Stats. 2015, Ch. 303, Sec. 575. (AB 731) Effective January 1, 2016.)**

4520.5. Notwithstanding any other law, the state council shall determine the structure of its organization, as required by the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.)).

**(Amended by Stats. 2015, Ch. 303, Sec. 576. (AB 731) Effective January 1, 2016.)**

4521. (a) (1) All references to "council" or "state council" in this division shall be a reference to the State Council on Developmental Disabilities.

(2) "Developmental disability," as used in this chapter, means a developmental disability as defined in Section 15002(8) of Title 42 of the United States Code.

(b) There shall be 31 voting members on the state council appointed by the Governor from among the residents of the state, as follows:

(1) (A) Twenty members of the council shall be nonagency members who reflect the socioeconomic, geographic, disability, racial, ethnic, and language diversity of the state, and who shall be persons with a developmental disability or their parents, immediate relatives, guardians, or conservators residing in California. Of the 20 members:

(i) At least seven members shall be persons with developmental disabilities.

(ii) At least seven members shall be a person who is a parent, immediate relative, guardian, or conservator of a person with a developmental disability.

(iii) At least one of the members shall be a person with a developmental disability who is a current or former resident of an institution or his or her immediate relative, guardian, or conservator.

(B) To ensure that state council membership is geographically representative, as required by federal law, the Governor shall appoint the members described in clauses (i) and (ii) of subparagraph (A) from the geographical area of each regional office, if

regional offices have been established by the council. Each member described in clauses (i) and (ii) of subparagraph (A) may, in the discretion of the state council, serve as a liaison from the state council to consumers and family members in the geographical area that he or she is from.

(2) Eleven members of the council shall include the following:

(A) The Secretary of California Health and Human Services, or his or her designee, who shall represent the agency and the state agency that administers funds under Title XIX of the Social Security Act for people with developmental disabilities.

(B) The Director of Developmental Services or his or her designee.

(C) The Director of Rehabilitation or his or her designee.

(D) The Superintendent of Public Instruction or his or her designee.

(E) A representative from a nongovernmental agency or group concerned with the provision of services to persons with developmental disabilities.

(F) One representative from each of the three university centers for excellence in the state, pursuant to Section 15061 et seq. of Title 42 of the United States Code, providing training in the field of developmental services, or his or her designee. These individuals shall have expertise in the field of developmental disabilities.

(G) The Director of Health Care Services or his or her designee.

(H) The executive director of the agency established in California to fulfill the requirements and assurance of Title I, Subtitle C, of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 for a system to protect and advocate the rights of persons with developmental disabilities, or his or her designee.

(I) The Director of the California Department of Aging or his or her designee.

(c) Prior to appointing the members described in paragraph (1) of, and subparagraph (E) of paragraph (2) of, subdivision (b), the Governor shall consult with the current members of the council, including nonagency members of the council, and consider recommendations from organizations representing persons with a broad range of developmental disabilities, or persons interested in, or providing services to, or both, persons with developmental disabilities.

(d) The term of each member described in paragraph (1) of, and subparagraph (E) of paragraph (2) of, subdivision (b) shall be for three years. The term of these members shall begin on the date of appointment by the Governor and these members shall serve no more than two terms.

(e) A member may continue to serve following the expiration of his or her term until the Governor appoints that member's successor. The state council shall notify the Governor regarding membership requirements of the council and shall notify the Governor, in writing, immediately when a vacancy occurs prior to the expiration of a member's term, at least six months before a member's term expires, and when a vacancy on the council remains unfilled for more than 60 days.

**(Amended by Stats. 2015, Ch. 303, Sec. 577. (AB 731) Effective January 1, 2016.)**

4521.5. Notwithstanding Section 7.5 of the Government Code, each designee shall act as the member in his or her place and stead to all intents and purposes as though the director or secretary were personally present, including the right of the designee to be counted in constituting a quorum to participate in the proceeding of the state council and to vote upon any and all matters.

Each designee shall have the right to represent the director or secretary who appointed him or her regardless of the number of other designees representing directors

or secretaries at a particular meeting or session of the state council. Each designee shall represent only one director or secretary at any meeting or session of the state council.

(Amended by Stats. 2008, Ch. 419, Sec. 2. Effective January 1, 2009.)

4521.6. For purposes of this chapter, the Governor's appointment of the Secretary of Health and Human Services, the Director of the California Department of Aging, Director of Developmental Services, Director of Health Services, and Director of the Department of Rehabilitation shall also constitute his or her appointment as a member of the State Council on Developmental Disabilities.

(Added by Stats. 2002, Ch. 676, Sec. 7. Effective January 1, 2003.)

4522. Nothing in this chapter shall prevent the reappointment or replacement of any individual presently serving on the existing state council if the reappointment or replacement is in conformity with all of the criteria established in this chapter.

(Amended by Stats. 2002, Ch. 676, Sec. 8. Effective January 1, 2003.)

4523. Persons appointed to membership on the state council shall have demonstrated interest and leadership in human service activities, including interest in Californians who have developmental disabilities, their families, services, and supports.

(Amended by Stats. 2002, Ch. 676, Sec. 9. Effective January 1, 2003.)

## **Article 2. Conflict of Interest**

(Article 2 added by Stats. 1977, Ch. 1252.)

4525. (a) In order to prevent any potential conflicts of interest, members of the state council may not be employees of a state, local, or private agency or facility that provides services to persons with a developmental disability, or be members of the governing board of any entity providing the service, when the service is funded in whole or in part with state funds.

(b) For purposes of this section, "employees of a state, local, or private agency or facility that provides services to persons with a developmental disability" shall not be deemed to include any of the following:

(1) A parent, relative, guardian or conservator, who receives public funds expressly for the purpose of providing direct services to his or her child, relative, ward or conservatee, respectively, who is a person with a developmental disability.

(2) A person with a developmental disability who receives employment services through a provider receiving state or federal funds, or who receives funds directly to pay for his or her own services and supports.

(3) A person who serves as a member of a regional advisory committee of the state council, established pursuant to Article 6.

(c) This section shall not apply to the appointments made pursuant to subparagraphs (A), (B), (C), (D), (F), (G), (H), and (I) of paragraph (2) of subdivision (b) of Section 4521.

(Amended by Stats. 2014, Ch. 409, Sec. 8. (AB 1595) Effective January 1, 2015.)

### **Article 3. Designated State Agency**

(Heading of Article 3 amended by Stats. 2014, Ch. 409, Sec. 9. (AB 1595) Effective January 1, 2015.)

4530. (a) The California Health and Human Services Agency shall be the designated state agency for support to the state council. The agency secretary shall ensure the state council is provided efficient accounting, financial management, personnel, and other reasonable support services when requested by the council in the performance of its mandated responsibilities.

(b) The designation of the California Health and Human Services Agency shall not limit the council's scope of concern to health programs or limit the council's responsibilities or functions regarding all other pertinent state and local programs, as defined in Article 5 (commencing with Section 4540) of this chapter.

(c) The designation of the California Health and Human Services Agency shall not interfere in any way with the provisions of Section 4552 requiring all personnel employed by the council to be solely responsible, organizationally and administratively, to the council.

(Amended by Stats. 2014, Ch. 409, Sec. 10. (AB 1595) Effective January 1, 2015.)

### **Article 4. Organization**

(Article 4 added by Stats. 1977, Ch. 1252.)

4535. (a) The state council shall meet at least six times per year, and, upon call of its chairperson, as often as necessary to fulfill its duties. All meetings and records of the state council shall be open to the public.

(b) The state council shall, by majority vote of the voting members, elect its own chairperson and vice chairperson who shall have full voting rights on all state council actions, from among the appointed members, described in paragraph (1) of subdivision (b) of Section 4521. The council shall establish any committees it deems necessary or desirable. The chairperson shall appoint all members of committees of the state council. The chairs and vice chairs of the state council and its standing committees shall be individuals with a developmental disability, or the parent, sibling, guardian, or conservator of an individual with a developmental disability.

(c) The state council may appoint technical advisory consultants and may establish committees composed of professional persons serving persons with developmental disabilities as necessary for technical assistance. The state council may call upon representatives of all agencies receiving state or federal funds for assistance and information, and shall invite persons with developmental disabilities, their parents, guardians, or conservators, professionals, or members of the general public to participate on state council committees, when appropriate.

(d) When convening any task force or advisory group, the state council shall make its best effort to ensure representation by consumers and family members representing the state's multicultural diversity.

(Amended by Stats. 2014, Ch. 409, Sec. 11. (AB 1595) Effective January 1, 2015.)

**Article 5. State Council Functions**

(Article 5 added by Stats. 1977, Ch. 1252.)

4540. The state council, established pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.)), shall do all of the following:

(a) Serve as an advocate for individuals with developmental disabilities and, through council members, staff, consultants, and contractors and grantees, conduct advocacy, capacity building, and systemic change activities.

(b) Develop and implement the state plan in accordance with requirements issued by the United States Secretary of Health and Human Services, monitor and evaluate the implementation of this plan, and submit reports as the United States Secretary of Health and Human Services may reasonably request. The state council may review and comment on other plans and programs in the state affecting individuals with developmental disabilities.

(c) Serve as the official agency responsible for planning the provision of the federal funds allotted to the state under Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.), by conducting and supporting advocacy, capacity building, and systemic change activities. The council may itself conduct these activities and may provide grant funding to local agencies in compliance with applicable state and federal law, for those same purposes.

(d) Prepare and approve a budget, for the use of amounts paid to the state to hire any staff and to obtain the services of any professional, technical, or clerical personnel consistent with state and federal law, as the council determines to be necessary to carry out its functions.

(e) To the extent that resources are available, implement the state plan by conducting activities including, but not limited to, all of the activities specified in paragraphs (1) to (11), inclusive.

(1) Encouraging and assisting in the establishment or strengthening of self-advocacy organizations led by individuals with developmental disabilities.

(2) Supporting and conducting geographically based outreach activities to identify individuals with developmental disabilities and their families who otherwise might not come to the attention of the council and assist and enable the individuals and families to obtain services, individualized supports, and other forms of assistance, including access to special adaptation of generic community services or specialized services.

(3) Supporting and conducting training for persons who are individuals with developmental disabilities, their families, and personnel, including professionals, paraprofessionals, students, volunteers, and other community members, to enable those persons to obtain access to, or to provide, community services, individualized supports, and other forms of assistance, including special adaptation of generic community services or specialized services for individuals with developmental disabilities and their families.

(4) Supporting and conducting technical assistance activities to assist public and private entities to contribute to the objectives of the state plan.

(5) Supporting and conducting activities to assist neighborhoods and communities to respond positively to individuals with developmental disabilities and their families.

(6) Supporting and conducting activities to promote interagency collaboration and coordination at the state and local levels to better serve, support, assist, or advocate for individuals with developmental disabilities and their families.

(7) Coordinating with related councils, committees, and programs to enhance coordination of services.

(8) Supporting and conducting activities to eliminate barriers to access and use of community services by individuals with disabilities, enhance systems design and redesign, and enhance citizen participation to address issues identified in the state plan.

(9) Supporting and conducting activities to educate the public about the capabilities, preferences, and needs of individuals with developmental disabilities and their families, and to develop and support coalitions that support the policy agenda of the council, including training in self-advocacy, education of policymakers, and citizen leadership roles.

(10) Supporting and conducting activities to provide information to policymakers by supporting and conducting studies and analyses, gathering information, and developing and disseminating model policies and procedures, information, approaches, strategies, findings, conclusions, and recommendations. The council may provide the information directly to federal, state, and local policymakers, including the Congress of the United States, the federal executive branch, the Governor, the Legislature, and state agencies in order to increase the abilities of those policymakers to offer opportunities and enhance or adapt generic services to meet the needs of, or provide specialized services to, individuals with developmental disabilities and their families.

(11) Supporting, on a time-limited basis, activities to demonstrate new approaches to serving individuals with developmental disabilities that are a part of an overall strategy for systemic change.

(f) Prepare an annual written report of its activities, its recommendations, and an evaluation of the efficiency of the administration of this division to the Governor and the Legislature. This report shall include both the statewide and regional activities of the state council. This report shall be submitted to the Legislature in accordance with Section 9795 of the Government Code.

(g) Except as otherwise provided in this division, the state council shall not engage in the administration of the day-to-day operation of service programs identified in the state plan, nor in the financial management and accounting of funds.

**(Amended by Stats. 2015, Ch. 303, Sec. 578. (AB 731) Effective January 1, 2016.)**

4541. The state council may, in its discretion, and in addition to the activities specified in subdivision (e) of Section 4540, implement the state plan by conducting activities that may include, but are not limited to, the following:

(a) Appointing an authorized representative for persons with developmental disabilities according to all of the following:

(1) To ensure the protection of civil and service rights of persons with developmental disabilities, the state council may appoint a representative to assist the person in expressing his or her desires and in making decisions and advocating his or her needs, preferences, and choices, when the person with developmental disabilities has no parent, guardian, or conservator legally authorized to represent him or her and the person has either requested the appointment of a representative or the rights or

interests of the person, as determined by the state council, will not be properly protected or advocated without the appointment of a representative.

(2) When there is no guardian or conservator, the individual's choice, if expressed, including the right to reject the assistance of a representative, shall be honored. If the person does not express a preference, the order of preference for selection of the representative shall be the person's parent, involved family members, or a volunteer selected by the state council. In establishing these preferences, it is the intent of the Legislature that parents or involved family members shall not be required to be appointed guardian or conservator in order to be selected. Unless the person with developmental disabilities expresses otherwise, or good cause otherwise exists, the request of the parents or involved family members to be appointed the representative shall be honored.

(3) Pursuant to this section, the state council shall appoint a representative to advocate the rights and protect the interest of a person residing in a developmental center for whom community placement is proposed pursuant to Section 4803. The representative may obtain the advocacy assistance of the regional center clients' rights advocate.

(b) Conducting public hearings and forums and the evaluation and issuance of public reports on the programs identified in the state plan, as may be necessary to carry out the duties of the state council.

(c) Identifying the denial of rights of persons with disabilities and informing the appropriate local, state, or federal officials of their findings, and assisting these officials in eliminating all forms of discrimination against persons with developmental disabilities in housing, recreation, education, health and mental health care, employment, and other service programs available to the general population.

(d) Reviewing and commenting on pertinent portions of the proposed plans and budgets of all state agencies serving persons with developmental disabilities including, but not limited to, the State Department of Education, the Department of Rehabilitation, and the State Department of Developmental Services, and local agencies to the extent resources allow.

(e) (1) Promoting systems change and implementation by reviewing the policies and practices of publicly funded agencies that serve or may serve persons with developmental disabilities to determine if the programs are meeting their obligations, under local, state, and federal laws. If the state council finds that the agency is not meeting its obligations, the state council may inform the director and the governing board of the noncomplying agency, in writing, of its findings.

(2) Within 15 days, the agency shall respond, in writing, to the state council's findings. Following receipt of the agency's response, if the state council continues to find that the agency is not meeting its obligations, the state council may pursue informal efforts to resolve the issue.

(3) If, within 30 days of implementing informal efforts to resolve the issue, the state council continues to find that the agency is not meeting its obligations under local, state, or federal statutes, the state council may conduct a public hearing to receive testimony on its findings.

(4) The state council may take any action it deems necessary to resolve the problem.

(f) Reviewing and publicly commenting on significant regulations proposed to be promulgated by any state agency in the implementation of this division.



(g) Monitoring and evaluating the effectiveness of appeals procedures established in this division.

(h) Providing testimony to legislative committees reviewing fiscal or policy matters pertaining to persons with developmental disabilities.

(i) Conducting, or causing to be conducted, investigations or public hearings to resolve disagreements between state agencies, or between state and regional or local agencies, or between persons with developmental disabilities and agencies receiving state funds. These investigations or public hearings shall be conducted at the discretion of the state council only after all other appropriate administrative procedures for appeal, as established in state and federal law, have been fully utilized.

(j) Any other activities prescribed in statute that are consistent with the purposes of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.)) and the state plan developed pursuant to subdivision (b) of Section 4540.

(Amended by Stats. 2015, Ch. 303, Sec. 579. (AB 731) Effective January 1, 2016.)

### **Article 6. State Council Regional Offices and Advisory Committees**

(Heading of Article 6 amended by Stats. 2014, Ch. 409, Sec. 14. (AB 1595) Effective January 1, 2015.)

4544. (a) (1) The state council may establish regional offices that are accessible to and responsive to the diverse geographic, ethnic, and language needs of consumers and families throughout the state. As of January 1, 2015, regional offices of the state council in existence as of December 31, 2014, shall continue to exist, within the same geographic regions of the state.

(2) Effective January 1, 2015, the state council shall have full authority to establish, maintain, and operate regional offices, including the number and location of those offices.

(b) To ensure involvement of persons with developmental disabilities, their families, and other members of the public at the regional level and to ensure the responsiveness of the state council to the geographic, ethnic, and language diversity of the state, any regional office established by the state council may be advised by a regional advisory committee. As of January 1, 2015, advisory boards of the regional offices, known as area boards on developmental disabilities, in existence on December 31, 2014, shall thereafter be known as state council regional advisory committees.

(c) All references to "regional office" in this chapter shall be a reference to state council regional offices. All references to "regional advisory committees" in this chapter shall be a reference to state council regional advisory committees.

(d) Any state council regional offices and advisory committees established by the state council shall be constituted and shall operate according to policies and procedures that may be established by the council.

(Amended by Stats. 2014, Ch. 409, Sec. 16. (AB 1595) Effective January 1, 2015.)

4545. The state council may periodically review the number and geographic boundaries of regional offices needed to effectively implement this division, by methods including, but not limited to, conducting public hearings in affected regions and seeking input from regional advisory committees, persons with developmental disabilities, family members, service providers, advocates, and other interested parties.

Public notice shall be provided at least 120 days before any changes in the number of or boundaries of regional offices.

**(Repealed and added by Stats. 2014, Ch. 409, Sec. 18. (AB 1595) Effective January 1, 2015.)**

4546. The membership of any regional advisory committees established or continued by the state council prior to January 1, 2015, shall, upon expiration of the terms of individuals who are members of those committees on January 1, 2015, be determined through policies and procedures established by the council.

**(Repealed and added by Stats. 2014, Ch. 409, Sec. 20. (AB 1595) Effective January 1, 2015.)**

4548. Any regional advisory committee established shall, at the request of the state council, do all of the following:

(a) Advise the state council and its regional office on local issues and identify and provide input regarding local systemic needs within its community.

(b) Provide input and be a source of data for the state council to consider in the formulation of the state plan.

(c) Provide public information programs for consumers, families, professional groups, and for the general public to increase professional and public awareness of areas identified in the state plan.

(d) Engage in other activities as requested by the state council.

**(Repealed and added by Stats. 2014, Ch. 409, Sec. 23. (AB 1595) Effective January 1, 2015.)**

### **Article 7. State Council Costs and Support Services**

**(Heading of Article 7 amended by Stats. 2014, Ch. 409, Sec. 24. (AB 1595) Effective January 1, 2015.)**

4550. The state council's operating costs may include honoraria for state council members and actual and necessary expenses for state council members and regional advisory committee members, as described in this article, and other administrative, professional, and secretarial support services necessary to the operation of the state council. Federal developmental disability funds received by the state under Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.), shall be allotted in any one year for these operating costs. Each member of the state council shall receive one hundred dollars (\$100) per day for each full day of work performed directly related to council business, not to exceed 50 days in any fiscal year, and shall be reimbursed for any actual and necessary expenses incurred in connection with the performance of their duties under this division.

**(Amended by Stats. 2014, Ch. 409, Sec. 25. (AB 1595) Effective January 1, 2015.)**

4551. (a) Within the limit of funds allotted for these purposes, the state council shall appoint an executive director. All state council employees that the state council may require shall be appointed by the executive director.

(b) The executive director of the state council shall be exempt from civil service. All state council staff positions exempt from civil service on December 31, 2014, shall remain exempt on January 1, 2015, and thereafter, until the position becomes vacant or is transitioned to a civil service position.

(c) Each person who is a member of the state council staff, is exempt from civil service, and is employed by the state council on December 31, 2014, shall continue to be employed in a job classification at the same or higher salary by the state council on

January 1, 2015, and thereafter, unless he or she resigns or is terminated from employment.

(d) The state council may transition staff positions that were exempt from civil service on December 31, 2014, to civil service positions. Civil service positions shall be established for any positions that are transitioned pursuant to this subdivision.

(e) Notwithstanding any other law, a person who was a state council employee exempt from civil service on December 31, 2014, shall be eligible to apply for civil service examinations, including promotional civil service examinations described in Section 18992 of the Government Code. A person receiving a passing score shall have his or her name placed on lists resulting from these examinations, or otherwise gain eligibility for appointment. In evaluating minimum qualifications, experience in state council exempt positions shall be considered state civil service experience in a class deemed comparable by the State Personnel Board, based on the duties and responsibilities assigned.

**(Repealed and added by Stats. 2014, Ch. 409, Sec. 27. (AB 1595) Effective January 1, 2015.)**

4552. The state council may contract for additional assistance with any public or private agency or individual to carry out planning, monitoring, evaluation, and other responsibilities under this division. In order to comply with Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.) regulations, all personnel employed by the state council shall be solely responsible, organizationally and administratively, to the state council. The state council, through its executive director, shall have responsibility for the selection, hiring, and supervision of all its personnel.

**(Amended by Stats. 2014, Ch. 409, Sec. 28. (AB 1595) Effective January 1, 2015.)**

4552.5. The state council may request information, records, and documents from any other agency of state government, except for confidential patient records. These agencies shall comply with the reasonable requests of the state council.

**(Added by Stats. 2002, Ch. 676, Sec. 20. Effective January 1, 2003.)**

4553. To the extent provided in Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.), the state council shall have full authority on how it uses its funds for implementation of the state plan, including establishing, maintaining, and operating any regional offices.

**(Repealed and added by Stats. 2014, Ch. 409, Sec. 30. (AB 1595) Effective January 1, 2015.)**

4555. Notwithstanding any other provision of law, any contract entered into between the State of California and the state council may provide for periodic advanced payments for services to be performed under the contract. No advanced payment made pursuant to this section shall exceed 25 percent of the total annual contract amount.

**(Added by Stats. 2002, Ch. 676, Sec. 24. Effective January 1, 2003.)**

### **CHAPTER 3. CALIFORNIA DEVELOPMENTAL DISABILITIES STATE PLAN**

**(Chapter 3 added by Stats. 1977, Ch. 1252.)**

4561. (a) A state plan shall be prepared by the state council not less often than once every five years, and shall be reviewed and revised, as necessary, on an annual basis. All references in this part to "state plan" shall be references to the state plan described by Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.).

(b) The state plan shall include, but not be limited to, all state plan requirements contained in subtitles A and B of Title I of Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.), or requirements established by the United States Secretary of Health and Human Services.

**(Amended by Stats. 2014, Ch. 409, Sec. 32. (AB 1595) Effective January 1, 2015.)**

4562. (a) The state council shall conduct activities necessary to develop and implement the state plan in the various regions of the state.

(b) The state plan and its implementation shall be responsive to the needs of the state's diverse geographic, racial, ethnic, and language communities.

(c) In preparing this plan, the council may utilize information provided by any regional offices and regional advisory committees of the state council, statewide and local entities, individuals with developmental disabilities, family members, and other interested parties, to help identify and prioritize actions needed to improve California's system of services and supports for persons with developmental disabilities.

(d) The purpose of the plan shall be to ensure a coordinated and comprehensive system of community services and supports that is consumer and family centered and consumer and family directed, and to enable individuals with developmental disabilities to exercise self-determination, independence, productivity, and to be integrated and included in all facets of community life.

**(Amended by Stats. 2014, Ch. 409, Sec. 33. (AB 1595) Effective January 1, 2015.)**

4563. The state council shall assess the extent to which services, supports, and other forms of assistance are available to individuals with developmental disabilities and their families throughout the state and for the diverse populations of the state. The state council shall develop goals and objectives, based on the identified needs and priorities, to be included in the state plan.

**(Repealed and added by Stats. 2014, Ch. 409, Sec. 35. (AB 1595) Effective January 1, 2015.)**

4564. The state council shall conduct public hearings on the state plan and related budgetary issues prior to submission of the plan pursuant to Section 4565.

**(Amended by Stats. 2014, Ch. 409, Sec. 36. (AB 1595) Effective January 1, 2015.)**

4565. (a) The state plan shall be given to the Governor, the Secretary of the California Health and Human Services Agency, the University Centers for Excellence in Developmental Disabilities established pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, the protection and advocacy agency designated by the Governor to fulfill the requirements and assurances of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, and the Superintendent of Public Instruction for review and comment prior to its submission by the chairperson of the state council to the United States Secretary of Health and Human Services.

(b) Copies of the state plan shall be provided, no later than November 1 of each year, to the Director of Finance and to the Legislature for guidance in the development of the Governor's Budget and legislative review of the budget, and for guidance in other legislation pertaining to programs for persons with developmental disabilities.

**(Amended by Stats. 2014, Ch. 409, Sec. 37. (AB 1595) Effective January 1, 2015.)**

4567. All state agencies shall cooperate with the reasonable requests of the state council by providing information to the state council in the preparation of the state plan. Any expenditures incurred by state agencies in providing this assistance to the state council shall be identified in the state plan and in the state agency's annual budget. These expenditures may be funded in whole or in part by state funds appropriated as the required state share of the developmental disabilities program, or by federal funds from Public Law 106-402, as amended (42 U.S.C. Sec. 15001 et seq.), or both, when the state council allots funds for these purposes in the state plan.

(Amended by Stats. 2002, Ch. 676, Sec. 32. Effective January 1, 2003.)

4568. In no event shall the state council allot federal funds from Public Law 106-402, as amended (42 U.S.C. Sec. 15001 et seq.), to state agencies to replace state funds currently allocated to those agencies for the purpose of planning programs for persons with developmental disabilities.

(Amended by Stats. 2002, Ch. 676, Sec. 33. Effective January 1, 2003.)

#### CHAPTER 4. QUALITY ASSESSMENTS

(Heading of Chapter 4 amended by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 8. Effective July 28, 2009.)

4571. (a) It is the intent of the Legislature to ensure the well-being of consumers, taking into account their informed and expressed choices. It is further the intent of the Legislature to support the satisfaction and success of consumers through the delivery of quality services and supports. Evaluation of the services that consumers receive is a key aspect to the service system. Utilizing the information that consumers and their families provide about those services in a reliable and meaningful way is also critical to enable the department to assess the performance of the state's developmental services system and to improve services for consumers in the future. To that end, the State Department of Developmental Services, on or before January 1, 2010, shall implement an improved, unified quality assessment system, in accordance with this section.

(b) The department, in consultation with stakeholders, shall identify a valid and reliable quality assurance instrument that assesses consumer and family satisfaction, provision of services in a linguistically and culturally competent manner, and personal outcomes. The instrument shall do all of the following:

(1) Provide nationally validated, benchmarked, consistent, reliable, and measurable data for the department's Quality Management System.

(2) Enable the department and regional centers to compare the performance of California's developmental services system against other states' developmental services systems and to assess quality and performance among all of the regional centers.

(3) Include outcome-based measures such as health, safety, well-being, relationships, interactions with people who do not have a disability, employment, quality of life, integration, choice, service, and consumer satisfaction.

(4) Include outcome-based measures to evaluate the linguistic and cultural competency of regional center services that are provided to consumers across their lifetimes.

(c) To the extent that funding is available, the instrument identified in subdivision (b) may be expanded to collect additional data requested by the State Council on Developmental Disabilities.

(d) (1) The department shall contract with an independent agency or organization to implement, by January 1, 2010, the quality assurance instrument described in subdivision (b). The contractor shall be experienced in all of the following:

(A) Designing valid quality assurance instruments for developmental service systems.

(B) Tracking outcome-based measures such as health, safety, well-being, relationships, interactions with people who do not have a disability, employment, quality of life, integration, choice, service, and consumer satisfaction.

(C) Developing data systems.

(D) Data analysis and report preparation.

(E) Assessments of the services received by consumers who are moved from developmental centers to the community, given the Legislature's historic recognition of a special obligation to ensure the well-being of these persons.

(F) Issues related to linguistic and cultural competency.

(2) Notwithstanding any other law, the contract and any amendments pursuant to this section shall be exempt from all of the following:

(A) The personal services contracting requirements of Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code.

(B) The Public Contract Code, the State Contracting Manual, and the State Administration Manual.

(C) The approval of the Department of General Services.

(D) The approval of the Department of Technology.

(3) The exemptions specified in paragraph (2) shall remain in effect until there is more than one available assessment that meets the criteria in subdivision (b) from an organization that also meets the criteria in this subdivision.

(e) The department, in consultation with the contractor described in subdivision (d), shall establish the methodology by which the quality assurance instrument shall be administered, including, but not limited to, how often and to whom the quality assurance will be administered, and the design of a stratified, random sample among the entire population of consumers served by regional centers. The contractor shall provide aggregate information for all regional centers and the state as a whole. At the request of a consumer or the family member of a consumer, the survey shall be conducted in the primary language of the consumer or family member surveyed.

(f) The department shall contract with the state council to collect data for the quality assurance instrument described in subdivision (b). If, during the data collection process, the state council identifies any suspected violation of the legal, civil, or service rights of a consumer, or if it determines that the health and welfare of a consumer is at risk, that information shall be provided immediately to the regional center providing case management services to the consumer. At the request of the consumer or family, when appropriate, a copy of the completed survey shall be provided to the regional center providing case management services to improve the consumer's quality of services through the individual planning process.

(g) The department, in consultation with stakeholders, shall annually review the data collected from and the findings of the quality assurance instrument described in subdivision (b) and accept recommendations regarding additional or different criteria for the quality assurance instrument in order to assess the performance of the state's developmental services system and improve services for consumers.

(h) (1) Each regional center shall annually present data collected from, and the findings of, the quality assurance instrument described in subdivision (b) for that regional center, at a public meeting of its governing board in order to assess the comparative performance of the regional center and identify needed improvements in services for consumers, including, but not limited to, case management services. Notice of this meeting shall also be posted on the regional center's internet website at least 30 days prior to the meeting and shall be sent to regional center consumers and families and individual stakeholders at least 30 days prior to the meeting. The governing board shall provide a sufficient public comment period so members of the public may provide comments. Each regional center, in holding the meeting required by this subdivision, shall ensure that the meeting and meeting materials provide language access, as required by state and federal law.

(2) All regional center-specific reports generated by the department pursuant to this subdivision shall be made publicly available on the regional center's internet website in a machine-readable format, but shall not contain any personal identifying information about any person assessed.

(3) Within 60 days following its annual presentation, each regional center shall submit a report to the department regarding its implementation of the requirements of this section. The report shall include, but shall not be limited to, both of the following:

(A) Copies of the presentation described in paragraph (1), minutes from the meeting, and attendee comments.

(B) The regional center's recommendations and plans to use the information to address regional center priorities, strategic directions to improve specific areas of performance, or both.

(i) All reports generated pursuant to this section shall be made publicly available, but shall not contain any personal identifying information about any person assessed.

(j) All data collected pursuant to subdivision (c) shall be provided to the state council, but shall not contain personal identifying information about the persons being surveyed.

(k) Implementation of this section shall be subject to an annual appropriation of funds in the Budget Act for this purpose.

**(Amended by Stats. 2022, Ch. 49, Sec. 17. (SB 188) Effective June 30, 2022.)**

4572. The State Department of Developmental Services shall develop and implement a plan to monitor, evaluate, and improve the quality of community-based services through the use of a performance dashboard. The department shall work with stakeholders, including, but not limited to, regional centers, consumer advocates, providers, and the Legislature, on the development of the dashboard. The dashboard shall be published annually and in a machine-readable format. Each regional center shall publish its own dashboard and shall post a link to the department's dashboard on its internet website. The dashboard shall include, but not be limited to, all of the following metrics:

(a) Recognized quality and access measures.

(b) Measures to indicate the movement toward compliance with the federal Home and Community-Based Services Waiver rules (CMS 2249-F and CMS 2296-F).

(c) Measures to evaluate the changes in the number of consumers who work in competitive integrated employment.

(d) The number of complaints referred to the department pursuant to subdivision (c) of Section 4731, for every 1,000 consumers served, by each regional center.

(e) The number of administrative fair hearings held pursuant to Article 3 (commencing with Section 4710) of Chapter 7, separated by eligibility and service issues, for individuals ages three and over, for every one thousand consumers served, by each regional center.

(Amended by Stats. 2019, Ch. 28, Sec. 11. (SB 81) Effective June 27, 2019.)

## **CHAPTER 5. REGIONAL CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

(Chapter 5 added by Stats. 1977, Ch. 1252.)

### **Article 1. Regional Center Contracts**

(Article 1 added by Stats. 1977, Ch. 1252.)

4620. (a) In order for the state to carry out many of its responsibilities as established in this division, the state shall contract with appropriate agencies to provide fixed points of contact in the community for persons with developmental disabilities and their families, to the end that these persons may have access to the services and supports best suited to them throughout their lifetime. It is the intent of the Legislature in enacting this division that the network of regional centers for persons with developmental disabilities and their families be accessible to every family in need of regional center services. It is the further intent of the Legislature that the design and activities of regional centers reflect a strong commitment to the delivery of direct service coordination and that all other operational expenditures of regional centers are necessary to support and enhance the delivery of direct service coordination and services and supports identified in individual program plans.

(b) The Legislature finds that the service provided to individuals and their families by regional centers is of such a special and unique nature that it cannot be satisfactorily provided by state agencies. Therefore, private nonprofit community agencies shall be utilized by the state for the purpose of operating regional centers.

(Amended by Stats. 1992, Ch. 1011, Sec. 5. Effective January 1, 1993.)

4620.1. The Legislature recognizes the ongoing contributions many parents and family members make to the support and well-being of their children and relatives with developmental disabilities. It is the intent of the Legislature that the important nature of these relationships be respected and fostered by regional centers and providers of direct services and supports.

(Added by Stats. 1992, Ch. 1011, Sec. 6. Effective January 1, 1993.)

4620.2. (a) The State Department of Developmental Services, after consultation with stakeholder groups, shall develop a system of enrollment fees, copayments, or both, to be assessed against the parents of each child between the ages of three and 17 years who lives in the parent's home and receives services purchased through a regional center. This system shall be submitted to the Legislature on or before April 1, 2004, immediately prior to the fiscal year in which the system is to be implemented, and as a part of the Governor's proposed 2004–05 budget or subsequent legislation.

(b) The department, after consultation with stakeholder groups, shall submit a detailed plan for implementing a parental copayment system for children receiving



services purchased through a regional center. This plan shall be submitted to the Legislature by April 1, 2004.

(c) The plan submitted on or before April 1, 2004, pursuant to subdivision (b), and any resources requested in the 2004–05 Governor’s Budget and related authority may be subsequently modified during the legislative review process.

(d) The parental copayment system shall only be applicable to families that have adjusted gross family incomes of over 200 percent of the federal poverty level and that have a child who meets all of the following criteria:

(1) The child is receiving services purchased through a regional center.  
(2) The child is living at home.  
(3) The child is not otherwise eligible to receive services provided under the Medi-Cal program.

(4) The child is at least three years of age and not more than 17 years of age.

(e) The department’s plan shall address, at a minimum all of the following components for the development of a parental copayment system:

(1) Description of the families and children affected, including those families with more than one child as described under subdivision (d).

(2) Privacy issues and potential safeguards regarding the families’ income, the children’s regional center clinical records, and related matters.

(3) Schedule of parental copayments and any other related assessments, and criteria or service thresholds for which these copayments and assessments are based.

(4) The options for a sliding scale for the schedule of parental copayments based on family income and family size.

(5) Proposed limits on parental cost sharing.

(6) An exemption process for families who are experiencing financial hardships and may need deferral or waiver of any copayments or assessments.

(7) An appeal process for families who may dispute the level of copayment or assessments for which they are billed.

(8) The specific methods and processes to be used by the department, regional centers, or other responsible party, for the collection of all parental copayments and assessments.

(9) Any potentials for the disruption of services to applicable regional center consumers due to the implementation of a parental copayment system.

(10) The estimated amount of revenues to be collected and any applicable assumptions made for making this determination.

(11) Any estimate related to a slowing of the trend in the growth for regional center services due to the implementation of a parental copayment system.

(12) A comparison to how the State Department of Health Services and other state agencies utilize personal information to manage the delivery of benefits and assessment of copayments.

(13) A recommendation on whether the parental copayment system should be centralized at the department or decentralized in the regional centers and the basis for this recommendation.

(14) The estimated cost for implementing a parental copayment system, including any costs associated with consultant contracts, state personnel, revenue collection, computer system processing, regional center operations, or any other cost factor that would need to be included in order to capture all estimated costs for implementation.

(15) The timeframe for which the parental copayment system is to be implemented.

(f) (1) In order for the department to develop a detailed plan for the implementation of a parental copayment system, the department shall collect information from selected families. In order to be cost efficient and prudent regarding the collection of information, the department may conduct a survey of only those families known to have children not eligible for the Medi-Cal program. The survey instrument may only be used for the sole purpose of obtaining information that is deemed necessary for the development of a parental copayment system, including the following:

(A) A family's annual adjusted gross family income.

(B) The number of family members dependent on that income.

(C) The number of children who meet the criteria specified in subdivision (d).

(2) Results of the survey in the aggregate shall be provided to the Legislature as part of the department's plan as required by subdivision (a).

**(Added by Stats. 2003, Ch. 230, Sec. 47. Effective August 11, 2003.)**

4620.3. (a) To provide more uniformity and consistency in the administrative practices and services of regional centers throughout the state, promote appropriateness of services, maximize efficiency of funding, address the state budget deficit, ensure consistency with Lanterman Act values, maintain the entitlement to services, and improve cost-effectiveness, the department, in collaboration with stakeholders, shall develop best practices for the administrative management of regional centers and for regional centers to use when purchasing services for consumers and families.

(b) In developing regional center administrative management best practices, the department shall consider the establishment of policies and procedures to ensure prudent fiscal and program management by regional centers; effective and efficient use of public resources; consistent practices to maximize the use of federal funds; detection and prevention of fraud, waste, and abuse; and proper contracting protocols.

(c) In developing purchase of services best practices, the department shall consider eligibility for the service; duration of service necessary to meet objectives set in an individual program plan; frequency and efficacy of the service necessary to meet objectives in an individual program plan; impact on community integration; service providers' qualifications and performance; rates; parental and consumer responsibilities pursuant to Sections 4646.4, 4659, 4677, 4782, 4783, and 4784 of this code and Section 95004 of the Government Code; and self-directed service options.

(d) The department shall ensure that implementation of best practices that impact individual services and supports are made through the individual program planning process as provided for in this division or an individualized family service plan pursuant to Section 95020 of the Government Code, and that consumers and families are notified of any exceptions or exemptions to the best practices and their appeal rights established in Section 4701.

(e) Purchase of services best practices developed pursuant to this section may vary by service category and may do all of the following:

(1) Establish criteria determining the type, scope, amount, duration, location, and intensity of services and supports purchased by regional centers for consumers and their families.

(2) Modify payment rates.

(3) Reflect family and consumer responsibilities, pursuant to Sections 4646.4, 4659, 4677, 4782, 4783, and 4784 of this code and Section 95004 of the Government Code.

(f) Purchase of services best practices shall include provisions for exceptions to ensure the health and safety of the consumer or to avoid out-of-home placement or institutionalization.

(g) Best practices developed pursuant to this section shall not do either of the following:

(1) Endanger a consumer's health or safety.

(2) Compromise the state's ability to meet its commitments to the federal Centers for Medicare and Medicaid Services for participation in the Home and Community-Based Services Waiver or other federal funding of services for persons with developmental disabilities.

(h) The department shall submit the proposed best practices to the fiscal and applicable policy committees of the Legislature by no later than May 15, 2011. This submission shall include a description of the process followed to collaborate with system stakeholders; the anticipated impact of the best practices, coupled with prior reductions on consumers, families, and providers; estimated cost savings associated with each practice; and draft statutory language necessary to implement the best practices. Implementation of the best practices shall take effect only upon subsequent legislative enactment.

**(Added by Stats. 2011, Ch. 9, Sec. 1. (SB 74) Effective March 24, 2011.)**

4620.4. (a) (1) The Legislature finds and declares that more than a quarter of Californians are foreign born, and more than 10 percent of the state's population speaks English "not well" or "not at all." Access to accurate, timely, understandable, and culturally sensitive and competent information and referral services for these communities is a critical need. A review of 2018-19 purchase of service expenditures reflects the following average per capita expenditures for all age groups by ethnicity, illustrating existing disparity gaps in the developmental services system:

(A) Twenty-seven thousand nine hundred thirty-one dollars (\$27,931) for individuals who are White.

(B) Twenty-two thousand nine hundred fourteen dollars (\$22,914) for individuals who are Black or African American.

(C) Fourteen thousand eight hundred thirty-six dollars (\$14,836) for individuals who are Asian.

(D) Eleven thousand seven hundred sixty dollars (\$11,760) for individuals who are Latinx or Hispanic.

(2) Language access and culturally competent services are critical components to advance health and human services equity and improve outcomes for all Californians served under the Lanterman Act.

(b) The State Department of Developmental Services shall administer an enhanced language access and cultural competency initiative for individuals with developmental disabilities, their caregivers, and their family members. The department shall require regional centers to implement this initiative through its contracts pursuant to Section 4640.6. The primary goal is to improve quality and facilitate more consistent access to information and services.

(c) Allowable uses of the funds provided to regional centers include, but are not limited to, all of the following:

(1) Identification of vital documents and internet website content for translation, as well as points of public contact in need of oral and sign language interpretation services.

(2) Orientations and specialized group and family information sessions with ample and publicized question and answer periods, scheduled at times considered most convenient for working families and in consultation with community leaders.

(3) Regular and periodic language needs assessments to determine threshold languages for document translation.

(4) Coordination and streamlining of interpretation and translation services.

(5) Implementation of quality control measures to ensure the availability, accuracy, readability, and cultural appropriateness of translations.

(d) The use of these funds shall not supplant any existing efforts or funds for similar purposes, but are intended to augment and provide maximum additional benefit to the greatest number of persons served, their caregivers, and their families.

(e) The department shall report annually, beginning January 10, 2022, as part of the Governor's Budget and the May Revision, how these funds are being utilized and what remaining needs for language access and culturally competent services are identified by people served, the community, and regional centers as the initiative implements.

(f) Regional centers shall receive specialized funding allocations to facilitate applications for payments authorized to protect the health and safety of consumers, pursuant to paragraph (1) of subdivision (a) of Section 4681.6, for non-English speaking individuals served. Funded activities shall include specialized outreach and case management services toward identifying which individuals might have an unaddressed need for a health and safety waiver and assisting with guiding individuals through the application process to meet those needs. Regional centers shall track the number of individuals served through this effort and provide this information to the department on at least an annual basis.

**(Amended by Stats. 2021, Ch. 85, Sec. 16. (AB 135) Effective July 16, 2021.)**

4620.5. (a) Beginning as early as possible after July 1, 2021, but no later than September 1, 2021, the department shall convene a workgroup, which shall be composed of individuals described under subdivision (b), to make recommendations to the department for the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations.

(b) The director shall appoint members to the stakeholder group and shall consider all of the following individuals to serve as members of that group:

(1) Individuals or consultants with expertise in developing performance indicators and incentive programs within developmental disability systems or community-based long-term services and supports systems.

(2) Consumers and families across different geographic regions of the state, who have diverse racial and ethnic backgrounds, diverse consumer age groups, and disabilities.

(3) Regional center representatives.

(4) Service providers.

(5) Representatives of other state agencies or entities with whom the department routinely collaborates for the coordination of services for people with developmental

disabilities, and who additionally have expertise in setting or reporting indicators and benchmarks, including reporting to the federal Centers for Medicare and Medicaid Services.

(6) Representatives of California's University Centers for Excellence in Developmental Disabilities, the State Council on Developmental Disabilities, the protection and advocacy agency specified in Division 4.7 (commencing with Section 4900), and consumer and family advocacy groups.

(c) By January 10, 2022, as part of the Governor's Budget, the department shall provide a status update based on recommendations provided by the stakeholder workgroup, with an additional status update at the time of the Governor's May Revision. These recommendations may include all of the following:

(1) Priority areas for performance indicators and benchmarks, including, but not limited to, all of the following:

- (A) Equity in service access and purchase of services.
- (B) Consumer employment and associated metrics.
- (C) Integration of consumers in the community.
- (D) Person-centered planning.
- (E) Compliance with federal home and community-based standards.
- (F) Consumer and family experience and satisfaction.
- (G) Innovation in service availability and delivery.

(2) Surveys or other measures to assess consumer and family experience, satisfaction, and recommendations, in addition the use of data available through the National Core Indicators.

(3) Benchmarks, and a method for establishing benchmarks, to create meaningful comparisons and understanding of variation in performance within and between regional centers.

(4) Measures under development or already implemented by federal funding agencies for long-term services and supports, home and community-based services, incentive payments, required reporting, and the efficient and effective implementation of performance improvement systems.

(5) Additional criteria for demonstrating performance improvement, including improvement beyond benchmarks.

(6) The methodology, structure, and types of incentives to be used, including, if appropriate, a payment schedule and implementation timeline, for incentive payments to regional centers to achieve or exceed performance benchmarks. This methodology and structure shall include how the department shall take into consideration variations among regional centers, expectations for regional center community engagement activities, and any significant demographic, including economic or other differences, impacting a regional center's performance and how the department might build the identified benchmarks into regional center performance contracts.

(7) A process, based on the input from regional centers and other stakeholders, the department shall use on at least an annual basis to evaluate the success of a quality improvement process, including any incentive payment program.

**(Added by Stats. 2021, Ch. 76, Sec. 27. (AB 136) Effective July 16, 2021.)**

4621. The department, within the limitations of funds appropriated, shall contract with appropriate private nonprofit corporations for the establishment of regional centers.

Notwithstanding any other provision of law, any contract entered into pursuant to this section may provide for periodic advance payments for services to be performed under such contract. No advance payment made pursuant to this section shall exceed 25 percent of the total annual contract amount.

**(Added by Stats. 1977, Ch. 1252.)**

4621.5. Notwithstanding subdivision (c) of Section 1 of Chapter 501 of the Statutes of 1971, the department shall, within the limitations of funds appropriated, contract with an appropriate private nonprofit corporation or corporations to operate regional centers as follows:

- (a) One regional center to serve the Counties of Inyo, Kern, and Mono.
- (b) One regional center to serve the Counties of Riverside and San Bernardino.

**(Added by Stats. 1993, Ch. 364, Sec. 1. Effective January 1, 1994.)**

4622. The state shall contract only with agencies, the governing boards of which conform to all of the following criteria:

(a) The governing board shall be composed of individuals with demonstrated interest in, or knowledge of, developmental disabilities.

(b) The membership of the governing board shall include persons with legal, management or board governance, financial, and developmental disability program expertise. Board governance expertise may not be acquired solely by serving on a regional center board. The governing board of the regional center shall include members with financial expertise and members with management or board governance expertise by August 15, 2020.

(c) The membership of the governing board shall include representatives of the various categories of disability to be served by the regional center.

(d) The governing board shall reflect the geographic and ethnic characteristics of the area to be served by the regional center.

(e) A minimum of 50 percent of the members of the governing board shall be persons with developmental disabilities or their parents or legal guardians. No less than 25 percent of the members of the governing board shall be persons with developmental disabilities.

(f) Members of the governing board shall not be permitted to serve more than seven years within each eight-year period.

(g) (1) The regional center shall provide necessary training and support to these board members to facilitate their understanding and participation, including issues relating to linguistic and cultural competency.

(2) As part of its monitoring responsibility, the department shall review and approve the method by which training and support are provided to board members to ensure maximum understanding and participation by board members.

(3) Each regional center shall post on its internet website information regarding the training and support provided to board members.

(h) The governing board may appoint a consumers' advisory committee composed of persons with developmental disabilities representing the various categories of disability served by the regional center.

(i) The governing board shall appoint an advisory committee composed of a wide variety of persons representing the various categories of providers from which the regional center purchases client services. The advisory committee shall provide advice, guidance, recommendations, and technical assistance to the regional center

board in order to assist the regional center in carrying out its mandated functions. The advisory committee shall designate one of its members to serve as a member of the regional center board.

(j) (1) The governing board shall annually review the performance of the director of the regional center.

(2) The governing board shall annually review the performance of the regional center in providing services that are linguistically and culturally appropriate and may provide recommendations to the director of the regional center based on the results of that review.

(k) No member of the board who is an employee or member of the governing board of a provider from which the regional center purchases client services shall do any of the following:

(1) Serve as an officer of the board.

(2) Vote on any fiscal matter affecting the purchase of services from any regional center provider.

(3) Vote on any issue other than as described in paragraph (2), in which the member has a financial interest, as defined in Section 87103 of the Government Code, and determined by the regional center board. The member shall provide a list of the member's financial interests, as defined in Section 87103, to the regional center board.

Nothing in this section shall prevent the appointment to a regional center governing board of a person who meets the criteria for more than one of the categories listed above.

**(Amended by Stats. 2019, Ch. 28, Sec. 12. (SB 81) Effective June 27, 2019.)**

4622.5. By August 15 of each year, the governing board of each regional center shall submit to the department detailed documentation, as determined by the department, demonstrating that the composition of the board is in compliance with Section 4622. If the composition of the governing board is not in compliance with Section 4622, the governing board shall submit a plan to the department with its board composition documentation setting forth how and, in as expeditious a manner as possible, when the board will come into compliance, in part or in whole, with Section 4622.

**(Amended by Stats. 2019, Ch. 28, Sec. 13. (SB 81) Effective June 27, 2019.)**

4623. In the event that the governing board of the regional center is not composed of individuals as specified in subdivisions (a) to (f), inclusive, of Section 4622, such governing board shall establish a program policy committee which is composed of such individuals. The program policy committee shall appoint one of its members to serve as an ex officio member of the governing board.

**(Added by Stats. 1977, Ch. 1252.)**

4624. When the governing board of the regional center is not composed of individuals as specified in subdivisions (a) to (f), inclusive, of Section 4622, the program policy committee to the regional center shall be responsible for establishing the program policies of the regional center. All program policies adopted by a program policy committee shall conform to the provisions of this division and the contract between the department and the governing board.

**(Added by Stats. 1977, Ch. 1252.)**

4625. The department shall not contract with any new regional center contracting agency unless the governing board of the agency is composed of individuals as specified in subdivisions (a) to (f), inclusive, of Section 4622.

This section shall become operative on July 1, 1999.

**(Repealed (in Sec. 14) and added by Stats. 1997, Ch. 414, Sec. 14.5. Effective September 22, 1997. Section operative July 1, 1999, by its own provisions.)**

4625.5. (a) The governing board of each regional center shall adopt and maintain a written policy requiring the board to review and approve any regional center contract of two hundred fifty thousand dollars (\$250,000) or more, before entering into the contract.

(b) No regional center contract of two hundred fifty thousand dollars (\$250,000) or more shall be valid unless approved by the governing board of the regional center in compliance with its written policy pursuant to subdivision (a).

(c) For purposes of this section, contracts do not include vendor approval letters issued by regional centers pursuant to Section 54322 of Title 17 of the California Code of Regulations.

**(Added by Stats. 2011, Ch. 9, Sec. 3. (SB 74) Effective March 24, 2011.)**

4625.6. To ensure the delivery of independent legal advice, an attorney retained or employed by the governing board of the regional center to provide legal services shall not be an employee of the regional center.

**(Added by Stats. 2019, Ch. 28, Sec. 14. (SB 81) Effective June 27, 2019.)**

4625.7. The governing board of a regional center shall meet with representatives of the department upon a request by the Director of Developmental Services, and, if requested, the board shall exclude regional center employees from the meeting. The governing board shall meet with the department's representatives without preconditions for the meeting and at a time and date determined by the department. Not infringing on the department's authority otherwise provided in this section, at the department's discretion, efforts shall be made to meet with a governing board of a regional center at a mutually agreed-upon time, date, and place, with the goal of promoting attendance by board members.

**(Added by Stats. 2019, Ch. 28, Sec. 15. (SB 81) Effective June 27, 2019.)**

4626. (a) The department shall give a very high priority to ensuring that regional center board members and employees act in the course of their duties solely in the best interest of the regional center consumers and their families without regard to the interests of any other organization with which they are associated or persons to whom they are related. Board members, employees, and others acting on the regional center's behalf, as defined in regulations issued by the department, shall be free from conflicts of interest that could adversely influence their judgment, objectivity, or loyalty to the regional center, its consumers, or its mission.

(b) In order to prevent potential conflicts of interest, a member of the governing board or member of the program policy committee of a regional center shall not be any of the following:

(1) An employee of the State Department of Developmental Services or any state or local agency that provides services to a regional center consumer, if employed in a capacity which includes administrative or policymaking responsibility, or responsibility for the regulation of the regional center.



(2) An employee or a member of the state council or a state council regional advisory committee.

(3) Except as otherwise provided in subdivision (h) of Section 4622, an employee or member of the governing board of any entity from which the regional center purchases consumer services.

(4) Any person who has a financial interest, as defined in Section 87103 of the Government Code, in regional center operations, except as a consumer of regional center services.

(c) A person with a developmental disability who receives employment services through a regional center provider shall not be precluded from serving on the governing board of a regional center based solely upon receipt of these employment services.

(d) The department shall ensure that no regional center employee or board member has a conflict of interest with an entity that receives regional center funding, including, but not limited to, a nonprofit housing organization and an organization qualified under Section 501(c)(3) of the Internal Revenue Code, that actively functions in a supporting relationship to the regional center.

(e) The department shall develop and publish a standard conflict-of-interest reporting statement. The conflict-of-interest statement shall be completed by each regional center governing board member and each regional center employee specified in regulations, including, at a minimum, the executive director, every administrator, every program director, every service coordinator, and every employee who has decisionmaking or policymaking authority or authority to obligate the regional center's resources.

(f) Every new regional center governing board member and regional center executive director shall complete and file the conflict-of-interest statement described in subdivision (e) with his or her respective governing board within 30 days of being selected, appointed, or elected. Every new regional center employee referenced in subdivision (e) and every current regional center employee referenced in subdivision (e) accepting a new position within the regional center shall complete and file the conflict-of-interest statement with his or her respective regional center within 30 days of assuming the position.

(g) Every regional center board member and regional center employee referenced in subdivision (e) shall complete and file the conflict-of-interest statement by August 1 of each year.

(h) Every regional center board member and regional center employee referenced in subdivision (e) shall complete and file a subsequent conflict-of-interest statement upon any change in status that creates a potential or present conflict of interest. For the purposes of this subdivision, a change in status includes, but is not limited to, a change in financial interests, legal commitment, regional center or board position or duties, or both, or outside position or duties, or both, whether compensated or not.

(i) The governing board shall submit a copy of the completed conflict-of-interest statements of the governing board members and the regional center executive director to the department within 10 days of receipt of the statements.

(j) A person who knowingly provides false information on a conflict-of-interest statement required by this section shall be subject to a civil penalty in an amount up to fifty thousand dollars (\$50,000), in addition to any civil remedies available to the department. An action for a civil penalty under this provision may be brought by the department or any public prosecutor in the name of the people of the State of California.

(k) The director of the regional center shall review the conflict-of-interest statement of each regional center employee referenced in subdivision (e) within 10 days of receipt of the statement. If a potential or present conflict of interest is identified for a regional center employee that cannot be eliminated, the regional center shall, within 30 days of receipt of the statement, submit to the department a copy of the conflict-of-interest statement and a plan that proposes mitigation measures, including timeframes and actions the regional center or the employee, or both, will take to mitigate the conflict of interest.

(l) The department and the regional center governing board shall review the conflict-of-interest statement of the regional center executive director and each regional center board member to ensure that no conflicts of interest exist. If a present or potential conflict of interest is identified for a regional center director or a board member that cannot be eliminated, the regional center governing board shall, within 30 days of receipt of the statement, submit to the department and the state council a copy of the conflict-of-interest statement and a plan that proposes mitigation measures, including timeframes and actions the regional center governing board or the individual, or both, will take to mitigate the conflict of interest.

**(Amended by Stats. 2014, Ch. 409, Sec. 39. (AB 1595) Effective January 1, 2015.)**

4626.5. Each regional center shall submit a conflict-of-interest policy to the department by July 1, 2011, and shall post the policy on its Internet Web site by August 1, 2011. The policy shall do, or comply with, all of the following:

- (a) Contain the elements of this section and be consistent with applicable law.
- (b) Define conflicts of interest.
- (c) Identify positions within the regional center required to complete and file a conflict-of-interest statement.
- (d) Facilitate disclosure of information to identify conflicts of interest.
- (e) Require candidates for nomination, election, or appointment to a regional center board, and applicants for regional center director to disclose any potential or present conflicts of interest prior to being appointed, elected, or confirmed for hire by the regional center or the regional center governing board.
- (f) Require the regional center and its governing board to regularly and consistently monitor and enforce compliance with its conflict-of-interest policy.

**(Added by Stats. 2011, Ch. 9, Sec. 5. (SB 74) Effective March 24, 2011.)**

4627. (a) The director of the department shall adopt and enforce conflict-of-interest regulations to ensure that members of the governing board, program policy committee, and employees of the regional center make decisions with respect to the regional centers that are in the best interests of the center's consumers and families.

(b) The department shall monitor and ensure the regional centers' compliance with this section and Sections 4626 and 4626.5. Failure to disclose information pursuant to these sections and related regulations may be considered grounds for removal from the board or for termination of employment.

(c) The department shall adopt regulations to develop standard conflict-of-interest reporting requirements.

(d) The department shall adopt emergency regulations to implement this section and Sections 4626 and 4626.5 by May 1, 2011. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the

immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.9 of the Government Code, and the department is hereby exempted from that requirement. For purposes of subdivision (e) of Section 11346.1 of the Government Code, the 120-day period, as applicable to the effective period of an emergency regulatory action and submission of specified materials to the Office of Administrative Law, is hereby extended to 180 days.

(e) The department shall adopt regulations to implement the terms of subdivision (d) through the regular rulemaking process pursuant to Sections 11346 and 11349.1 of the Government Code within 18 months of the adoption of emergency regulations pursuant to subdivision (d).

**(Amended by Stats. 2011, Ch. 9, Sec. 6. (SB 74) Effective March 24, 2011.)**

4628. If, for good reason, a contracting agency is unable to meet all the criteria for a governing board established in this chapter, the director may waive those criteria for a period of time, not to exceed one year, with the approval of the state council.

**(Amended by Stats. 2014, Ch. 409, Sec. 40. (AB 1595) Effective January 1, 2015.)**

4629. (a) The state shall enter into five-year contracts with regional centers, subject to the annual appropriation of funds by the Legislature.

(b) The contracts shall include a provision requiring each regional center to render services in accordance with applicable provision of state laws and regulations.

(c) (1) The contracts shall include annual performance objectives that the department determines are necessary to ensure each regional center is complying with the requirement specified in subdivision (b), including, but not limited to, objectives that do both of the following:

(A) Be specific, measurable, and designed to do all of the following:

(i) Assist consumers to achieve life quality outcomes.

(ii) Achieve meaningful progress above the current baselines.

(iii) Develop services and supports identified as necessary to meet identified needs, including culturally and linguistically appropriate services and supports.

(iv) Measure progress in reducing disparities and improving equity in purchase of service expenditures.

(v) Measure progress, and report outcomes, in implementing the Employment First Policy, which may include, but are not limited to, measures addressing both of the following:

(I) Establishment of local partnership agreements between regional centers, local educational agencies, and the Department of Rehabilitation districts.

(II) The provision of information to consumers regarding the Employment First Policy, opportunities for employment, and available supports to achieve integrated competitive employment.

(B) Be developed through a public process as described in the department's guidelines that includes, but is not limited to, all of the following:

(i) Providing information, in an understandable form, to the community about regional center services and supports, including budget information and baseline data on services and supports and regional center operations.

(ii) Conducting a public meeting where participants can provide input on performance objectives and using focus groups or surveys to collect information from the community.

(iii) Circulating a draft of the performance objectives to the community for input prior to presentation at a regional center board meeting where additional public input will be taken and considered before adoption of the objectives.

(2) In addition to the performance objectives developed pursuant to this section, the department may specify in the performance contract additional areas of service and support that require development or enhancement by the regional center. In determining those areas, the department shall consider public comments from individuals and organizations within the regional center catchment area, the distribution of services and supports within the regional center catchment area, and review how the availability of services and supports in the regional area catchment area compares with other regional center catchment areas.

(d) Each contract with a regional center shall specify steps to be taken to ensure contract compliance, including, but not limited to, all of the following:

(1) Incentives that encourage regional centers to meet or exceed performance standards.

(2) Levels of probationary status for regional centers that do not meet, or are at risk of not meeting, performance standards. The department shall require that corrective action be taken by any regional center that is placed on probation. Corrective action may include, but is not limited to, mandated consultation with designated representatives of the Association of Regional Center Agencies or a management team designated by the department, or both. The department shall establish the specific timeline for the implementation of corrective action and monitor its implementation. When a regional center is placed on probation, the department shall provide the state council and the clients' rights advocacy contractor identified in Section 4433 with a copy of the correction plan, timeline, and any other action taken by the department relating to the probationary status of the regional center.

(e) In order to evaluate the regional center's compliance with its contract performance objectives and legal obligations related to those objectives, the department shall do both of the following:

(1) Annually assess each regional center's achievement of its previous year's objectives and make the assessment, including baseline data and performance objectives of the individual regional centers, available to the public. The department may make a special commendation of the regional centers that have best engaged the community in the development of contract performance objectives and have made the most meaningful progress in meeting or exceeding contract performance objectives.

(2) Regularly monitor the activities of the regional center to ensure compliance with the provisions of its contracts, including, but not limited to, reviewing all of the following:

(A) The regional center's public process for compliance with the procedures set forth in paragraph (2) of subdivision (c).

(B) Each regional center's performance objectives for compliance with the criteria set forth in paragraphs (1) and (2) of subdivision (c).

(C) Any public comments on regional center performance objectives sent to the department or to the regional centers, and soliciting public input on the public process and final performance standards.

(f) (1) Beginning May 1, 2020, and annually thereafter, each regional center's governing board shall hold one or more public meetings regarding its prior year's contract performance objectives and outcomes. The meetings may be held separately

from meetings held pursuant to Section 4660. The regional center shall provide individuals attending these meetings with data and any associated information to facilitate discussion and community input. Regional centers shall inform the department that a meeting has been scheduled at least 30 days prior to the meeting. Notice of the meetings shall also be posted on the regional center's internet website at least 30 days prior to the meeting and shall be sent to regional center consumers and families and individual stakeholders at least 30 days prior to the meeting. Each regional center, in holding the meetings required by this subdivision, shall ensure that the meetings and meeting materials provide language access, as required by state and federal law, and shall schedule the meetings at times and locations designed to promote attendance by the public. To encourage participation by diverse language, racial, and ethnic communities, the regional center shall consider strategies to promote opportunities for public comment.

(2) Each regional center governing board shall report to the department regarding the outcomes of each public meeting held pursuant to paragraph (1) within 90 days of the meeting. The report shall include, but shall not be limited to, both of the following:

(A) Copies of minutes from each meeting and comments obtained from other strategies utilized to provide opportunities for public comment from diverse language, racial, and ethnic communities.

(B) The regional center's recommendations and a plan to address areas where improvement is needed.

(g) The renewal of each contract shall be contingent upon compliance with the contract, including, but not limited to, the performance objectives and achievement of sufficient progress towards meeting the requirements of any corrective action plan imposed by the state, as determined through the department's evaluation.

**(Amended by Stats. 2019, Ch. 28, Sec. 16. (SB 81) Effective June 27, 2019.)**

4629.5. (a) In addition to the requirements set forth in Section 4629, the department's contract with a regional center shall require the regional center to adopt, maintain, and post on its internet website a board-approved policy regarding transparency and access to public information. The transparency and public information policy shall provide for timely public access to information, including, but not limited to, information regarding requests for proposals and contract awards, service provider rates, documentation related to establishment of negotiated rates, audits, and IRS Form 990. The transparency and public information policy shall be in compliance with applicable law relating to the confidentiality of consumer service information and records, including, but not limited to, Section 4514.

(b) To promote transparency, each regional center shall include on its internet website, as expeditiously as possible, at least all of the following:

- (1) Regional center annual independent audits.
- (2) Biannual fiscal audits conducted by the department.
- (3) Regional center annual reports pursuant to Section 4639.5.
- (4) Contract awards, including the organization or entity awarded the contract, and the amount and purpose of the award.

(5) Purchase of service policies and any other policies, guidelines, or regional center-developed assessment tools used to determine the transportation, personal assistant, or independent or supported living service needs of a consumer.

(6) The names, types of service, and contact information of all vendors, except consumers or family members of consumers.

(7) Board meeting agendas and approved minutes of open meetings of the board and all committees of the board.

(8) Bylaws of the regional center governing board.

(9) The annual performance contract and yearend performance contract entered into with the department pursuant to this division.

(10) The biannual Home and Community-based Services Waiver program review conducted by the department and the State Department of Health Care Services.

(11) The board-approved transparency and public information policy.

(12) The board-approved conflict-of-interest policy.

(13) Reports required pursuant to Section 4639.5.

(14) A link to the page on the department's internet website, specified in subdivision (d).

(15) The salaries, wages, and employee benefits for all managerial positions for which the primary purpose is the administrative management of the regional center, including, but not limited to, directors and chief executive officers.

(16) Regional center-specific reports generated pursuant to, and for the purposes of, subdivision (h) of Section 4571.

(c) The department shall establish and maintain a transparency portal on its internet website that allows consumers, families, advocates, and others to access provider and regional center information. Posted information on the department's internet website transparency portal shall include, but need not be limited to, all of the following:

(1) A link to each regional center's internet website information referenced in subdivision (b).

(2) Biannual fiscal audits conducted by the department.

(3) Vendor audits.

(4) Biannual Home and Community-based Services Waiver program reviews conducted by the department and the State Department of Health Care Services.

(5) Biannual targeted case management program and federal nursing home reform program reviews conducted by the department.

(6) Early Start Program reviews conducted by the department.

(7) Annual performance contract and year-end performance contract reports.

(d) The department shall establish and maintain a page on its internet website that includes both a list of services purchased by regional centers or provided directly to consumers by regional centers and a brief description of those services.

**(Amended by Stats. 2019, Ch. 28, Sec. 17. (SB 81) Effective June 27, 2019.)**

4629.7. (a) Notwithstanding any other provision of law, all regional center contracts or agreements with service providers in which rates are determined through negotiations between the regional center and the service provider shall expressly require that not more than 15 percent of regional center funds be spent on administrative costs. For purposes of this subdivision, direct service expenditures are those costs immediately associated with the services to consumers being offered by the provider. Funds spent on direct services shall not include any administrative costs. Administrative costs include, but are not limited to, any of the following:

(1) Salaries, wages, and employee benefits for managerial personnel whose primary purpose is the administrative management of the entity, including, but not limited to, directors and chief executive officers.

(2) Salaries, wages, and benefits of employees who perform administrative functions, including, but not limited to, payroll management, personnel functions, accounting, budgeting, and facility management.

(3) Facility and occupancy costs, directly associated with administrative functions.

(4) Maintenance and repair.

(5) Data processing and computer support services.

(6) Contract and procurement activities, except those provided by a direct service employee.

(7) Training directly associated with administrative functions.

(8) Travel directly associated with administrative functions.

(9) Licenses directly associated with administrative functions.

(10) Taxes.

(11) Interest.

(12) Property insurance.

(13) Personal liability insurance directly associated with administrative functions.

(14) Depreciation.

(15) General expenses, including, but not limited to, communication costs and supplies directly associated with administrative functions.

(b) Notwithstanding any other provision of law, all contracts between the department and the regional centers shall require that not more than 15 percent of all funds appropriated through the regional center's operations budget shall be spent on administrative costs. For purposes of this subdivision, "direct services" includes, but is not limited to, service coordination, assessment and diagnosis, monitoring of consumer services, quality assurance, and clinical services. Funds spent on direct services shall not include any administrative costs. For purposes of this subdivision, administrative costs include, but are not limited to, any of the following:

(1) Salaries, wages, and employee benefits for managerial personnel whose primary purpose is the administrative management of the regional center, including, but not limited to, directors and chief executive officers.

(2) Salaries, wages, and benefits of employees who perform administrative functions, including, but not limited to, payroll management, personnel functions, accounting, budgeting, auditing, and facility management.

(3) Facility and occupancy costs, directly associated with administrative functions.

(4) Maintenance and repair.

(5) Data processing and computer support services.

(6) Contract and procurement activities, except those performed by direct service employees.

(7) Training directly associated with administrative functions.

(8) Travel directly associated with administrative functions.

(9) Licenses directly associated with administrative functions.

(10) Taxes.

(11) Interest.

(12) Property insurance.

(13) Personal liability insurance directly associated with administrative functions.

(14) Depreciation.

(15) General expenses, including, but not limited to, communication costs and supplies directly associated with administrative functions.

(c) Consistent with subdivision (a), service providers and contractors, upon request, shall provide regional centers with access to any books, documents, papers, computerized data, source documents, consumer records, or other records pertaining to the service providers' and contractors' negotiated rates.

**(Added by Stats. 2011, Ch. 9, Sec. 8. (SB 74) Effective March 24, 2011.)**

4630. The contract between the state and the contracting agency shall not:

(a) Require information that violates client confidentiality.

(b) Prevent a regional center from employing innovative programs, techniques, or staffing arrangements which may reasonably be expected to enhance program effectiveness.

(c) Contain provisions which impinge upon the legal rights of private corporations chartered under California statutes.

(d) Prevent the right of employees of a regional center to self-organization, to form, join, or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection. Nothing in this subdivision shall be construed to limit the state's authority to contract within available funds pursuant to Section 4621 or to obligate the state to appropriate funds in excess of those appropriated in the then current Budget Act.

**(Amended by Stats. 1979, Ch. 931.)**

4631. (a) In order to provide to the greatest extent practicable a larger degree of uniformity and consistency in the services, funding, and administrative practices of regional centers throughout the state, the State Department of Developmental Services shall, in consultation with the regional centers, adopt regulations prescribing a uniform accounting system, a uniform budgeting and encumbering system, a systematic approach to administrative practices and procedures, and a uniform reporting system which shall include:

(1) Number and costs of diagnostic services provided by each regional center.

(2) Number and costs of services by service category purchased by each regional center.

(3) All other administrative costs of each regional center.

(b) The department's contract with a regional center shall require strict accountability and reporting of all revenues and expenditures, and strict accountability and reporting as to the effectiveness of the regional center in carrying out its program and fiscal responsibilities as established herein.

(c) The Director of Developmental Services shall publish a report of the financial status of all regional centers and their operations by February 28 of each year. At a minimum, the report shall include each regional center's budget and actual expenditures for the previous fiscal year and each center's budget and projected expenditures for the current fiscal year.

**(Amended by Stats. 2001, Ch. 171, Sec. 23. Effective August 10, 2001.)**

4632. If the department and a regional center are unable to resolve any contract dispute, including disputes between the regional center and the department over whether a contract should be renewed or continued, either party may request the state



council to review and advise with regard to the issues in dispute. The state council shall review and shall provide its advice in writing within 30 days of receiving a request for such review and advice. Copies of the state council's advice shall be transmitted to the Director of Developmental Services and the governing board of the regional center. The state council's advice shall not be binding upon either party.

**(Amended by Stats. 1982, Ch. 399, Sec. 1. Effective July 7, 1982.)**

4633. If the department or any regional center intends to adopt any material change in policy which will have a direct effect upon the contract between the state and the regional center, the department or the regional center shall give at least 30 days' notice of an intent to change policy, and, if necessary, the contract between the state and such regional center shall be amended. The department shall not require regional centers to provide or purchase any services beyond the level of the funding appropriation for such services. If the department should alter the rates of payments to providers, the regional center budget shall be adjusted accordingly.

**(Added by Stats. 1977, Ch. 1252.)**

4634. Contracts between the department and regional center shall be presented for final negotiation to regional center governing boards at least 90 days' prior to the effective date of such contracts. A regional center shall not be expected to perform functions not specified in the contract without a revision of such contract.

**(Added by Stats. 1977, Ch. 1252.)**

4635. (a) If any regional center finds that it is unable to comply with the requirements of this division or its contract with the state, the regional center shall be responsible for informing the department immediately that it does not expect to fulfill its contractual obligations. Failure to provide the notification to the department in a timely manner shall constitute grounds for possible revocation or nonrenewal of the contract. If any regional center makes a decision to cancel or not renew its contract with the department, the regional center shall give a minimum of 90 days' written notice of its decision.

(b) (1) If the department finds that any regional center is not fulfilling its contractual obligations, the department shall make reasonable efforts to resolve the problem within a reasonable period of time with the cooperation of the regional center, including the action described in paragraph (2) of subdivision (b) of Section 4629 or renegotiation of the contract.

(2) If the department's efforts to resolve the problem are not successful, the department shall issue a letter of noncompliance. The letter of noncompliance shall state the noncompliant activities and establish a specific timeline for the development and implementation of a corrective action plan. The department shall approve the plan and monitor its implementation. Letters of noncompliance shall be made available to the public upon request. The letter of noncompliance shall not include privileged or confidential consumer information or information that would violate the privacy rights of regional center board members or employees. The department shall notify the state council and shall provide the state council with a copy of the corrective action plan, the timeline, and any other action taken by the department relating to the requirements for corrective action.

(c) If the department finds that any regional center continues to fail in fulfilling its contractual obligations after reasonable efforts have been made, and finds that other

regional centers are able to fulfill similar obligations under similar contracts, and finds that it will be in the best interest of the persons being served by the regional center, the department shall take steps to terminate the contract and to negotiate with another governing board to provide regional center services in the area. These findings may also constitute grounds for possible nonrenewal of the contract in addition to, or in lieu of, other grounds.

(d) If the department makes a decision to cancel or not renew its contract with the regional center, the department shall give a minimum of 90 days' written notice of its decision, unless it has determined that the 90 days' notice would jeopardize the health or safety of the regional center's consumers, or constitutes willful misuse of state funds, as determined by the Attorney General. Within 14 days after receipt of the notice, the regional center may make a written protest to the department of the decision to terminate or not renew the contract. In that case, the department shall: (1) arrange to meet with the regional center and the state council within 30 days after receipt of the protest to discuss the decision and to provide its rationale for the termination or nonrenewal of the contract, and to discuss any feasible alternatives to termination or nonrenewal, including the possibility of offering a limited term contract of less than one fiscal year; and (2) initiate the procedures for resolving disputes contained in Section 4632. To the extent allowable under state and federal law, any outstanding audit exceptions or other deficiency reports, appeals, or protests shall be made available and subject to discussion at the meeting arranged under clause (1).

(e) When terminating or not renewing a regional center contract and negotiating with another governing board for a regional center contract, the department shall do all of the following:

(1) Notify the State Council on Developmental Disabilities, all personnel employed by the regional center, all service providers to the regional center, and all consumers of the regional center informing them that it proposes to terminate or not renew the contract with the regional center, and that the state will continue to fulfill its obligations to ensure a continuity of services, as required by state law, through a contract with a new governing board.

(2) Issue a request for proposals prior to selecting and negotiating with another governing board for a regional center contract. The state council shall review all proposals and make recommendations to the department.

(3) Request the state council and any other community agencies to assist the state by locating or organizing a new governing board to contract with the department to operate the regional center in the area. The state council shall cooperate with the department when that assistance is requested.

(4) Provide any assistance that may be required to ensure that the transfer of responsibility to a new regional center will be accomplished with minimum disruption to the clients of the service program.

(f) In no event shall the procedures for termination or nonrenewal of a regional center contract limit or abridge the state's authority to contract with any duly authorized organization for the purpose of service delivery, nor shall these procedures be interpreted to represent a continued contractual obligation beyond the limits of any fiscal year contract.

**(Amended by Stats. 2014, Ch. 409, Sec. 42. (AB 1595) Effective January 1, 2015.)**

4636. If necessary, to avoid disruption of the service program, the department may directly operate a regional center during the interim period between the termination of its contract with one governing board and the assumption of operating responsibility by a regional center contract with another governing board. In no event shall the department directly operate a regional center program for longer than 120 days before contracting with a new governing board. The department may, if requested by the new governing board, continue to provide additional assistance to avoid disruption of the service program, until such time as the governing board has assumed full responsibility for the operation of the program.

**(Added by Stats. 1977, Ch. 1252.)**

4638. Non-profit corporations operating regional centers shall not use state funds allocated to the corporation for operating the center for activities directly related to influencing employees of the center regarding their decision to organize or not to organize and to form a union or to join an existing union because these activities are not directly related to the purchase of services to clients. State funds shall not be used for these activities by the officers or employees of the corporation itself, by the officers or employees of the regional center, or by an independent contractor, consultant or attorney.

State funds shall not be used to litigate the issue of the application of the National Labor Relations Act to, nor the jurisdiction of the National Labor Relations Board over, non-profit corporations operating regional centers.

Nothing in this section shall be construed as limiting the employers rights under Section 8(c) of the National Labor Relations Act. Nothing in this section shall be construed as limiting the use of state funds by the regional center in the employment of, or for contracting for, assistance in good faith collective bargaining or in handling employee grievances, including arbitration, under an employee-employer contract.

**(Added by Stats. 1982, Ch. 327, Sec. 200. Effective June 30, 1982.)**

4639. (a) The governing board of a regional center shall annually contract with an independent accounting firm for an audited financial statement. The audit report and accompanying management letter shall be reviewed and approved by the regional center board and submitted to the department within 60 days of completion and before April 1 of each year. Upon submission to the department, the audit report and accompanying management letter shall be made available to the public by the regional center. It is the intent of the Legislature that no additional funds be appropriated for this purpose.

(b) For the 2011–12 fiscal year and subsequent years, the audit specified in subdivision (a) shall not be completed by the same accounting firm more than five times in every 10 years.

**(Amended by Stats. 2011, Ch. 9, Sec. 9. (SB 74) Effective March 24, 2011.)**

4639.5. (a) By December 1 of each year, each regional center shall provide a listing to the State Department of Developmental Services a complete current salary schedule for all personnel classifications used by the regional center. The information shall be provided in a format prescribed by the department. The department shall provide this information to the public upon request. From February 1, 2009, to June 30, 2010, inclusive, the requirements of this subdivision shall not apply.

(b) By December 1 of each year, each regional center shall report information to the department on all prior fiscal year expenditures from the regional center operations budget for all administrative services, including managerial, consultant, accounting, personnel, labor relations, and legal services, whether procured under a written contract or otherwise. Expenditures for the maintenance, repair, or purchase of equipment or property shall not be required to be reported for purposes of this subdivision. The report shall be prepared in a format prescribed by the department and shall include, at a minimum, for each recipient the amount of funds expended, the type of service, and purpose of the expenditure. The department shall provide this information to the public upon request. Regional centers shall not be required to prepare or submit the report required by this subdivision in 2009.

(c) Beginning July 1, 2016, and to the extent funds are appropriated in the annual Budget Act for this purpose, the department shall allocate thirty-one million one hundred thousand dollars (\$31,100,000), plus any associated matching funds, to provide a salary increase, benefit increase, or both, excluding unfunded retirement liabilities, for regional center operations. Of this amount, twenty-nine million seven hundred thousand dollars (\$29,700,000) shall be used for salary, benefit increases, or both, for regional center staff, and shall not supplant funding currently scheduled to be used for this purpose. These funds shall not be used to provide salary or benefit increases to regional center executive staff or for unfunded retirement liabilities. The remaining one million four hundred thousand dollars (\$1,400,000) shall be used for an increase for administrative costs, consistent with those specified in subdivision (b) of Section 4629.7, for both regional centers and clients' rights advocates contracts pursuant to subdivision (b) of Section 4433. Regional centers shall maintain documentation, subject to audit, on how this funding was allocated.

(d) By March 10, 2017, and again by October 1, 2017, and in a format prescribed by the department, each regional center shall report the following information to the department:

- (1) The total amount provided to staff for purposes of subdivision (c).
- (2) The position titles of staff receiving the increase and amounts of increases by title.
- (3) The number of service coordinators receiving the increase.
- (4) Data on staff turnover.
- (5) The classification of expenditures and amount for each of the administrative costs outlined in subdivision (b) of Section 4629.7.
- (6) The allocation methodology used by a regional center to distribute the funding.
- (7) Any other information determined by the department.

(e) In its 2017–18 May Revision fiscal estimate, the department shall describe the implementation of the increase provided in subdivision (c), including, but not limited to, the data described in subdivision (d), aggregated by regional center and statewide, and the impact of the increase on caseload ratios.

(f) Any regional center that fails to report the information required by subdivision (d) to the department shall forfeit the increases described in subdivision (c).

**(Amended by Stats. 2016, 2nd Ex. Sess., Ch. 3, Sec. 3. (AB 1 2x) Effective June 9, 2016.)**

4639.6. The Director of Developmental Services may issue directives to the regional centers as the director deems necessary to protect consumer rights, health, safety, or welfare, or in accordance with Section 4434. The regional center shall

comply with any directive issued by the director pursuant to this section. The directive shall not be in conflict with existing statutes or regulations.

(Added by Stats. 2019, Ch. 28, Sec. 18. (SB 81) Effective June 27, 2019.)

4639.75. (a) On an ongoing basis, and as necessary, the State Department of Developmental Services shall provide to regional centers, and make available on the Internet, up-to-date information about work incentive programs for persons with developmental disabilities and other information relevant to persons with developmental disabilities in making informed choices about employment options. This information may include, but not be limited to, the access and retention of needed benefits, the interactions of earned income, asset building, and other financial changes on benefits, employment resources and protections, taxpayer requirements and responsibilities, training opportunities, and information and services available through other agencies, organizations, or on the Internet.

(b) The department, in consultation with regional centers, shall assess the need for, and develop a plan for, training of regional center staff on employment issues facing persons with a developmental disability. The department shall not be required to implement training pursuant to this section if implementation cannot be achieved within existing resources, unless additional funding for this purpose becomes available.

(Added by Stats. 2006, Ch. 397, Sec. 3. Effective January 1, 2007.)

### **Article 1.1. Regional Center Worker Retention**

(Article 1.1 added by Stats. 2018, Ch. 975, Sec. 3. (SB 134) Effective January 1, 2019.)

4639.80. (a) Notwithstanding Section 4630 or any other law, a contract between the State Department of Developmental Services and a private nonprofit association for the operation of a regional center pursuant to Article 1 (commencing with Section 4620) that is entered into or renewed on and after January 1, 2019, shall include procedures for employee retention, as provided in this article.

(b) The following definitions apply for purposes of this article:

(1) "Change of operator" means the replacement, by the department, of a contractor with a successor contractor.

(2) "Contractor" means a nonprofit corporation with which the department contracts to operate a regional center pursuant to Sections 4621 and 4621.5.

(3) (A) "Covered employee" means an individual who has been employed by a contractor for at least 90 days immediately before a change of operator.

(B) "Covered employee" does not include any of the following:

(i) A managerial, supervisory, or confidential employee.

(ii) A temporary employee.

(iii) A part-time employee who has worked less than 20 hours per week for the predecessor contractor for at least 90 days immediately before the change of operator.

(4) "Department" means the State Department of Developmental Services.

(5) "Predecessor contractor" means the contractor before the change of operator.

(6) "Regional center" means a regional center as that term is used in this chapter.

(7) "Successor contractor" means the contractor following the change of operator.

(8) "Total compensation" means the combined value of the covered employee's wages and benefits immediately before the change of operator. Total compensation may be paid entirely as wages or in any combination of wages and fringe benefits, to be

determined by the successor contractor. Total compensation includes the following amounts:

(A) The covered employee's hourly wage rate or per diem value of the covered employee's monthly salary.

(B) Employer payments toward the covered employee's health and welfare and pension benefits. Employer payments toward health and welfare and pension benefits shall include only those payments that are recognized as employer payments under paragraphs (1) and (2) of subdivision (b) of Section 1773.1. of the Labor Code.

(9) "Transition period" means a period of 90 days immediately following the effective date of a change of operator.

(c) (1) The department shall notify a contractor operating a regional center that the department has awarded, or intends to award, the contract to a different contractor. The notification shall include the effective date of the change of operator and the name, address, and contact information of the successor contractor.

(2) At least 15 days before the effective date of the change of operator, the predecessor contractor shall provide to the successor contractor a list of the names, addresses, hire dates, total compensation, and classification of all covered employees.

**(Added by Stats. 2018, Ch. 975, Sec. 3. (SB 134) Effective January 1, 2019.)**

4639.81. A contract entered into or renewed pursuant to this article shall be subject to all of the following conditions:

(a) Except as otherwise provided in this section, the successor contractor shall agree to retain all covered employees for at least 90 days following a change of operator.

(1) During the transition period, the successor contractor shall not reduce the total compensation of any covered employee.

(2) During the transition period, the successor contractor shall not terminate a covered employee without cause.

(3) If the successor contractor determines in good faith that it requires fewer employees at a covered employee's principal place of employment during the transition period than were required by the predecessor contractor, the successor contractor shall retain qualified covered employees by seniority within each job classification.

(4) At the end of the transition period, the successor contractor shall make a written performance evaluation for each covered employee retained during the transition period.

(5) A successor contractor and a labor organization representing covered employees may, by collective bargaining agreement, provide that the agreement supersedes the requirements of this subdivision.

(b) At least 15 days before the effective date of a change of operator, the predecessor contractor shall cause to be posted public notice of the change of operator at each principal place of employment of any covered employee. The notice shall include the name of the predecessor contractor and its contact information, the name of the successor contractor and its contact information, and the effective date of the change of operator. The notice shall be posted in a conspicuous place in a manner to be readily viewed by covered employees. At least 15 days before the effective date of a change of operator, the predecessor contractor shall also cause the notice to be sent to any labor organization that represents the covered employees.

(c) A successor contractor shall retain the following records, in written or electronic format, for at least three years:

(1) The list provided to the successor contractor pursuant to paragraph (2) of subdivision (c) of Section 4639.80.

(2) All offers of employment made to covered employees.

(3) All terminations of covered employees during a transition period, including the reasons for termination.

(4) All written performance evaluations of covered employees made pursuant to paragraph (4) of subdivision (a).

(Added by Stats. 2018, Ch. 975, Sec. 3. (SB 134) Effective January 1, 2019.)

4639.82. (a) A covered employee who is not offered employment, who has been discharged in violation of this article, or who has been paid less than the covered employee's total compensation during the transition period, may bring an action against a successor contractor in any superior court of the State of California with jurisdiction over the successor contractor.

(b) Upon finding a violation of this article, the court may award back pay, calculated at the rate of the covered employee's total compensation, for each day the violation has occurred and continues to occur. The court may issue an injunction or appropriate order to stop the continued violation of this article, and provide any other relief as the court deems appropriate.

(c) If the covered employee is the prevailing party in the legal action, the court shall award the employee reasonable attorney's fees and costs as part of the costs recoverable.

(d) A covered employee shall not maintain a cause of action under this section solely due to the failure of a successor contractor to provide a written performance evaluation pursuant to paragraph (4) of subdivision (a) of Section 4639.81.

(e) The rights and remedies provided by this section are in addition to, and are not intended to supplant, any existing rights or remedies.

(Added by Stats. 2018, Ch. 975, Sec. 3. (SB 134) Effective January 1, 2019.)

4639.83. The provisions of this article are severable. If any provision of this article or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(Added by Stats. 2018, Ch. 975, Sec. 3. (SB 134) Effective January 1, 2019.)

## **Article 2. Regional Center Responsibilities**

(Article 2 added by Stats. 1977, Ch. 1252.)

4640. (a) Contracts between the department and regional centers shall specify the service area and the categories of persons that regional centers shall be expected to serve and the services and supports to be provided.

(b) In order to ensure uniformity in the application of the definition of developmental disability contained in this division, the Director of Developmental Services shall, by March 1, 1977, issue regulations that delineate, by diagnostic category and degree of disability, those persons who are eligible for services and supports by regional centers. In issuing the regulations, the director shall invite and

consider the views of regional center contracting agencies, the state council, and persons with a demonstrated and direct interest in developmental disabilities.

(Amended by Stats. 1998, Ch. 1043, Sec. 4. Effective January 1, 1999.)

4640.6. (a) In approving regional center contracts, the department shall ensure that regional center staffing patterns demonstrate that direct service coordination are the highest priority.

(b) Contracts between the department and regional centers shall require that regional centers implement an emergency response system that ensures that a regional center staff person will respond to a consumer, or individual acting on behalf of a consumer, within two hours of the time an emergency call is placed. This emergency response system shall be operational 24 hours per day, 365 days per year.

(c) Contracts between the department and regional centers shall require regional centers to have service coordinator-to-consumer ratios, as follows:

(1) An average service coordinator-to-consumer ratio of 1 to 62 for all consumers who have not moved from the developmental centers to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 79 consumers for more than 60 days.

(2) An average service coordinator-to-consumer ratio of 1 to 45 for all consumers who have moved from a developmental center to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 59 consumers for more than 60 days.

(3) The following coordinator-to-consumer ratios shall apply:

(A) All consumers enrolled in the Home and Community-based Services Waiver program for persons with developmental disabilities, an average service coordinator-to-consumer ratio of 1 to 62.

(B) All consumers who have moved from a developmental center to the community since April 14, 1993, and have lived continuously in the community for at least 12 months, an average service coordinator-to-consumer ratio of 1 to 62.

(C) All consumers who have not moved from the developmental centers to the community since April 14, 1993, and who are not described in subparagraph (A), an average service coordinator-to-consumer ratio of 1 to 66.

(4) Notwithstanding paragraphs (1) to (3), inclusive, an average service coordinator-to-consumer ratio of 1 to 40 for all consumers five years of age and younger.

(5) (A) Notwithstanding paragraphs (1) to (3), inclusive, enhanced service coordination, including a service coordinator-to-consumer ratio of 1 to 40, shall be available to consumers identified as having low or no purchase-of-service expenditures, as identified in the annual Budget Act.

(B) Enhanced service coordination, including the coordinator-to-consumer ratio specified in this paragraph shall be available to specified consumers until one of the following criteria are met:

(i) The family or consumer is no longer interested in receiving enhanced service coordination.

(ii) All of the consumer's identified service needs have been thoroughly explored and offered.

(iii) All information and training were provided to the family and consumer and the consumer's focused support goals were completed.



(iv) The family or consumer feels confident that they can continue to receive the assistance they need to be successful without receiving enhanced service coordination.

(C) For the purposes of this paragraph, “enhanced service coordination” may include, but is not limited to, all of the following:

- (i) Regular contact, via telephone or video, with consumers or their families.
- (ii) Maintaining no less than quarterly contact with consumers or their families.
- (iii) Having annual individual program plan or individual family service plan meetings.

(6) (A) Notwithstanding paragraphs (1) to (3), inclusive, an average service coordinator-to-consumer ratio of 1 to 25 for all consumers with complex needs.

(B) The coordinator-to-consumer ratio specified in this paragraph shall not be authorized for a consumer for more than 12 months after the consumer is no longer receiving the services described in clause (i) or (ii) of subparagraph (C), after the consumer is no longer placed in a facility described in clause (iii), (iv), (v), (vi), (vii), or (viii) of subparagraph (C), or after the department has made the determination described in clause (ix) of subparagraph (C), unless an extension is granted. An extension shall be based on a new and complete comprehensive assessment of the consumer’s needs. An extension may be granted one time, and shall not exceed six months.

(C) For the purposes of this paragraph, a “consumer with complex needs” means a consumer who is any of the following:

(i) Receiving regional center-funded mobile crisis services by a department-approved vendor, or has received those services within the past six months.

(ii) Receiving state-operated crisis assessment stabilization team services, or has received those services within the past six months.

(iii) Placed in a community crisis home, as defined in Section 4698.

(iv) Placed in an acute crisis home operated by the department, pursuant to Section 4418.7.

(v) Placed in a locked psychiatric setting or has been placed in a locked psychiatric setting in the past six months.

(vi) Placed in an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5.

(vii) Placed out of state as a result of appropriate services being unavailable within the state, pursuant to Section 4519.

(viii) Placed in a county jail and eligible for diversion pursuant to Chapter 2.8 (commencing with Section 1001.20) of Title 6 of Part 2 of the Penal Code or found incompetent to stand trial as described in Section 1370.1 of the Penal Code.

(ix) A person the department has determined cannot be safely served in a developmental center, as described in Section 6510.5.

(7) For purposes of paragraph (3), service coordinators may have a mixed caseload of consumers three years of age and younger, consumers enrolled in the Home and Community-based Services Waiver program for persons with developmental disabilities, and other consumers if the overall average caseload is weighted proportionately to ensure that overall regional center average service coordinator-to-consumer ratios as specified in paragraph (3) are met. For purposes of paragraph (3), in no case shall a service coordinator have an assigned caseload in excess of 84 for more than 60 days.

(d) For purposes of this section, “service coordinator” means a regional center employee whose primary responsibility includes preparing, implementing, and monitoring consumers’ individual program plans, securing and coordinating consumer services and supports, and providing placement and monitoring activities.

(e) In order to ensure that caseload ratios are maintained pursuant to this section, each regional center shall provide service coordinator caseload data to the department, annually for each fiscal year. The data shall be submitted in the format, including the content, prescribed by the department. Within 30 days of receipt of data submitted pursuant to this subdivision, the department shall make a summary of the data available to the public upon request. The department shall verify the accuracy of the data when conducting regional center fiscal audits. Data submitted by regional centers pursuant to this subdivision shall:

(1) Only include data on service coordinator positions as defined in subdivision (d). Regional centers shall identify the number of positions that perform service coordinator duties on less than a full-time basis. Staffing ratios reported pursuant to this subdivision shall reflect the appropriate proportionality of these staff to consumers served.

(2) Be reported separately for service coordinators whose caseload includes any of the following:

(A) Consumers who are three years of age and older and who have not moved from the developmental center to the community since April 14, 1993.

(B) Consumers who have moved from a developmental center to the community since April 14, 1993.

(C) Consumers who are younger than three years of age.

(D) Consumers enrolled in the Home and Community-based Services Waiver program.

(3) Not include positions that are vacant for more than 60 days or new positions established within 60 days of the reporting month that are still vacant.

(4) For purposes of calculating caseload ratios for consumers enrolled in the Home and Community-based Services Waiver program, vacancies shall not be included in the calculations.

(f) The department shall provide technical assistance and require a plan of correction for any regional center that, for two consecutive reporting periods, fails to maintain service coordinator caseload ratios required by this section or otherwise demonstrates an inability to maintain appropriate staffing patterns pursuant to this section. Plans of correction shall be developed following input from the state council, local organizations representing consumers, family members, regional center employees, including recognized labor organizations, and service providers, and other interested parties.

(g) Each time that new funds are appropriated in the annual Budget Act to the department for allocation to regional centers with the stated purpose of reducing caseload ratios, both of the following shall occur:

(1) Each regional center shall hold at least one public meeting during that year to receive stakeholder input to help inform the way the regional center allocates new positions funded through the allocation to that regional center. Stakeholders may include the state council, local organizations representing consumers, family members, community-based organizations that represent the ethnic and language diversity of the regional center catchment area, regional center employees, including

recognized labor organizations and service providers, and other interested parties. The public meeting required by this paragraph fulfills a regional center's requirement under subdivision (f) to gather input regarding its plan of correction if the plan of correction is discussed during the meeting.

(2) On or before October 10 of the year of the appropriation of funds, and again by March 10 of that fiscal year, and in a format prescribed by the department, each regional center shall report the following information to the department:

(A) The number of new service coordinator positions created with the funds allocated to reduce caseload ratios.

(B) Data on current caseload ratios as of March 1 and October 1, respectively.

(C) Any other information determined by the department.

(3) The department shall post the information required to be reported by a regional center pursuant to paragraph (2) on its internet website.

(h) Contracts between the department and regional center shall require the regional center to have, or contract for, all of the following areas:

(1) Criminal justice expertise to assist the regional center in providing services and supports to consumers involved in the criminal justice system as a victim, defendant, inmate, or parolee.

(2) Special education expertise to assist the regional center in providing advocacy and support to families seeking appropriate educational services from a school district.

(3) Family support expertise to assist the regional center in maximizing the effectiveness of support and services provided to families.

(4) Housing expertise to assist the regional center in accessing affordable housing for consumers in independent or supportive living arrangements.

(5) Community integration expertise to assist consumers and families in accessing integrated services and supports and improved opportunities to participate in community life.

(6) Quality assurance expertise, to assist the regional center to provide the necessary coordination and cooperation with the state council, in conducting quality-of-life assessments and coordinating the regional center quality assurance efforts.

(7) Each regional center shall employ at least one consumer advocate who is a person with developmental disabilities.

(8) Other staffing arrangements related to the delivery of services that the department determines are necessary to ensure maximum cost-effectiveness and to ensure that the service needs of consumers and families are met.

(9) Implicit bias training, pursuant to Section 4511.1, to increase service access and equity in the developmental services system.

(10) Language access and cultural competency services and support, pursuant to Section 4620.4, to allow consistent access to information and services and to advance person-centered health and human services equity outcomes toward the diminishment of racial, ethnic, and other disparities.

(i) Any regional center proposing a staffing arrangement that substantially deviates from the requirements of this section shall request a waiver from the department. Prior to granting a waiver, the department shall require a detailed staffing proposal, including, but not limited to, how the proposed staffing arrangement will benefit consumers and families served, and shall demonstrate clear and convincing support for the proposed staffing arrangement from constituencies served and impacted, that

include, but are not limited to, consumers, families, providers, advocates, and recognized labor organizations. In addition, the regional center shall submit to the department any written opposition to the proposal from organizations or individuals, including, but not limited to, consumers, families, providers, and advocates, including recognized labor organizations. The department may grant waivers to regional centers that sufficiently demonstrate that the proposed staffing arrangement is in the best interest of consumers and families served, complies with the requirements of this chapter, and does not violate any contractual requirements. A waiver shall be approved by the department for up to 12 months, at which time a regional center may submit a new request pursuant to this subdivision.

(j) From February 1, 2009, to June 30, 2010, inclusive, the following shall not apply:

(1) The service coordinator-to-consumer ratio requirements of paragraph (1), and subparagraph (C) of paragraph (3), of subdivision (c).

(2) The requirements of subdivision (e). The regional centers shall, instead, maintain sufficient service coordinator caseload data to document compliance with the service coordinator-to-consumer ratio requirements in effect pursuant to this section.

(3) The requirements of paragraphs (1) to (6), inclusive, of subdivision (h).

(k) From July 1, 2010, until June 30, 2013, the following shall not apply:

(1) The service coordinator-to-consumer ratio requirements of paragraph (1), and subparagraph (C) of paragraph (3), of subdivision (c).

(2) The requirements of paragraphs (1) to (6), inclusive, of subdivision (h).

(1) (1) Any contract between the department and a regional center entered into on and after January 1, 2003, shall require that all employment contracts entered into with regional center staff or contractors be available to the public for review, upon request. For purposes of this subdivision, an employment contract or portion thereof may not be deemed confidential nor unavailable for public review.

(2) Notwithstanding paragraph (1), the social security number of the contracting party may not be disclosed.

(3) The term of the employment contract between the regional center and an employee or contractor shall not exceed the term of the state's contract with the regional center.

**(Amended by Stats. 2022, Ch. 49, Sec. 18. (SB 188) Effective June 30, 2022.)**

4640.7. (a) It is the intent of the Legislature that regional centers assist persons with developmental disabilities and their families in securing those services and supports which maximize opportunities and choices for living, working, learning, and recreating in the community.

(b) Each regional center design shall reflect the maximum cost-effectiveness possible and shall be based on a service coordination model, in which each consumer shall have a designated service coordinator who is responsible for providing or ensuring that needed services and supports are available to the consumer. Regional centers shall examine the differing levels of coordination services needed by consumers and families in order to establish varying caseload ratios within the regional center which will best meet those needs of their consumers.

**(Added by Stats. 1992, Ch. 1011, Sec. 9. Effective January 1, 1993.)**

4640.8. When convening any task force or advisory group, a regional center shall make its best effort to ensure representation by consumers and family members representing the community's multicultural diversity.

**(Added by Stats. 1997, Ch. 414, Sec. 16. Effective September 22, 1997.)**

4640.9. Beginning July 1, 2020, each regional center shall provide to the department a copy of any corrective action plans and sanctions issued to a service provider, which shall include the name of the service provider, the type of action taken, and the date of action. Copies of corrective action plans and sanctions shall be submitted quarterly, no later than 45 days following the end of each fiscal quarter. The department shall provide a copy of all corrective action plans and sanctions to the protection and advocacy agency specified in Division 4.7 (commencing with Section 4900) within 30 days of its request. The department shall consult with regional centers and the protection and advocacy agency on the process for increasing consumer and family access to the information contained in corrective action plans and sanctions.

**(Added by Stats. 2019, Ch. 28, Sec. 20. (SB 81) Effective June 27, 2019.)**

4641. All regional centers shall conduct casefinding activities, including notification of availability of service in English and such other languages as may be appropriate to the service area, outreach services in areas with a high incidence of developmental disabilities, and identification of persons who may need service.

**(Added by Stats. 1977, Ch. 1252.)**

4641.1. (a) The Legislature finds and declares all of the following:

(1) The provision of services that are culturally and linguistically responsive to consumers is instrumental to improving access and equity in the developmental services system.

(2) Direct service professionals are critical to the provision of services and supports to individuals with intellectual and developmental disabilities and their families.

(3) In recognition of the value of effective communication between direct service professionals and the consumers and families they serve, the provision of a pay differential for bilingual and multilingual direct service professionals will increase consumer access to staff who speak their preferred language.

(b) The department, subject to an appropriation, shall establish and implement a system that promotes equity in access to services for regional center consumers by providing a pay differential to direct service professionals who can communicate in a language or medium other than English as part of their regular job duties.

(c) Notwithstanding any other law, a direct service professional described in subdivision (b) is eligible for a bilingual or multilingual differential if both of the following conditions are met:

(1) The duties currently assigned to the direct service professional require regular communication in a language or medium other than English with an individual that has a developmental disability, and when appropriate, their families.

(2) The direct service professional passes an examination certifying their ability to communicate in the language or medium other than English.

(3) For the purpose of this section, "medium other than English" includes, but is not limited to, American Sign Language and other sign languages and augmentative and alternative communication.

(d) The department may adopt emergency regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code. The department is exempted from the requirement that it describe specific facts showing the need for immediate action.

(e) Prior to implementation, the department shall provide a report to the Legislature detailing its plan to implement a wage differential for bilingual and multilingual staff.

**(Added by Stats. 2021, Ch. 76, Sec. 29. (AB 136) Effective July 16, 2021.)**

4641.5. (a) Effective July 1, 2011, regional centers shall begin transitioning all vendors of all regional center services to electronic billing for services purchased through a regional center. All vendors and contracted providers shall submit all billings electronically for services provided on or after July 1, 2012, with the exception of the following:

(1) A vendor or provider whose services are paid for by vouchers, as that term is defined in subdivision (i) of Section 4512.

(2) A vendor or provider who demonstrates that submitting billings electronically for services presents a substantial financial hardship for the provider.

(b) For purposes of this section, "electronic billing" is defined as the Regional Center e-Billing System Web application provided by the department.

**(Amended by Stats. 2012, Ch. 162, Sec. 196. (SB 1171) Effective January 1, 2013.)**

4642. (a) (1) Any person believed to have a developmental disability, and any person believed to have a high risk of parenting a developmentally disabled infant shall be eligible for initial intake and assessment services in the regional centers. In addition, any infant having a high risk of becoming developmentally disabled may be eligible for initial intake and assessment services in the regional centers. For purposes of this section, "high-risk infant" means a child less than 36 months of age whose genetic, medical, or environmental history is predictive of a substantially greater risk for developmental disability than that for the general population. The department, in consultation with the State Department of Public Health, shall develop specific risk and service criteria for the high-risk infant program on or before July 1, 1983. These criteria may be modified in subsequent years based on analysis of actual clinical experience.

(2) Initial intake shall be performed within 15 working days following request for assistance. Initial intake shall include, but need not be limited to, information and advice about the nature and availability of services provided by the regional center and by other agencies in the community, including guardianship, conservatorship, income maintenance, mental health, housing, education, work activity and vocational training, medical, dental, recreational, and other services or programs that may be useful to persons with developmental disabilities or their families. Intake shall also include a decision to provide assessment.

(3) (A) The department shall create, with input from stakeholders, standardized information packets to be provided to any person seeking services from a regional center. There shall be one information packet related to services provided under the California Early Intervention Services Act and another information packet related to services provided under the Lanterman Developmental Disabilities Services Act. The information packets shall be translated to provide language access, as required by state and federal law, shall be available in alternative formats and alternative modes of

communication, as required by federal law, and shall include, at a minimum, all of the following:

- (i) An overview of the regional center system.
- (ii) A resource guide for consumers and their families.
- (iii) Consumer rights.
- (iv) Contact information for the regional center, the department, the office of clients' rights advocacy, and the protection and advocacy agency specified in Division 4.7 (commencing with Section 4900).

(B) Each regional center shall distribute the information packets at intake, upon transfer to receiving services under the Lanterman Developmental Disabilities Services Act, and upon request. Each regional center shall begin distributing the information packets within 60 days following the department providing the information packets and issuing directives regarding the distribution of the information packets. In addition to, and not in lieu of, this requirement, each regional center shall post the full content of the most updated information packet on its internet website.

(b) A regional center shall communicate with the consumer and the consumer's family pursuant to this section in their native language, including providing alternative communication services and alternative formats, as required by state and federal law.

**(Amended by Stats. 2019, Ch. 28, Sec. 21. (SB 81) Effective June 27, 2019.)**

4643. (a) If assessment is needed, the assessment shall be performed within 120 days following initial intake. Assessment shall be performed as soon as possible and in no event more than 60 days following initial intake where any delay would expose the client to unnecessary risk to his or her health and safety or to significant further delay in mental or physical development, or the client would be at imminent risk of placement in a more restrictive environment. Assessment may include collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs and is conditional upon receipt of the release of information specified in subdivision (b).

(b) In determining if an individual meets the definition of developmental disability contained in subdivision (a) of Section 4512, the regional center may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from, other sources.

(c) At the time of assessment, the individual, or, where appropriate, the parents, legal guardian, or conservator, shall provide copies of any health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the individual, or where appropriate, the parents, legal guardians, or conservators, have no such benefits, the regional center shall not use that fact to negatively impact the services that the individual may or may not receive from the regional center.

(d) A regional center shall communicate with the consumer and his or her family pursuant to this section in their native language, including providing alternative

communication services, as required by Sections 11135 to 11139.7, inclusive, of the Government Code and implementing regulations.

**(Amended by Stats. 2013, Ch. 685, Sec. 5. (SB 555) Effective January 1, 2014.)**

4643.3. (a) (1) On or before April 1, 2002, the department shall develop evaluation and diagnostic procedures for the diagnosis of autism disorder and other autistic spectrum disorders.

(2) The department shall publish or arrange for the publication of the evaluation and diagnostic procedures required by paragraph (1). The published evaluation and diagnostic procedures shall be available to the public.

(b) The department shall develop a training program for regional center clinical staff in the utilization of diagnostic procedures for the diagnosis of autism disorder. The training program shall be implemented on or before July 1, 2002.

**(Added by Stats. 2001, Ch. 171, Sec. 26. Effective August 10, 2001.)**

4643.5. (a) If a consumer is, or has been determined to be, eligible or provisionally eligible for services by a regional center, the consumer shall also be considered eligible or provisionally eligible by any other regional center if the consumer has moved to another location within the state.

(b) An individual who is determined by any regional center to have a developmental disability or to be provisionally eligible shall remain eligible for services from regional centers unless a regional center, following a comprehensive reassessment, concludes that the original determination is clearly erroneous.

(c) Whenever a consumer transfers from one regional center catchment area to another, the level and types of services and supports specified in the consumer's individual program plan (IPP) shall be authorized and secured, if available, pending the development of a new IPP for the consumer. If these services and supports do not exist, the regional center shall convene a meeting to develop a new IPP within 30 days. Prior to approval of the new IPP, the regional center shall provide alternative services and supports that best meet the IPP objectives in the least restrictive setting. The department shall develop guidelines that describe the responsibilities of regional centers in ensuring a smooth transition of services and supports from one regional center to another, including, but not limited to, pretransferring planning and a dispute resolution process to resolve disagreements between regional centers regarding their responsibilities related to the transfer of case management services.

(d) (1) The following procedures shall apply to a consumer who is transferred from one regional center's catchment area to a different catchment area and meets any of the following conditions:

(A) The consumer has an order for foster care placement.

(B) The consumer is awaiting foster care placement.

(C) The consumer is placed in out-of-home care through voluntary placement as defined in subdivision (o) of Section 11400.

(2) (A) The county social worker or county probation officer shall immediately send a notice of relocation to the consumer's regional center of origin, which is the sending regional center, regarding a consumer who meets the criteria set forth in paragraph (1). The consumer's court-appointed attorney may also provide written notice of relocation. The notice of relocation shall be deemed received when the sending regional center receives written notice of relocation.



(B) Upon receiving the notice of relocation, the sending regional center shall immediately send a notice of transfer, and records needed for the planning process, including, but not limited to, the current IPP or individualized family services plan (IFSP), assessments, contact information for the consumer, the caregiver, the consumer's legal guardian, the current developmental services decisionmaker, and the current educational rights holder, by priority mail, facsimile, or email, to the receiving regional center, which is the regional center in the catchment area that the child will be transferred to.

(C) (i) The receiving regional center shall provide the sending regional center with contact information for a staff member who is available to confer with the planning team at the sending regional center regarding the types of services and providers available to address the service needs of the consumer in the consumer's new residential location.

(ii) Within 14 days of the notice of transfer, the receiving regional center shall provide the sending regional center with information regarding appropriate vendors and services to meet the needs of the consumer.

(iii) The sending regional center shall confer with the planning team and, using information provided by the receiving regional center, determine whether changes to the current IPP or IFSP are needed to meet the service needs of the consumer in the new residential location.

(iv) Prior to transfer of case management, the sending regional center shall ensure that services needed to support the consumer in the new residential location are included in the IPP or IFSP and the consumer is receiving the services and supports listed in the new or revised IPP or IFSP.

(3) (A) In the case of a consumer receiving services under this division, notwithstanding subdivision (g) of Section 4646, the sending regional center shall make every reasonable effort to initiate services, as provided for in the consumer's current IPP, as soon as possible following the notice of transfer to a new catchment area, but no later than 30 days from the date of notice of transfer. Efforts shall begin in advance of the IPP meeting. If all services identified in the consumer's IPP have not been initiated within 30 calendar days of the notice of transfer, the regional center shall report to the court of jurisdiction as described in subparagraph (B).

(B) If all services identified in the consumer's IPP have not been initiated within 30 calendar days after the notice of transfer, the sending regional center shall report in writing to the court, the county social worker or probation officer, as applicable, and the developmental services decisionmaker, all services that are being provided to the consumer, and the process to secure any additional services that have been identified in the consumer's IPP but not yet initiated. If all services identified in the consumer's IPP have not been initiated within 30 days, the regional center shall report in writing to the court, county social worker, probation officer, as applicable, and the developmental services decisionmaker at 30-day intervals until all services are initiated.

(C) (i) Services shall continue to be provided pursuant to subparagraph (A), pending the court's appointment of a developmental services decisionmaker, pursuant to subdivision (g) of Section 319, subdivision (a) of Section 361, or subdivision (b) of Section 726.

(ii) If the regional center is unable to obtain confirmation of the parent's, guardian's, or current developmental services decisionmaker's participation in the IPP meeting, the regional center shall notify the court having jurisdiction, the county placing agency,

and the consumer's attorney that the appointment of a new developmental services decisionmaker may be necessary.

(4) In the case of a consumer receiving services under the California Early Intervention Program pursuant to Title 14 (commencing with Section 95000) of the Government Code, the following procedures shall apply:

(A) The sending regional center shall make every reasonable effort to initiate services, as provided for in the consumer's current IFSP, as soon as possible following the notice of transfer but no later than 30 calendar days from the date of notice of transfer. Efforts shall begin in advance of the IFSP meeting. If all services identified in the consumer's IFSP have not been initiated within 30 calendar days of the notice of transfer, the regional center shall report to the court of jurisdiction as described in subparagraph (B).

(B) If all services identified in the consumer's IFSP have not been initiated within 30 calendar days of the notice of transfer, the sending regional center shall report in writing to the court, the county social worker or probation officer, as applicable, and the educational rights holder, all services that are being provided to the consumer, and the process to secure any additional services that have been identified in the consumer's IFSP but not initiated. If all services identified in the consumer's IFSP have not been initiated within 30 days, the regional center shall report in writing to the court, county social worker, probation officer, as applicable, and the educational rights holder at 30-day intervals until all services are initiated.

(C) (i) Services not requiring consent shall continue to be provided pursuant to subparagraph (A) pending the court's appointment of an educational rights holder, pursuant to subdivision (g) of Section 319, subdivision (a) of Section 361, or subdivision (b) of Section 726.

(ii) If the regional center is unable to obtain confirmation of the parent's, guardian's, or current educational rights holder participation in the IFSP meeting, the regional center shall notify the court of jurisdiction, the county placing agency, and the consumer's attorney that the appointment of a new educational rights holder may be necessary.

(e) For purposes of this section, the following definitions shall apply:

(1) "Consumer" refers to individuals as defined in Section 4512 and any eligible infant or toddler, as defined in Section 95014 of the Government Code.

(2) "Initiation of services" means the point at which the consumer begins to receive a particular service and may include assessment procedures for services, if necessary, if those services begin immediately following the completion of the assessment.

(3) "Notice of relocation" means a written notice informing a regional center that currently serves a consumer described in subdivision (d) that the consumer has been relocated to a foster home that is located in a catchment area that is not served by that regional center. "Notice of relocation" includes, at a minimum, the following information:

(A) The consumer's name, date of birth, and current address.

(B) The name of the consumer's caregiver.

(C) The court of jurisdiction.

(D) The name of, and contact information for, the consumer's educational rights holder or developmental services decisionmaker, if applicable.

(E) The name of, and contact information for, any person who may provide authorization and consent for the release of the consumer's regional center records or vendor assessment records, or both.

(4) "Notice of transfer" means a written notice that a consumer described in paragraph (1) of subdivision (d) is transferring from a regional center located in one catchment area to a regional center located in a different catchment area and includes, at a minimum, the following information:

(A) The consumer's name and date of birth.

(B) The name of, and contact information for, the consumer's parent, or the consumer's educational rights holder or developmental services decisionmaker, if applicable.

(C) The name of, and contact information for, the consumer's current caregiver.

(D) A copy of the consumer's current IFSP or IPP.

(E) The name of, and contact information for, the child's county social workers.

**(Amended by Stats. 2021, Ch. 76, Sec. 30. (AB 136) Effective July 16, 2021.)**

4644. (a) In addition to any person eligible for initial intake or assessment services, regional centers may cause to be provided preventive services to any potential parent requesting these services and who is determined to be at high risk of parenting a developmentally disabled infant, or, at the request of the parent or guardian, to any infant at high risk of becoming developmentally disabled. It is the intent of the Legislature that preventive services shall be given equal priority with all other basic regional center services. These services shall, inasmuch as feasible, be provided by appropriate generic agencies, including, but not limited to, county departments of health, perinatal centers, and genetic centers. The department shall implement operating procedures to ensure that prevention activities are funded from regional center purchase of service funds only when funding for these services is unavailable from local generic agencies. In no case, shall regional center funds be used to supplant funds budgeted by any agency which has a responsibility to provide prevention services to the general public.

(b) For purposes of this section, "generic agency" means any agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services.

**(Amended by Stats. 1982, Ch. 1242, Sec. 2.)**

4646. (a) It is the intent of the Legislature to ensure that the individual program plan and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and the family, if appropriate, as well as promoting community integration, independent, productive, and normal lives, and stable and healthy environments. It is the further intent of the Legislature to ensure that the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.

(b) The individual program plan is developed through a process of individualized needs determination. The individual with developmental disabilities and, if appropriate, the individual's parents, legal guardian or conservator, or authorized

representative, shall have the opportunity to actively participate in the development of the plan.

(c) An individual program plan shall be developed for any person who, following intake and assessment, is found to be eligible for regional center services. These plans shall be completed within 60 days of the completion of the assessment. At the time of intake, the regional center shall inform the consumer and, if appropriate, the consumer's parents, legal guardian or conservator, or authorized representative, of the services available through the state council and the protection and advocacy agency designated by the Governor pursuant to federal law, and shall provide the address and telephone numbers of those agencies.

(d) Individual program plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's individual program plan and purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting.

(e) Regional centers shall comply with the request of a consumer or, if appropriate, the request of the consumer's parents, legal guardian, conservator, or authorized representative, that a designated representative receive written notice of all meetings to develop or revise the individual program plan and of all notices sent to the consumer pursuant to Section 4710. The designated representative may be a parent or family member.

(f) Notwithstanding any other law, until June 30, 2023, a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise the individual program plan, shall be held by remote electronic communications if requested by the consumer or, if appropriate, if requested by the consumer's parents, legal guardian, conservator, or authorized representative.

(g) At the conclusion of an individual program plan meeting, an authorized representative of the regional center shall provide to the consumer, in written or electronic format, a list of the agreed-upon services and supports, and, if known, the projected start date, the frequency and duration of the services and supports, and the provider. The authorized representative of the regional center shall sign the list of agreed-upon services and supports at that time. The consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative shall sign the list of agreed-upon services and supports prior to its implementation. The consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, may elect to delay receipt of the list of agreed-upon services and supports pending final agreement, as described in subdivision (h). If the consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, elects to delay the receipt of the list of agreed-upon services and supports for 15 days, the list shall be provided in the preferred language of the consumer, or of the consumer's parent, legal guardian, or authorized representative.

(h) If a final agreement regarding the services and supports to be provided to the consumer cannot be reached at a program plan meeting, then a subsequent program plan meeting shall be convened within 15 days, or later at the request of the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative or if agreed to by the planning team. The list of the agreed-upon services and supports described in subdivision (g) and signed by the authorized representative of the regional

center shall be provided, in writing or electronically, at the conclusion of the subsequent program plan meeting, and shall be provided in the preferred language of the consumer, or of the consumer's parent, legal guardian, conservator, or authorized representative. Additional program plan meetings may be held with the agreement of the regional center representative and the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative.

(i) An authorized representative of the regional center and the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative shall sign the individual program plan and the list of the agreed-upon services and supports prior to its implementation. If the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, does not agree with all components of the individual program plan, the consumer may indicate that disagreement on the plan. Disagreement with specific plan components shall not prohibit the implementation of services and supports agreed to by the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative. If the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, does not agree with the plan in whole or in part, the consumer shall be sent written notice of their appeal rights, as required by Sections 4701 and 4710.

(j) (1) A regional center shall communicate in the consumer's preferred language, or, if appropriate, the preferred language of the consumer's family, legal guardian, conservator, or authorized representative, during the planning process for the individual program plan, including during the program plan meeting, and including providing alternative communication services, as required by Sections 11135 to 11139.8, inclusive, of the Government Code and implementing regulations.

(2) A regional center shall provide alternative communication services, including providing copies of the list of services and supports, and the individual program plan in the preferred language of the consumer or the consumer's family, legal guardian, conservator, or authorized representative, or both, as required by Sections 11135 to 11139.8, inclusive, of the Government Code and implementing regulations.

(3) The preferred language of the consumer or the consumer's family, legal guardian, conservator, or authorized representative, or both, shall be documented in the individual program plan.

**(Amended by Stats. 2022, Ch. 49, Sec. 19. (SB 188) Effective June 30, 2022.)**

4646.4. (a) Regional centers shall ensure, at the time of development, scheduled review, or modification of a consumer's individual program plan developed pursuant to Sections 4646 and 4646.5, or of an individualized family service plan pursuant to Section 95020 of the Government Code, the establishment of an internal process. This internal process shall ensure adherence with federal and state law and regulation, and if purchasing services and supports, shall ensure all of the following:

(1) Conformance with the regional center's purchase of service policies, as approved by the department pursuant to subdivision (d) of Section 4434.

(2) Utilization of generic services and supports if appropriate. The individualized family service planning team for infants and toddlers eligible under Section 95014 of the Government Code may determine that a medical service identified in the individualized family service plan is not available through the family's private health insurance policy or health care service plan and therefore, in compliance with the

timely provision of service requirements contained in Part 303 (commencing with Section 303.1) of Title 34 of the Code of Federal Regulations, will be funded by the regional center.

(3) Utilization of other services and sources of funding as contained in Section 4659.

(4) Consideration of the family's responsibility for providing similar services and supports for a minor child without disabilities in identifying the consumer's service and support needs as provided in the least restrictive and most appropriate setting. In this determination, regional centers shall take into account the consumer's need for extraordinary care, services, supports and supervision, and the need for timely access to this care.

(5) Commencing October 1, 2022, consideration of information obtained from the consumer and, if appropriate, the parents, legal guardian, conservator, or authorized representative about the consumer's need for the services, barriers to service access, and other information.

(b) At the time of development, scheduled review, or modification of a consumer's individual program plan developed pursuant to Sections 4646 and 4646.5, or of an individualized family service plan pursuant to Section 95020 of the Government Code, the consumer, or, if appropriate, the parents, legal guardian, or conservator, shall provide copies of their health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the individual, or, if appropriate, the parents, legal guardians, or conservators, do not have health benefits, the regional center shall not use that fact to negatively impact the services that the individual may or may not receive from the regional center.

(c) Final decisions regarding the consumer's individual program plan shall be made pursuant to Section 4646.

(d) Final decisions regarding the individualized family service plan shall be made pursuant to Section 95020 of the Government Code.

**(Amended by Stats. 2022, Ch. 49, Sec. 20. (SB 188) Effective June 30, 2022.)**

4646.5. (a) The planning process for the individual program plan described in Section 4646 shall include all of the following:

(1) Gathering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities. For children with developmental disabilities, this process should include a review of the strengths, preferences, and needs of the child and the family unit as a whole. Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. Information shall be taken from the consumer, the consumer's parents and other family members, the consumer's friends, advocates, authorized representative, if applicable, providers of services and supports, and other agencies. The assessment process shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and the family.

(2) A statement of goals, based on the needs, preferences, and life choices of the individual with developmental disabilities, and a statement of specific, time-limited objectives for implementing the person's goals and addressing the person's needs. These objectives shall be stated in terms that allow measurement of progress or monitoring of service delivery. These goals and objectives should maximize

opportunities for the consumer to develop relationships, be part of community life in the areas of community participation, housing, work, school, and leisure, increase control over the consumer's life, acquire increasingly positive roles in community life, and develop competencies to help accomplish these goals.

(3) In developing individual program plans for children, regional centers shall be guided by the principles, process, and services and support parameters set forth in Section 4685.

(4) In developing an individual program plan for a transition age youth or working age adult, the planning team shall consider the Employment First Policy described in Chapter 14 (commencing with Section 4868).

(5) A schedule of the type and amount of services and supports to be purchased by the regional center or obtained from generic agencies or other resources in order to achieve the individual program plan goals and objectives, and identification of the provider or providers of service responsible for attaining each objective, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. The individual program plan shall specify the approximate scheduled start date for services and supports and shall contain timelines for actions necessary to begin services and supports, including generic services. In addition to the requirements of subdivision (h) of Section 4646, each regional center shall offer, and upon request provide, a written copy of the individual program plan to the consumer, and, if appropriate, the consumer's parents, legal guardian or conservator, or authorized representative within 45 days of their request in a threshold language, as defined by paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations.

(6) If agreed to by the consumer, the parents, legally appointed guardian, or authorized representative of a minor consumer, or the legally appointed conservator of an adult consumer or the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, subdivision (b) of Section 4701.6, and subdivision (e) of Section 4705, a review of the general health status of the adult or child, including medical, dental, and mental health needs, shall be conducted. This review shall include a discussion of current medications, any observed side effects, and the date of the last review of the medication. Service providers shall cooperate with the planning team to provide any information necessary to complete the health status review. If any concerns are noted during the review, referrals shall be made to regional center clinicians or to the consumer's physician, as appropriate. Documentation of health status and referrals shall be made in the consumer's record by the service coordinator.

(7) (A) The development of a transportation access plan for a consumer when all of the following conditions are met:

(i) The regional center is purchasing private, specialized transportation services or services from a residential, day, or other provider, excluding vouchered service providers, to transport the consumer to and from day or work services.

(ii) The planning team has determined that a consumer's community integration and participation could be safe and enhanced through the use of public transportation services.

(iii) The planning team has determined that generic transportation services are available and accessible.

(B) To maximize independence and community integration and participation, the transportation access plan shall identify the services and supports necessary to assist

the consumer in accessing public transportation and shall comply with Section 4648.35. These services and supports may include, but are not limited to, mobility training services and the use of transportation aides. Regional centers are encouraged to coordinate with local public transportation agencies.

(8) A schedule of regular periodic review and reevaluation to ascertain that planned services have been provided, that objectives have been fulfilled within the times specified, and that consumers and families are satisfied with the individual program plan and its implementation.

(b) For all active cases, individual program plans shall be reviewed and modified by the planning team, through the process described in Section 4646, as necessary, in response to the person's achievement or changing needs, and no less often than once every three years. If the consumer or, if appropriate, the consumer's parents, legal guardian, authorized representative, or conservator requests an individual program plan review, the individual program plan shall be reviewed within 30 days after the request is submitted, or no later than 7 days after the request is submitted if necessary for the consumer's health and safety or to maintain the consumer in their home.

(c) (1) The department, with the participation of representatives of a statewide consumer organization, the Association of Regional Center Agencies, an organized labor organization representing service coordination staff, and the state council shall prepare training material and a standard format and instructions for the preparation of individual program plans, which embody an approach centered on the person and family.

(2) Each regional center shall use the training materials and format prepared by the department pursuant to paragraph (1).

(3) The department shall biennially review a random sample of individual program plans at each regional center to ensure that these plans are being developed and modified in compliance with Section 4646 and this section.

**(Amended by Stats. 2020, Ch. 11, Sec. 25. (AB 79) Effective June 29, 2020.)**

4646.55. (a) Notwithstanding any other provision of law or regulation to the contrary, and to the extent federal financial participation is available, effective July 1, 2007, the State Department of Developmental Services is hereby authorized to make supplemental payment to an enrolled Medi-Cal provider that is a licensed intermediate care facility/developmentally disabled-habilitative, licensed intermediate care facility/developmentally disabled-nursing, or licensed intermediate care facility/developmentally disabled, for day treatment and transportation services provided pursuant to Sections 4646 and 4646.5, applicable regulations, and Section 14132.925, to Medi-Cal beneficiaries residing in a licensed intermediate care facility/developmentally disabled-habilitative, licensed intermediate care facility/developmentally disabled-nursing, or licensed intermediate care facility/developmentally disabled. These payments shall be considered supplemental payments to the enrolled Medi-Cal provider and shall be comprised of the full costs of reimbursing regional centers for making disbursements to day treatment and transportation service providers, plus a coordination fee which will include an administrative fee and reimbursement for the increased costs associated with the quality assurance fee paid accordingly and without a separate State Department of Developmental Services contract.



(b) Notwithstanding any other provision of law and to the extent federal financial participation is available, and in furtherance of this section and Section 14132.925, the State Department of Developmental Services shall amend the regional center contracts for the 2007–08 and 2008–09 fiscal years to extend the contract liquidation period until December 31, 2011. The contract amendments and budget adjustments shall be exempt from the provisions of Article 1 (commencing with Section 4620).

**(Amended by Stats. 2011, Ch. 37, Sec. 11. (AB 104) Effective June 30, 2011. Conditionally inoperative as provided in subd. (e) of Section 14132.925.)**

4646.6. Notwithstanding Section 632 of the Penal Code, a consumer, or his or her parent, guardian, conservator, or authorized representative, shall have the right to record electronically the proceedings of the individual program plan meetings on an audiotape recorder. The consumer, or his or her parent, guardian, conservator, or authorized representative, shall notify the regional center of their intent to record a meeting at least 24 hours prior to the meeting. If the regional center initiates the notice of intent to audiotape record a meeting and the consumer, or his or her parent, guardian, conservator, or authorized representative, refuses to attend the meeting because it will be tape recorded, the meeting shall not be recorded on an audiotape recorder. However, the regional center shall have the right to electronically record the meeting when notice of intent to record has been given by the consumer or on the consumer's behalf.

**(Added by Stats. 2007, Ch. 512, Sec. 1. Effective January 1, 2008.)**

4647. (a) Pursuant to Section 4640.7, service coordination shall include those activities necessary to implement an individual program plan, including, but not limited to, participation in the individual program plan process; assurance that the planning team considers all appropriate options for meeting each individual program plan objective; securing, through purchasing or by obtaining from generic agencies or other resources, services and supports specified in the person's individual program plan; coordination of service and support programs; collection and dissemination of information; and monitoring implementation of the plan to ascertain that objectives have been fulfilled and to assist in revising the plan as necessary.

(b) The regional center shall assign a service coordinator who shall be responsible for implementing, overseeing, and monitoring each individual program plan. The service coordinator may be an employee of the regional center or may be a qualified individual or employee of an agency with whom the regional center has contracted to provide service coordination services, or persons described in Section 4647.2. The regional center shall provide the consumer or, where appropriate, his or her parents, legal guardian, or conservator or authorized representative, with written notification of any permanent change in the assigned service coordinator within 10 business days. No person shall continue to serve as a service coordinator for any individual program plan unless there is agreement by all parties that the person should continue to serve as service coordinator.

(c) Where appropriate, a consumer or the consumer's parents or other family members, legal guardian, or conservator, may perform all or part of the duties of the service coordinator described in this section if the regional center director agrees and it is feasible.

(d) If any person described in subdivision (c) is designated as the service coordinator, that person shall not deviate from the agreed-upon program plan and shall

provide any reasonable information and reports required by the regional center director.

(e) If any person described in subdivision (c) is designated as the service coordinator, the regional center shall provide ongoing information and support as necessary, to assist the person to perform all or part of the duties of service coordinator.

**(Amended by Stats. 1999, Ch. 146, Sec. 26. Effective July 22, 1999.)**

4648. In order to achieve the stated objectives of a consumer's individual program plan, the regional center shall conduct activities, including, but not limited to, all of the following:

(a) Securing needed services and supports.

(1) It is the intent of the Legislature that services and supports assist individuals with developmental disabilities to achieve the greatest self-sufficiency possible and to exercise personal choices. The regional center shall secure services and supports that meet the needs of the consumer, as determined in the consumer's individual program plan, and within the context of the individual program plan, the planning team shall give highest preference to those services and supports that would allow minors with developmental disabilities to live with their families, adult persons with developmental disabilities to live as independently as possible in the community, and that allow all consumers to interact with persons without disabilities in positive, meaningful ways.

(2) In implementing individual program plans, regional centers, through the planning team, shall first consider services and supports in natural community, home, work, and recreational settings. Services and supports shall be flexible and individually tailored to the consumer and, if appropriate, the consumer's family.

(3) A regional center may, pursuant to vendorization or a contract, purchase services or supports for a consumer from an individual or agency that the regional center and consumer or, if appropriate, the consumer's parents, legal guardian, or conservator, or authorized representatives, determines will best accomplish all or part of that consumer's program plan.

(A) Vendorization or contracting is the process for identification, selection, and utilization of service vendors or contractors, based on the qualifications and other requirements necessary in order to provide the service.

(B) A regional center may reimburse an individual or agency for services or supports provided to a regional center consumer if the individual or agency has a rate of payment for vendored or contracted services established by the department, pursuant to this division, and is providing services pursuant to an emergency vendorization or has completed the vendorization procedures or has entered into a contract with the regional center and continues to comply with the vendorization or contracting requirements. The director shall adopt regulations governing the vendorization process to be utilized by the department, regional centers, vendors, and the individual or agency requesting vendorization.

(C) Regulations shall include, but not be limited to: the vendor application process, and the basis for accepting or denying an application; the qualification and requirements for each category of services that may be provided to a regional center consumer through a vendor; requirements for emergency vendorization; procedures for termination of vendorization; and the procedure for an individual or an agency to appeal a vendorization decision made by the department or regional center.

(D) A regional center may vendorize a licensed facility for exclusive services to persons with developmental disabilities at a capacity equal to or less than the facility's licensed capacity. A facility already licensed on January 1, 1999, shall continue to be vendorized at their full licensed capacity until the facility agrees to vendorization at a reduced capacity.

(E) Effective July 1, 2009, notwithstanding any other law or regulation, a regional center shall not newly vendor a State Department of Social Services licensed 24-hour residential care facility with a licensed capacity of 16 or more beds, unless the facility qualifies for receipt of federal funds under the Medicaid program.

(4) Notwithstanding subparagraph (B) of paragraph (3), a regional center may contract or issue a voucher for services and supports provided to a consumer or family at a cost not to exceed the maximum rate of payment for that service or support established by the department. If a rate has not been established by the department, the regional center may, for an interim period, contract for a specified service or support with, and establish a rate of payment for, a provider of the service or support necessary to implement a consumer's individual program plan. Contracts may be negotiated for a period of up to three years, with annual review and subject to the availability of funds.

(5) In order to ensure the maximum flexibility and availability of appropriate services and supports for persons with developmental disabilities, the department shall establish and maintain an equitable system of payment to providers of services and supports identified as necessary to the implementation of a consumer's individual program plan. The system of payment shall include a provision for a rate to ensure that the provider can meet the special needs of consumers and provide quality services and supports in the least restrictive setting as required by law.

(6) The regional center and the consumer, or if appropriate, the consumer's parents, legal guardian, conservator, or authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, subdivision (b) of Section 4701.6, or subdivision (e) of Section 4705, shall, pursuant to the individual program plan, consider all of the following when selecting a provider of consumer services and supports:

(A) A provider's ability to deliver quality services or supports that can accomplish all or part of the consumer's individual program plan.

(B) A provider's success in achieving the objectives set forth in the individual program plan.

(C) If appropriate, the existence of licensing, accreditation, or professional certification.

(D) The cost of providing services or supports of comparable quality by different providers, if available, shall be reviewed, and the least costly available provider of comparable service, including the cost of transportation, who is able to accomplish all or part of the consumer's individual program plan, consistent with the particular needs of the consumer and family as identified in the individual program plan, shall be selected. In determining the least costly provider, the availability of federal financial participation shall be considered. The consumer shall not be required to use the least costly provider if it will result in the consumer moving from an existing provider of services or supports to more restrictive or less integrated services or supports.

(E) The consumer's choice of providers, or, if appropriate, the consumer's parent's, legal guardian's, authorized representative's, or conservator's choice of providers.

(7) A service or support provided by an agency or individual shall not be continued unless the consumer or, if appropriate, the consumer's parents, legal guardian, or conservator, or authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, subdivision (b) of Section 4701.6, or subdivision (e) of Section 4705, is satisfied and the regional center and the consumer or, if appropriate, the consumer's parents or legal guardian or conservator agree that planned services and supports have been provided, and reasonable progress toward objectives have been made.

(8) Regional center funds shall not be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.

(9) (A) To maximize federal financial participation and facilitate timely access to residential placements of consumers in foster care, the department shall enter into interagency agreements to obtain state and federal funding with the state departments that oversee the agencies that have the legal responsibility to serve all members of the general public and receive public funds for providing those services. The interagency agreement shall specify the proportion or amount of funds reimbursed by each state department or other responsible agency. Following completion of the interagency agreement, the departments shall jointly notify the local agencies.

(B) Notwithstanding any other provision of law, and if specified in the joint notification received pursuant to subparagraph (A), regional centers shall fund the vendored residential service types specified in the joint notification provided to a regional center consumer who is a child or nonminor dependent who has been adjudged a dependent of the court pursuant to Section 300 or has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has been adjudged a ward of the court pursuant to Section 601 or 602 and placed in the care and custody of the county probation department. The residential services and supports purchased by the regional center shall be consistent with the consumer's individual program plan regardless of the placing agency or placing authority. This section shall not apply to placements made in an institution for mental diseases, as defined in Section 435.1010 of Title 42 of the Code of Federal Regulations.

(C) This paragraph shall be implemented in consultation with the County Welfare Directors Association of California and the Association of Regional Center Agencies.

(10) (A) A regional center may, directly or through an agency acting on behalf of the center, provide placement in, purchase of, or follow-along services to persons with developmental disabilities in, appropriate community living arrangements, including, but not limited to, support service for consumers in homes they own or lease, foster family placements, health care facilities, and licensed community care facilities. In considering appropriate placement alternatives for children with developmental disabilities, approval by the child's parent or guardian shall be obtained before placement is made.

(B) Effective July 1, 2012, notwithstanding any other law or regulation, a regional center shall not purchase residential services from a State Department of Social Services licensed 24-hour residential care facility with a licensed capacity of 16 or more beds. This prohibition on regional center purchase of residential services does not apply to either of the following:

(i) A residential facility with a licensed capacity of 16 or more beds that has been approved to participate in the department's Home and Community Based Services

Waiver or another existing waiver program or certified to participate in the Medi-Cal program.

(ii) A residential facility licensed as a mental health rehabilitation center by the State Department of Health Care Services under any of the following circumstances:

(I) The facility is eligible for Medicaid reimbursement and the individual's planning team determines that there are no less restrictive placements appropriate for the individual.

(II) There is an emergency circumstance in which the regional center determines that it cannot locate alternate federally eligible services to meet the consumer's needs. Under an emergency circumstance, an assessment shall be completed by the regional center as soon as possible and within 30 days of admission. An individual program plan meeting shall be convened immediately following the assessment to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility into the community. If transition is not expected within 90 days of admission, an individual program plan meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of placement in the facility. Commencing October 1, 2012, this determination shall be made after also considering resource options identified by the statewide specialized resource service. If it is determined that emergency services continue to be necessary, the regional center shall submit an updated transition plan that can cover a period of up to 90 days. In no event shall placements under these emergency circumstances exceed 180 days.

(III) The clients' rights advocate shall be notified of each admission and individual program planning meeting pursuant to this clause and may participate in all individual program planning meetings unless the consumer objects on their own behalf. For purposes of this subclause, notification to the clients' rights advocate shall include a copy of the most recent comprehensive assessment or updated assessment and the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days before the meeting.

(IV) If a consumer is placed in a mental health rehabilitation center by another entity, the mental health rehabilitation center shall inform the regional center of the placement within five days of the date the consumer is admitted. If an individual's records indicate that the individual is a regional center consumer, the mental health rehabilitation center shall make every effort to contact the local regional center or the department to determine which regional center to provide notice. As soon as possible within 30 days of admission to a mental health rehabilitation center due to an emergency pursuant to subclause (II), or within 30 days of notification of admission to a mental health rehabilitation center by an entity other than a regional center, an assessment shall be completed by the regional center.

(C) (i) Effective July 1, 2012, notwithstanding any other law or regulation, a regional center shall not purchase new residential services from, or place a consumer in, institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, for which federal Medicaid funding is not available. Effective July 1, 2013, this prohibition applies regardless of the availability of federal funding.

(ii) The prohibition described in clause (i) shall not apply to emergencies, as determined by the regional center, if a regional center cannot locate alternate services to meet the consumer's needs. As soon as possible within 30 days of admission due to an emergency, an assessment shall be completed by the regional center. An individual program plan meeting shall be convened immediately following the assessment, to

determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility to the community. If transition is not expected within 90 days of admission, an emergency program plan meeting shall be held to discuss the status of the transition and to determine if the consumer is still in need of placement in the facility. If emergency services continue to be necessary, the regional center shall submit an updated transition plan to the department for an extension of up to 90 days. Placement shall not exceed 180 days.

(iii) Effective January 1, 2020, the exception in clause (ii) shall no longer apply. As of this date, the prohibition in clause (i) shall not apply to acute crises when the following conditions are met prior to a regional center purchasing new residential services from, or placing a consumer in, an institution for mental disease:

(I) The regional center prepares an assessment for inclusion in the consumer's file detailing all considered community-based services and supports, including, but not limited to, rate adjustments, as provided by law, supplemental services, as set forth in subparagraph (F), emergency and crisis intervention services, as set forth in paragraph (11), community crisis home, pursuant to Article 8 (commencing with Section 4698) of Chapter 6, and an explanation of why those options could not meet the consumer's needs.

(II) The director of the regional center confirms that there are no community-based options that can meet the consumer's needs.

(iv) For purposes of this section, "acute crisis" has the same meaning as defined in paragraph (1) of subdivision (d) of Section 4418.7.

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

(I) If the regional center does not expect the consumer to transition back to a community setting within 72 hours, or if the consumer does not transition back to a community setting within 72 hours, the regional center shall do both of the following:

(ia) No later than 10 calendar days from the date the consumer is placed in the institution for mental disease, complete any documentation necessary to support the filing of a petition for commitment pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 and request the person authorized to present allegations pursuant to Section 6500 file a petition for commitment.

(ib) Complete a comprehensive assessment in coordination with the institution for mental disease staff. The comprehensive assessment shall include the identification of the services and supports needed for crisis stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to a community setting. The regional center shall immediately submit a copy of the comprehensive assessment to the committing court. Immediately following the assessment, and not later than 30 days following admission, the regional center and the institution for mental disease shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into the community.

(II) If transition is not expected within 90 days of admission, an individual program plan meeting shall be held to discuss the status of the transition and to determine if the consumer is still in need of crisis stabilization.

(III) A consumer shall reside in an institution for mental disease no longer than six months before being placed into a community living arrangement, unless, prior to the end of the six months, all of the following have occurred:

(ia) The regional center has conducted an additional comprehensive assessment based on current information and determines that the consumer continues to be in an acute crisis.

(ib) The individual program planning team has developed a plan that identifies the specific services and supports necessary to transition the consumer into the community, and the plan includes a timeline to obtain or develop those services and supports.

(ic) The committing court has reviewed and, if appropriate, extended the commitment.

(IV) (ia) A consumer's placement at an institution for mental disease shall not exceed one year unless both of the following occur:

(Ia) The regional center demonstrates significant progress toward implementing the plan to transition the consumer into the community.

(Ib) Extraordinary circumstances exist beyond the regional center's control that have prevented the regional center from obtaining those services and supports within the timeline based on the plan.

(ib) If both of the circumstances under sub-subclause (ia) exist, the regional center may request, and the committing court may grant, an additional extension of the commitment, not to exceed 30 days.

(V) Institutions for mental disease staff shall assist the consumer with transitioning back to the consumer's prior residence, or an alternative community-based residential setting, within the timeframe described in this subparagraph.

(vi) The department shall monitor placements pursuant to this subparagraph and subsequent transitions back to community-based settings.

(vii) The clients' rights advocate shall be notified of each admission and individual program planning meeting pursuant to this subparagraph and may participate in all individual program planning meetings unless the consumer objects on their own behalf. For purposes of this clause, notification to the clients' rights advocate shall include a copy of the most recent comprehensive assessment or updated assessment and the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days before the meeting.

(viii) If a consumer is placed in an institution for mental disease by another entity, the institution for mental disease shall inform the regional center of the placement within five days of the date the consumer is admitted. If an individual's records indicate that the individual is a regional center consumer, the institution for mental disease shall make every effort to contact the local regional center or department to determine which regional center to provide notice. As soon as possible within 30 days of admission to an institution for mental disease due to an acute crisis pursuant to clause (ii), or within 30 days of notification of admission to an institution for mental disease by an entity other than a regional center, an assessment shall be completed by the regional center.

(ix) Regional centers shall complete a comprehensive assessment of a consumer residing in an institution for mental disease as of July 1, 2012, for which federal Medicaid funding is not available, and for a consumer residing in an institution for mental disease as of July 1, 2013, without regard to federal funding. The comprehensive assessment shall be completed before the consumer's next scheduled individual program plan meeting and shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to the community. Effective October 1, 2012, the regional

center shall also consider resource options identified by the statewide specialized resource service. For each individual program plan meeting convened pursuant to this subparagraph, the clients' rights advocate for the regional center shall be notified of the meeting and may participate in the meeting unless the consumer objects on their own behalf. For purposes of this clause, notification to the clients' rights advocate shall include the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days before the meeting.

(D) (i) The transition process from a mental health rehabilitation center or institution for mental disease shall be based upon the individual's needs, developed through the individual program plan process, and shall ensure that needed services and supports will be in place at the time the individual moves. Individual supports and services shall include, if appropriate for the individual, wraparound services through intensive individualized support services. The transition shall be to a community living arrangement that is in the least restrictive environment appropriate to the needs of the individual and most protective of the individual's rights to dignity, freedom, and choice as described in subdivision (a).

(ii) Regional centers, through the individual program plan process, shall coordinate for the benefit of the regional center consumers residing in an institution for mental disease, pretransition planning, transition, and access to followup services to help ensure a smooth transition to the community. Individual support services shall include, but shall not be limited to, both of the following:

(I) Defined regional center contacts and visits with consumers and service providers during the 12 months following the consumer's movement date.

(II) Identification of issues that need resolution and an individualized support plan to address these issues.

(E) A person with developmental disabilities placed by the regional center in a community living arrangement shall have the rights specified in this division. These rights shall be brought to the person's attention by any means necessary to reasonably communicate these rights to each resident, provided that, at a minimum, the Director of Developmental Services prepare, provide, and require to be clearly posted in all residential facilities and day programs a poster using simplified language and pictures that is designed to be more understandable by persons with intellectual disabilities and that the rights information shall also be available through the regional center to each residential facility and day program in alternative formats, including, but not limited to, other languages, braille, and audiotapes, if necessary to meet the communication needs of consumers.

(F) Consumers are eligible to receive supplemental services including, but not limited to, additional staffing, pursuant to the process described in subdivision (d) of Section 4646. Necessary additional staffing that is not specifically included in the rates paid to the service provider may be purchased by the regional center if the additional staff are in excess of the amount required by regulation and the individual's planning team determines the additional services are consistent with the provisions of the individual program plan. Additional staff should be periodically reviewed by the planning team for consistency with the individual program plan objectives in order to determine if continued use of the additional staff is necessary and appropriate and if the service is producing outcomes consistent with the individual program plan. Regional centers shall monitor programs to ensure that the additional staff is being provided and utilized appropriately.



(11) Emergency and crisis intervention services including, but not limited to, mental health services and behavior modification services, may be provided, as needed, to maintain persons with developmental disabilities in the living arrangement of their own choice. Crisis services shall first be provided without disrupting a person's living arrangement. If crisis intervention services are unsuccessful, emergency housing shall be available in the person's home community. If dislocation cannot be avoided, every effort shall be made to return the person to their living arrangement of choice, with all necessary supports, as soon as possible.

(12) Among other service and support options, planning teams shall consider the use of paid roommates or neighbors, personal assistance, technical and financial assistance, and all other service and support options that would result in greater self-sufficiency for the consumer and cost-effectiveness to the state.

(13) If facilitation as specified in an individual program plan requires the services of an individual, the facilitator shall be of the consumer's choosing.

(14) The community support may be provided to assist individuals with developmental disabilities to fully participate in community and civic life, including, but not limited to, programs, services, work opportunities, business, and activities available to persons without disabilities. This facilitation shall include, but not be limited to, any of the following:

(A) Outreach and education to programs and services within the community.

(B) Direct support to individuals that would enable them to more fully participate in their community.

(C) Developing unpaid natural supports when possible.

(15) If feasible and recommended by the individual program planning team, for purposes of facilitating better and cost-effective services for consumers or family members, technology, including telecommunication technology, may be used in conjunction with other services and supports. Technology in lieu of a consumer's in-person appearances at judicial proceedings or administrative due process hearings may be used only if the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, gives informed consent. Technology may be used in lieu of, or in conjunction with, in-person training for providers, as appropriate.

(16) Other services and supports may be provided as set forth in Sections 4685, 4686, 4687, 4688, and 4689, when necessary.

(17) Notwithstanding any other law or regulation, effective July 1, 2009, regional centers shall not purchase experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks and complications are unknown. Experimental treatments or therapeutic services include experimental medical or nutritional therapy when the use of the product for that purpose is not a general physician practice. For regional center consumers receiving these services as part of their individual program plan (IPP) or individualized family service plan (IFSP) on July 1, 2009, this prohibition shall apply on August 1, 2009.

(b) (1) Advocacy for, and protection of, the civil, legal, and service rights of persons with developmental disabilities as established in this division.

(2) If the advocacy efforts of a regional center to secure or protect the civil, legal, or service rights of a consumer prove ineffective, the regional center or the person with

developmental disabilities or the person's parents, legal guardian, or other representative may request advocacy assistance from the state council.

(c) The regional center may assist consumers and families directly, or through a provider, in identifying and building circles of support within the community.

(d) In order to increase the quality of community services and protect consumers, the regional center shall, if appropriate, take either of the following actions:

(1) Identify services and supports that are ineffective or of poor quality and provide or secure consultation, training, or technical assistance services for an agency or individual provider to assist that agency or individual provider in upgrading the quality of services or supports.

(2) Identify providers of services or supports that may not be in compliance with local, state, and federal statutes and regulations and notify the appropriate licensing or regulatory authority to investigate the possible noncompliance.

(e) If necessary to expand the availability of needed services of good quality, a regional center may take actions that include, but are not limited to, the following:

(1) Soliciting an individual or agency by requests for proposals or other means, to provide needed services or supports not presently available.

(2) Requesting funds from the Program Development Fund, pursuant to Section 4677, or community placement plan funds designated from that fund, to reimburse the startup costs needed to initiate a new program of services and supports.

(3) Using creative and innovative service delivery models, including, but not limited to, natural supports.

(f) Except in emergency situations, a regional center shall not provide direct treatment and therapeutic services, but shall utilize appropriate public and private community agencies and service providers to obtain those services for its consumers.

(g) If there are identified gaps in the system of services and supports consumers for whom no provider will provide services and supports contained in their individual program plan, the department may provide the services and supports directly.

(h) At least annually, regional centers shall provide the consumer, the consumer's parents, legal guardian, conservator, or authorized representative a statement of services and supports the regional center purchased for the purpose of ensuring that they are delivered. The statement shall include the type, unit, month, and cost of services and supports purchased.

**(Amended by Stats. 2021, Ch. 86, Sec. 35. (AB 153) Effective July 16, 2021.)**

4648.1. (a) The State Department of Developmental Services and regional centers may monitor services and supports purchased for regional center consumers with or without prior notice. Not less than two monitoring visits to a licensed long-term health care or community care facility or family home agency home each year shall be unannounced. The department may conduct fiscal reviews and audits of the service providers' records.

(b) Department and regional center staff involved in monitoring or auditing services provided to the regional centers' consumers by a service provider shall have access to the provider's grounds, buildings, and service program, and to all related records, including books, papers, computerized data, accounting records, and related documentation. All persons connected with the service provider's program, including, but not limited to, program administrators, staff, consultants, and accountants, shall

provide information and access to facilities as required by the department or regional center.

(c) The department, in cooperation with regional centers, shall ensure that all providers of services and supports purchased by regional centers for their consumers are informed of all of the following:

(1) The provisions of this section.

(2) The responsibility of providers to comply with laws and regulations governing both their service program and the provision of services and supports to people with developmental disabilities.

(3) The responsibility of providers to comply with conditions of any contract or agreement between the regional center and the provider, and between the provider and the department.

(4) The rights of providers established in regulations adopted pursuant to Sections 4648.2, 4748, and 4780.5, to appeal actions taken by regional centers or the department as a result of their monitoring and auditing findings.

(d) A regional center may terminate payments for services, and may terminate its contract or authorization for the purchase of consumer services if it determines that the provider has not complied with provisions of its contract or authorization with the regional center or with applicable state laws and regulations. When terminating payments for services or its contract or authorization for the purchase of consumer services, a regional center shall make reasonable efforts to avoid unnecessary disruptions of consumer services.

(e) A regional center or the department may recover from the provider funds paid for services when the department or the regional center determines that either of the following has occurred:

(1) The services were not provided in accordance with the regional center's contract or authorization with the provider, or with applicable state laws or regulations.

(2) The rate paid is based on inaccurate data submitted by the provider on a provider cost statement.

Any funds so recovered shall be remitted to the department.

(f) Any evidence of suspected licensing violations found by department or regional center personnel shall be reported immediately to the appropriate state licensing agency.

(g) Regional centers may establish volunteer teams, made up of consumers, parents, other family members, and advocates to conduct the monitoring activities described in this section.

(h) In meeting its responsibility to provide technical assistance to providers of community living arrangements for persons with developmental disabilities, including, but not limited to, licensed residential facilities, family home agencies, and supported or independent living arrangements, a regional center shall utilize the "Looking at Service Quality-Provider's Handbook" developed by the department or subsequent revisions developed by the department.

(i) Effective July 1, 2009, a regional center shall not be required to perform triennial evaluations of community care facilities, as described in Sections 56046, 56049, 56050, 56051, and 56052 of Title 17 of the California Code of Regulations.

**(Amended by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 11. Effective July 28, 2009.)**

4648.11. (a) (1) Except as provided in subdivision (b), a request for proposals that is prepared by a regional center for consumer services and supports shall include a section on issues of equity and diversity.

(2) The section on equity and diversity shall request, but not be limited to, all of the following information:

(A) A statement outlining the applicant's plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.

(B) Examples of the applicant's commitment to addressing the needs of those diverse populations.

(C) Any additional information that the applicant deems relevant to issues of equity and diversity.

(b) A request for proposals that applies only to specifically identified consumers is required only to request information on how the applicant plans to provide culturally and linguistically competent services and supports to those specific consumers.

(c) This section shall not alter contracts entered into before January 1, 2014.

**(Added by Stats. 2013, Ch. 656, Sec. 2. (SB 208) Effective January 1, 2014.)**

4648.12. (a) The Legislature finds and declares that under federal and state law, certain individuals and entities are ineligible to provide Medicaid services.

(b) An individual, partnership, group association, corporation, institution, or entity, and the officers, directors, owners, managing employees, or agents thereof, that has been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse, or that has been found liable for fraud or abuse in any civil proceeding, or that has entered into a settlement in lieu of conviction for fraud or abuse in any government program, within the previous 10 years, shall be ineligible to be a regional center vendor. The regional center shall not deny vendorization to an otherwise qualified applicant whose felony or misdemeanor charges did not result in a conviction solely on the basis of the prior charges.

(c) In order to ensure compliance with federal disclosure requirements and to preserve federal funding of consumer services, the department shall do all of the following:

(1) (A) Adopt emergency regulations to amend provider and vendor eligibility and disclosure criteria to meet federal participation requirements. These emergency regulations shall address, at a minimum, disclosure requirements of current and prospective vendors, including information about entity ownership and control, contracting interests, and criminal convictions or civil proceedings involving fraud or abuse in any government program, or abuse or neglect of an elder, dependent adult, or child.

(B) Adopt emergency regulations to meet federal requirements applicable to vouchered services.

(C) The adoption, amendment, repeal, or reoption of a regulation authorized by this paragraph is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.9 of the Government Code, and the department is hereby exempted from that requirement. For purposes of subdivision (e) of Section 11346.1 of the Government Code, the 120-day period, as applicable to the effective period of an emergency

regulatory action and submission of specified materials to the Office of Administrative Law, is hereby extended to 180 days.

(2) Adopt nonemergency regulations to implement the terms of paragraph (1) through the regular rulemaking process pursuant to Sections 11346 and 11349.1 of the Government Code within 18 months of the adoption of emergency regulations pursuant to paragraph (1).

**(Added by Stats. 2011, Ch. 9, Sec. 11. (SB 74) Effective March 24, 2011.)**

4648.14. Notwithstanding any other provision of law, the State Department of Social Services and the State Department of Public Health shall notify the State Department of Developmental Services of any administrative action initiated against a licensee serving consumers with developmental disabilities. For the purposes of this section "administrative action" includes, but is not limited to, all of the following:

(a) The issuance of a citation requiring corrective action for a health and safety violation.

(b) The temporary or other suspension or revocation of a license.

(c) The issuance of a temporary restraining order.

(d) The appointment of a temporary receiver pursuant to Section 1327 of the Health and Safety Code.

**(Added by Stats. 2011, Ch. 9, Sec. 12. (SB 74) Effective March 24, 2011.)**

4648.2. By September 1, 1986, the State Department of Developmental Services shall promulgate regulations which establish a process for service providers to appeal actions the department takes as a result of its auditing and monitoring activities. To the extent possible, this process shall include procedures contained in fiscal audit appeals regulations established pursuant to Section 4780.5.

**(Added by Stats. 1985, Ch. 873, Sec. 2.)**

4648.3. A provider of transportation services to regional center clients for the regional center shall maintain protection against liability for damages for bodily injuries or death and for damage to or destruction of property, which may be incurred by the provider in the course of providing those services. The protection shall be maintained at the level established by the regional center to which the transportation services are provided.

**(Added by Stats. 1987, Ch. 492, Sec. 3. Effective September 10, 1987.)**

4648.35. At the time of development, review, or modification of a consumer's individual program plan (IPP) or individualized family service plan (IFSP), all of the following shall apply to a regional center:

(a) A regional center shall not fund private specialized transportation services for an adult consumer who can safely access and utilize public transportation, when that transportation is available.

(b) A regional center shall fund the least expensive transportation modality that meets the consumer's needs, as set forth in the consumer's IPP or IFSP.

(c) A regional center shall fund transportation, when required, from the consumer's residence to the lowest-cost vendor that provides the service that meets the consumer's needs, as set forth in the consumer's IPP or IFSP. For purposes of this subdivision, the cost of a vendor shall be determined by combining the vendor's program costs and the costs to transport a consumer from the consumer's residence to the vendor.

(d) A regional center shall fund transportation services for a minor child living in the family residence, only if the family of the child provides sufficient written documentation to the regional center to demonstrate that it is unable to provide transportation for the child.

**(Amended by Stats. 2011, Ch. 37, Sec. 12. (AB 104) Effective June 30, 2011.)**

4648.4. (a) Notwithstanding any other provision of law or regulation, commencing July 1, 2006, rates for services listed in paragraphs (1), (2), with the exception of travel reimbursement, (3) to (8), inclusive, (10), and (11) of subdivision (b), shall be increased by 3 percent, subject to funds specifically appropriated for this increase in the Budget Act of 2006. The increase shall be applied as a percentage, and the percentage shall be the same for all providers. Any subsequent change shall be governed by subdivision (b).

(b) Notwithstanding any other provision of law or regulation, except for subdivision (a), no regional center may pay any provider of the following services or supports a rate that is greater than the rate that is in effect on or after June 30, 2008, unless the increase is required by a contract between the regional center and the vendor that is in effect on June 30, 2008, or the regional center demonstrates that the approval is necessary to protect the consumer's health or safety and the department has granted prior written authorization:

- (1) Supported living services.
- (2) Transportation, including travel reimbursement.
- (3) Socialization training programs.
- (4) Behavior intervention training.
- (5) Community integration training programs.
- (6) Community activities support services.
- (7) Mobile day programs.
- (8) Creative art programs.
- (9) Supplemental day services program supports.
- (10) Adaptive skills trainers.
- (11) Independent living specialists.

**(Amended by Stats. 2008, 3rd Ex. Sess., Ch. 3, Sec. 4. Effective February 16, 2008.)**

4648.55. (a) Except as provided in subdivision (d), a regional center shall not purchase day program, vocational education, work services, independent living program, or mobility training and related transportation services for a consumer who is 18 to 22 years of age, inclusive, if that consumer is eligible for special education and related education services and has not received a diploma or certificate of completion, unless the individual program plan (IPP) planning team determines that the consumer's needs cannot be met in the educational system or grants an exemption pursuant to subdivision (d). If the planning team determines that generic services can meet the consumer's day, vocational education, work services, independent living, or mobility training and related transportation needs, the regional center shall assist the consumer in accessing those services. To ensure that consumers receive appropriate educational services and an effective transition from services provided by educational agencies to services provided by regional centers, the regional center service coordinator, at the request of the consumer or, where appropriate, the consumer's parent, legal guardian,

or conservator, may attend the individualized education program (IEP) planning team meeting.

(b) For consumers who are 18 to 22 years of age, inclusive, who have left the public school system, and who are receiving regional center purchased services identified in subdivision (a) on or before the effective date of this section, a determination shall be made through the IPP as to whether the return to the educational system can be achieved while meeting the consumer's needs. If the planning team determines that the consumer's needs cannot be met in the educational system, the regional center may continue to purchase the services identified in subdivision (a). If the planning team determines that generic services can meet the consumer's day, vocational education, work services, independent living, or mobility training and related transportation needs, the regional center shall assist the consumer in accessing those services.

(c) For consumers who are 18 to 22 years of age, inclusive, who have left school prior to enactment of this section, but who are not receiving any of the regional center purchased services identified in subdivision (a), the regional center shall use generic education services to meet the consumer's day, vocational education, work services, independent living, or mobility training and related transportation needs if those needs are subsequently identified in the IPP unless the consumer is eligible for an exemption as set forth in subdivision (d). If the planning team determines that generic services can meet the consumer's day, vocational education, work services, independent living, or mobility training and related transportation needs, the regional center shall assist the consumer in accessing those services.

(d) An exemption to the provisions of this section may be granted in either of the following circumstances:

(1) For participation in a paid internship or competitive integrated employment that is an outcome of a paid internship described in subdivision (a) of Section 4870 if the IPP planning team determines that the consumer could benefit from participation in a paid internship or competitive integrated employment. Participation in a paid internship or competitive integrated employment that is an outcome of a paid internship does not preclude a consumer from continuing to receive public education services to the extent those services are determined to continue to meet the consumer's needs.

(2) On an individual basis in extraordinary circumstances to permit purchase of a service identified in subdivision (a). An exemption shall be granted through the IPP process and shall be based on a determination that the generic service is not appropriate to meet the consumer's need. The consumer shall be informed of the exemption and the process for obtaining an exemption.

(e) A school district may contract with regional center vendors to meet the needs of consumers pursuant to this section.

**(Amended by Stats. 2017, Ch. 18, Sec. 13. (AB 107) Effective June 27, 2017.)**

4648.6. The department, in consultation with stakeholders, shall develop an alternative service delivery model that provides an Individual Choice Budget for obtaining quality services and supports which provides choice and flexibility within a finite budget that in the aggregate reduces regional center purchase of service expenditures, reduces reliance on the state general fund, and maximizes federal

financial participation in the delivery of services. The individual budget will be determined using a fair, equitable, transparent standardized process.

(Added by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 14. Effective July 28, 2009.)

4649. Regional centers shall cooperate with the state council in joint efforts to inform the public of services available to persons with developmental disabilities and of their unmet needs, provide materials and education programs to community groups and agencies with interest in, or responsibility for, persons with developmental disabilities, and develop resource materials, if necessary, containing information about local agencies, facilities, and service providers offering services to persons with developmental disabilities.

(Amended by Stats. 2014, Ch. 409, Sec. 47. (AB 1595) Effective January 1, 2015.)

4650. Regional centers shall be responsible for developing an annual plan and program budget to be submitted to the director no later than September 1 of each fiscal year. An information copy shall be submitted to the state council by the same date.

(Amended by Stats. 2014, Ch. 409, Sec. 48. (AB 1595) Effective January 1, 2015.)

4651. (a) It is the intent of the Legislature that regional centers shall find innovative and economical methods of achieving the objectives contained in individual program plans of persons with developmental disabilities.

(b) The department shall encourage and assist regional centers to use innovative programs, techniques, and staffing arrangements to carry out their responsibilities.

(Amended by Stats. 1992, Ch. 1011, Sec. 18. Effective January 1, 1993.)

4652. A regional center shall investigate every appropriate and economically feasible alternative for care of a developmentally disabled person available within the region. If suitable care cannot be found within the region, services may be obtained outside of the region.

(Added by Stats. 1977, Ch. 1252.)

4652.5. (a) (1) An entity that receives payments from one or more regional centers shall contract with an independent accounting firm to obtain an independent audit or independent review report of its financial statements relating to payments made by regional centers, subject to both of the following:

(A) If the amount received from the regional center or regional centers during each state fiscal year is more than or equal to five hundred thousand dollars (\$500,000), but less than two million dollars (\$2,000,000), the entity shall obtain an independent review report of its financial statements for the entity's fiscal year that includes the last day of the most recent state fiscal year. Consistent with Subchapter 21 (commencing with Section 58800) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations, this subdivision shall also apply to work activity program providers receiving less than five hundred thousand dollars (\$500,000).

(B) If the amount received from the regional center or regional centers during each state fiscal year is equal to or more than two million dollars (\$2,000,000), the entity shall obtain an independent audit of its financial statements for the entity's fiscal year that includes the last day of the most recent state fiscal year.

(2) This requirement does not apply to payments made using usual and customary rates, as defined by Title 17 of the California Code of Regulations, for services provided by regional centers.



(3) This requirement does not apply to state and local governmental agencies, the University of California, or the California State University.

(b) An entity subject to subdivision (a) shall provide copies of the independent audit or independent review report required by subdivision (a), and accompanying management letters, to the vendoring regional center within nine months of the end of the entity's fiscal year.

(c) Regional centers that receive the audit or review reports required by subdivision (b) shall review and require resolution by the entity for issues identified in the report that have an impact on regional center services. Regional centers shall take appropriate action, up to termination of vendorization, for lack of adequate resolution of issues.

(d) (1) Regional centers shall notify the department of all qualified opinion reports or reports noting significant issues that directly or indirectly impact regional center services within 30 days after receipt. Notification shall include a plan for resolution of issues.

(2) A regional center shall submit copies of all independent audit reports that it receives to the department for review. The department shall compile data, by regional center, on vendor compliance with audit requirements and opinions resulting from audit reports and shall annually publish the data in the performance dashboard developed pursuant to Section 4572.

(e) For purposes of this section, an independent review of financial statements shall be performed by an independent accounting firm and shall cover, at a minimum, all of the following:

(1) An inquiry as to the entity's accounting principles and practices and methods used in applying them.

(2) An inquiry as to the entity's procedures for recording, classifying, and summarizing transactions and accumulating information.

(3) Analytical procedures designed to identify relationships or items that appear to be unusual.

(4) An inquiry about budgetary actions taken at meetings of the board of directors or other comparable meetings.

(5) An inquiry about whether the financial statements have been properly prepared in conformity with generally accepted accounting principles and whether any events subsequent to the date of the financial statements would have a material effect on the statements under review.

(6) Working papers prepared in connection with a review of financial statements describing the items covered as well as any unusual items, including their disposition.

(f) For purposes of this section, an independent review report shall cover, at a minimum, all of the following:

(1) Certification that the review was performed in accordance with standards established by the American Institute of Certified Public Accountants.

(2) Certification that the statements are the representations of management.

(3) Certification that the review consisted of inquiries and analytical procedures that are lesser in scope than those of an audit.

(4) Certification that the accountant is not aware of any material modifications that need to be made to the statements for them to be in conformity with generally accepted accounting principles.

(g) The department shall not consider a request for adjustments to rates submitted in accordance with Title 17 of the California Code of Regulations by an entity receiving

payments from one or more regional centers solely to fund either anticipated or unanticipated changes required to comply with this section.

(h) (1) An entity required to obtain an independent review report of its financial statements pursuant to subparagraph (A) of paragraph (1) of subdivision (a) may apply to the regional center for, and the regional center shall grant, a two-year exemption from the independent review report requirement if the regional center does not find issues in the prior year's independent review report that have an impact on regional center services.

(2) An entity required to obtain an independent audit of its financial statements pursuant to subparagraph (B) of paragraph (1) of subdivision (a) may apply to the regional center for an exemption from the independent audit requirement, subject to both of the following conditions:

(A) If the independent audit for the prior year resulted in an unmodified opinion or an unmodified opinion with additional communication, the regional center shall grant the entity a two-year exemption.

(B) If the independent audit for the prior year resulted in a qualified opinion and the issues are not material, the regional center shall grant the entity a two-year exemption. The entity and the regional center shall continue to address issues raised in this independent audit, regardless of whether the exemption is granted.

(3) A regional center shall annually report to the department any exemptions granted pursuant to this subdivision.

(i) This section shall become operative on January 1, 2018.

**(Amended (as added by Stats. 2016, Ch. 429, Sec. 2) by Stats. 2017, Ch. 561, Sec. 269. (AB 1516) Effective January 1, 2018.)**

4653. Except for those developmentally disabled persons judicially committed to state hospitals, no developmentally disabled person shall be admitted to a state hospital except upon the referral of a regional center. Upon discharge from a state hospital, a developmentally disabled person shall be referred to an appropriate regional center.

**(Added by Stats. 1977, Ch. 1252.)**

4654. Before any person is examined by a regional center pursuant to Section 1370.1 of the Penal Code, the court ordering such medical examination shall transmit to the regional center a copy of the orders made pursuant to proceedings conducted under Sections 1368 and 1369 of the Penal Code. The purpose of the mental examination shall be to determine if developmental disability is the primary diagnosis.

**(Added by Stats. 1977, Ch. 1252.)**

4655. The director of a regional center or his designee may give consent to medical, dental, and surgical treatment of a regional center client and provide for such treatment to be given to the person under the following conditions:

(a) If the developmentally disabled person's parent, guardian, or conservator legally authorized to consent to such treatment does not respond within a reasonable time to the request of the director or his designee for the granting or denying of consent for such treatment, the director of a regional center or his designee may consent on behalf of the developmentally disabled person to such treatment and provide for such treatment to be given to such person.

(b) If the developmentally disabled person has no parent, guardian, or conservator legally authorized to consent to medical, dental, or surgical treatment on behalf of the

person, the director of the regional center or his designee may consent to such treatment on behalf of the person and provide for such treatment to be given to the person. The director of a regional center or his designee may thereupon also initiate, or cause to be initiated, proceedings for the appointment of a guardian or conservator legally authorized to consent to medical, dental, or surgical services.

(c) If the developmentally disabled person is an adult and has no conservator, consent to treatment may be given by someone other than the person on the person's behalf only if the developmentally disabled person is mentally incapable of giving his own consent.

**(Amended by Stats. 1979, Ch. 730.)**

4656. (a) A qualified physician and surgeon who diagnoses a developmental disability, as defined in subdivision (a) of Section 4512, of a patient who is a minor shall attempt to determine from the patient, the parents or guardian of the patient, or the regional center for the area whether the person has been previously referred to the regional center for the area. If the patient has not been previously referred to the regional center, the physician and surgeon shall inform a parent or the guardian of the patient of the existence of the regional center for the area, its address and telephone number, and shall describe to the person the services available through the regional center, and shall, upon request of the parent or guardian of the patient, refer in writing the patient through his or her parent or guardian to the regional center. Upon obtaining the consent of the patient's parent or guardian, the physician and surgeon shall notify the regional center of the referral.

For the purposes of this section, "qualified physician and surgeon" means those physicians and surgeons who have recognized and accredited training and a specialized pediatric practice in childhood disabilities.

(b) Each regional center shall maintain a record of every developmentally disabled person under the age of 18 years known by the regional center to have been referred to it for its services, whether or not services are actually provided.

(c) The state department shall transmit a copy of this section and of subdivision (a) of Section 4512 to every physician and surgeon licensed to practice in this state and every general acute care hospital licensed under Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code. A list of the name and address of each regional center and such other pertinent information as the state department deems appropriate shall also be transmitted, both in English and Spanish.

(d) It is not the intent of the Legislature in enacting this section to prevent any physician and surgeon subject to subdivision (a) from providing care or treatment to a developmentally disabled minor or to deprive developmentally disabled minors of adequate care provided through sources other than a regional center.

**(Amended (as added by Stats. 1978, Ch. 429) by Stats. 1982, Ch. 466, Sec. 122.)**

4657. The State Department of Developmental Services shall, through the regional center contract, require that the following information is collected by each regional center for each new case and is also collected at each review of all regional center clients in out-of-home placement.

Information shall include:

- (a) The birthday of the parents of the client.
- (b) The disability status of the parents of the client.

(c) Whether the parents of the client are deceased or not.

(Amended by Stats. 2021, Ch. 149, Sec. 1. (AB 445) Effective January 1, 2022.)

4658. The State Department of Developmental Services shall insure that all potentially eligible clients are referred to the Social Security Administration for eligibility determination for Old Age Survivors Disability Insurance (OASDI).

(Amended by Stats. 1984, Ch. 1137, Sec. 2.)

4659. (a) Except as otherwise provided in subdivision (b) or (e), the regional center shall identify and pursue all possible sources of funding for consumers receiving regional center services. These sources shall include, but not be limited to, both of the following:

(1) Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplemental security income and the state supplementary program.

(2) Private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer.

(b) Any revenues collected by a regional center pursuant to this section shall be applied against the cost of services prior to use of regional center funds for those services. This revenue shall not result in a reduction in the regional center's purchase of services budget, except as it relates to federal supplemental security income and the state supplementary program.

(c) Effective July 1, 2009, notwithstanding any other law or regulation, regional centers shall not purchase any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance, or a health care service plan when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage. If, on July 1, 2009, a regional center is purchasing that service as part of a consumer's individual program plan (IPP), the prohibition shall take effect on October 1, 2009.

(d) (1) Effective July 1, 2009, notwithstanding any other law or regulation, a regional center shall not purchase medical or dental services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance, or a health care service plan denial and the regional center determines that an appeal by the consumer or family of the denial does not have merit. If, on July 1, 2009, a regional center is purchasing the service as part of a consumer's IPP, this provision shall take effect on August 1, 2009. Regional centers may pay for medical or dental services during the following periods:

(A) While coverage is being pursued, but before a denial is made.

(B) Pending a final administrative decision on the administrative appeal if the family has provided to the regional center a verification that an administrative appeal is being pursued.

(C) Until the commencement of services by Medi-Cal, private insurance, or a health care service plan.

(2) When necessary, the consumer or family may receive assistance from the regional center, the Clients' Rights Advocate funded by the department, or the state council in pursuing these appeals.

(e) This section shall not impose any additional liability on the parents of children with developmental disabilities, or to restrict eligibility for, or deny services to, any individual who qualifies for regional center services but is unable to pay.

(f) In order to best utilize generic resources, federally funded programs, and private insurance programs for individuals with developmental disabilities, the department and regional centers shall engage in the following activities:

(1) Within existing resources, the department shall provide training to regional centers, no less than once every two years, in the availability and requirements of generic, federally funded and private programs available to persons with developmental disabilities, including, but not limited to, eligibility requirements, the application process and covered services, and the appeal process.

(2) Regional centers shall disseminate information and training to all service coordinators regarding the availability and requirements of generic, federally funded, and private insurance programs on the local level.

**(Amended by Stats. 2014, Ch. 409, Sec. 49. (AB 1595) Effective January 1, 2015.)**

4659.1. (a) If a service or support provided pursuant to a consumer's individual program plan under this division is paid for, in whole or in part, by the health care service plan or health insurance policy of the consumer's parent, guardian, or caregiver, the regional center may, when necessary to ensure that the consumer receives the service or support, pay any applicable copayment, coinsurance, or deductible associated with the service or support for which the parent, guardian, or caregiver is responsible if all of the following conditions are met:

(1) The consumer is covered by their parent's, guardian's, or caregiver's health care service plan or health insurance policy.

(2) The family has an annual gross income that does not exceed 400 percent of the federal poverty level.

(3) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10).

(b) If a service or support provided to a consumer 18 years of age or older, pursuant to the consumer's individual program plan, is paid for in whole or in part by the consumer's health care service plan or health insurance policy, the regional center may, when necessary to ensure that the consumer receives the service or support, pay any applicable copayment, coinsurance, or deductible associated with the service or support for which the consumer is responsible if both of the following conditions are met:

(1) The consumer has an annual gross income that does not exceed 400 percent of the federal poverty level.

(2) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10).

(c) If a service or support provided pursuant to a consumer's individualized family service plan pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) is paid for, in whole or in part, by the health care service plan or health insurance policy of the consumer's parent, guardian, or caregiver, the regional center shall pay any applicable copayment,

coinsurance, or deductible associated with the service or support for which the parent, guardian, or caregiver is responsible if both of the following conditions are met:

(1) The consumer is covered by their parent's, guardian's, or caregiver's health care service plan or health insurance policy.

(2) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10).

(d) Notwithstanding paragraph (2) of subdivision (a) or paragraph (1) of subdivision (b), a regional center may pay a copayment, coinsurance, or deductible associated with the health care service plan or health insurance policy for a service or support provided pursuant to a consumer's individual program plan if the family's or consumer's income exceeds 400 percent of the federal poverty level, the service or support is necessary to successfully maintain the child at home or the adult consumer in the least-restrictive setting, and the parents or consumer demonstrate one or more of the following:

(1) The existence of an extraordinary event that impacts the ability of the parent, guardian, or caregiver to meet the care and supervision needs of the child or impacts the ability of the parent, guardian, or caregiver, or adult consumer with a health care service plan or health insurance policy, to pay the copayment, coinsurance, or deductible.

(2) The existence of catastrophic loss that temporarily limits the ability to pay of the parent, guardian, or caregiver, or adult consumer with a health care service plan or health insurance policy and creates a direct economic impact on the family or adult consumer. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters and accidents involving major injuries to an immediate family member.

(3) Significant unreimbursed medical costs associated with the care of the consumer or another child who is also a regional center consumer.

(e) The parent, guardian, or caregiver of a consumer or an adult consumer with a health care service plan or health insurance policy shall self-certify the family's gross annual income to the regional center by providing copies of W-2 Wage Earners Statements, payroll stubs, a copy of the prior year's state income tax return, or other documents and proof of other income.

(f) The parent, guardian, or caregiver of a consumer or an adult consumer with a health care service plan or health insurance policy is responsible for notifying the regional center when a change in income occurs that would result in a change in eligibility for coverage of the health care service plan or health insurance policy copayments, coinsurance, or deductibles.

(g) Documentation submitted pursuant to this section shall be considered records obtained in the course of providing intake, assessment, and services and shall be confidential pursuant to Section 4514.

(h) This section shall not be implemented in a manner that is inconsistent with the requirements of Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.).

**(Amended by Stats. 2019, Ch. 28, Sec. 24. (SB 81) Effective June 27, 2019.)**

4659.2. (a) For the purposes of this section, the following definitions apply:

(1) "Physical restraint" means any behavioral or mechanical restraint, as defined in Section 1180.1 of the Health and Safety Code.

(2) “Chemical restraint” means a drug that is used to control behavior and that is used in a manner not required to treat the patient’s medical conditions.

(3) “Seclusion” means involuntary confinement of a person alone in a room or an area as defined in subdivision (e) of Section 1180.1 of the Health and Safety Code.

(4) “Long-term health care facility” means a facility, as defined in Section 1418 of the Health and Safety Code, that is required to report to a regional center pursuant to Section 54327 of Title 17 of the California Code of Regulations.

(5) “Acute psychiatric hospital” means a facility, as defined in subdivision (b) of Section 1250 of the Health and Safety Code, including an institution for mental disease, that is a regional center vendor.

(6) “Regional center vendor” means an agency, individual, or service provider that a regional center has approved to provide vendored or contracted services or supports pursuant to paragraph (3) of subdivision (a) of Section 4648.

(7) “Community crisis home” means a facility, as defined in Section 4698, that is a regional center vendor.

(8) “Mental health rehabilitation center” means a residential facility that is licensed by the State Department of Health Care Services and is a regional center vendor.

(b) (1) All regional center vendors that provide crisis or residential services or supported living services, including community crisis homes and mental health rehabilitation centers, long-term health care facilities, and acute psychiatric hospitals shall report to the agency designated pursuant to subdivision (i) of Section 4900 all of the following:

(A) Each death or serious injury of a person occurring during, or related to, the use of seclusion, physical restraint, or chemical restraint, or any combination thereof.

(B) Any unexpected or suspicious death, regardless of whether the cause is immediately known.

(C) Any allegation of sexual assault, as defined in Section 15610.63, in which the alleged perpetrator is a staff member, service provider, or facility employee or contractor.

(D) Any report made to the local law enforcement agency in the jurisdiction in which the facility is located that involves physical abuse, as defined in Section 15610.63, in which a staff member, service provider, or facility employee or contractor is implicated.

(2) The reports described in paragraph (1) shall be made no later than the close of the business day following the death or serious injury. The report shall include the encrypted identifier of the person involved, and the name, street address, and telephone number of the facility.

(c) (1) On a monthly basis, all regional center vendors that provide crisis or residential services or supported living services, long-term health care facilities, and acute psychiatric hospitals shall report to the State Department of Developmental Services, the regional center providing services to the consumer, the vendoring regional center, if different, and the agency designated pursuant to subdivision (i) of Section 4900 all of the following:

(A) The number of incidents of seclusion and the duration of time spent per incident in seclusion.

(B) The number of incidents of the use of behavioral restraints and the duration of time spent per incident of restraint.

(C) The number of times an involuntary emergency medication is used to control behavior.

(2) The reports required pursuant to paragraph (1) shall include the name, street address, and telephone number of the facility.

(Amended by Stats. 2022, Ch. 49, Sec. 21. (SB 188) Effective June 30, 2022.)

### **Article 2.5. Interagency Dispute Resolution**

(Article 2.5 added by Stats. 2009, Ch. 84, Sec. 1. (AB 140) Effective January 1, 2010.)

4659.5. (a) This article shall apply to any dispute over the provision of services where the regional center believes that a generic agency, as defined in subdivision (g), is legally obligated to fund or provide a service or services that are contained in the individualized family service plan or individual program plan for any child under six years of age.

(b) This article shall apply only to disputes over which entity is to deliver or pay for a specific type, frequency, or duration of services, or any combination thereof, when the services are contained in the individualized family service plan or individual program plan for any child under six years of age. This article shall not apply to the resolution of disputes between a consumer or his or her authorized representative and a regional center over the provision of, or payment for, a service, nor shall this article apply to the determination of eligibility for any service.

(c) This article does not apply when the dispute has been decided after a due process hearing or resolved by the agreement of all parties, in a proceeding under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) in which the regional center and local educational agency have been joined.

(d) This article does not apply to a dispute over the type, frequency, and duration of service when a consumer has requested mediation or a due process hearing under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) and the regional center and local educational agency have been joined in the proceeding.

(e) This article does not modify the mandated responsibility of a regional center or a local educational agency to fund services identified in the individualized family service plan as set forth in subdivisions (b) to (e), inclusive, of Section 95014 of the Government Code and Sections 52106 to 52110, inclusive, of Title 17 of the California Code of Regulations.

(f) This article does not modify the responsibilities of regional centers to fund services pursuant to this division.

(g) For purposes of this article, "generic agency" means a publicly funded agency referred to in paragraph (8) of subdivision (a) of Section 4648, except that the term does not apply to Medi-Cal specialty mental health plans that are governed by dispute resolution processes outlined in Chapter 11 (commencing with Section 1810.100) of Division 1 of Title 9 of the California Code of Regulations, an individual, organization, or entity operating under a Medi-Cal managed care plan contract with the State Department of Health Care Services under Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9, the Genetically Handicapped Persons Program, administered by the State Department of Health Care Services pursuant to Article 1 (commencing with Section 125125) of



Chapter 2 of Part 5 of Division 106 of the Health and Safety Code, or to the California Children's Services Program administered by the State Department of Health Care Services pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code.

**(Added by Stats. 2009, Ch. 84, Sec. 1. (AB 140) Effective January 1, 2010.)**

4659.7. (a) Whenever a regional center believes that a generic agency is responsible for providing or paying for a service required pursuant to Sections 4646.5 to 4648, inclusive, or Section 95020 of the Government Code and specified in the consumer's individualized family service plan or individual program plan, and the generic agency is not providing or funding the service or services, the regional center may submit a written notification of the failure to provide the service and a request for dispute resolution to the appropriate generic agency. Any regional center that files written notification of the failure to provide a service and a request for dispute resolution with a generic agency as set forth in this section, shall provide written notification of its request for resolution to the consumer's parent, legal guardian, or authorized representative. The regional center may withdraw its request for dispute resolution at any time during this process.

(b) (1) Upon receipt of the written notification made by the regional center, the generic agency and the regional center shall have 15 calendar days to meet to resolve the dispute unless the generic agency notifies the regional center in writing that it needs additional time, up to 15 days, to make an initial assessment of whether the child meets the basic eligibility requirements for the program or type of service in question.

(2) The generic agency and the regional center shall prepare a written copy of the meeting resolution which shall be mailed to the parent, guardian, or other authorized representative within 10 calendar days of the meeting. The resolution shall specify the regional center or generic agency responsible for providing the service.

(c) (1) If the dispute cannot be resolved to the satisfaction of the regional center and the generic agency, within 10 calendar days of the meeting, each party shall submit his or her contentions on the issue in writing to the Director of the Office of Administrative Hearings within 30 calendar days of the meeting. The Director of the Office of Administrative Hearings, or his or her designee, shall review the issue and issue a written decision within 30 calendar days of receipt of the case. The decision shall specify the regional center or generic agency responsible for the service or services. The Office of Administrative Hearings may award reimbursement retroactively to the date the prevailing party initiated the provision of the services that were in dispute. A written copy of the resolution shall be mailed to the parent, guardian, or authorized representative, the Director of Developmental Services, the regional center, and the generic agency involved in the dispute resolution process.

(2) The decision of the Director of the Office of Administrative Hearings, or his or her designee, shall be the final administrative decision for all agencies that are parties to the dispute.

(3) Nothing in this article shall be construed to supersede regional center or generic agency procedures for subsequent review and modification, as appropriate, of the type, frequency, or duration of services pursuant to the agency's program or treatment planning process.

(d) (1) The submission of a notification pursuant to subdivision (a) shall not interfere with a consumer's right to receive the services and supports in his or her individualized family service plan or individual program plan on a timely basis.

(2) Arrangements for the provision of an interim service or services may be made by written agreement between the regional center and the generic agency, provided the child's individualized family service plan or individual program plan is not altered, except as to which agency delivers or pays for the service if the service or services are included in the individualized family service plan or individual program plan.

(e) Nothing in this section shall prevent a consumer or his or her authorized representative from pursuing administrative remedies otherwise available, including remedies pursuant to Chapter 7 (commencing with Section 4700) of Division 4.5, of this code or Sections 52160 to 52174, inclusive, of Title 17 of the California Code of Regulations or, after exhaustion of any applicable administrative remedies, pursuing available remedies through a civil action in any court of competent jurisdiction.

(f) Once the dispute resolution procedures have been completed, the agency determined responsible for the service shall pay for and provide the service, and shall reimburse the other agency that provided the service pursuant to subdivision (d), if applicable.

(g) The State Department of Developmental Services shall pay for the services provided by the Office of Administrative Hearings pursuant to this section.

(Added by Stats. 2009, Ch. 84, Sec. 1. (AB 140) Effective January 1, 2010.)

4659.8. The resolution under this article of whether a regional center or generic agency is the responsible party for providing the service in a particular matter shall not set a precedent for the resolution of any other matter.

(Added by Stats. 2009, Ch. 84, Sec. 1. (AB 140) Effective January 1, 2010.)

### **Article 2.6. Third-Party Liability**

(Article 2.6 added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)

4659.10. It is the intent of the Legislature that this article shall be implemented consistent with the responsibilities of the department and the regional centers to provide services and supports pursuant to the requirements of this division and the California Early Intervention Program. It is further the intent of the Legislature that the department and the regional centers shall continue to be the payers of last resort consistent with the requirements of this division and the California Early Intervention Program.

(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)

4659.11. (a) When services are provided or will be provided to a consumer under this division, or to a child under 36 months of age who is eligible for the California Early Intervention Program pursuant to Title 14 (commencing with Section 95000) of the Government Code, as a result of an injury for which another person is liable, or for which an insurance carrier is liable in accordance with the provisions of any policy of insurance issued pursuant to Section 11580.2 of the Insurance Code, the department or the regional center from which the individual obtained services shall have a right to recover from the person or carrier the reasonable value of services so provided. To enforce that right, the department or the regional center may institute and prosecute legal proceedings against the third person or carrier who may be liable for the injury in

an appropriate court, either in the name of the department or regional center or in the name of the child or consumer, his or her guardian, conservator, limited conservator, personal representative, estate, or survivors.

(b) The department and the regional center may compromise, or settle and release a claim as described in subdivision (a).

(c) The department may waive a claim as described in subdivision (a), in whole or in part, if the department determines that collection would not be cost efficient, would result in undue hardship upon the consumer or child who suffered the injury, or in a wrongful death action upon the heirs of the deceased.

(d) No action taken on behalf of the department or the regional center pursuant to this section or any judgment rendered in that action shall be a bar to any action upon the claim or cause of action of the child or consumer, his or her guardian, conservator, personal representative, estate, dependents, or survivors against the third party who may be liable for the injury, or shall operate to deny to the child or consumer the recovery for that portion of any damages not covered hereunder.

(e) The department, the State Department of Health Care Services, and the Department of Managed Health Care shall work together to ensure that the recovery sought by the department, regional centers, and the State Department of Health Care Services for services for Medi-Cal beneficiaries with developmental disabilities is appropriate.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.12. (a) Where an action is brought by the department or a regional center pursuant to Section 4659.11, it shall be commenced within the period prescribed in Section 338 of the Code of Civil Procedure.

(b) The death of a consumer or child under 36 months of age who is eligible for the California Early Intervention Program does not abate any right of action established by Section 4659.11.

(c) When an action or claim is brought by a person or persons entitled to bring the action or assert the claim against a third party who may be liable for causing the death of the child or consumer, any settlement, judgment, or award obtained is subject to the right of the department or the regional center to recover from that party the reasonable value of the services provided to the consumer under this division.

(d) Where the action or claim is brought by the child or consumer alone, and the child or consumer incurs a personal liability to pay attorney's fees and costs of litigation, the claim for reimbursement by the department or the regional center of the services provided to the child or consumer shall be limited to the reasonable value of services less 25 percent, which represents the department's or the regional center's reasonable share of attorney's fees paid by the child or consumer, and that portion of the cost of litigation expenses determined by multiplying by the ratio of the full amount of the reasonable value of services so provided to the full amount of the judgment, award, or settlement.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.13. (a) If a consumer or child under 36 months of age who is eligible for the California Early Intervention Program pursuant to Title 14 (commencing with Section 95000) of the Government Code, the department, or a regional center brings an action or claim against a third party or carrier, the consumer, child, regional center, or department, within 30 days of filing the action, shall provide the other persons or

entities specified in this subdivision with written notice by personal service or registered mail of the action or claim, and of the name of the court or state or local agency in which the action or claim is brought. Proof of the notice shall be filed in the action or claim. If an action or claim is brought by the department, the regional center, the child, or the consumer, any of the other persons or entities described in this subdivision, at any time before trial on the facts, may become a party to, or shall consolidate their action or claim with, another action or claim if brought independently.

(b) If an action or claim is brought by the department or the regional center pursuant to subdivision (a) of Section 4659.11, written notice to the child, consumer, guardian, conservator, personal representative, estate, or survivor given pursuant to this section shall advise him or her of his or her right to intervene in the proceeding, his or her right to obtain a private attorney of his or her choice, and the department's right to recover the reasonable value of the services provided.

**(Amended by Stats. 2012, Ch. 162, Sec. 198. (SB 1171) Effective January 1, 2013.)**

4659.14. In the event of judgment or award in a suit or claim against a third party or carrier:

(a) If the action or claim is prosecuted by the child or consumer alone, the court or agency shall first order paid from any judgment or award the reasonable litigation expenses incurred in preparation and prosecution of the action or claim, together with reasonable attorney's fees, when an attorney has been retained. After payment of these expenses and attorney's fees the court or agency, on the application of the department or the regional center, shall allow as a lien against the amount of the settlement, judgment, or award, the reasonable value of additional services provided to the child under the California Early Intervention Program or consumer under this division, as provided in subdivision (d) of Section 4659.12.

(b) If the action or claim is prosecuted both by the consumer or child and the department or regional center, the court or agency shall first order paid from any judgment or award the reasonable litigation expenses incurred in preparation and prosecution of the action or claim, together with reasonable attorney's fees based solely on the services rendered for the benefit of the child or consumer. After payment of these expenses and attorney's fees, the court or agency shall apply out of the balance of the judgment or award an amount sufficient to reimburse the department the full amount of the reasonable value of services provided.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.15. Upon further application at any time before the judgment or award is satisfied, the court shall allow as a further lien the reasonable value of additional services provided arising out of the same cause of action or claim provided on behalf of the consumer under this division, or child under the California Early Intervention Program, where the services were provided or became payable subsequent to the original order.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.16. (a) No settlement, judgment, or award in any action or claim by a consumer or child to recover damages for injuries, where the department or regional center has an interest, shall be deemed final or satisfied without first giving the department notice and a reasonable opportunity to perfect and to satisfy the department's or regional center's lien. Recovery of the lien from an injured consumer's

or child's action or claim is limited to that portion of a settlement, judgment, or award that represents payment for services provided on behalf of the consumer under this division or a child under the California Early Intervention Program. All reasonable efforts shall be made to obtain the department's advance agreement to a determination as to what portion of a settlement, judgment, or award represents payment for services provided on behalf of the consumer under this division or the child under the California Early Intervention Program. Absent the department's advance agreement as to what portion of a settlement, judgment, or award represents payment for medical expenses, or medical care, provided to the child or consumer, the matter shall be submitted to a court for decision. The department, the regional center, or the child or consumer may seek resolution of the dispute by filing a motion, which shall be subject to regular law and motion procedures.

(b) If the child or consumer has filed a third-party action or claim, the court in which the action or claim was filed shall have jurisdiction over a dispute between the department or regional center and the child or consumer regarding the amount of a lien asserted pursuant to this section that is based upon an allocation of damages contained in a settlement or compromise of the third-party action or claim. If no third-party action or claim has been filed, any superior court in California where venue would have been proper, had a claim or action been filed, shall have jurisdiction over the motion. The motion may be filed as a special motion and treated as an ordinary law and motion proceeding subject to regular motion fees. The reimbursement determination motion shall be treated as a special proceeding of a civil nature pursuant to Part 3 (commencing with Section 1063) of the Code of Civil Procedure. When no action is pending, the person making the motion shall be required to pay a first appearance fee. When an action is pending, the person making the motion shall pay a regular law and motion fee. Notwithstanding Section 1064 of the Code of Civil Procedure, the child or consumer, the regional center, or the department may appeal the final findings, decision, or order.

(c) The court shall issue its findings, decision, or order, which shall be considered the final determination of the parties' rights and obligations with respect to the department's lien, unless the settlement is contingent on an acceptable allocation of the settlement proceeds, in which case, the court's findings, decision, or order shall be considered a tentative determination. If the child or consumer does not serve notice of a rejection of the tentative determination, which shall be based solely upon a rejection of the contingent settlement, within 30 days of the notice of entry of the court's tentative determination, subject to further consideration by the court pursuant to subdivision (d), the tentative determination shall become final. Notwithstanding Section 1064 of the Code of Civil Procedure, the child, consumer, regional center, or department may appeal the final findings, decision, or order.

(d) If the consumer or child does not accept the tentative determination, which shall be based solely upon a rejection of the contingent settlement, any party may subsequently seek further consideration of the court's findings upon application to modify the prior findings, decision, or order based on new or different facts or circumstances. The application shall include an affidavit showing what application was made before, when, and to what judge, what order or decision was made, and what new or different facts or circumstances, including a different settlement, are claimed to exist. Upon further consideration, the court may modify the allocation in the interest of fairness and for good cause.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.17. When the department or regional center has perfected a lien upon a judgment or award in favor of a child eligible for the California Early Intervention Program or a consumer against any third party for an injury for which the consumer has received services pursuant to this division, the department or the regional center shall be entitled to a writ of execution as lien claimant to enforce payment of the lien against the third party with interest and other accruing costs as in the case of other executions. In the event the amount of the judgment or award so recovered has been paid to the child or consumer, the department or the regional center shall be entitled to a writ of execution against the child or consumer to the extent of the department's or the regional center's lien, with interest and other accruing costs as in the case of other executions.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.18. Notwithstanding any other provision of law, in no event shall the department or the regional center recover an amount greater than the child eligible for the California Early Intervention Program or consumer recovers after deducting from the settlement judgment, or award, attorney's fees and litigation costs paid for by the child or consumer. If the recovery of the department or regional center is determined under this section, the reductions in subdivision (d) of Section 4659.12 shall not apply.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.19. The amount recovered by the department or regional center shall not exceed the amount derived from applying Section 4659.12, 4659.16, or 4659.18, whichever is less.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.20. In the event that the child or consumer, his or her guardian, conservator, limited conservator, personal representative, estate, or survivors, or any of them brings an action against the third party that may be liable for the injury, notice of institution of legal proceedings, notice of settlement, and all other notices required by this article shall be given to the director of the department in Sacramento except in cases where the director specifies that notice shall be given to the Attorney General. All notices shall be given by insurance carriers, as described in Section 14124.70, having liability for the child's or consumer's claim, and by the attorney retained to assert the claim by the consumer or child, or by the injured child or consumer, his or her guardian, conservator, limited conservator, personal representative, estate, or survivors, if no attorney is retained.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.21. Notwithstanding any other provision of law, all carriers described in Section 14124.70, including automobile, casualty, property, and malpractice insurers, shall enter into agreements with regional centers and the department to permit and assist the matching of the eligibility files of the department and the regional centers against the carrier's claim files, utilizing, if necessary, social security numbers as common identifiers for the purpose of determining whether services were provided to a child eligible for the California Early Intervention Program or consumer because of an injury for which another person is liable, or for which a carrier is liable in accordance with the provisions of any policy of insurance. The carrier shall maintain a centralized file of claimants' names, mailing addresses, and social security numbers or dates of birth. This information shall be made available to the department and the regional

center upon a reasonable request by the department or a regional center. The agreement described in this section shall include financial arrangements for reimbursing carriers for necessary costs incurred in furnishing requested information.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.22. (a) Every health insurer, self-insured plan, group health plan, as defined in Section 607(1) of the federal Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1001 et seq.), service benefit plan, managed care organization, including health care service plans as defined in subdivision (f) of Section 1345 of the Health and Safety Code, licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code), pharmacy benefit manager, or other party that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service, upon request of the department or a regional center for any records, or any information contained in records pertaining to, an individual or group health insurance policy or plan issued by the insurer or plan against, or pertaining to, the services paid by or claims made against the insurer or plans under a policy or plan, shall make the requested records or information available upon a certification by the department or regional center that the individual is an applicant for or recipient of services under this division, is an applicant for or recipient of services under the California Early Intervention Program, or is a person who is legally responsible for the applicant or recipient, provided that the department and regional center certifies its compliance with all state and federal laws pertaining to the confidentiality of medical information.

(b) The department or regional center shall enter into a cooperative agreement setting forth mutually agreeable procedures for requesting and furnishing appropriate information, consistent with laws pertaining to the confidentiality and privacy of medical information. These procedures shall include any financial arrangements as may be necessary to reimburse insurers or plans for necessary costs incurred in furnishing requested information, and the time and manner those procedures are to become effective. The department shall make every effort to coordinate with the State Department of Health Care Services to obtain this information for this purpose, avoid duplication and administrative costs, and to protect privacy of medical information pursuant to state and federal law.

(c) The information required to be made available pursuant to this section shall be limited to information necessary to determine whether health care services have been or should have been claimed and paid pursuant to an obligation of entities identified in subdivision (a) and the terms and conditions of the enrollee's contract or, in the case of a Medi-Cal beneficiary, pursuant to the scope of the contract between the State Department of Health Care Services and a Medi-Cal managed care health plan, with respect to services received by a particular individual for which services under this division or under the California Early Intervention Program would be available.

(d) Not later than the date upon which the procedures agreed to pursuant to subdivision (b) become effective, the director shall establish guidelines to ensure that information relating to an individual certified to be an applicant child or consumer, furnished to any insurer or plan pursuant to this section, is used only for the purpose of identifying the records or information requested in the manner so as not to violate the confidentiality of an applicant or recipient.

(e) The department shall implement this section no later than July 1, 2011.

**(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)**

4659.23. In order to assess overlapping or duplicate health coverage, every health insurer, self-insured plan, group health plan, as defined in Section 607(1) of the federal Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1001 et seq.), service benefit plan, managed care organization, including a health care service plan as defined in subdivision (f) of Section 1345 of the Health and Safety Code, licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code), pharmacy benefit manager, or other party that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service shall maintain a centralized file of the subscribers', policyholders', or enrollees' names, mailing addresses, and social security numbers or dates of birth, and where available, for all other covered persons, the names and social security numbers or dates of birth. This information shall be made available to the department or a regional center upon reasonable request. Notwithstanding Section 20230 of the Government Code, the Board of Administration of the Public Employees' Retirement System and affiliated systems or contract agencies shall permit data matches with the state department to identify consumers with third-party health coverage or insurance.

**(Amended by Stats. 2012, Ch. 162, Sec. 199. (SB 1171) Effective January 1, 2013.)**

4659.24. (a) When the rights of a consumer or a child receiving services under the California Early Intervention Program to recovery from an insurer have been assigned to the department or a regional center, an insurer shall not impose any requirement on the department or the regional center that is different from any requirement applicable to an agent or assignee of the covered consumer or child.

(b) The department may garnish the wages, salary, or other employment income of, and withhold amounts from state tax refunds from, any person to whom both of the following apply:

(1) The person is required by a court or administrative order to provide coverage of the costs of services provided to a child under the California Early Intervention Program or a consumer under this division.

(2) The person has received payment from a third party for the costs of the services for the child or consumer, but he or she has not used the payments to reimburse, as appropriate, either the other parent or the person having custody of the child or consumer, or the provider of the services, to the extent necessary to reimburse the department for expenditures for those costs under this division. All claims for current or past due child support shall take priority over claims made by the department or the regional center.

(c) For purposes of this section, "insurer" includes every health insurer, self-insured plan, group health plan, as defined in Section 607(1) of the federal Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1001 et seq.), service benefit plan, managed care organization, including health care service plans as defined in subdivision (f) of Section 1345 of the Health and Safety Code, licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code), pharmacy benefit manager,



or other party that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.

(Added by Stats. 2011, Ch. 9, Sec. 14. (SB 74) Effective March 24, 2011.)

### **Article 3. Regional Center Board Meetings**

(Article 3 added by Stats. 1986, Ch. 577, Sec. 2.)

4660. All meetings of the board of directors of each regional center shall be scheduled, open, and public, and all persons shall be permitted to attend any meeting, except as otherwise provided in this section. Regional center board meetings shall be held in accordance with all of the following provisions:

(a) Each regional center shall provide a copy of this article to each member of the regional center governing board upon his or her assumption of board membership.

(b) As used in this article, board meetings include meetings conducted by any committee of the governing board which exercises authority delegated to it by that governing board. However, board meetings shall not be deemed to include board retreats planned solely for educational purposes.

(c) At each regional center board meeting, time shall be allowed for public input on all properly noticed agenda items prior to board action on that item. Time shall be allowed for public input on any issue not included on the agenda.

(d) Any person attending an open and public meeting of a regional center shall have the right to record the proceedings on a tape recorder, video recorder, or other sound, visual, or written transcription recording device, in the absence of a reasonable finding of the regional center governing board that such recording constitutes, or would constitute, a disruption of the proceedings.

(Amended by Stats. 1997, Ch. 414, Sec. 21. Effective September 22, 1997.)

4661. (a) Regional centers shall mail notice of their meetings to any person who requests notice in writing. Notice shall be mailed at least seven days in advance of each meeting. The notice shall include the date, time, and location of, and a specific agenda for, the meeting, which shall include an identification of all substantive topic areas to be discussed, and no item shall be added to the agenda subsequent to the provision of this notice. The notice requirement shall not preclude the regional center board from taking action on any urgent request made by the department, not related to purchase of service reductions, for which the board makes a specific finding that notice could not have been provided at least seven days before the meeting, or on new items brought before the board at meetings by members of the public.

(b) The regional center shall maintain all recordings and written comments submitted as testimony on agenda items for no less than two years. These materials shall be made available for review by any person, upon request.

(c) Any action taken by a board that is found by a court of competent jurisdiction to have substantially violated any provision of this article shall be deemed null and void.

(Amended by Stats. 1997, Ch. 414, Sec. 22. Effective September 22, 1997.)

4662. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of regional center services, an emergency meeting may be called without complying with the advanced notice requirement of Section 4661. For the purposes of this article, "emergency situation" means any activity which severely impairs public health, safety, or both, as

determined by a majority of the members of the regional center board. In these situations, advance notice shall be provided if practicable. In addition, the state council shall be notified by telephone of each emergency meeting. The minutes of an emergency meeting, including a description of any actions taken at the meeting, shall be mailed immediately to those persons described in Section 4661.

**(Amended by Stats. 2014, Ch. 409, Sec. 50. (AB 1595) Effective January 1, 2015.)**

4663. (a) The governing board of a regional center may hold a closed meeting to discuss or consider one or more of the following:

- (1) Real estate negotiations.
- (2) The appointment, employment, evaluation of performance, or dismissal of a regional center employee.
- (3) Employee salaries and benefits.
- (4) Labor contract negotiations.
- (5) Pending litigation.

(b) Any matter specifically dealing with a particular regional center client must be conducted in a closed session, except where it is requested that the issue be discussed publicly by the client, the client's conservator, or the client's parent or guardian where the client is a minor. Minutes of closed sessions shall be kept by a designated officer or employee of the regional center, but these minutes shall not be considered public records. Prior to and directly after holding any closed session, the regional center board shall state the specific reason or reasons for the closed session. In the closed session, the board may consider only those matters covered in its statement.

**(Added by Stats. 1986, Ch. 577, Sec. 2.)**

4664. The governing board of a regional center may hold a closed session regarding pending litigation when discussion in open session concerning those matters would prejudice the position of the regional center in the litigation. Litigation shall be considered pending when any of the following circumstances exist:

- (a) An adjudicatory proceeding to which the regional center is a party has been initiated formally.
- (b) A point has been reached where, based upon existing facts and circumstances and the advice of legal counsel, it is determined that there is a significant exposure to litigation against the regional center.
- (c) Based on existing facts and circumstances, the regional center has decided to initiate or is deciding whether to initiate litigation.

Prior to holding a closed session pursuant to this section, the regional center governing board shall state publicly to which subdivision it is pursuant.

**(Amended by Stats. 1997, Ch. 414, Sec. 23. Effective September 22, 1997.)**

4665. Agendas and other writings or materials distributed prior to or during a regional center board meeting for discussion or action at the meeting shall be considered public records, except those materials distributed during, and directly related to, a closed session authorized under Section 4663. Writings which are distributed prior to commencement of a board meeting shall be made available for public inspection upon request prior to commencement of the meeting. Writings which are distributed during a board meeting shall be made available for public inspection at

the time of their discussion at the meeting. A reasonable fee may be charged for a copy of a public record distributed pursuant to this section.

(Added by Stats. 1986, Ch. 577, Sec. 2.)

4666. No regional center shall conduct any meeting, conference, or other function in any facility that prohibits the admittance of any person, or persons, on the basis of ancestry or any characteristic listed or defined in Section 11135 of the Government Code.

(Amended by Stats. 2007, Ch. 568, Sec. 48. Effective January 1, 2008.)

4667. All regional center board meetings shall be held in facilities accessible to persons with physical disabilities.

(Added by Stats. 1986, Ch. 577, Sec. 2.)

4668. (a) Any action taken by a regional center governing board in violation of this article is null and void. Any interested person may commence an action by mandamus, injunction, or declaratory relief for the purpose of obtaining a judicial declaration that an action taken in violation of this article is null and void.

(b) A court may award court costs and reasonable attorney's fees to the plaintiff in an action brought pursuant to this section where it is found that a regional center board has violated the provisions of this article.

(c) This section does not prevent a regional center governing board from curing or correcting an action challenged pursuant to this section.

(Added by Stats. 1986, Ch. 577, Sec. 2.)

4669. The provisions of this article shall not apply to the corporate affairs of the governing board of a regional center which have no relationship to the role and responsibility of a regional center set forth in this chapter.

(Added by Stats. 1986, Ch. 577, Sec. 2.)

#### **Article 4. Regional Center Alternatives for Service Delivery**

(Article 4 added by Stats. 1993, Ch. 623, Sec. 2. Effective January 1, 1994. Note: Former termination clause was deleted by Stats. 1999, Ch. 369.)

4669.2. (a) Notwithstanding any other law, and provided that there shall be no reduction in direct service to persons eligible for services under this article, a regional center, with the approval of the State Department of Developmental Services, and in consultation with the state council, consumer and vendor advisory committees, and local advocacy organizations, may explore and implement any regional center service delivery alternative included in this section for consumers living in the community, as follows:

(1) Alternative service coordination for consumers.

(2) Technical and financial support to consumers, and where appropriate, their families, to provide or secure their own services in lieu of services that regional centers would otherwise provide, purchase, or secure. These programs shall be cost-effective in the aggregate, and shall be limited to consumers who are at imminent risk of moving to a more restrictive setting.

(3) Procedures whereby regional centers may negotiate levels of payment with providers for delivery of specific services to a group of consumers through a mutually agreed upon contract with a specific term and a guaranteed reimbursement amount.

Contracted services may be for any specific service or combination of services across vendor categories.

(4) Procedures whereby consumers, regional center representatives, the state council, and local service providers may jointly examine and make recommendations to the department for reduced reporting and recording requirements of regional centers. The recommendations shall be made available upon request.

(5) Proposals to reduce reporting and recordkeeping requirements at a regional center.

(6) Procedures whereby a regional center may lease a facility and contract for the provision of services in that facility for regional center clients.

(7) Procedures that encourage innovative approaches to the sharing of administrative resources between regional centers and other public and private agencies serving persons with developmental disabilities.

(8) Proposals for a regional center to purchase a facility for its own office space if it can be shown to be cost-effective. Funds from a regional center's purchase of services budget shall not be used for this purchase.

(b) Consultation pursuant to subdivision (a) shall occur during the development of the proposal prior to the public hearing conducted in accordance with Section 4669.75 and after the completion of the public hearing.

(c) The regional center shall annually submit to the State Department of Developmental Services a report on the implementation of the service delivery options approved by the department under this section. The report shall review the effects of the proposal, if applicable, upon the regional center purchase of service budget and the state budget, the impact on other regional center services, and the impact on consumers served under the proposal. This report shall be completed within 90 days of the end of each fiscal year.

**(Amended by Stats. 2014, Ch. 409, Sec. 51. (AB 1595) Effective January 1, 2015.)**

4669.75. (a) Any proposal approved by the department pursuant to this article may be implemented immediately upon approval. Prior to submitting a proposal to the department, the regional center shall conduct a public hearing to receive comments on the proposal. Notice of the public hearing shall be given at least 10 business days in advance of the hearing. The public hearing shall be conducted in accordance with this section.

(b) Notice shall include a summary of the proposal, analysis of the effect of the proposal upon the regional center budget and the state budget, the impact on regional center services, and the impact on consumers served under the proposal, and a list of the statutes and regulations that will be waived under the proposal. No proposal approved under this article shall authorize a regional center to implement proposals that have not met all the requirements of this article. The department may not delegate its authority to review and approve proposals in accordance with this article.

(c) Each written comment submitted prior to the close of the final public hearing, and a summary of verbal testimony received, shall be considered by the regional center, and a summary of the responses to all comments shall be submitted as part of the proposal to the department. These comments and responses shall be made available, along with the proposal, for public review.

(d) A service delivery alternative shall be required to be implemented within the existing regional center funding allocation and shall be cost-effective to the state. No

additional allocation shall be made to permit a regional center to implement a service delivery alternative. No proposal approved under this article shall authorize or give authority to a regional center to go forward with any other specific action or proposal that has not met all of the requirements of this article. The department may not delegate its authority to review and approve proposals in accordance with this article to a regional center or any other entity.

(e) Proposals approved by the department shall meet freedom of choice requirements pursuant to the assurances required in the home- and community-based services waiver under Section 1396n of Title 42 of the United States Code.

(Amended by Stats. 2001, Ch. 745, Sec. 235. Effective October 12, 2001.)

## **CHAPTER 6. DEVELOPMENT AND SUPPORT OF COMMUNITY FACILITIES AND PROGRAMS**

(Chapter 6 added by Stats. 1977, Ch. 1252.)

### **Article 1. General**

(Article 1 added by Stats. 1977, Ch. 1252.)

4670. The Legislature finds that there is a shortage of programs and facilities to provide a comprehensive network of habilitation services to persons with developmental disabilities throughout the state.

In order to assure the development and necessary support for a comprehensive network of programs of good quality, in every area of the state, in an orderly and economic manner, the following procedures are established.

(Added by Stats. 1977, Ch. 1252.)

### **Article 2. Planning and Developing New and Expanded Programs and Facilities**

(Article 2 added by Stats. 1977, Ch. 1252.)

4675. On and after January 1, 1978, the state plan established in this division shall be the primary method used for determining, in an orderly way, the programs and facilities that shall be developed, expanded, terminated, or reduced. The state plan shall also state the objectives of such programs, amounts and sources of required funding, priorities for development, timing, agencies responsible for implementation, and procedures for evaluation.

(Added by Stats. 1977, Ch. 1252.)

4676. Prior to making an appropriation or allocating any state or federal funds for new or major expansions of programs or facilities for persons with developmental disabilities, the state plan shall be reviewed to determine if the proposed expenditure is consistent with the priorities approved in the plan.

If any expenditure of such funds for new or major expansions of programs or facilities is proposed by any agency that does not conform to the priorities approved in the state plan, the state council shall review and publicly comment on such proposed expenditure.

(Added by Stats. 1977, Ch. 1252.)

4677. (a) (1) All parental fees collected by or for regional centers shall be remitted to the State Treasury to be deposited in the Developmental Disabilities

Program Development Fund, which is hereby created in the State Treasury and hereinafter called the Program Development Fund. The purpose of the Program Development Fund shall be to provide resources needed to initiate new programs, and to expand or convert existing programs. Within the context of, and consistent with, approved priorities for program development in the state plan, program development funds shall promote integrated residential, work, instructional, social, civic, volunteer, and recreational services and supports that increase opportunities for self-determination and maximize independence of persons with developmental disabilities. Notwithstanding any other law or regulation, commencing July 1, 2009, parental fees remitted to the State Treasury shall be deposited in accordance with Section 4784.

(2) An allocation from the Program Development Fund shall not be granted for more than 24 months.

(b) (1) The State Council on Developmental Disabilities shall, at least once every five years, request from all regional centers information on the types and amounts of services and supports needed, but currently unavailable.

(2) The state council shall work collaboratively with the department and the Association of Regional Center Agencies to develop standardized forms and protocols that shall be used by all regional centers and the state council in collecting and reporting this information. In addition to identifying services and supports that are needed, but currently unavailable, the forms and protocols shall also solicit input and suggestions on alternative and innovative service delivery models that would address consumer needs.

(3) In addition to the information provided pursuant to paragraph (2), the state council may utilize information from other sources, including, but not limited to, public hearings, quality assurance assessments conducted pursuant to Section 4571, regional center reports on alternative service delivery submitted to the department pursuant to Section 4669.2, and the annual report on self-directed services produced pursuant to Section 4685.7.

(4) The department shall provide additional information, as requested by the state council.

(5) Based on the information provided by the regional centers and other agencies, the state council shall develop an assessment of the need for new, expanded, or converted community services and supports, and make that assessment available to the public. The assessment shall include a discussion of the type and amount of services and supports necessary but currently unavailable including the impact on consumers with common characteristics, including, but not limited to, disability, specified geographic regions, age, and ethnicity, who face distinct challenges. The assessment shall highlight alternative and innovative service delivery models identified through their assessment process.

(6) This needs assessment shall be conducted at least once every five years and updated annually. The assessment shall be included in the state plan and shall be provided to the department and to the appropriate committees of the Legislature. The assessment and annual updates shall be made available to the public. The state council, in consultation with the department, shall make a recommendation to the Department of Finance as to the level of funding for program development to be included in the Governor's Budget, based upon this needs assessment.

(c) In addition to parental fees and General Fund appropriations, the Program Development Fund may be augmented by federal funds available to the state for program development purposes, when these funds are allotted to the Program Development Fund in the state plan. The Program Development Fund is available, upon appropriation by the Legislature, to the department, and subject to allocations that may be made in the annual Budget Act. These funds shall not revert to the General Fund.

(d) Notwithstanding any other requirement of this section, and to the extent appropriated for this purpose in the annual Budget Act, the department may allocate funds from the Program Development Fund for the purpose of funding projects approved pursuant to Section 4679.

(e) The deposit of federal moneys into the Program Development Fund shall not be construed as requiring the State Department of Developmental Services to comply with a definition of “developmental disabilities” and “services for persons with developmental disabilities” other than as specified in subdivisions (a) and (b) of Section 4512 for the purposes of determining eligibility for developmental services or for allocating parental fees and state general funds deposited in the Program Development Fund.

**(Amended by Stats. 2018, Ch. 92, Sec. 223. (SB 1289) Effective January 1, 2019.)**

4678. (a) The State Council on Developmental Disabilities, in implementing subdivision (b) of Section 4677, and with the support of the State Department of Developmental Services, shall convene a stakeholder workgroup on alternative and expanded options for nonresidential services and supports. The workgroup shall include persons with developmental disabilities, family members, providers, and other system stakeholders. The workgroup shall develop recommendations on how to best achieve all of the following:

(1) The development and expansion of community-based models that provide an array of nonresidential options, including, but not limited to, participation in integrated instructive, social, civic, volunteer, and recreational activities.

(2) The development and expansion of community-based work activities, including, but not limited to, customized employment development, integrated job training, and employer-provided job coaching.

(3) The expansion of work opportunities in the public sector.

(4) The increased utilization of existing models, including, but not limited to, self-directed services, vouchers, family teaching models, existing habilitation, and supported work vendors to facilitate access to nontraditional community-based nonresidential activities.

(5) Strategies to promote and duplicate successful and innovative models developed in California and in other states.

(6) The identification of, and strategies to address, statutory, regulatory, licensing, vendor-related, funding and other types of barriers to achieving the goals identified in this act, including strategies to improve individualization of services and supports by increased flexibility in design, staffing, and compensation.

(b) By May 1, 2007, the State Council on Developmental Disabilities shall submit recommendations from the workgroup to the Governor and appropriate committees of

the Legislature and may, thereafter, incorporate subsequent recommendations into its state plan developed pursuant to Section 4561.

**(Added by Stats. 2006, Ch. 397, Sec. 5. Effective January 1, 2007.)**

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

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

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

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

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

**(Added by Stats. 2017, Ch. 18, Sec. 16. (AB 107) Effective June 27, 2017.)**

4679.1. (a) By September 1, 2017, the department shall report to the Senate Committee on Human Services, the Assembly Committee on Human Services, and the appropriate legislative budget subcommittees on the following components of the



community placement plan and community resource development plan as described in Sections 4418.25 and 4679:

- (1) Housing development and funding policies and guidelines.
  - (2) How the department and regional centers assess community unmet needs and local priorities.
  - (3) How the department monitors housing development.
  - (b) Annually, by April 1, the department shall report to the Senate Committee on Human Services, the Assembly Committee on Human Services, and the appropriate legislative budget subcommittees on the following:
    - (1) The type and number of housing projects approved, in progress, and occupied, and the total number of allowable beds, by regional center.
    - (2) The total number of new beds by facility type, by regional center.
    - (3) To the extent data is available, the degree to which housing development gains have been offset by program closures, by facility type, for each regional center.
- (Added by Stats. 2017, Ch. 18, Sec. 17. (AB 107) Effective June 27, 2017.)

### **Article 3. Rates of Payment for Community Living Facilities**

(Article 3 added by Stats. 1977, Ch. 1252.)

4680. In order to assure the availability of a continuum of community living facilities of good quality for persons with developmental disabilities, and to ensure that persons placed out of home are in the most appropriate, least restrictive living arrangement, the department shall establish and maintain an equitable system of payment to providers of such services. The system of payment shall include provision for a rate to ensure that the provider can meet the special needs of persons with developmental disabilities and provide quality programs required by this article.

(Amended by Stats. 1984, Ch. 800, Sec. 1. Effective August 29, 1984.)

4681.1. (a) The department shall adopt regulations that specify rates for community care facilities serving persons with developmental disabilities. The implementation of the regulations shall be contingent upon an appropriation in the annual Budget Act for this purpose. These rates shall be calculated on the basis of a cost model designed by the department that ensures that aggregate facility payments support the provision of services to each person in accordance with his or her individual program plan and applicable program requirements. The cost model shall reflect cost elements that shall include, but are not limited to, all of the following:

- (1) "Basic living needs" include utilities, furnishings, food, supplies, incidental transportation, housekeeping, personal care items, and other items necessary to ensure a quality environment for persons with developmental disabilities. The amount identified for the basic living needs element of the rate shall be calculated as the average projected cost of these items in an economically and efficiently operated community care facility.
- (2) "Direct care" includes salaries, wages, benefits, and other expenses necessary to supervise or support the person's functioning in the areas of self-care and daily living skills, physical coordination mobility, and behavioral self-control, choice making, and integration. The amount identified for direct care shall be calculated as the average projected cost of providing the level of service required to meet each person's functional needs in an economically and efficiently operated community care facility.

The direct care portion of the rate shall reflect specific service levels defined by the department on the basis of relative resident need and the individual program plan.

(3) "Special services" include specialized training, treatment, supervision, or other services that a person's individual program plan requires to be provided by the residential facility in addition to the direct care provided under paragraph (2). The amount identified for special services shall be calculated for each individual based on the additional services specified in the person's individual program plan and the prevailing rates paid for similar services in the area. The special services portion of the rate shall reflect a negotiated agreement between the facility and the regional center in accordance with Section 4648.

(4) "Indirect costs" include managerial personnel, facility operation, maintenance and repair, other nondirect care, employee benefits, contracts, training, travel, licenses, taxes, interest, insurance, depreciation, and general administrative expenses. The amount identified for indirect costs shall be calculated as the average projected cost for these expenses in an economically and efficiently operated community care facility.

(5) "Property costs" include mortgages, leases, rent, taxes, capital or leasehold improvements, depreciation, and other expenses related to the physical structure. The amount identified for property costs shall be based on the fair rental value of a model facility that is adequately designed, constructed, and maintained to meet the needs of persons with developmental disabilities. The amount identified for property costs shall be calculated as the average projected fair rental value of an economically and efficiently operated community care facility.

(b) The cost model shall take into account factors that include, but are not limited to, all of the following:

(1) Facility size, as defined by the department on the basis of the number of facility beds licensed by the State Department of Social Services and vendored by the regional center.

(2) Specific geographic areas, as defined by the department on the basis of cost of living and other pertinent economic indicators.

(3) Common levels of direct care, as defined by the department on the basis of services specific to an identifiable group of persons as determined through the individual program plan.

(4) Positive outcomes, as defined by the department on the basis of increased integration, independence, and productivity at the aggregate facility and individual consumer level.

(5) Owner-operated and staff-operated reimbursement, which shall not differ for facilities that are required to comply with the same program requirements.

(c) The rates established for individual community care facilities serving persons with developmental disabilities shall reflect all of the model cost elements and rate development factors described in this section. The cost model design shall include a process for updating the cost model elements that address variables, including, but not limited to, all of the following:

(1) Economic trends in California.

(2) New state or federal program requirements.

(3) Changes in the state or federal minimum wage.

(4) Increases in fees, taxes, or other business costs.

(5) Increases in federal supplemental security income/state supplementary program for the aged, blind, and disabled payments.

(d) Rates established for persons with developmental disabilities who are also dually diagnosed with a mental health disorder may be fixed at a higher rate. The department shall work with the State Department of Health Care Services to establish criteria upon which higher rates may be fixed pursuant to this subdivision. The higher rate for persons with developmental disabilities who are also dually diagnosed with a mental health disorder may be paid when requested by the director of the regional center and approved by the Director of Developmental Services.

(e) By January 1, 2001, the department shall prepare proposed regulations to implement the changes outlined in this section. The department may use a private firm to assist in the development of these changes and shall confer with consumers, providers, and other interested parties concerning the proposed regulations. By May 15, 2001, and each year thereafter, the department shall provide the Legislature with annual community care facility rates, including any draft amendments to the regulations as required. By July 1, 2001, and each year thereafter, contingent upon an appropriation in the annual Budget Act for this purpose, the department shall adopt emergency regulations that establish the annual rates for community care facilities serving persons with developmental disabilities for each fiscal year.

(f) During the first year of operation under the revised rate model, individual facilities shall be held harmless for any reduction in aggregate facility payments caused solely by the change in reimbursement methodology.

**(Amended by Stats. 2014, Ch. 144, Sec. 83. (AB 1847) Effective January 1, 2015.)**

4681.3. (a) Notwithstanding any other provision of this article, for the 1996–97 fiscal year, the rate schedule authorized by the department in operation June 30, 1996, shall be increased based upon the amount appropriated in the Budget Act of 1996 for that purpose. The increase shall be applied as a percentage, and the percentage shall be the same for all providers.

(b) Notwithstanding any other provision of this article, for the 1997–98 fiscal year, the rate schedule authorized by the department in operation on June 30, 1997, shall be increased based upon the amount appropriated in the Budget Act of 1997 for that purpose. The increase shall be applied as a percentage, and the percentage shall be the same for all providers.

(c) Notwithstanding any other provision of this article, for the 1998–99 fiscal year, the rate schedule authorized by the department in operation on June 30, 1998, shall be increased commencing July 1, 1998, based upon the amount appropriated in the Budget Act of 1998 for that purpose. The increase shall be applied as a percentage, and the percentage shall be the same for all providers.

(d) Notwithstanding any other provision of this article, for the 1998–99 fiscal year, the rate schedule authorized by the department in operation on December 31, 1998, shall be increased January 1, 1999, based upon the cost-of-living adjustments in the Supplemental Security Income/State Supplementary Program for the Aged, Blind, and Disabled appropriated in the Budget Act of 1998 for that purpose. The increase shall be applied as a percentage and the percentage shall be the same for all providers.

(e) Notwithstanding any other provision of this article, for the 1999–2000 fiscal year, the rate schedule authorized by the department in operation on June 30, 1999, shall be increased July 1, 1999, based upon the amount appropriated in the Budget Act of 1999 for that purpose. The increase shall be applied as a percentage and the percentage shall be the same for all providers.

(f) In addition, commencing January 1, 2000, any funds available from cost-of-living adjustments in the Supplemental Security Income/State Supplementary Payment (SSI/SSP) for the 1999–2000 fiscal year shall be used to further increase the community care facility rate. The increase shall be applied as a percentage, and the percentage shall be the same for all providers.

(g) Notwithstanding any other provision of law or regulation, for the 2006–07 fiscal year, the rate schedule in effect on June 30, 2006, shall be increased on July 1, 2006, by 3 percent, subject to funds specifically appropriated for this increase in the Budget Act of 2006. The increase shall be applied as a percentage and the percentage shall be the same for all providers. Any subsequent increase shall be governed by Sections 4681.5 and 4681.6.

**(Amended by Stats. 2008, 3rd Ex. Sess., Ch. 3, Sec. 5. Effective February 16, 2008.)**

4681.4. (a) Notwithstanding any other provision of this article, for the 1998–99 fiscal year, the rate schedule increased pursuant to subdivision (d) of Section 4681.3 shall be increased by an additional amount on January 1, 1999, based upon the amount appropriated in the Budget Act of 1998 for that purpose. The rate increase permitted by this section shall be applied as a percentage, and the percentage shall be the same for all providers.

(b) Notwithstanding any other provision of this article, for the 1999–2000 fiscal year, the rate schedule authorized by the department in operation on December 31, 1999, shall be increased on January 1, 2000, based upon the amount appropriated in the Budget Act of 1999 for that purpose. The rate increase permitted by this section shall be applied as a percentage and the percentage shall be the same for all providers.

(c) In order to help reduce direct care staff turnover and improve overall quality of care in Alternative Residential Model (ARM) facilities, funds appropriated by the Budget Act of 1998 and the Budget Act of 1999 to increase facility rates effective January 1, 1999, excluding any additional funds appropriated due to increases in benefits under Article 5 (commencing with Section 12200) of Chapter 3 of Part 3 of Division 9, and January 1, 2000, respectively, shall be used only for any of the following:

- (1) Increasing direct care staff salaries, wages, and benefits.
- (2) Providing coverage while direct care staff are in training classes or taking a training or competency test pursuant to Section 4681.5.

- (3) Other purposes approved by the director.

(d) ARM providers shall report to regional centers, in a format and frequency determined by the department, information necessary for the department to determine, through the regional center, compliance with subdivision (c), including, but not limited to, direct care staff salaries, wages, benefits, and staff turnover.

(e) The department shall adopt emergency regulations in order to implement this section, which shall include, but are not limited to, the following:

- (1) A process for enforcing the requirements of subdivisions (c) and (d).
- (2) Consequences to an ARM provider for failing to comply with the requirements of subdivisions (c) and (d), including a process for obtaining approval from the director for the expenditure of funds for other purposes, as permitted by paragraph (3) of subdivision (c).

- (3) A process for adjudicating provider appeals.

**(Added by Stats. 1998, Ch. 310, Sec. 39. Effective August 19, 1998.)**

4681.5. (a) Notwithstanding any other law or regulation, a regional center shall not approve a service level for a residential service provider, as defined in Section 56002 of Title 17 of the California Code of Regulations, if the approval would result in an increase in state costs or the rate to be paid to the provider that is greater than the rate that is in effect on June 30, 2008, or, for residential service providers subject to subdivision (b), unless the regional center demonstrates to the department that the approval is necessary to protect the consumer's health or safety and the department has granted prior written authorization.

(b) Notwithstanding subdivision (a) or any other law or regulation, the department shall, effective July 1, 2016, establish a rate schedule for residential community care facilities vendored to provide services to a maximum of four persons with developmental disabilities.

(c) Community care facilities with rates established pursuant to subdivision (b) are subject to the regulatory requirements contained in Subchapter 4 (commencing with Section 56001) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations.

(d) Rate changes made as a result of implementing the rate schedule established pursuant to subdivision (b) for community care facilities vendored to provide services to a maximum of four persons with developmental disabilities are not subject to the restrictions of subdivision (a) if the approved service level is not higher than the service level in effect at the time of the change.

(e) No later than February 1, 2017, regional centers shall report to the department on the number of residential community care facilities with rates established pursuant to subdivision (b). The report shall include, but not be limited to, both of the following:

(1) The number of facilities vendored since July 1, 2016, by service level and vendored capacity.

(2) The number of facilities vendored prior to July 1, 2016, that have subsequently been approved for a new rate, by service level, vendored capacity, and prior vendored capacity, if applicable.

**(Amended by Stats. 2016, Ch. 26, Sec. 10. (AB 1606) Effective June 27, 2016.)**

4681.6. (a) Notwithstanding any other law or regulation, commencing July 1, 2008:

(1) A regional center shall not pay an existing residential service provider, for services where rates are determined through a negotiation between the regional center and the provider, a rate higher than the rate in effect on June 30, 2008, unless the increase is required by a contract between the regional center and the vendor that is in effect on June 30, 2008, or the regional center demonstrates that the approval is necessary to protect the consumer's health or safety and the department has granted prior written authorization.

(2) A regional center shall not negotiate a rate with a new residential service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation shall conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service. The regional center shall annually certify to the department its median rate for each

negotiated rate service code, by designated unit of service. This certification shall be subject to verification through the department's biennial fiscal audit of the regional center.

(b) Notwithstanding subdivision (a), commencing January 1, 2017, regional centers may negotiate a rate adjustment with residential service providers regarding rates that are otherwise restricted pursuant to subdivision (a), if the adjustment is necessary in order to pay employees no less than the minimum wage as established by Section 1182.12 of the Labor Code, as amended by Chapter 4 of the Statutes of 2016, and only for the purpose of adjusting payroll costs associated with the minimum wage increase. The rate adjustment shall be specific to the unit of service designation that is affected by the increased minimum wage, shall be specific to payroll costs associated with any increase necessary to adjust employee pay only to the extent necessary to bring pay into compliance with the increased state minimum wage, and shall not be used as a general wage enhancement for employees paid above the minimum wage. Regional centers shall maintain documentation on the process to determine, and the rationale for granting, any rate adjustment associated with the minimum wage increase.

(c) Notwithstanding subdivision (a), commencing July 1, 2015, regional centers may negotiate a rate adjustment with residential service providers regarding rates that are otherwise restricted pursuant to subdivision (a), if the adjustment is necessary to implement Article 1.5 (commencing with Section 245) of Chapter 1 of Part 1 of Division 2 of the Labor Code, as added by Chapter 317 of the Statutes of 2014. The rate adjustment may be applied only if a minimum of 24 hours or three days of paid sick leave per year was not a benefit provided to employees as of June 30, 2015, and shall be specific to payroll costs associated with any increase necessary to compensate an employee up to a maximum of 24 hours or three days of paid sick leave in each year of employment.

(d) For purposes of this section, "residential service provider" includes Adult Residential Facilities for Persons with Special Health Care Needs, as described in Section 4684.50.

(e) This section shall not apply to those services for which rates are determined by the State Department of Health Care Services, or the State Department of Developmental Services, or are usual and customary.

**(Amended by Stats. 2016, Ch. 26, Sec. 11. (AB 1606) Effective June 27, 2016.)**

4681.7. (a) Effective July 1, 2011, in order to maintain a consumer's preferred living arrangement and adjust the residential services and supports in accordance with changing service needs identified in the individual program plan (IPP), a regional center may enter into a signed written agreement with a residential service provider for a consumer's supervision, training, and support needs to be provided at a lower level of payment than the facility's designated Alternative Residential Model (ARM) service level. The regional center signed written agreement with the provider shall ensure all of the following:

(1) Services provided to other facility residents comply with the applicable service requirements for the facility's approved service level pursuant to Section 4681.1 and Title 17 of the California Code of Regulations.

(2) Protection of the health and safety of each facility resident.

(3) Identification of the revised services and supports to be provided to the consumer within the ARM rate structure as part of the establishment or revision of an IPP.

(4) Identification of the rate.

(b) If the service needs of a consumer referred to in subdivision (a) change such that the consumer requires a higher level of supervision, training, and support, the regional center shall adjust the consumer's service level and rate to meet the consumer's changing needs.

(c) A regional center is authorized to enter into a signed written agreement with a residential service provider for a consumer's needed services at a lower level of payment and staffing without adjusting the facility's approved service level. A signed written agreement for a lower level of payment and staffing may only be entered into when a regional center, a consumer, and the facility agree that the facility can safely provide the service and supports needed by the consumer, as identified in the IPP, at the lower level of payment.

(d) Any negotiated lower level of payment pursuant to this section shall be consistent with the payment options within the ARM rate structure and with associated ARM service level requirements.

**(Added by Stats. 2011, Ch. 37, Sec. 14. (AB 104) Effective June 30, 2011.)**

4682. Under no circumstances shall the rate of state payment to any provider of out-of-home care exceed the average amount charged to private clients residing in the same facility, nor shall the monthly rate of state payment to any such facility, with the exception of a licensed acute care or emergency hospital, exceed the average monthly cost of services for all persons with developmental disabilities who reside in state hospitals.

**(Added by Stats. 1977, Ch. 1252.)**

4683. It is the intent of the Legislature that rates of payment for out-of-home care shall be established in such ways as to assure the maximum utilization of all federal and other sources of funding, to which persons with developmental disabilities are legally entitled, prior to the commitment of state funds for such purposes.

**(Added by Stats. 1977, Ch. 1252.)**

4684. (a) Notwithstanding any other provision of law, the cost of providing 24-hour out-of-home nonmedical care and supervision in community care facilities licensed or approved pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code shall be funded by the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program pursuant to Section 11464, for children who are both AFDC-FC recipients and regional center consumers.

(b) The cost of providing adoption assistance benefits, shall be funded by the Adoption Assistance Program (AAP) under Section 16121, for children who are both AAP recipients and regional center consumers.

(c) (1) For regional center consumers who are recipients of AFDC-FC benefits, regional centers shall purchase or secure the services that are contained in the child's Individualized Family Service Plan (IFSP) or Individual Program Plan (IPP), but which are not allowable under federal or state AFDC-FC provisions.

(2) For regional center consumers who are recipients of AAP benefits, regional centers shall purchase or secure the services that are contained in the child's IFSP or IPP.

(3) For regional center consumers receiving services under paragraph (1) or (2), these services shall be separately purchased or secured by the regional center, pursuant to Sections 4646 to 4648, inclusive, and Section 4685, and pursuant to Sections 95018 and 95020 of the Government Code. AFDC-FC and AAP benefits shall not be counted toward the gross income calculated for the purposes of the Family Cost Participation Program pursuant to Section 4783. Recipients of AFDC-FC benefits shall not be subject to the Family Cost Participation Program requirements.

(4) Regional centers shall accept referrals for evaluations of AFDC-FC-eligible children and children receiving AAP benefits for the purpose of determining eligibility for regional center services, pursuant to Section 4642. Regional centers shall assist county welfare and probation departments in identifying appropriate placement resources for children who are recipients of AFDC-FC and who are eligible for regional center services.

(d) (1) For purposes of this section, children who are recipients of AFDC-FC and regional center services who are residing with a relative or nonrelative extended family member pursuant to paragraph (2) of subdivision (f) of Section 319 or Section 362.7, or a facility defined in paragraph (5) or (6) of subdivision (a) of Section 1502 of the Health and Safety Code that is not vendored by the regional center as a residential facility, shall not be prohibited from receiving services defined in paragraph (38) of subdivision (a) of Section 54302 of Title 22 of the California Code of Regulations.

(2) AFDC-FC and AAP benefits shall be for care and supervision, as defined in subdivision (b) of Section 11460, and the regional centers shall separately purchase or secure other services contained in the child's IFSP or IPP pursuant to Section 4646 to 4648, inclusive, Section 4685, and Sections 95018 and 95020 of the Government Code. Notwithstanding any other provision of law or regulation, the receipt of AFDC-FC or AAP benefits shall not be cause to deny any other services that a child or family for which the child or family is otherwise eligible pursuant to this division.

(e) This section shall apply to all recipients of AFDC-FC and AAP benefits, including those with rates established prior to the effective date of the act that adds this subdivision, pursuant to Sections 11464 and 16121.

(f) Regulations adopted by the department pursuant to this section shall be adopted as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and for the purposes of that chapter, including Section 11349.6 of the Government Code, the adoption of these regulations is an emergency and shall be considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health, safety, and general welfare.

(Amended by Stats. 2007, Ch. 177, Sec. 15.5. Effective August 24, 2007.)

### **Article 3.5. Adult Residential Facilities for Persons with Special Health Care Needs and Group Homes for Children with Special Health Care Needs**

(Heading of Article 3.5 amended by Stats. 2021, Ch. 76, Sec. 33. (AB 136) Effective July 16, 2021.)

4684.50. (a) (1) "Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN)" means any adult residential facility that provides 24-hour health



care and intensive support services in a homelike setting that is licensed to serve up to five adults with developmental disabilities as defined in Section 4512.

(2) “Group Home for Children with Special Health Care Needs (GHCSHN)” means a group home, as described in paragraph (22) of subdivision (a) of Section 1502 of the Health and Safety Code and licensed pursuant to Article 9 (commencing with Section 1567.50) of the Health and Safety Code, that provides 24-hour health care and intensive support services in a homelike setting that is licensed to serve up to five children or nonminor dependents with developmental disabilities as defined in Section 4512.

(3) For purposes of this article, an ARFPSHN or a GHCSHN may only be established in a facility approved pursuant to Section 4688.5 or through an approved regional center community placement plan pursuant to Section 4418.25.

(b) “Consultant” means a person professionally qualified by training and experience to give expert advice, information, training, or to provide health-related assessments and interventions specified in a consumer’s individual health care plan.

(c) “Direct care personnel” means all personnel who directly provide program or nursing services to consumers. Administrative and licensed personnel shall be considered direct care personnel when directly providing program or nursing services to clients. Consultants shall not be considered direct care personnel.

(d) “Individual health care plan” means the plan that identifies and documents the health care and intensive support service needs of a consumer.

(e) “Individual health care plan team” means those individuals who develop, monitor, and revise the individual health care plan for consumers residing in an ARFPSHN or a GHCSHN.

(1) For an ARFPSHN or a GHCSHN, the team shall, at a minimum, be composed of all of the following individuals:

(A) Regional center service coordinator and other regional center representative, as necessary.

(B) Consumer, and, if appropriate, the consumer’s parents, legal guardian or conservator, or authorized representative.

(C) Consumer’s primary care physician, or other physician as designated by the regional center.

(D) ARFPSHN or GHCSHN administrator.

(E) ARFPSHN or GHCSHN registered nurse.

(F) Others deemed necessary for developing a comprehensive and effective plan.

(2) For a GHCSHN, in addition to the individuals listed in paragraph (1), the team shall, at a minimum, include all of the individuals required for an individualized health care team as described in subdivision (d) of Section 17710.

(f) “Intensive support needs” means the consumer requires physical assistance in performing four or more of the following activities of daily living:

(1) Eating.

(2) Dressing.

(3) Bathing.

(4) Transferring.

(5) Toileting.

(6) Continence.

(g) “Special health care needs” for an ARFPSHN means the consumer has health conditions that are predictable and stable, as determined by the individual health care

plan team, and for which the individual requires nursing supports for any of the following types of care:

- (1) Nutrition support, including total parenteral feeding and gastrostomy feeding, and hydration.
- (2) Cardiorespiratory monitoring.
- (3) Oxygen support, including continuous positive airway pressure and bilevel positive airway pressure, and use of other inhalation-assistive devices.
- (4) Nursing interventions for tracheostomy care and suctioning.
- (5) Nursing interventions for colostomy, ileostomy, or other medical or surgical procedures.
- (6) Special medication regimes including injection and intravenous medications.
- (7) Management of insulin-dependent diabetes.
- (8) Bowel care management, including enemas or suppositories.
- (9) Indwelling urinary catheter/catheter procedure.
- (10) Treatment for antimicrobial resistant infections.
- (11) Treatment for wounds or pressure injuries.
- (12) Postoperative care and rehabilitation.
- (13) Pain management and palliative care.
- (14) Renal dialysis.

(h) "Special health care needs" for a GHCSHN means a predictable and stable condition, as determined by the individual health care plan team, as described in paragraph (2) of subdivision (e), that can rapidly deteriorate, resulting in permanent injury or death, or that requires specialized in-home health care, as described in subdivisions (a) and (g) of Section 17710.

**(Amended by Stats. 2021, Ch. 76, Sec. 34. (AB 136) Effective July 16, 2021.)**

4684.53. (a) The State Department of Developmental Services and the State Department of Social Services shall jointly implement a licensing program to provide special health care and intensive support services to adults, and a licensing program to provide special health care and intensive support services to children, in homelike community settings.

(b) The programs shall be implemented through approved community placement plans, as follows:

(1) For an adult who is identified by a regional center as an adult who could benefit from placement in an ARFPSHN.

(2) For a child who is identified by a regional center as a child who could benefit from placement in a GHCSHN.

(c) (1) Each ARFPSHN shall possess a community care facility license issued pursuant to Article 9 (commencing with Section 1567.50) of Chapter 3 of Division 2 of the Health and Safety Code. Until the Department of Social Services creates a stand-alone chapter for ARFPSHNs, each ARFPSHN shall be subject to the requirements of Chapter 1 (commencing with Section 80000) of Division 6 of Title 22 of the California Code of Regulations, except for Article 8 (commencing with Section 80090).

(2) Each GHCSHN shall possess a community care facility license issued pursuant to Article 9 (commencing with Section 1567.50) of Chapter 3 of Division 2 of the Health and Safety Code, and shall be subject to the requirements of Chapter 1 (commencing with Section 80000) and Chapter 5 (commencing with Section 84000) of

Division 6 of Title 22 of the California Code of Regulations, except that Article 8 (commencing with Section 80090) of Chapter 1 of Division 6 of Title 22 of the California Code of Regulations shall not apply.

(d) For purposes of this article, a health facility licensed pursuant to subdivision (e) or (h) of Section 1250 of the Health and Safety Code may place its licensed bed capacity in voluntary suspension for the purpose of licensing the facility to operate an ARFPSHN or a GHCSHN if the facility is selected to participate pursuant to Section 4684.58. Consistent with subdivision (a) of Section 4684.50, any facility licensed pursuant to this section shall serve up to five adults or up to five children. A facility's bed capacity shall not be placed in voluntary suspension until all consumers residing in the facility under the license to be suspended have been relocated. A consumer shall not be relocated unless it is reflected in the consumer's individual program plan developed pursuant to Sections 4646 and 4646.5.

(e) Each ARFPSHN and each GHCSHN are subject to the requirements of Subchapters 5 to 9, inclusive, of Chapter 1 of, and Subchapters 2 and 4 of Chapter 3 of, Division 2 of Title 17 of the California Code of Regulations.

(f) Each ARFPSHN and each GHCSHN shall ensure that an operable automatic fire sprinkler system is installed and maintained.

(g) Each ARFPSHN and each GHCSHN shall have an operable automatic fire sprinkler system that is approved by the State Fire Marshal and that meets the National Fire Protection Association (NFPA) 13D standard for the installation of sprinkler systems in single- and two-family dwellings and manufactured homes. A local jurisdiction shall not require a sprinkler system exceeding this standard by amending the standard or by applying standards other than NFPA 13D. A public water agency shall not interpret this section as changing the status of a facility from a residence entitled to residential water rates, nor shall a new meter or larger connection pipe be required of the facility.

(h) Each ARFPSHN and each GHCSHN shall provide an alternative power source to operate all functions of the facility for a minimum of six hours in the event the primary power source is interrupted. The alternative power source shall comply with the manufacturer's recommendations for installation and operation. The alternative power source shall be maintained in safe operating condition, and shall be tested every 14 days, or as per the manufacturer's recommended schedule, under the full load condition for a minimum of 10 minutes. Written records of inspection, performance, exercising period, and repair of the alternative power source shall be regularly maintained on the premises and available for inspection by the State Department of Developmental Services.

**(Amended by Stats. 2021, Ch. 76, Sec. 35. (AB 136) Effective July 16, 2021.)**

4684.55. (a) A regional center may not pay a rate to an ARFPSHN or a GHCSHN for a consumer that exceeds the rate in the State Department of Developmental Services' approved community placement plan for that facility unless the regional center demonstrates that a higher rate is necessary to protect a consumer's health and safety, and the department has granted prior written authorization.

(b) The payment rate for ARFPSHN or GHCSHN services shall be negotiated between the regional center and the ARFPSHN or GHCSHN.

(c) The established rate for a full month of service shall be made by the regional center if a consumer is temporarily absent from the ARFPSHN or from the GHCSHN

for 14 days or less per month. If the consumer's temporary absence is due to the need for inpatient care in a health facility, as defined in subdivision (a), (b), or (c) of Section 1250 of the Health and Safety Code, the regional center shall continue to pay the established rate as long as no other consumer occupies the vacancy created by the consumer's temporary absence, or until the individual health care plan team has determined that the consumer will not return to the facility. In all other cases, the established rate shall be prorated for a partial month of service by dividing the established rate by 30.44 then by multiplying the quotient by the number of days the consumer resided in the facility.

(Amended by Stats. 2021, Ch. 76, Sec. 36. (AB 136) Effective July 16, 2021.)

4684.58. (a) The regional center may recommend for participation, to the State Department of Developmental Services, an applicant to provide services as part of an approved community placement plan if the applicant meets all of the following requirements:

(1) The applicant employs or contracts with a program administrator who has a successful record of administering residential services for at least two years, as evidenced by substantial compliance with the applicable state licensing requirements.

(2) The applicant prepares and submits, to the regional center, a complete facility program plan that includes, but is not limited to, all of the following:

(A) The total number of the consumers to be served.

(B) A profile of the consumer population to be served, including their health care and intensive support needs.

(C) A description of the program components, including a description of the health care and intensive support services to be provided.

(D) A week's program schedule, including proposed consumer day and community integration activities.

(E) A week's proposed program staffing pattern, including licensed, unlicensed, and support personnel and the number and distribution of hours for such personnel.

(F) An organizational chart, including identification of lead and supervisory personnel.

(G) The consultants to be utilized, including their professional disciplines and hours to be worked per week or month, as appropriate.

(H) The plan for accessing and retaining consultant and health care services, including assessments, in the areas of physical therapy, occupational therapy, respiratory therapy, speech pathology, audiology, pharmacy, dietary/nutrition, dental, and other areas required for meeting the needs identified in consumers' individual health care plans.

(I) A description, including the size, layout, location, and condition of the proposed home.

(J) A description of the equipment and supplies available, or to be obtained, for programming and care.

(K) The type, location, and response time of emergency medical service personnel.

(L) The in-service training program plan for at least the next 12 months, that shall include the plan for ensuring that the direct care personnel understands their roles and responsibilities related to implementing individual health care plans, prior to, or within, the first seven days of providing direct care in the home and for ensuring the

administrator understands the unique roles, responsibilities, and expectations for administrators of community-based facilities.

(M) The plan for ensuring that outside services are coordinated, integrated, and consistent with those provided by the ARFPSHN or the GHCSHN.

(N) Written certification that an alternative power system required by subdivision (h) of Section 4684.53 meets the manufacturer's recommendations for installation and operation.

(3) Submits a proposed budget itemizing direct and indirect costs, total costs, and the rate for services.

(4) The applicant submits written certification that they have the ability to comply with all of the requirements of Section 1520 of the Health and Safety Code.

(b) The regional center shall provide all documentation specified in paragraphs (2) to (4), inclusive, of subdivision (a) and a letter recommending program certification to the State Department of Developmental Services.

(c) The State Department of Developmental Services shall either approve or deny the recommendation and transmit its written decision to the regional center and to the State Department of Social Services within 30 days of its decision. The decision of the State Department of Developmental Services not to approve an application for program certification shall be the final administrative decision.

(d) Any change in the ARFPSHN or the GHCSHN operation that alters the contents of the approved program plan shall be reported to the State Department of Developmental Services and the contracting regional center, and approved by both agencies, prior to implementation.

**(Amended by Stats. 2021, Ch. 76, Sec. 37. (AB 136) Effective July 16, 2021.)**

4684.60. The vendoring regional center shall, before placing a consumer into an ARFPSHN or a GHCSHN, ensure that the ARFPSHN or the GHCSHN has a license issued by the State Department of Social Services for not more than five adults, in the case of an ARFPSHN, or not more than five children, in the case of a GHCSHN, and a contract with the regional center that includes, at a minimum, all of the following:

(a) The names of the regional center and the licensee.

(b) A requirement that the contractor shall comply with all applicable statutes and regulations, including Section 4681.1.

(c) The effective date and termination date of the contract.

(d) The definition of terms.

(e) A requirement that the execution of any amendment or modification to the contract be in accordance with all applicable federal and state statutes and regulations and be by mutual agreement of both parties.

(f) A requirement that the licensee and the agents and employees of the licensee, in the performance of the contract, shall act in an independent capacity, and not as officers or employees or agents of the regional center.

(g) A requirement that the assignment of the contract for consumer services shall not be allowed.

(h) The rate of payment per consumer.

(i) Incorporation, by reference, of the ARFPSHN's or the GHCSHN's approved program plan.

(j) A requirement that the contractor verify, and maintain for the duration of the project, possession of commercial general liability insurance in the amount of at least one million dollars (\$1,000,000) per occurrence.

(k) Contractor performance criteria.

**(Amended by Stats. 2021, Ch. 76, Sec. 38. (AB 136) Effective July 16, 2021.)**

4684.63. (a) Each ARFPSHN and each GHCSHN shall do all of the following:

(1) Meet the minimum requirements for a Residential Facility Service Level 4-i pursuant to Sections 56004 and 56013 of Title 17 of the California Code of Regulations, and ensure that all of the following conditions are met:

(A) That a licensed registered nurse, licensed vocational nurse, or licensed psychiatric technician, is awake and on duty 24-hours per day, seven days per week.

(B) That a licensed registered nurse is awake and on duty at least eight hours per person, per week.

(C) That at least two staff on the premises are awake and on duty if providing care to four or more consumers.

(2) Ensure the consumer remains under the care of a physician at all times and is examined by the primary care physician at least once every 60 days, or more often if required by the consumer's individual health care plan.

(3) Ensure that an administrator is on duty at least 20 hours per week to ensure the effective operation of the ARFPSHN or the GHCSHN.

(4) For an ARFPSHN, ensure that the administrator completes the 35-hour administrator certification training program pursuant to paragraph (1) of subdivision (c) of Section 1562.3 of the Health and Safety Code without exception, has at least one year of administrative and supervisory experience in a licensed residential program for persons with developmental disabilities, and is one or more of the following:

(A) A licensed registered nurse.

(B) A licensed nursing home administrator.

(C) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities.

(D) An individual with a bachelors degree or more advanced degree in the health or human services field and two years of experience working in a licensed residential program for persons with developmental disabilities and special health care needs.

(5) For a GHCSHN, ensure that the administrator completes the 40-hour administrator certification training program pursuant to paragraph (1) of subdivision (c) of Section 1522.41 of the Health and Safety Code without exception, has at least one year of administrative and supervisory experience in a licensed residential program for persons with developmental disabilities, and is one or more of the following:

(A) A licensed registered nurse.

(B) A licensed nursing home administrator.

(C) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities.

(D) An individual with a bachelors degree or more advanced degree in the health or human services field and two years of experience working in a licensed residential program for persons with developmental disabilities and special health care needs.

(b) The regional center shall require an ARFPSHN or a GHCSHN to provide additional professional, administrative, or supportive personnel whenever the regional

center determines, in consultation with the individual health care plan team, that additional personnel are needed to provide for the health and safety of consumers.

(c) Each ARFPSHN and each GHCSHN shall ensure that all direct care personnel complete the training requirements specified in Section 4695.2.

**(Amended by Stats. 2021, Ch. 76, Sec. 39. (AB 136) Effective July 16, 2021.)**

4684.65. (a) A regional center shall not place, or fund the placement for, any consumer in an ARFPSHN or a GHCSHN unless the following requirements are met:

(1) The individual health care plan team has prepared a written individual health care plan that can be fully and immediately implemented upon the consumer's placement.

(2) For placements in a GHCSHN, the regional center considers and documents every possible way to assist the child's family or guardian to maintain the child in the home of the family or guardian, or return the child to the home of the family or guardian, when living at home is the preferred objective in the child's individual program plan.

(b) (1) An ARFPSHN and GHCSHN shall only accept, for initial admission, consumers who meet both of the following requirements:

(A) Reside in a developmental center at the time of the proposed placement.

(B) Have an individual program plan that specifies special health care and intensive support needs that indicate the appropriateness of placement in an ARFPSHN or a GHCSHN.

(2) Except as provided in paragraph (3), if a vacancy in an ARFPSHN or a GHCSHN occurs due to the permanent relocation or death of a resident, the vacancy may be filled by a consumer who meets the requirements of paragraph (1).

(3) If there is no resident residing in a developmental center from any regional center who meets the requirements of subparagraph (B) of paragraph (1), a vacancy may be filled by a consumer of any regional center who does not reside in a developmental center if the consumer otherwise meets the requirements of subparagraph (B) of paragraph (1), the regional center demonstrates that the placement is necessary to protect the consumer's health or safety, and the department has granted prior written authorization.

(c) The ARFPSHN or the GHCSHN shall not admit a consumer if the individual health care plan team determines that the consumer is likely to exhibit behaviors posing a threat of substantial harm to others, or has a serious health condition that is unpredictable or unstable. A determination that the individual is a threat to others may only be based on objective evidence or recent behavior and a determination that the threat cannot be mitigated by reasonable interventions.

**(Amended by Stats. 2021, Ch. 76, Sec. 40. (AB 136) Effective July 16, 2021.)**

4684.68. (a) The individual health care plan shall include, at a minimum, all of the following:

(1) An evaluation of the consumer's current health.

(2) A description of the consumer's ability to perform the activities of daily living.

(3) A list of all current prescription and nonprescription medications the consumer is using.

(4) A list of all health care and intensive support services the consumer is currently receiving or may need upon placement in the ARFPSHN or the GHCSHN.

(5) A written statement from the consumer's primary care physician familiar with the health care needs of the consumer, or other physician as designated by the regional center, that the consumer's medical condition is predictable and stable, and that the consumer's level of care is appropriate for the ARFPSHN or the GHCSHN.

(6) Provision for the consumer to be examined by the consumer's primary care physician at least once every 60 days, or more frequently if indicated.

(7) A list of the appropriate professionals assigned to provide the health care as described in the plan.

(8) A description of, and plan for providing, any training required for all direct care personnel to meet individuals' needs.

(9) The name of the individual health care plan team member, and an alternate designee, who is responsible for day-to-day monitoring of the consumer's health care plan and ensuring its implementation as written.

(10) Identification of the legally authorized representative to make health care decisions on the consumer's behalf, if the consumer lacks the capacity to give informed consent.

(11) The name and telephone number of the person or persons to notify in case of an emergency.

(12) The next meeting date of the individual health care plan team, that shall be at least every six months, to evaluate and update the individual health care plan.

(b) In addition to Section 80075 of Title 22 of the California Code of Regulations, and if applicable for a GHCSHN, Sections 84075 and 84275 of Title 22 of the California Code of Regulations, the ARFPSHN and the GHCSHN shall comply with all of the following requirements:

(1) Medications shall be given only on the order of a person lawfully authorized to prescribe.

(2) Medications shall be administered as prescribed and shall be recorded in the consumer record. The name and title of the person administering the medication or treatment, and the date, time, and dosage of the medication administered shall be recorded. Initials may be used provided the signature of the person administering the medication or treatment is recorded on the medication or treatment record.

(3) Preparation of dosages for more than one scheduled administration time shall not be permitted.

(4) Persons administering medications shall confirm each consumer's identity prior to the administration.

(5) Medications shall be administered within two hours after dosages are prepared and shall be administered by the same person who prepared the dosages. Dosages shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber.

(6) All medications shall be administered only by those persons specifically authorized to do so by their respective scope of practice, with the exception of emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock as described in subdivision (a) of Section 1507.25 of the Health and Safety Code.

(7) No medication shall be administered to or used by any consumer other than the consumer for whom the medication was prescribed.

(8) Medication errors and adverse drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug or another practitioner



responsible for the medical care of the consumer. Minor adverse reactions that are identified in the literature accompanying the product as a usual or common side effect, need not be reported to the practitioner immediately, but in all cases shall be recorded in the consumer's record. Medication errors include, but are not limited to, the failure to administer a drug ordered by a prescriber within one hour of the time prescribed, administration of any drugs other than prescribed or the administration of a dose not prescribed.

**(Amended by Stats. 2021, Ch. 76, Sec. 41. (AB 136) Effective July 16, 2021.)**

4684.70. (a) The State Department of Social Services, in administering the licensing program, shall not have any responsibility for evaluating consumers' level of care or health care provided by an ARFPSHN or a GHCSHN. Any suspected deficiencies in a consumer's level of care or health care identified by the State Department of Social Services' personnel shall be reported immediately to the appropriate regional center and the State Department of Developmental Services for investigation.

(b) The regional center shall have responsibility for monitoring and evaluating the implementation of the consumer's individual plan objectives, including, but not limited to, the health care and intensive support service needs identified in the consumer's individual health care plan and the consumer's integration and participation in community life.

(c) For each consumer placed in an ARFPSHN or a GHCSHN, the regional center shall assign a service coordinator pursuant to subdivision (b) of Section 4647.

(d) A regional center licensed registered nurse shall visit, with or without prior notice, the consumer, in person, at least monthly in the ARFPSHN or the GHCSHN, or more frequently if specified in the consumer's individual health care plan. At least four of these visits, annually, shall be unannounced.

(e) The State Department of Developmental Services shall monitor and ensure the regional centers' compliance with the requirements of this article. The monitoring shall include onsite visits to all the ARFPSHNs and the GHCSHNs at least every six months.

**(Amended by Stats. 2021, Ch. 76, Sec. 42. (AB 136) Effective July 16, 2021.)**

4684.73. (a) In addition to any other contract termination provisions, a regional center may terminate its contract with an ARFPSHN or a GHCSHN if the regional center determines that the ARFPSHN or the GHCSHN is unable to maintain substantial compliance with state laws, regulations, or its contract with the regional center, or the ARFPSHN or the GHCSHN demonstrates an inability to ensure the health and safety of the consumers.

(b) The ARFPSHN or the GHCSHN may appeal a regional center's decision to terminate its contract by sending, to the executive director of the contracting regional center, a detailed statement containing the reasons and facts demonstrating why the termination is inappropriate. The appeal must be received by the regional center within 10 working days from the date of the letter terminating the contract. The executive director shall respond with their decision within 10 working days of the date of receipt of the appeal from the ARFPSHN or the GHCSHN. The executive director shall submit their decision to the State Department of Developmental Services on the same date that it is signed. The decision of the executive director shall be the final administrative decision.

(c) The Director of Developmental Services may rescind an ARFPSHN's or a GHCSHN's program certification if, in their sole discretion, an ARFPSHN or a GHCSHN does not maintain substantial compliance with an applicable statute, regulation, or ordinance, or cannot ensure the health and safety of the consumers. The decision of the Director of Developmental Services shall be the final administrative decision. The Director of Developmental Services shall transmit their decision rescinding an ARFPSHN's or a GHCSHN's program certification to the State Department of Social Services and the regional center with their recommendation as to whether to revoke the ARFPSHN's or the GHCSHN's license.

(d) In addition to complying with Section 1524.1 of the Health and Safety Code, an ARFPSHN or GHCSHN licensee that is unable to continue to provide services to consumers in the facility shall, upon the date on which a new ARFPSHN license is issued pursuant to Sections 1520 and 1525 of the Health and Safety Code, or a new GHCSHN license is issued pursuant to Sections 1520, 1520.1, and 1525 of the Health and Safety Code, arrange with the regional center or department the transfer of all information, property, and documents related to the operation of the facility and the provision of services to the consumers. The department or the regional center shall take all steps permitted by this article to ensure that at all times the consumers who are residing in the facility receive services set forth in their individual health care plans.

**(Amended by Stats. 2021, Ch. 76, Sec. 43. (AB 136) Effective July 16, 2021.)**

4684.74. The State Department of Developmental Services shall only approve the development of ARFPSHNs or GHCSHNs that are directly associated with the identification of the need of regional center consumers residing in or at risk of placement in larger congregate settings.

**(Amended by Stats. 2021, Ch. 76, Sec. 44. (AB 136) Effective July 16, 2021.)**

4684.75. (a) The State Department of Developmental Services may adopt emergency regulations to implement this article. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the State Department of Developmental Services is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this section.

(b) This article shall only be implemented to the extent that funds are made available through an appropriation in the annual Budget Act.

**(Amended by Stats. 2010, Ch. 717, Sec. 135. (SB 853) Effective October 19, 2010.)**

4684.76. For a child or nonminor dependent who has been adjudged a dependent of the court pursuant to Section 300, a child who has not been adjudged a dependent of the court pursuant to Section 300 but who is in the custody of the county welfare department, or a child who has been adjudged a ward of the court pursuant to Section 601 or 602 and placed in the care and custody of the county probation department, who is or will be placed in a GHCSHN, the following shall apply:

(a) The child or nonminor dependent shall have a predictable and stable condition, as determined by the individualized health care plan team, that can rapidly deteriorate,

resulting in permanent injury or death, or that is dependent upon one or more of the following:

- (1) Nutrition support, including enteral feeding tube or total parenteral feeding.
- (2) Cardiorespiratory monitoring.
- (3) Oxygen support.
- (4) A ventilator.
- (5) Nursing interventions for tracheostomy care and suctioning.
- (6) Nursing interventions for colostomy, ileostomy, or other medical or surgical procedures.

(7) Special medication regimes including injection and intravenous medications.

(8) Urinary catheterization.

(9) Renal dialysis.

(b) The child or nonminor dependent has been assessed pursuant to Section 4096 and it is determined that the GHCSHN will provide the most effective and appropriate level of care for the child or nonminor dependent in the least restrictive environment and be consistent with the short- and long-term goals for the child or nonminor dependent.

(c) In addition to the individuals identified in paragraph (2) of subdivision (e) of Section 4684.50, the individual health care plan team shall, at a minimum, include:

(1) Any person who holds the right to make developmental services decisions for the child, including any person designated by the court pursuant to paragraph (4) of subdivision (j) of Section 319 or paragraph (5) of subdivision (a) of Section 361.

(2) The child welfare caseworker.

(3) A representative of the child or nonminor dependent's tribe or Indian custodian, as applicable.

(d) The child welfare agency shall continue to be responsible to make all efforts required by law to complete any steps necessary to finalize the permanent placement of the child or nonminor dependent, including, but not limited to, the provision of specialized permanency services as defined in paragraph (9) of subdivision (a) of Section 16501.

(e) The child welfare agency shall review whether the child can be transitioned to a less restrictive environment pursuant to paragraph (9) of subdivision (e) of Section 361.2.

**(Added by Stats. 2021, Ch. 76, Sec. 45. (AB 136) Effective July 16, 2021.)**

4684.77. (a) If a child requires a living arrangement in a GHCSHN, the regional center shall make every effort to secure placement, consistent with the individual program plan, in a GHCSHN that is reasonably close proximity to the home of the legal guardian.

(b) (1) If a GHCSHN in reasonably close proximity to the home of the family or guardian cannot be secured by the regional center, the regional center shall include with the individual program plan a written statement of its efforts to locate, develop, or adapt appropriate services and supports in a living arrangement within close proximity to the family home and what steps will be taken by the regional center to develop the services and supports necessary to return the child to the family home or within close proximity of the family home.

(2) The statement required pursuant to paragraph (1) shall be updated every six months, or as agreed to by the parents or guardians, and a copy shall be forwarded to the parents or guardians of the minor and to the director of the department.

(c) This section shall not be construed to impede the movement of consumers to other geographic areas or the preference of the legal guardian for the placement of their minor child.

(Added by Stats. 2021, Ch. 76, Sec. 46. (AB 136) Effective July 16, 2021.)

### **Article 3.6. Enhanced Behavioral Supports Homes**

(Article 3.6 added by Stats. 2014, Ch. 30, Sec. 18. (SB 856) Effective June 20, 2014.)

4684.80. (a) “Enhanced behavioral supports home” means a facility certified by the State Department of Developmental Services and licensed by the State Department of Social Services pursuant to Section 1567.62 of the Health and Safety Code as an adult residential facility or a group home that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. An enhanced behavioral supports home shall have a maximum capacity of four consumers, and shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations. The enhanced behavioral support home shall be eligible for federal Medicaid home- and community-based services funding, unless the State Department of Developmental Services approves the use of delayed egress devices with secured perimeters to be utilized at the enhanced behavioral supports home pursuant to Section 1531.15 of the Health and Safety Code.

(b) “Enhanced behavioral services and supports” means additional staffing supervision, facility characteristics, or other services and supports to address a consumer’s challenging behaviors, which are beyond what is typically available in other community facilities licensed as an adult residential facility or a group home to serve individuals in a community setting rather than an institution.

(c) “Individual behavior supports plan” means the plan that identifies and documents the behavior and intensive support and service needs of a consumer and details the strategies to be employed and services to be provided to address those needs, and includes the entity responsible for providing those services and timelines for when each identified individual behavior support will commence.

(d) “Individual behavior supports team” means those individuals who develop, monitor, and revise the individual behavior supports plan for consumers residing in an enhanced behavioral supports home. The team shall, at a minimum, be composed of all of the following individuals:

(1) Regional center service coordinator and other regional center representatives, as necessary.

(2) Consumer and, where appropriate, his or her conservator or authorized representative.

(3) Service provider’s board-certified behavior analyst or qualified behavior modification professional.

(4) Enhanced behavioral supports home administrator.

(5) Regional center clients’ rights advocate, unless the consumer objects on his or her own behalf to participation by the clients’ rights advocate.

(6) Others deemed necessary by the consumer, or his or her conservator or authorized representative, for developing a comprehensive and effective individual behavior supports plan.

**(Amended by Stats. 2017, Ch. 18, Sec. 18. (AB 107) Effective June 27, 2017.)**

4684.81. (a) The department shall use community placement plan funds, as appropriated in the State Department of Developmental Services' annual budget, to develop enhanced behavioral supports in homelike community settings. The enhanced behavioral supports homes shall be for purposes of providing intensive behavioral services and supports to adults and children with developmental disabilities who need intensive services and supports due to challenging behaviors that cannot be managed in a community setting without the availability of enhanced behavioral services and supports, and who are at risk of institutionalization or out-of-state placement, or are transitioning to the community from a developmental center, other state-operated residential facility, institution for mental disease, or out-of-state placement.

(b) An enhanced behavioral supports home may only be established in an adult residential facility or a group home approved through a regional center community placement plan pursuant to Section 4418.25.

(c) Enhanced behavioral supports homes may be approved by the State Department of Developmental Services each fiscal year to the extent funding is available for this purpose, each for no more than four individuals with developmental disabilities. The homes shall be located throughout the state, as determined by the State Department of Developmental Services, based on regional center requests.

(d) Each enhanced behavioral supports home shall be licensed as an adult residential facility or a group home pursuant to the California Community Care Facilities Act (Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code) and certified by the State Department of Developmental Services, shall exceed the minimum requirements for a Residential Facility Service Level 4-i pursuant to Sections 56004 and 56013 of Subchapter 4 of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations, and shall meet all applicable statutory and regulatory requirements applicable to a facility licensed as an adult residential facility or a group home for facility licensing, seclusion, and restraint, including Division 1.5 (commencing with Section 1180) of the Health and Safety Code, and the use of behavior modification interventions, subject to any additional requirements applicable to enhanced behavioral supports homes established by statute or by regulation promulgated pursuant to this article and Article 9.5 (commencing with Section 1567.61) of Chapter 3 of Division 2 of the Health and Safety Code.

(e) A regional center shall not place a consumer in an enhanced behavioral supports home unless the program is certified by the State Department of Developmental Services and the facility is licensed by the State Department of Social Services.

(f) The State Department of Developmental Services shall be responsible for granting the certificate of program approval for an enhanced behavioral supports home.

(g) The State Department of Developmental Services may, pursuant to Section 4684.85, decertify any enhanced behavioral supports home that does not comply with program requirements. Upon decertification of an enhanced behavioral supports home, the State Department of Developmental Services shall report the decertification to the State Department of Social Services. The State Department of Social Services

shall revoke the license of the enhanced behavioral supports home that has been decertified pursuant to Section 1550 of the Health and Safety Code.

(h) If the State Department of Developmental Services determines that urgent action is necessary to protect a consumer residing in an enhanced behavioral supports home from physical or mental abuse, abandonment, or any other substantial threat to the consumer's health and safety, the State Department of Developmental Services may request that the regional center or centers remove the consumer from the enhanced behavioral supports home or direct the regional center or centers to obtain alternative or additional services for the consumers within 24 hours of that determination. When possible, an individual program plan (IPP) meeting shall be convened to determine the appropriate action pursuant to this section. In any case, an IPP meeting shall be convened within 30 days following an action pursuant to this section.

(i) Enhanced behavioral supports homes shall have a facility program plan approved by the State Department of Developmental Services.

(1) No later than December 1, 2017, the department shall develop guidelines regarding the use of restraint or containment in enhanced behavioral supports homes, which shall be maintained in the facility program plan and plan of operation. In the development of these guidelines, the department shall consult with both of following:

(A) The appropriate professionals regarding the use of restraint or containment in enhanced behavioral supports homes.

(B) The protection and advocacy agency described in subdivision (i) of Section 4900 regarding appropriate safeguards for the protection of clients' rights.

(2) The requirements of paragraph (1) shall not apply to enhanced behavioral supports homes that are certified and licensed prior to January 1, 2018, or prior to the adoption of the guidelines required in paragraph (1), whichever is sooner. However, these homes shall meet the requirements of paragraph (1) no later than 30 days following adoption of the guidelines.

(3) An enhanced behavioral supports home shall include in its facility program plan a description of how it will ensure physical restraint or containment will not be used as an extended procedure in accordance with this section, subdivision (h) of Section 1180.4 of the Health and Safety Code, and any other applicable law or regulation.

(4) The facility program plan approved by the State Department of Developmental Services shall be submitted to the State Department of Social Services for inclusion in the facility plan of operation.

(5) The vendoring regional center and each consumer's regional center shall have joint responsibility for monitoring and evaluating the services provided in the enhanced behavioral supports home. Monitoring shall include at least quarterly, or more frequently if specified in the consumer's individual program plan, face-to-face, onsite case management visits with each consumer by the consumer's regional center and at least quarterly quality assurance visits by the vendoring regional center. The State Department of Developmental Services shall monitor and ensure the regional centers' compliance with their monitoring responsibilities.

(j) The State Department of Developmental Services shall establish by regulation a rate methodology for enhanced behavioral supports homes that includes a fixed facility component for residential services and an individualized services and supports component based on each consumer's needs as determined through the individual program plan process, which may include assistance with transitioning to a less restrictive community residential setting.

(k) (1) The established facility rate for a full month of service, as defined in regulations adopted pursuant to this article, shall be paid based on the licensed capacity of the facility once the facility reaches maximum capacity, despite the temporary absence of one or more consumers from the facility or subsequent temporary vacancies created by consumers moving from the facility. Prior to the facility reaching licensed capacity, the facility rate shall be prorated based on the number of consumers residing in the facility.

When a consumer is temporarily absent from the facility, including when a consumer is in need for inpatient care in a health facility, as defined in subdivision (a), (b), or (c) of Section 1250 of the Health and Safety Code, the regional center may, based on consumer need, continue to fund individual services, in addition to paying the facility rate. Individual consumer services funded by the regional center during a consumer's absence from the facility shall be approved by the regional center director and shall only be approved in 14-day increments. The regional center shall maintain documentation of the need for these services and the regional center director's approval.

(2) An enhanced behavioral supports home using delayed egress devices, in compliance with Section 1531.1 of the Health and Safety Code, may utilize secured perimeters, in compliance with Section 1531.15 of the Health and Safety Code and applicable regulations. No more than 11 enhanced behavioral supports homes that use delayed egress devices in combination with a secured perimeter shall be certified. Enhanced behavioral supports homes shall be counted for purposes of the statewide limit established in regulations on the total number of beds permitted in homes with delayed egress devices in combination with secured perimeters pursuant to subdivision (k) of Section 1531.15 of the Health and Safety Code.

**(Amended by Stats. 2020, Ch. 11, Sec. 26. (AB 79) Effective June 29, 2020.)**

4684.82. The vendoring regional center shall, before placing any consumer into an enhanced behavioral supports home, ensure that the home has a license issued by the State Department of Social Services for not more than four individuals with developmental disabilities, is certified by the State Department of Developmental Services, and has a contract with the regional center that meets the contracting requirements established by the State Department of Developmental Services through regulations promulgated pursuant to this article.

**(Amended by Stats. 2020, Ch. 11, Sec. 27. (AB 79) Effective June 29, 2020.)**

4684.83. The enhanced behavioral supports home provider shall be responsible for coordinating the development and updating of each consumer's individual behavior supports plan with the consumer's individual behavior supports team. The initial individual behavior supports plan shall be developed within one week of the consumer's admission to the enhanced behavioral supports home.

**(Added by Stats. 2014, Ch. 30, Sec. 18. (SB 856) Effective June 20, 2014.)**

4684.84. (a) The regional center shall have responsibility for monitoring and evaluating the implementation of the consumer's individual behavior supports plan objectives.

(b) A regional center qualified behavior modification professional shall visit, with or without notice, the consumer, in person, at least monthly in the enhanced behavioral

supports home, or more frequently if specified in the consumer's individual behavior supports plan. At least four of these visits, annually, shall be unannounced.

(c) The State Department of Developmental Services shall monitor and ensure the regional centers' compliance with the requirements of this article. The monitoring shall include onsite visits to all the enhanced behavioral supports homes at least every six months for the duration of the pilot project.

(d) The State Department of Developmental Services shall conduct a review of the pilot project in consultation with stakeholders. The review shall be completed and the results of the review shall be shared in writing with the State Department of Social Services no later than September 1, 2018.

**(Added by Stats. 2014, Ch. 30, Sec. 18. (SB 856) Effective June 20, 2014.)**

4684.85. (a) In addition to any other contract termination provisions, a regional center may terminate its contract with an enhanced behavioral supports home when the regional center determines that the home is unable to maintain substantial compliance with state laws, regulations, or its contract with the regional center, or the home demonstrates an inability to ensure the health and safety of the consumers.

(b) The enhanced behavioral supports home may appeal a regional center's decision to terminate its contract by sending to the executive director of the contracting regional center a detailed statement containing the reasons and facts demonstrating why the termination is inappropriate. The appeal shall be received by the regional center within 10 working days from the date of the letter terminating the contract. The executive director shall respond with his or her decision within 10 working days of the date of receipt of the appeal from the enhanced behavioral supports home. The executive director shall submit his or her decision to the State Department of Developmental Services and the State Department of Social Services on the same date that it is signed. The decision of the executive director shall be the final administrative decision.

(c) The Director of Developmental Services may rescind an enhanced behavioral supports home program certification when, in his or her sole discretion, an enhanced behavioral supports home does not maintain substantial compliance with an applicable statute, regulation, or ordinance, or cannot ensure the health and safety of the consumers. The decision of the Director of Developmental Services shall be the final administrative decision. The Director of Developmental Services shall transmit his or her decision whether to rescind an enhanced behavioral supports home program certification to the State Department of Social Services and the regional center with his or her recommendation as to whether to revoke the enhanced behavioral supports home's residential care facility license, for which the State Department of Social Services shall revoke the license of the enhanced behavioral supports home pursuant to Section 1550 of the Health and Safety Code.

(d) The State Department of Developmental Services and regional centers shall, for purposes of assisting in licensing, provide the State Department of Social Services with all available documentation and evidentiary support that was submitted to the State Department of Developmental Services in connection with certification by an applicant for licensure under this article.

**(Added by Stats. 2014, Ch. 30, Sec. 18. (SB 856) Effective June 20, 2014.)**



4684.86. (a) A certification for an enhanced behavioral supports home shall not be issued before emergency regulations filed by the State Department of Developmental Services pursuant to this article have been published. These regulations shall be developed in consultation with stakeholders, including the State Department of Social Services, consumer advocates, and regional centers. The regulations shall address at least the following:

(1) Program standards, including program design requirements, staffing structure, staff qualifications, and training. Training requirements shall include:

(A) A minimum of 16 hours of emergency intervention training, which shall include the techniques the licensee will use to prevent injury and maintain safety regarding consumers who are a danger to self or others and shall emphasize positive behavioral supports and techniques that are alternatives to physical restraints.

(B) Additional training for direct care staff to address the specialized needs of the consumers, including training in emergency interventions.

(2) Requirements and timelines for the development and updating of consumers' individual behavior supports plans.

(3) Admission and continued stay requirements.

(4) Requirements for ensuring that appropriate services and supports are provided at the time of admission to meet the consumer's immediate needs pending development of the consumer's individual behavior supports plan.

(5) The rate methodology.

(6) Consumer rights and protections.

(b) The adoption, initial amendment, repeal, or readoption of a regulation authorized by this section is deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. These regulations shall be developed in consultation with system stakeholders. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this section. The emergency regulations may be readopted and remain in effect until approval of the certificate of compliance.

(Added by Stats. 2014, Ch. 30, Sec. 18. (SB 856) Effective June 20, 2014.)

#### **Article 4. Services and Supports for Persons Living in the Community**

(Heading of Article 4 amended by Stats. 1992, Ch. 1011, Sec. 20. Effective January 1, 1993.)

4685. (a) Consistent with state and federal law, the Legislature finds and declares that children with developmental disabilities most often have greater opportunities for educational and social growth when they live with their families. The Legislature further finds and declares that the cost of providing necessary services and supports which enable a child with developmental disabilities to live at home is typically equal to or lower than the cost of providing out-of-home placement. The Legislature places a high priority on providing opportunities for children with developmental disabilities to live with their families, when living at home is the preferred objective in the child's individual program plan.

(b) It is the intent of the Legislature that regional centers provide or secure family support services that do all of the following:

- (1) Respect and support the decisionmaking authority of the family.
- (2) Be flexible and creative in meeting the unique and individual needs of families as they evolve over time.
- (3) Recognize and build on family strengths, natural supports, and existing community resources.
- (4) Be designed to meet the cultural preferences, values, and lifestyles of families.
- (5) Focus on the entire family and promote the inclusion of children with disabilities in all aspects of school and community.

(c) In order to provide opportunities for children to live with their families, the following procedures shall be adopted:

(1) The department and regional centers shall give a very high priority to the development and expansion of services and supports designed to assist families that are caring for their children at home, when that is the preferred objective in the individual program plan. This assistance may include, but is not limited to specialized medical and dental care, special training for parents, infant stimulation programs, respite for parents, homemaker services, camping, day care, short-term out-of-home care, child care, counseling, mental health services, behavior modification programs, special adaptive equipment such as wheelchairs, hospital beds, communication devices, and other necessary appliances and supplies, and advocacy to assist persons in securing income maintenance, educational services, and other benefits to which they are entitled.

(2) When children with developmental disabilities live with their families, the individual program plan shall include a family plan component which describes those services and supports necessary to successfully maintain the child at home. Regional centers shall consider every possible way to assist families in maintaining their children at home, when living at home will be in the best interest of the child, before considering out-of-home placement alternatives. When the regional center first becomes aware that a family may consider an out-of-home placement, or is in need of additional specialized services to assist in caring for the child in the home, the regional center shall meet with the family to discuss the situation and the family's current needs, solicit from the family what supports would be necessary to maintain the child in the home, and utilize creative and innovative ways of meeting the family's needs and providing adequate supports to keep the family together, if possible.

(3) (A) To ensure that these services and supports are provided in the most cost-effective and beneficial manner, regional centers may utilize innovative service-delivery mechanisms, including, but not limited to, vouchers; alternative respite options such as foster families, vacant community facility beds, crisis child care facilities; group training for parents on behavioral intervention techniques in lieu of some or all of the in-home parent training component of the behavioral intervention services; purchase of neighborhood preschool services and needed qualified personnel in lieu of infant development programs; and alternative child care options such as supplemental support to generic child care facilities and parent child care cooperatives.

(B) Effective July 1, 2009, at the time of development, review, or modification of a child's individualized family service plan or individual program plan, the regional center shall consider both of the following:

(i) The use of group training for parents on behavioral intervention techniques in lieu of some or all of the in-home parent training component of the behavioral intervention services.

(ii) The purchase of neighborhood preschool services and needed qualified personnel in lieu of infant development programs.

(4) If the parent of any child receiving services and supports from a regional center believes that the regional center is not offering adequate assistance to enable the family to keep the child at home, the parent may initiate a request for fair hearing as established in this division. A family shall not be required to start a placement process or to commit to placing a child in order to receive requested services.

(5) Nothing in this section shall be construed to encourage the continued residency of adult children in the home of their parents when that residency is not in the best interests of the person.

(6) When purchasing or providing a voucher for day care services for parents who are caring for children at home, the regional center may pay only the cost of the day care service that exceeds the cost of providing day care services to a child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.

(7) A regional center may purchase or provide a voucher for diapers for children three years of age or older. A regional center may purchase or provide vouchers for diapers under three years of age when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.

**(Amended by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 17. Effective July 28, 2009.)**

4685.1. (a) When a minor child requires a living arrangement outside of the family home, as determined in the individual program plan developed pursuant to Section 4646 and Section 4648, the regional center shall make every effort to secure a living arrangement, consistent with the individual program plan, in reasonably close proximity to the family home.

(b) When the parents or guardian of a minor child requests that an out-of-home living arrangement for a minor child be in close proximity to the family home, and when such a living arrangement cannot be secured by the regional center, the regional center shall include with the individual program plan a written statement of its efforts to locate, develop, or adapt appropriate services and supports in a living arrangement within close proximity to the family home and what steps will be taken by the regional center to develop the services and supports necessary to return the child to the family home or within close proximity of the family home. This statement shall be updated every six months, or as agreed to by the parents or guardians, and a copy shall be forwarded to the parents or guardians of the minor and to the director of the department.

(c) This section shall not be construed to impede the movement of consumers to other geographic areas or the preference of the parent or guardian for the placement of their minor child.

**(Added by Stats. 1998, Ch. 1043, Sec. 12. Effective January 1, 1999.)**

4685.7. (a) Contingent upon approval of a federal waiver, the Self-Directed Services Program (SDS Program) is hereby established and shall be available in every regional center catchment area to provide participants, within an individual budget, greater control over needed services and supports. The Self-Directed Services Program shall be consistent with the requirements set forth in this section. In order to provide

opportunities to participate in the program, the department shall adopt regulations, consistent with federal law, to implement the procedures set forth in this section.

(b) For purposes of this section, the following definitions shall apply:

(1) "Financial management services" means a service or function that assists the participant to manage and direct the distribution of funds contained in the individual budget. This may include, but is not limited to, bill paying services and activities that facilitate the employment of service workers by the participant, including, but not limited to, federal, state, and local tax withholding payments, unemployment compensation fees, setting of wages and benefits, wage settlements, fiscal accounting, and expenditure reports. The department shall establish specific qualifications which shall be required of a financial management services provider.

(2) "Supports brokerage" means a service or function that assists participants in making informed decisions about the individual budget, and assists in locating, accessing and coordinating services consistent with and reflecting a participant's needs and preferences. The service is available to assist in identifying immediate and long-term needs, developing options to meet those needs, participating in the person-centered planning process and development of the individual program plan, and obtaining identified supports and services.

(3) "Supports broker" means a person, selected and directed by the participant, who fulfills the supports brokerage service or function and assists the participant in the SDS Program. Specific qualifications shall be established by the department and required of a supports broker provider.

(4) "Waiver" means a waiver of federal law pursuant to Section 1396n of Title 42 of the United States Code.

(5) "Independence Plus Self-Directed (IPSD) Waiver Program" or "Self-Directed Waiver Program" means a federal waiver to the state's Medicaid plan to allow a person with developmental disabilities who needs or requires long-term supports and services, and when appropriate, the person's family, greater opportunity to control his or her own health and well-being by utilization of self-directed services.

(6) "Self-directed services" or "SDS" means a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant, in order to meet all or some of the objectives in his or her individual program plan. Self-directed services are designed to assist the participant to achieve personally defined outcomes in inclusive community settings.

Self-directed services shall include, but are not limited to, all of the following:

- (A) Home health aide services.
- (B) Supported employment and prevocational services.
- (C) Respite services.
- (D) Supports broker functions and services.
- (E) Financial management services and functions.
- (F) Environmental accessibility adaptations.
- (G) Skilled nursing.
- (H) Transportation.
- (I) Specialized medical equipment and supplies.
- (J) Personal emergency response system.
- (K) Integrative therapies.
- (L) Vehicle adaptations.
- (M) Communication support.

- (N) Crises intervention.
- (O) Nutritional consultation.
- (P) Behavior intervention services.
- (Q) Specialized therapeutic services.
- (R) Family assistance and support.
- (S) Housing access supports.
- (T) Community living supports, including, but not limited to, socialization, personal skill development, community participation, recreation, leisure, home and personal care.
- (U) Advocacy services.
- (V) Individual training and education.
- (W) Participant-designated goods and services.
- (X) Training and education transition services.

The department shall include all of the services and supports listed in this paragraph in the IPSD Waiver Program application. Notwithstanding this paragraph, only services and supports included in an approved IPSD Waiver shall be funded through the SDS Program.

(7) "Advocacy services" means services and supports that facilitate the participant in exercising his or her legal, civil and service rights to gain access to generic services and benefits that the participant is entitled to receive. Advocacy services shall only be provided when other sources of similar assistance are not available to the participant, and when advocacy is directed towards obtaining generic services.

(8) "Individual budget" means the amount of funding available to the participant for the purchase of services and supports necessary to implement an individual program plan. The individual budget shall be constructed using a fair, equitable, and transparent methodology.

(9) "Risk pool" means an account that is available for use in addressing the unanticipated needs of participants in the SDS Program.

(10) "Participant" means an individual, and when appropriate, his or her parents, legal guardian or conservator, or authorized representative, who have been deemed eligible for, and have voluntarily agreed to participate in, the SDS Program.

(c) Participation in the SDS Program is fully voluntary. A participant may choose to participate in, and may choose to leave, the SDS Program at any time. A regional center may not require participation in the SDS Program as a condition of eligibility for, or the delivery of, services and supports otherwise available under this Division.

(d) The department shall develop informational materials about the SDS Program. The department shall ensure that regional centers are trained in the principles of SDS, the mechanics of the SDS Program and the rights of consumers and families as candidates for, and participants, in the SDS Program. Regional centers shall conduct local meetings or forums to provide regional center consumers and families with information about the SDS Program. All consumers and families who express an interest in participating in the SDS program shall receive an in-depth orientation, conducted by the regional center, prior to enrollment in the program.

(e) Prior to enrollment in the SDS Program, and based on the methodologies described below, an individual, and when appropriate, his or her parents, legal guardian or conservator, or authorized representative, shall be provided in writing two individual budget amounts. If the individual, and when appropriate his parents, legal guardian or conservator, or authorized representative, elects to become a participant in

the SDS Program, he or she shall choose which of the two budget amounts provided will be used to implement their individual program plan.

(1) The methodologies and formulae for determining the two individual budget amounts shall be detailed in departmental regulations, as follows:

(A) One individual budget amount shall equal 90 percent of the annual purchase of services costs for the individual. The annual costs shall reflect the average annual costs for the previous two fiscal years for the individual.

(B) One individual budget amount shall equal 90 percent of the annual per capita purchase of service costs for the previous two fiscal years for consumers with similar characteristics, who do not receive services through the SDS Program, based on factors including, but not limited to, age, type of residence, type of disability and ability, functional skills, and whether the individual is in transition. This budget methodology shall be constructed using data available on the State Department of Developmental Services information system.

(2) Once a participant has selected an individual budget amount, that individual budget amount shall be available to the participant each year for the purchase of self-directed services until a new individual budget amount has been determined. An individual budget amount shall be calculated no more than once in a 12-month period.

(3) As determined by the participant, the individual budget shall be distributed among the following budget categories in order to implement the IPP:

- (A) Community Living.
- (B) Health and Clinical Services.
- (C) Employment.
- (D) Training and Education.
- (E) Environment and Medical Supports.
- (F) Transportation.

(4) Annually, participants may transfer up to 10 percent of the funds originally distributed to any budget category set forth in paragraph (3), to another budget category or categories. Transfers in excess of 10 percent of the original amount allocated to any budget category may be made upon the approval of the regional center. Regional centers may only deny a transfer if necessary to protect the health and safety of the participant.

(5) The regional center shall annually ascertain from the participant whether there are any circumstances that require a change to the annual individual budget amount. The department shall detail in regulations the process by which this annual review shall be achieved.

(6) A regional center's calculation of an individual budget amount may be appealed to the executive director of the regional center, or his or her designee, within 30 days after receipt of the budget amount. The executive director shall issue a written decision within 10 working days. The decision of the executive director may be appealed to the Director of Developmental Services, or his or her designee, within 15 days of receipt of the written decision. The decision of the department is final.

(f) The department shall establish a risk pool fund to meet the unanticipated needs of participants in the SDS Program. The fund shall be administered by the department. Notwithstanding Section 13340 of the Government Code, all moneys in the fund shall be continuously appropriated to the department, without regard to fiscal years, for the purpose of funding services and supports pursuant to this subdivision.

(1) The risk pool shall be funded at the equivalent of 5 percent of the historic annual purchase of service costs for consumers participating in the SDS Program.

(2) The risk pool shall be allocated by the department to regional centers through a process specified by the department.

(3) The risk pool may be used only in the event of substantial change in a participant's service and support needs that were not known at the time the individual budget was set, including an urgent need to relocate a residence, and catastrophic injury or illness.

(4) The risk pool may be accessed by a participant more than once in a lifetime.

(g) In the first year of the SDS Program, the department shall provide for establishment of savings to the General Fund equivalent to 5 percent of the historic annual purchase of service costs for SDS program participants. In subsequent fiscal years, the department shall annually provide for establishment of savings to the General Fund equivalent to 5 percent of the annual purchase of services costs for SDS Program participants, averaged over the prior two fiscal years.

(h) A regional center may advance funds to a financial management services entity pursuant to SDS Program regulations to facilitate development of a participant's individual budget and transition into the SDS Program.

(i) Participation in the SDS Program shall be available to any regional center consumer who meets the following eligibility requirements.

(1) The participant is three years of age or older.

(2) The participant has a developmental disability, as defined in Section 4512.

(3) The participant does not live in a licensed long-term health care facility, as defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations, or a residential facility, as defined in paragraph (55) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations, or receive day program or habilitation services, as defined in paragraph (16) or (34) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations, respectively. An individual, and when appropriate, his or her parent, legal guardian or conservator, or authorized representative, who is not eligible to participate in the SDS Program pursuant to this paragraph, may request that the regional center provide person-centered planning services in order to make arrangements for transition to the SDS Program. In that case, the regional center shall initiate person-centered planning services within 60 days of a request.

(4) The participant agrees to all of the following terms and conditions:

(A) The participant shall undergo an in-depth orientation to the SDS Program prior to enrollment.

(B) The participant shall agree to utilize the services and supports available within the SDS Program only when generic services cannot be accessed, and except for Medi-Cal state plan benefits when applicable.

(C) The participant shall consent to use only services necessary to implement his or her individual program plan as described in the IPSD Waiver Program, and as defined in paragraph (6) of subdivision (b), as an available service in the SDS Program, and shall agree to comply with any and all other terms and conditions for participation in the SDS Program described in this section.

(D) The participant shall manage self-directed services within the individual budget amount, chosen pursuant to subdivision (e).

(E) The participant shall utilize the services of a financial management services entity of his or her own choosing. A financial management services provider may either be hired or designated by the participant. A designated financial management services provider shall perform services on a nonpaid basis. An individual or a parent of an individual in the SDS Program shall provide financial management services only as a designated provider and only if the capacity to fulfill the roles and responsibilities as described in the financial management services provider qualifications can be demonstrated to the regional center.

(F) The participant shall utilize the services of a supports broker of his or her own choosing for the purpose of providing services and functions as described in paragraphs (2) and (3) of subdivision (b). A supports broker may either be hired or designated by the participant. A designated supports broker shall perform support brokerage services on a nonpaid basis. An individual or a parent of an individual in the SDS Program shall provide supports brokerage services or his or her designated representative shall provide the services only as a designated provider and only if the capacity to fulfill the role and responsibilities as described in the supports broker provider qualifications can be demonstrated to the financial management services entity.

(j) A participant who is not Medi-Cal eligible may participate in the SDS Program without IPSP Waiver Program enrollment and receive self-directed services if all other IPSP Waiver Program eligibility requirements are met.

(k) The planning team, established pursuant to subdivision (j) of Section 4512, shall utilize the person-centered planning process to develop the Individual Program Plan (IPP) for an SDS participant. The IPP shall detail the goals and objectives of the participant that are to be met through the purchase of participant selected services and supports.

(l) The participant shall implement his or her IPP, including choosing the services and supports allowable under this section necessary to implement the plan. A regional center may not prohibit the purchase of any service or support that is otherwise allowable under this section.

(m) An adult may designate an authorized representative to effect the implementation. The representative shall meet all of the following requirements:

(1) He or she shall demonstrate knowledge and understanding of the participant's needs and preferences.

(2) He or she shall be willing and able to comply with SDS Program requirements.

(3) He or she shall be at least 18 years of age.

(4) He or she shall be approved by the participant to act in the capacity of a representative.

(n) The participant, or his or her authorized representative and the regional center case manager shall receive a monthly budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.

(o) If at any time during participation in the SDS Program a regional center determines that an individual is no longer eligible to continue based on the criteria described in subdivision (i), or a participant voluntarily chooses to exit the SDS Program, the regional center shall provide for the participant's transition from the SDS Program to other services and supports. This shall include the development of a new



individual program plan that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(1) Upon determination of ineligibility pursuant to this subdivision, the regional center shall inform the participant in writing of his or her ineligibility, the reason for the determination of ineligibility and shall provide a written notice of the fair hearing rights, as required by Section 4701.

(2) An individual determined ineligible, or who voluntarily exits the SDS Program, shall be permitted to return to the SDS Program upon meeting all applicable eligibility criteria and after a minimum of 12 months time has elapsed.

(p) A participant in the SDS Program shall have all the rights established in Chapter 7 (commencing with Section 4700), except as provided under paragraph (6) of subdivision (e).

(q) Only a financial management services provider is required to apply for vendorization in accordance with Subchapter 2 (commencing with Section 54300) of Chapter 3 of Title 17 of the California Code of Regulations, for the SDS Program. All other service providers shall have applicable state licenses, certifications, or other state required documentation, but are exempt from the vendorization requirements set forth in Title 17 of the California Code of Regulations. The financial management services entity shall ensure and document that all service providers meet specified requirements for any service that may be delivered to the participant.

(r) A participant in the SDS Program may request, at no charge to the participant or the regional center, criminal history background checks for persons seeking employment as a service provider and providing direct care services to the participant.

(1) Criminal history records checks pursuant to this subdivision shall be performed and administered as described in subdivision (b) and subdivisions (d) to (h), inclusive, of Section 4689.2, and Sections 4689.4 to 4689.6, inclusive, and shall apply to vendorization of providers and hiring of employees to provide services for family home agencies and family homes.

(2) The department may enter into a written agreement with the Department of Justice to implement this subdivision.

(s) A participant enrolled in the SDS Program pursuant to this section and utilizing an individual budget for services and supports is exempt from Section 4783 and from the Family Cost Participation Program.

(t) Notwithstanding any provision of law, an individual receiving services and supports under the self-determination projects established pursuant to Section 4685.5 may elect to continue to receive self-determination services within his or her current scope and existing procedures and parameters. Participation in a self-determination project pursuant to Section 4685.5 may only be terminated upon a participant's voluntary election and qualification to receive services under another delivery system.

(u) Each regional center shall be responsible for implementing an SDS Program as a term of its contract under Section 4629.

(v) Commencing January 10, 2008, the department shall annually provide the following information to the policy and fiscal committees of the Legislature:

- (1) Number and characteristics of participants, by regional center.
- (2) Types and ranking of services and supports purchased under the SDS Program, by regional center.
- (3) Range and average of individual budgets, by regional center.

(4) Utilization of the risk pool, including range and average individual budget augmentations and type of service, by regional centers.

(5) Information regarding consumer satisfaction under the SDS Program and, when data is available, the traditional service delivery system, by regional center.

(6) The proportion of participants who report that their choices and decisions are respected and supported.

(7) The proportion of participants who report they are able to recruit and hire qualified service providers.

(8) The number and outcome of individual budget appeals, by regional center.

(9) The number and outcome of fair hearing appeals, by regional center.

(10) The number of participants who voluntarily withdraw from participation in the SDS Program and a summary of the reasons why, by regional center.

(11) The number of participants who are subsequently determined to no longer be eligible for the SDS Program and a summary of the reasons why, by regional center.

(12) Identification of barriers to participation and recommendations for program improvements.

(13) A comparison of average annual expenditures for individuals with similar characteristics not participating in the SDS Program.

**(Added by Stats. 2005, Ch. 80, Sec. 15.5. Effective July 19, 2005.)**

4685.8. (a) The department shall implement a statewide Self-Determination Program. The Self-Determination Program shall be available in every regional center catchment area to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP. As of July 1, 2021, the program shall begin to be available on a voluntary basis to all regional center consumers who are eligible for the Self-Determination Program.

(b) The department, in establishing the statewide program, shall do both of the following:

(1) Set targets and benchmarks as set forth in paragraph (1) of subdivision (r).

(2) Address all of the following:

(A) Oversight of expenditure of self-determined funds and the achievement of participant outcomes over time.

(B) Increased participant control over which services and supports best meet the participant's needs and the IPP objectives. A participant's unique support system may include the purchase of existing service offerings from service providers or local businesses, hiring their own support workers, or negotiating unique service arrangements with local community resources.

(C) Comprehensive person-centered planning, including an individual budget and services that are outcome based.

(D) Consumer and family training to ensure understanding of the principles of self-determination, the planning process, and the management of budgets, services, and staff.

(E) Choice of independent facilitators, who meet standards and certification requirements established by the department, and who can assist with the functions specified in paragraph (2) of subdivision (c).

(F) Choice of financial management services providers who meet standards and certification requirements established by the department, and who can carry out the functions specified in paragraph (1) of subdivision (c).

(G) Innovation that will more effectively allow participants to achieve their goals.

(H) Long-term sustainability of the Self-Determination Program by doing all of the following:

(i) Requiring IPP teams, when developing the individual budget, to determine the services, supports and goods necessary for each consumer based on the needs and preferences of the consumer, and when appropriate the consumer's family, and the effectiveness of each option in meeting the goals specified in the IPP, and the cost effectiveness of each option, as specified in subparagraph (D) of paragraph (6) of subdivision (a) of Section 4648.

(ii) The department may review final individual budgets that are at or above a spending threshold determined by the department of all individual budgets and use information from its review in the aggregate to develop additional program guidance and verify compliance with federal and state laws and other requirements.

(c) For purposes of this section, the following definitions apply:

(1) "Financial management services" means services or functions that assist the participant to manage and direct the distribution of funds contained in the individual budget, and ensure that the participant has the financial resources to implement their IPP throughout the year. These may include bill paying services and activities that facilitate the employment of service and support workers by the participant, including, but not limited to, fiscal accounting, tax withholding, compliance with relevant state and federal employment laws, assisting the participant in verifying provider qualifications, including criminal background checks, and expenditure reports. The financial management services provider shall meet the applicable requirements of Title 17 of the California Code of Regulations and other specific qualifications or certifications established by the department.

(2) "Independent facilitator" means a person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to their IPP and is not employed by a person providing services to the participant. The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP. The independent facilitator is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports. The cost of the independent facilitator, if any, shall be paid by the participant out of the participant's individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at the independent facilitator's own cost. The independent facilitator shall meet standards and certification requirements established by the department.

(3) "Individual budget" means the amount of regional center purchase of service funding available to the participant for the purchase of services and supports necessary to implement the IPP. The individual budget shall be determined using a fair, equitable, and transparent methodology.

(4) "IPP" means individual program plan, as described in Section 4646.

(5) "Participant" means an individual, and when appropriate, the participant's parents, legal guardian or conservator, or authorized representative, who has been deemed eligible for, and has voluntarily agreed to participate in, the Self-Determination Program.

(6) "Self-determination" means a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in their IPP. Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion. The Self-Determination Program shall only fund services and supports provided pursuant to this division that the federal Centers for Medicare and Medicaid Services determines are eligible for federal financial participation.

(7) "Spending Plan" means the plan the participant develops to use their available individual budget funds to purchase goods, services, and supports necessary to implement their individual program plan (IPP). The spending plan shall identify the cost of each good, service, and support that will be purchased with regional center funds. The total amount of the spending plan cannot exceed the amount of the individual budget. A copy of the spending plan shall be attached to the participant's IPP.

(d) Participation in the Self-Determination Program is fully voluntary. A participant may choose to participate in, and may choose to leave, the Self-Determination Program at any time. A regional center shall not require or prohibit participation in the Self-Determination Program as a condition of eligibility for, or the delivery of, services and supports otherwise available under this division. Participation in the Self-Determination Program shall be available to any regional center consumer who meets the following eligibility requirements:

(1) The participant has a developmental disability, as defined in Section 4512, and is receiving services pursuant to this division.

(2) The consumer does not live in a licensed long-term health care facility, as defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations. An individual, and when appropriate the individual's parent, legal guardian or conservator, or authorized representative, who is not eligible to participate in the Self-Determination Program pursuant to this paragraph 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 the individual is 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 that request.

(3) The participant agrees to all of the following terms and conditions:

(A) The participant shall receive an orientation that meets the standards set or developed by the department to the Self-Determination Program prior to enrollment, which includes the principles of self-determination, the role of the independent facilitator and the financial management services provider, person-centered planning, and development of a budget.

(B) The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

(C) The participant shall only purchase services and supports necessary to implement their IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.

(D) The participant shall manage Self-Determination Program services and supports within the participant's individual budget.

(E) The participant shall utilize the services of a financial management services provider of their own choosing and who is vendored by a regional center and who meets the qualifications in paragraph (1) of subdivision (c).

(F) The participant may utilize the services of an independent facilitator of their own choosing for the purpose of providing services and functions as described in paragraph (2) of subdivision (c). If the participant elects not to use an independent facilitator, the participant may use their regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

(G) If eligible, with the assistance of the regional center, if needed, timely apply for Medi-Cal in order to maximize federal funding. The participant may consider institutional deeming in order to qualify for Medi-Cal services.

(e) A participant who is not Medi-Cal eligible may participate in the Self-Determination Program and receive self-determination services and supports if all other program eligibility requirements are met and the services and supports are otherwise eligible for federal financial participation.

(f) The additional federal financial participation funds generated by the former participants of the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, or pursuant to Article 4 (commencing with Section 4669.2) of Chapter 5, shall be used to maximize the ability of Self-Determination Program participants to direct their own lives and to ensure the department and regional centers successfully implement the program as follows:

(1) First, to offset the cost to the department for the criminal background check conducted pursuant to subdivision (v) and other administrative costs incurred by the department in implementing the Self-Determination Program.

(2) With the remaining funds, the department, in consultation with stakeholders, including a statewide self-determination advisory workgroup, shall prioritize the use of the funds to meet the needs of participants, increase service access and equity, and reduce disparities, and to implement the program, including costs associated with all of the following:

(A) Independent facilitators to assist with a participant's initial person-centered planning meeting.

(B) Development of the participant's initial individual budget.

(C) Joint training of consumers, family members, regional center staff, and members of the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (w).

(D) Regional center operations to increase support for transition to the Self-Determination Program or for caseload ratio enhancement.

(E) To offset the costs to the regional centers in implementing the Self-Determination Program.

(F) To support the Statewide Self-Determination Advisory Committee established pursuant to paragraph (2) of subdivision (w).

(g) If at any time during participation in the Self-Determination Program a regional center determines that a participant is no longer eligible to continue in, or a participant

voluntarily chooses to exit, the Self-Determination Program, the regional center shall provide for the participant's transition from the Self-Determination Program to other services and supports. This transition shall include the development of a new IPP that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(h) An individual determined to be ineligible for or who voluntarily exits the Self-Determination Program shall be permitted to return to the Self-Determination Program upon meeting all applicable eligibility criteria and upon approval of the participant's planning team, as described in subdivision (j) of Section 4512. An individual who has voluntarily exited the Self-Determination Program shall not return to the program for at least 12 months.

(i) An individual who participates in the Self-Determination Program may elect to continue to receive self-determination services and supports if the individual transfers to another regional center catchment area, provided that the individual remains eligible for the Self-Determination Program pursuant to subdivision (d). The balance of the participant's individual budget shall be reallocated to the regional center to which the participant transfers.

(j) The IPP team shall utilize the person-centered planning process to develop the IPP for a participant. The IPP shall detail the goals and objectives of the participant that are to be met through the purchase of participant-selected services and supports. The IPP team shall determine the individual budget to ensure the budget assists the participant to achieve the outcomes set forth in the participant's IPP and ensures their health and safety. The completed individual budget shall be attached to the IPP.

(k) The participant shall implement their IPP, including choosing and purchasing the services and supports allowable under this section necessary to implement the plan. A participant is exempt from the cost control restrictions regarding the purchases of services and supports pursuant to Section 4648.5. A regional center shall not prohibit the purchase of any service or support that is otherwise allowable under this section.

(l) A participant shall have all the rights established in Sections 4646 to 4646.6, inclusive, and Chapter 7 (commencing with Section 4700).

(m) (1) Except as provided in paragraph (4), the IPP team shall determine the initial and any revised individual budget for the participant using the following methodology:

(A) (i) Except as specified in clause (ii), for a participant who is a current consumer of the regional center, their individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

(ii) An adjustment may be made to the amount specified in clause (i) if both of the following occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures. When adjusting the budget, the IPP team shall document the specific reason for the adjustment in the IPP.

(II) The regional center certifies on the individual budget document that regional center expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

(iii) For purposes of clauses (i) and (ii), the amount of the individual budget shall not be increased to cover the cost of the independent facilitator.

(B) For a participant who is either newly eligible for regional center services or who does not have 12 months of purchase service expenditures, the participant's individual budget shall be calculated as follows:

(i) The IPP team shall identify the services and supports needed by the participant and available resources, as required by Section 4646.

(ii) The regional center shall calculate the cost of providing the services and supports to be purchased by the regional center by using the average cost paid by the regional center for each service or support unless the regional center determines that the consumer has a unique need that requires a higher or lower cost. The IPP team also shall document the specific reason for the adjustment in the IPP. The regional center shall certify on the individual budget document that this amount would have been expended using regional center purchase of service funds regardless of the individual's participation in the Self-Determination Program.

(iii) For purposes of clauses (i) and (ii), the amount of the individual budget shall not be increased to cover the cost of the independent facilitator.

(2) The amount of the individual budget shall be available to the participant each year for the purchase of program services and supports. An individual budget shall be calculated no more than once in a 12-month period, unless revised to reflect a change in circumstances, needs, or resources of the participant using the process specified in clause (ii) of subparagraph (A) of paragraph (1).

(3) The spending plan shall be assigned to uniform budget categories developed by the department in consultation with stakeholders and distributed according to the timing of the anticipated expenditures in the IPP and in a manner that ensures that the participant has the financial resources to implement the IPP throughout the year.

(4) The department, in consultation with stakeholders, may develop alternative methodologies for individual budgets that are computed in a fair, transparent, and equitable manner and are based on consumer characteristics and needs, and that include a method for adjusting individual budgets to address a participant's change in circumstances or needs.

(n) Annually, participants may transfer up to 10 percent of the funds originally distributed to any budget category set forth in paragraph (3) of subdivision (m) to another budget category or categories. Transfers in excess of 10 percent of the original amount allocated to any budget category may be made upon the approval of the regional center or the participant's IPP team.

(o) Consistent with the implementation date of the IPP, the IPP team shall annually ascertain from the participant whether there are any circumstances or needs that require a change to the annual individual budget. Based on that review, the IPP team shall calculate a new individual budget consistent with the methodology identified in subdivision (m).

(p) (1) The department, as it determines necessary, may adopt regulations to implement the procedures set forth in this section. Any regulations shall be adopted in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Notwithstanding paragraph (1) and Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and only to the extent that all necessary federal approvals are obtained, the department, without taking any

further regulatory action, shall implement, interpret, or make specific this section by means of program directives or similar instructions until the time regulations are adopted. It is the intent of the Legislature that the department be allowed this temporary authority as necessary to implement program changes only until completion of the regulatory process.

(q) The department, in consultation with stakeholders, shall develop informational materials about the Self-Determination Program. The department shall ensure that regional centers are trained in the principles of self-determination, the mechanics of the Self-Determination Program, and the rights of consumers and families as candidates for, and participants in, the Self-Determination Program.

(r) Each regional center shall be responsible for implementing the Self-Determination Program as a term of its contract under Section 4629. As part of implementing the program, the regional center shall do all of the following:

(1) Meet the Self-Determination targets approved by the department, meet benchmarks established by the department in areas including timely enrollment, diversity of consumers served, and reduction of disparities in the individual budget of participants from racial and ethnic communities, and be eligible for incentives for exceeding these targets and benchmarks once the department has established a performance incentives program.

(2) Develop and implement an outreach and training plan about the Self-Determination program for the diverse communities served by the regional center, including in congregate settings. Information shall be provided in plain language, in alternative formats and alternative modes of communication and provide language access as required by state and federal law. Obtain input from stakeholders, including consumers and families that reflect the ethnic and language diversity of the regional center's consumers, about the effectiveness of this outreach and training and other activities that may be effective in reducing disparities in these programs.

(3) Annually report the enrollment, individual budget data, and purchase of service expenditure data for the Self-Determination Program consistent with the criteria in subdivisions (a) to (c), inclusive, of Section 4519.5.

(4) Assist eligible participants and their families in applying for Medi-Cal, in order to maximize federal funding and assist interested participants who wish to pursue institutional deeming in order to qualify for Medi-Cal services.

(5) At least annually, in addition to annual certification, conduct an additional review of all final individual budgets for participants at the regional center which are at or above a spending threshold that is specified by the department through directive consistent with federal and state requirements. This information may be used in the aggregate to provide training, program guidance, and verify compliance with state and federal requirements.

(6) Review the spending plan to verify that goods and services eligible for federal financial participation are not used to fund goods or services available through generic agencies.

(7) Contract with local consumer or family-run organizations and consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (w) to conduct outreach through local meetings or forums to consumers and their families to provide information about the Self-Determination Program and to help ensure that the program is available to a diverse group of participants, with special outreach to underserved communities.



(8) Collaborate with the local consumer or family-run organizations identified in paragraph (1) to jointly conduct training about the Self-Determination Program. The regional center shall consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (w) in planning for the training, and the local volunteer advisory committee may designate members to represent the advisory committee at the training.

(9) Train all service coordinators and fair hearing specialists in the principles of self-determination, the mechanics of the Self-Determination Program, and the rights of consumers and families. The training shall be conducted in collaboration with the local volunteer advisory committee.

(10) Provide payment to the financial management services provider for spending plan expenses through a not less than semi-monthly pay schedule.

(s) The financial management services provider shall provide the participant and the regional center service coordinator with a monthly individual budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.

(t) Only the financial management services provider is required to apply for vendorization in accordance with Subchapter 2 (commencing with Section 54300) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations for the Self-Determination Program. All other service and support providers shall not be on the federal debarment list and shall have applicable state licenses, certifications, or other state required documentation, including documentation of any other qualifications required by the department, but are exempt from the vendorization requirements set forth in Title 17 of the California Code of Regulations when serving participants in the Self-Determination Program.

(u) The regional center shall pay the full costs of the participant's financial management services provider.

(v) To protect the health and safety of participants in the Self-Determination Program, the department shall require a criminal background check in accordance with all of the following:

(1) The department shall issue a program directive that identifies nonvendored providers of services and supports who shall obtain a criminal background check pursuant to this subdivision. At a minimum, these staff shall include both of the following:

(A) Individuals who provide direct personal care services to a participant.

(B) Other nonvendored providers of services and supports for whom a criminal background check is requested by a participant or the participant's financial management service.

(2) Subject to the procedures and requirements of this subdivision, the department shall administer criminal background checks consistent with the department's authority and the process described in Sections 4689.2 to 4689.6, inclusive.

(3) The department shall electronically submit to the Department of Justice fingerprint images and related information required by the Department of Justice of nonvendored providers of services and supports, as specified in paragraph (1), for purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of state or federal arrests for which the Department of Justice

establishes that the person is free on bail or on their own recognizance pending trial or appeal.

(4) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this section. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the department.

(5) The Department of Justice shall provide a state or federal response to the department pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(6) The department shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1).

(7) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this subdivision.

(8) The fingerprints of any provider of services and supports who is required to obtain a criminal background check shall be submitted to the Department of Justice prior to employment. The costs of the fingerprints and the financial management service's administrative cost authorized by the department shall be paid by the services and supports provider or the provider's employing agency. Any administrative costs incurred by the department pursuant to this subdivision shall be offset by the funds specified in subdivision (g).

(9) If the criminal record information report shows a criminal history, the department shall take the steps specified in Section 4689.2. The department may prohibit a provider of services and supports from becoming employed, or continuing to be employed, based on the criminal background check, as authorized in Section 4689.6. The provider of services and supports who has been denied employment shall have the rights set forth in Section 4689.6.

(10) The department may utilize a current department-issued criminal record clearance to enable a provider to serve more than one participant, as long as the criminal record clearance has been processed through the department and no subsequent arrest notifications have been received relative to the cleared applicant.

(11) Consistent with subdivision (h) of Section 4689.2, the participant or financial management service that denies or terminates employment based on written notification from the department shall not incur civil liability or unemployment insurance liability.

(w) To ensure the effective implementation of the Self-Determination Program and facilitate the sharing of best practices and training materials commencing with the implementation of the Self-Determination Program, local and statewide advisory committees shall be established as follows:

(1) Each regional center shall establish a local volunteer advisory committee to provide oversight of the Self-Determination Program and identify a regional center liaison to the committee. The regional center and the State Council on Developmental Disabilities shall each appoint one-half of the membership of the committee. The committee shall consist of the regional center clients' rights advocate, consumers, family members, and other advocates, and community leaders, including a representative from a family resource center. A majority of the committee shall be consumers and their family members. The committee shall reflect the multicultural

diversity and geographic profile of the catchment area. The committee shall review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements of this section, and may make ongoing recommendations for improvement to the regional center and the department. Annually, the regional center shall confirm, in writing, that the committee meets the requirements specified in this paragraph and provide the department with the name of the staff liaison and the names of the committee members, the positions they fill on the committee, and which entity appointed them to the committee.

(2) The State Council on Developmental Disabilities shall form a volunteer committee, to be known as the Statewide Self-Determination Advisory Committee, comprised of the chairs of the 21 local advisory committees or their designees. The council shall convene the Statewide Self-Determination Advisory Committee twice annually, or more frequently in the sole discretion of the council. The Statewide Self-Determination Advisory Committee shall meet by teleconference or other means established by the council to identify self-determination best practices, effective consumer and family training materials, implementation concerns, systemic issues, ways to enhance the program, and recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports. The council shall synthesize information received from the Statewide Self-Determination Advisory Committee, local advisory committees, and other sources, share the information with consumers, families, regional centers, and the department, and make recommendations, as appropriate, to increase the program's effectiveness in furthering the principles of self-determination.

(x) The department shall annually provide the following information to the appropriate policy and fiscal committees of the Legislature:

(1) Number and characteristics of participants, by regional center, including the number of participants who entered the program upon movement from a developmental center.

(2) Types and amount of services and supports purchased under the Self-Determination Program, by regional center.

(3) Range and average of individual budgets, by regional center, including adjustments to the budget to address the adjustments permitted in clause (ii) of subparagraph (A) of paragraph (1) of subdivision (m).

(4) The number and outcome of appeals concerning individual budgets, by regional center.

(5) The number and outcome of fair hearing appeals, by regional center.

(6) The number of participants who voluntarily withdraw from the Self-Determination Program and a summary of the reasons why, by regional center.

(7) The number of participants who are subsequently determined to no longer be eligible for the Self-Determination Program and a summary of the reasons why, by regional center.

(y) (1) The State Council on Developmental Disabilities shall issue an interim report to the Legislature, in compliance with Section 9795 of the Government Code, no later than June 30, 2021, on the status of the Self-Determination Program authorized by this section, barriers to its implementation, and recommendations to enhance the effectiveness of the program. The interim report shall provide an update to the program's status, each regional center's cap on participation and progress toward that

cap, the most recent statewide and per-regional-center participant count, and the historical trend in the statewide participation count since the start of the program. The department shall assist in providing available information to the council in order to facilitate the timely issuance of the report.

(2) The council, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research, and Service, may work with regional centers to survey participants regarding participant satisfaction under the Self-Determination Program and, when data is available, the traditional service delivery system, including the proportion of participants who report that their choices and decisions are respected and supported and who report that they are able to recruit and hire qualified service providers, and to identify barriers to participation and recommendations for improvement.

(3) The council, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research, and Service, shall issue a report to the Legislature, in compliance with Section 9795 of the Government Code, by June 30, 2023, on the status of the Self-Determination Program authorized by this section, and provide recommendations to enhance the effectiveness of the program. This review shall include the program's effectiveness in furthering the principles of self-determination, including all of the following:

(A) Freedom, which includes the ability of adults with developmental disabilities to exercise the same rights as all citizens to establish, with freely chosen supporters, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them; and for families to have the freedom to receive unbiased assistance of their own choosing when developing a plan and to select all personnel and supports to further the life goals of a minor child.

(B) Authority, which includes the ability of a person with a disability, or family, to control a certain sum of dollars in order to purchase services and supports of their choosing.

(C) Support, which includes the ability to arrange resources and personnel, both formal and informal, that will assist a person with a disability to live a life in the community that is rich in community participation and contributions.

(D) Responsibility, which includes the ability of participants to take responsibility for decisions in their own lives and to be accountable for the use of public dollars, and to accept a valued role in their community through, for example, competitive employment, organizational affiliations, spiritual development, and general caring of others in their community.

(E) Confirmation, which includes confirmation of the critical role of participants and their families in making decisions in their own lives and designing and operating the system that they rely on.

**(Amended by Stats. 2022, Ch. 49, Sec. 22. (SB 188) Effective June 30, 2022.)**

4685.9. (a) The department shall establish an Office of the Self-Determination Program Ombudsperson.

(b) The Office of the Self-Determination Program Ombudsperson shall be headed by an individual, to be known as the Self-Determination Program Ombudsperson. As soon as is practicable, the Director of the Department of Developmental Services shall

appoint an ombudsperson qualified by training and experience to perform the duties of the office for a term of four years. The director may reappoint the ombudsperson for consecutive terms.

(c) The office shall be an independent and autonomous entity within the department for the purpose of monitoring the implementation of Section 4685.8 and to assist regional center clients and Self-Determination Program consumers and their families to participate fully in the Self-Determination Program as authorized pursuant to Section 4685.8

(d) The office shall have all of the following rights and duties:

(1) Providing information and assisting regional center consumers and their families in understanding their rights under the Self-Determination Program, including the process, goals, and objectives of the program and facilitating solutions to disagreements regarding eligibility and services.

(2) Deciding whether to investigate complaints regarding the implementation of the Self-Determination Program, and recommending to the department strategies for change and improvement of the Self-Determination Program. Disclosure of information shall occur only as necessary to carry out the mission of the office and as permitted by law.

(3) Annually compiling and reporting to the appropriate policy and fiscal committees of the Legislature relevant data collected over the course of the year, including, but not limited to, the number of contacts to the office, the number of complaints made, including the type of those complaints, the number of investigations performed by the office, the trends and issues that arose in the course of investigating complaints, the number of referrals made, and the number of pending complaints.

(4) Recommending to the department and the Legislature changes to, including, but not limited to, relevant laws, regulations, policies, and actions that it determines to be appropriate and provide and facilitate public comment on, including, but not limited to, relevant laws, regulations, policies, and actions.

(5) Establishing a dedicated telephone number at which regional center consumers and other stakeholders may contact the office.

(e) The department shall include, on the portion of its internet website dedicated to the Self-Determination Program, a link to the internet website of the office.

**(Added by Stats. 2021, Ch. 76, Sec. 48. (AB 136) Effective July 16, 2021.)**

4685.10. (a) The department may adopt regulations to implement and comply with home and community-based settings requirements in Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations. Any regulations shall be adopted in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) Notwithstanding subdivision (a) and Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may issue administrative program directives to ensure compliance with Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations until the time regulations are adopted. It is the intent of the Legislature that the department be allowed this temporary authority as necessary to implement compliance with the federal requirements only until completion of the regulatory process.

**(Added by Stats. 2022, Ch. 49, Sec. 23. (SB 188) Effective June 30, 2022.)**

4686. (a) Notwithstanding any other provision of law or regulation to the contrary, an in-home respite worker who is not a licensed health care professional but who is trained by a licensed health care professional may perform incidental medical services for consumers of regional centers with stable conditions, after successful completion of training as provided in this section. Incidental medical services provided by trained in-home respite workers shall be limited to the following:

- (1) Colostomy and ileostomy: changing bags and cleaning stoma.
- (2) Urinary catheter: emptying and changing bags and care of catheter site.
- (3) Gastrostomy: feeding, hydration, cleaning stoma, and adding medication per physician's or nurse practitioner's orders for the routine medication of patients with stable conditions.

(b) In order to be eligible to receive training for purposes of this section, an in-home respite worker shall submit to the trainer proof of successful completion of a first aid course and successful completion of a cardiopulmonary resuscitation course within the preceding year.

(c) The training in incidental medical services required under this section shall be provided by physicians or registered nurses. Training in gastrostomy services shall be provided by a physician or registered nurse, or through a gastroenterology or surgical center in an acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, which meets California Children Services' Program standards for centers for children with congenital gastrointestinal disorders, or comparable standards for adults, or by a physician or registered nurse who has been certified to provide training by the center.

(d) The in-home respite agency providing the training shall develop a training protocol which shall be submitted for approval to the State Department of Developmental Services. The department shall approve those protocols that specifically address both of the following:

(1) A description of the incidental medical services to be provided by trained in-home respite workers.

(2) A description of the protocols by which the training will be provided. Protocols shall include a demonstration of the following skills by the trainee:

(A) Care of the gastrostomy, colostomy, ileostomy, or urinary catheter site.

(B) Performance of gastrostomy tube feeding, changing bags and cleaning stoma of colostomy or ileostomy sites, and emptying and changing urinary catheter bags.

(C) Identification of, and appropriate response to, problems and complications associated with gastrostomy care and feeding, colostomy and ileostomy care, and care of urinary catheter sites.

(D) Continuing education requirements.

(e) Training by the gastroenterology or surgical center, or the certified physician or registered nurse, shall be done in accordance with the approved training protocol. Training of in-home respite workers shall be specific to the individual needs of the regional center consumer receiving the incidental medical service and shall be in accordance with orders from the consumer's treating physician or surgeon.

(f) The treating physician or surgeon shall give assurances to the regional center that the patient's condition is stable prior to the regional center's purchasing incidental medical services for the consumer through an appropriately trained respite worker.

(g) Prior to the purchase of incidental medical services through a trained respite worker, the regional center shall do all of the following:

(1) Ensure that a nursing assessment of the consumer, performed by a registered nurse, is conducted to determine whether an in-home respite worker, licensed vocational nurse, or registered nurse may perform the services.

(2) Ensure that a nursing assessment of the home has been conducted to determine whether incidental medical services can appropriately be provided in that setting.

(h) The agency providing in-home respite services shall do all of the following:

(1) Ensure adequate training of the in-home respite worker.

(2) Ensure that telephone backup and emergency consultation by a registered nurse or physician is available.

(3) Develop a plan for care specific to the incidental medical services provided to be carried out by the respite worker.

(4) Ensure that the in-home respite worker and the incidental medical services provided by the respite worker are adequately supervised by a registered nurse.

(i) Notwithstanding any other provision of law or regulation to the contrary, the hourly rate for an in-home respite agency shall be increased to provide a fifty cent (\$.50) per hour wage increase and an eight-cent (\$.08) per hour benefit increase for the hours the in-home respite agency is providing incidental medical services.

(j) To expand the availability of trained in-home respite agency staff, a regional center may reimburse the in-home respite agency up to two hundred dollars (\$200) semiannually, for the provision of training pursuant to subdivision (c).

(k) For purposes of this section, "in-home respite worker" means an individual employed by an agency which is vendored by a regional center to provide in-home respite services. These agencies include, but are not limited to, in-home respite services agencies, home health agencies, or other agencies providing these services.

**(Amended by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 18. Effective July 28, 2009.)**

4686.2. (a) Effective July 1, 2009, notwithstanding any other provision of law or regulation to the contrary, any vendor who provides applied behavioral analysis (ABA) services, or intensive behavioral intervention services or both, as defined in subdivision (d), shall:

(1) Conduct a behavioral assessment of each consumer to whom the vendor provides these services.

(2) Design an intervention plan that shall include the service type, number of hours and parent participation needed to achieve the consumer's goals and objectives, as set forth in the consumer's individual program plan (IPP) or individualized family service plan (IFSP). The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.

(3) Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

(b) Effective July 1, 2009, notwithstanding any other provision of law or regulation to the contrary, regional centers shall:

(1) Only purchase ABA services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions.

(2) Only purchase ABA or intensive behavioral intervention services when the parent or parents of minor consumers receiving services participate in the intervention plan for the consumers, given the critical nature of parent participation to the success of the intervention plan.

(3) Not purchase either ABA or intensive behavioral intervention services for purposes of providing respite, day care, or school services.

(4) Discontinue purchasing ABA or intensive behavioral intervention services for a consumer when the consumer's treatment goals and objectives, as described under subdivision (a), are achieved. ABA or intensive behavioral intervention services shall not be discontinued until the goals and objectives are reviewed and updated as required in paragraph (5) and shall be discontinued only if those updated treatment goals and objectives do not require ABA or intensive behavioral intervention services.

(5) For each consumer, evaluate the vendor's intervention plan and number of service hours for ABA or intensive behavioral intervention no less than every six months, consistent with evidence-based practices. If necessary, the intervention plan's treatment goals and objectives shall be updated and revised.

(6) Not reimburse a parent for participating in a behavioral services treatment program.

(c) For consumers receiving ABA or behavioral intervention services on July 1, 2009, as part of their IPP or IFSP, subdivision (b) shall apply on August 1, 2009.

(d) For purposes of this section the following definitions shall apply:

(1) "Applied behavioral analysis" means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction.

(2) "Intensive behavioral intervention" means any form of applied behavioral analysis that is comprehensive, designed to address all domains of functioning, and provided in multiple settings for no more than 40 hours per week, across all settings, depending on the individual's needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.

(3) "Evidence-based practice" means a decisionmaking process that integrates the best available scientifically rigorous research, clinical expertise, and individual's characteristics. Evidence-based practice is an approach to treatment rather than a specific treatment. Evidence-based practice promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically-observed, and research-supported evidence. The best available evidence, matched to consumer circumstances and preferences, is applied to ensure the quality of clinical judgments and facilitates the most cost-effective care.

(4) "Parent participation" shall include, but shall not be limited to, the following meanings:

(A) Completion of group instruction on the basics of behavior intervention.

(B) Implementation of intervention strategies, according to the intervention plan.

(C) If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports.

(D) Participation in any needed clinical meetings.

(E) Purchase of suggested behavior modification materials or community involvement if a reward system is used.

**(Added by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 19. Effective July 28, 2009.)**

4686.3. The department shall adopt emergency regulations to address the use of paraprofessionals in group practice provider behavioral intervention services and establish a rate. The regulations shall also establish a rate and the educational or



experiential qualifications and professional supervision requirements necessary for the paraprofessional to provide behavioral intervention services. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this section.

**(Added by Stats. 2011, Ch. 37, Sec. 15. (AB 104) Effective June 30, 2011.)**

4686.31. (a) Effective July 1, 2011, notwithstanding any other law or regulation to the contrary, any vendor who provides services as specified in paragraph (4) shall submit verification to the regional center for services provided to consumers who are under 18 years of age and residing in the family home as follows:

(1) The department shall develop and post a standard form for vendors to complete and provide to the family for signature. The form shall include, but not be limited to, the name and title of the vendor, the vendor identification number, the name of the consumer, the unique client identifier, the location of the service, the date and start and end times of the service, and a description of the service provided. The form shall also include instructions for the parents or legally appointed guardians to contact the regional center service coordinator immediately if they are unable to sign the form.

(2) The vendor shall provide the parents or legally appointed guardians of a minor consumer with the department form to sign. The form shall be signed and dated by the parents or legally appointed guardians of a minor consumer and be submitted to the vendor providing services within 30 days of the month in which the services were provided.

(3) The vendor shall submit the completed forms to the regional center together with the vendor's invoices for the services provided.

(4) If the parents or legally appointed guardians of a minor consumer do not submit a form to the vendor, the vendor shall notify the regional center.

(5) This subdivision shall only apply to the following types of services: Behavior Analyst, Associate Behavior Analyst, Behavior Management Assistant, Behavior Technician (Paraprofessional), Behavior Management Consultant, Counseling Services, Tutor, Crisis Team-Evaluation and Behavioral Intervention, Tutor Services-Group, Client/Parent Support Behavior Intervention Training, and Parent-Coordinated Home Based Behavior Intervention Program for Autistic Children.

(b) The failure of the parents or legally appointed guardians of a minor consumer to submit a verification of services to the vendor shall not be a basis for terminating or changing behavioral services to the minor consumer. Any changes to behavioral services shall be made by the consumer's planning team pursuant to Section 4512.

**(Added by Stats. 2011, Ch. 37, Sec. 16. (AB 104) Effective June 30, 2011.)**

4687. Consistent with state and federal law, the Legislature recognizes the rights of persons with disabilities to have relationships, marry, be a part of a family, and to parent if they so choose. The Legislature further recognizes that individuals with developmental disabilities may need support and counseling in order to make informed

decisions in these areas. In order to achieve these goals, the following services may be made available to persons with developmental disabilities:

- (a) Sexuality training.
- (b) Parenting skills training.
- (c) Supported living arrangements for parents with developmental disabilities and their children.
- (d) Advocacy assistance to deal with agencies, including, but not limited to, child protective services, and assistance in reunification planning.
- (e) Family counseling services.
- (f) Other services and supports listed in Section 4685 when needed to maintain and strengthen the family unit, where one or both of the parents is an individual with developmental disabilities.

**(Added by Stats. 1992, Ch. 1011, Sec. 22. Effective January 1, 1993.)**

4688. (a) Consistent with state and federal law, the Legislature places a high priority on providing opportunities for individuals with developmental disabilities to be integrated into the mainstream life of their natural communities. In order to ensure that opportunities for integration are maximized, the procedure described in subdivision (b) shall be adopted.

(b) Regional centers shall be responsible for expanding opportunities for the full and equal participation of persons with developmental disabilities in their local communities through, activities, that may include, but shall not be limited to, the following:

(1) Outreach to, and training and education of, representatives of community service agencies and programs, businesses, and community activity providers regarding the provision and expansion of opportunities for participation by regional center consumers.

(2) Developing a community resources list.

(3) Providing assistance to case managers and family members on expanding community integration options for consumers in the areas of work, recreation, social, community service, education, and public services.

(4) Developing and facilitating the use of innovative methods of contracting with community members to provide support in natural environments to regional center consumers.

(5) Development and facilitating the use of natural supports to enhance community participation.

(6) Providing technical assistance to, and coordinating with, community support facilitators who will be used to provide supports to individual consumers for community participation, as needed.

(7) Providing sources of information relevant to individuals in making informed choices about employment options. This information may include, but need not be limited to, work incentive programs for persons with developmental disabilities, access and retention of needed benefits, interactions of earned income, asset building, or other financial changes on benefits, employment programs and protections, taxpayer requirements and responsibilities, training opportunities, and information and services available through other agencies, organizations, or on the Internet.

**(Amended by Stats. 2006, Ch. 397, Sec. 6. Effective January 1, 2007.)**

4688.05. Regional centers shall provide independent living skills services to an adult consumer, consistent with his or her individual program plan, that provide the consumer with functional skills training that enables him or her to acquire or maintain skills to live independently in his or her own home, or to achieve greater independence while living in the home of a parent, family member, or other person.

**(Added by Stats. 2014, Ch. 402, Sec. 3. (SB 1093) Effective January 1, 2015.)**

4688.06. (a) Consistent with state and federal law, the Legislature recognizes the right of adults with disabilities to reside in the family home. The Legislature further recognizes that adults with developmental disabilities, and their families, may need coordinated family support services that are tailored to the unique needs of the consumer and that are respectful of the language, ethnicity, and culture of the family home.

(b) The department shall establish a Coordinated Family Support Services Pilot Program for adults who live with their families. The pilot program may focus on improving equitable access to services and supports and reducing ethnic and racial disparities in purchases of services.

(c) The services provided by the Coordinated Family Support Services Pilot Program shall be flexible and tailored to assist the consumer to remain in the home of their family for as long as that remains the preferred living option for the consumer and their family.

(d) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may issue administrative program directives to ensure compliance with this section until the time regulations are adopted. It is the intent of the Legislature that the department be allowed this temporary authority as necessary to implement program changes only until completion of the regulatory process.

(2) Any regulation or administrative program directive issued pursuant to this subdivision shall include key elements of the Coordinated Family Support Services Program, including eligibility criteria, service design, and standards for vendors.

(3) The department shall collaborate with stakeholders to obtain input about key elements prior to the issuance of regulations or administrative program directives. Stakeholders shall include, but not be limited to, consumers and family members, including those from ethnically and racially diverse backgrounds, regional centers, the protection and advocacy agency described in subdivision (i) of Section 4900, the Office of Clients' Rights as described in Section 4433, the State Council on Developmental Disabilities, providers who deliver supported living services described in Section 4689, and providers with experience delivering services to adults living in the home of a parent or a family member, including independent living skills services described in Section 4688.05.

**(Added by Stats. 2022, Ch. 49, Sec. 24. (SB 188) Effective June 30, 2022.)**

4688.1. (a) Notwithstanding any other provision of law or regulation to the contrary, vendors of behavior management, activity center, and adult development center day programs, social recreation programs, socialization training programs, community integration training programs, community activities support programs, creative art programs, and work activity programs shall offer an alternative senior program component focused on the needs of individuals with developmental

disabilities who are over 50 years of age, at a rate not to exceed the lesser of thirty-five dollars (\$35) per day or the vendor's existing daily rate.

(1) The alternative senior program component shall be provided at a ratio of no more than eight consumers to one staff member.

(2) Consistent with the intent of the Lanterman Developmental Disabilities Services Act, the alternative senior program component shall be offered within the provider's existing vendored capacity as reflected in its program design or licensed capacity.

(b) Effective July 1, 2009, at the time of development, review, or modification of an eligible consumer's individual program plan, regional centers, as appropriate, shall provide information about and offer an alternative senior program. The alternative senior program shall be offered to eligible consumers who want to transition to a program component focused on the needs and interests of seniors.

(c) Effective July 1, 2011, a regional center shall not refer any additional consumers to alternative senior programs.

**(Amended by Stats. 2011, Ch. 37, Sec. 17. (AB 104) Effective June 30, 2011.)**

4688.2. (a) Notwithstanding any other provision of law or regulation to the contrary, vendors of behavior management, activity center, and adult development center adult day programs, community integration training programs, and community activities support services programs shall offer an alternative customized program component with an appropriate staffing component to meet individualized consumer needs.

(1) The alternative customized program component shall be offered within the provider's existing vendored capacity, as reflected in its program design or licensed capacity.

(2) The regional center shall fund customized programs based on the vendor's existing rate and only fund those hours provided.

(b) Effective July 1, 2009, at the time of development, review, or modification of a consumer's individual program plan, regional centers, as appropriate, shall provide information about and make available the customized program option.

(1) The alternative customized program component shall be offered to individuals with developmental disabilities who want a program focused on their individualized needs and interests to develop or maintain employment or volunteer activities in lieu of their current program.

(2) Total hours of service for this alternative customized program shall range between 20 and 80 hours per month, per person, depending on the support needs of the individual.

(c) Effective July 1, 2011, a regional center shall not refer any additional consumers to alternative customized programs.

**(Amended by Stats. 2011, Ch. 37, Sec. 18. (AB 104) Effective June 30, 2011.)**

4688.21. (a) The Legislature places a high priority on opportunities for adults with developmental disabilities to choose and customize day services to meet their individualized needs; have opportunities to further the development and support of employment and volunteer activities; direct their services; pursue postsecondary education; establish and support paid internship program opportunities; and increase their ability to lead integrated and inclusive lives. To further these goals, a consumer may choose a tailored day service or vouchered community-based training service, in

lieu of, or in conjunction with, any other regional center vendored day program, look-alike day program, supported employment program, or work activity program.

(b) (1) A tailored day service shall include an individualized service design, as determined through the individual program plan (IPP), and developed through a person-centered planning process that reflects and maximizes individual preferences and goals, and approved by the regional center. This service design may include, but may not be limited to, the following:

(A) Fewer days or hours than in the program's approved day program, look-alike day program, supported employment program, or work activity program design.

(B) Flexibility in the duration, location, including by remote electronic communications, and intensity of services to meet the consumer's individualized needs.

(C) Prioritize the development or support of competitive, integrated employment, volunteer activities, or pursuit of postsecondary education; establish and support paid internship program opportunities; maximize consumer direction of the service; and increase the consumer's ability to lead an integrated and inclusive life.

(2) The type and amount of tailored day service shall be determined through the IPP process, pursuant to Section 4646. The IPP shall contain, but not be limited to, the following:

(A) A detailed description of the consumer's individualized choices and needs and how these choices and needs will be met.

(B) The type and amount of services and staffing needed to meet the consumer's individualized choices and needs, and unique health and safety and other needs.

(3) The staffing requirements set forth in Section 55756 of Title 17 of the California Code of Regulations and subdivision (r) of Section 4851 of this code shall not apply to a tailored day service.

(4) Commencing July 1, 2022, for vendored programs wishing to offer a tailored day service option, the hourly rate for the tailored day service option shall be calculated using a base rate, defined as twice the amount of the rate model or models for "Community-Based Day, Community Only, 1:2." The calculation of the rate shall be as follows:

(A) Effective July 1, 2022, the hourly rate shall equal 80 percent of the base rate.

(B) The rate established in subparagraph (A) shall remain in effect pending the department's review, in coordination with stakeholders, of implementation of this section, as amended by the act that added this paragraph. The review, to be completed by June 30, 2024, shall include development of recommendations that may include, but not be limited to, modifying the scope of the service or establishing a rate model specific to the service. The department shall provide an update to the Legislature on the status of the review no later than January 10, 2024.

(5) The hold harmless policy defined in subdivision (d) of Section 4519.10 shall apply for vendored programs offering a tailored day service as of June 30, 2022, with an hourly rate that exceeds the rate calculated in paragraph (4).

(6) Tailored day services shall not be delivered on the same day as any other regional center vendored day program, look-alike day program, supported employment program, or work activity program unless all of the following apply:

(A) A consumer has a plan identified in their individual program plan for transitioning from a work activity program to competitive integrated employment, paid internship, or postsecondary education.

(B) The transition plan is developed through a person-centered planning process that reflects and maximizes individual preferences and goals.

(C) The duration of the delivery of tailored day services on the same day or days as a work activity program or supported employment services is no longer than six months.

(7) The total monthly hours of tailored day services shall not exceed the number of days in the month tailored day services are authorized, multiplied by four.

(8) The regional center shall ensure that the vendor is capable of complying with, and will comply with, the consumer's IPP, individual choice, and health and safety needs.

(9) Effective July 1, 2011, and prior to the time of development, review, or modification of a consumer's IPP, regional centers shall provide information about tailored day service to eligible adult consumers. A consumer may request information about tailored day services from the regional center at any time and may request an IPP meeting to secure those services.

(c) (1) A vouchered community-based training service is defined as a consumer-directed service that assists the consumer in the development of skills required for competitive integrated employment, the paid internship program, participation in volunteer activities, or any combination of these, and the assistance necessary for the consumer to secure employment, a paid internship, or volunteer positions or pursue secondary education.

(2) Implementation of vouchered community-based training service is contingent upon the approval of the federal Centers for Medicare and Medicaid Services.

(3) Vouchered community-based training service shall be provided in natural environments in the community, separate from the consumer's residence.

(4) A consumer, parent, or conservator vendored as a vouchered community-based training service shall utilize the services of a financial management services (FMS) entity. The regional center shall provide information about available financial management services and shall assist the consumer in selecting a FMS vendor to act as coemployer.

(5) A parent or conservator shall not be the direct support worker employed by the vouchered community-based training service vendor.

(6) If the direct support worker is required to transport the consumer, the vouchered community-based training service vendor shall verify that the direct support worker can transport the consumer safely and has a valid California driver's license and proof of insurance.

(7) The rate for vouchered community-based training service shall be the most recent rate posted on the department's public internet website. The rate includes employer-related taxes and all transportation needed to implement the service, except as described in paragraph (8). The rate does not include the cost of the FMS.

(8) A consumer vendored as a vouchered community-based training service shall also be eligible for a regional center-funded bus pass, if appropriate and needed.

(9) Vouchered community-based training service shall be limited to a maximum of 150 hours per quarter. The services to be provided and the service hours shall be documented in the consumer's IPP.

(10) A direct support worker of vouchered community-based training service shall be an adult who possesses the skill, training, and experience necessary to provide services in accordance with the IPP.

(11) Effective July 1, 2011, and prior to the time of development, review, or modification of a consumer's IPP, regional centers shall provide information about vouchered community-based training service to eligible adult consumers.

(12) The type and amount of vouchered community-based training service shall be determined through the IPP process pursuant to Section 4646. The IPP shall contain, but not be limited to, the following:

(A) A detailed description of the consumer's individualized choices and needs and how these choices and needs will be met.

(B) The type and amount of services and staffing needed to meet the consumer's individualized choices and unique health and safety and other needs.

(d) The department may adopt emergency regulations for tailored day service or vouchered community-based training service. The adoption, amendment, repeal, or readoption of a regulation authorized by this subdivision is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this subdivision.

**(Amended by Stats. 2022, Ch. 49, Sec. 25. (SB 188) Effective June 30, 2022.)**

4688.3. (a) The State Department of Health Care Services and the department shall jointly seek a federal Centers for Medicare and Medicaid Services' (CMS) approved 1915(i) state plan amendment to expand federal financial participation for services to persons with developmental disabilities provided by regional centers pursuant to Division 4.5 (commencing with Section 4500).

(b) Services provided pursuant to this section shall be rendered under the administrative direction of the department. The department may issue program directives to regional centers for implementing the approved state plan amendment.

(c) If CMS approves the state plan amendment pursuant to Section 1915(i) of the Social Security Act, the Director of Health Care Services shall execute a declaration stating that this approval has been granted. The director shall retain the declaration and this section shall be implemented commencing on the date that the director executes a declaration pursuant to this subdivision.

(d) The department may adopt regulations to implement this section and any sections in Division 4.5 (commencing with Section 4500) necessary to implement the terms of the 1915(i) state plan amendment. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.9 of the Government Code, and the department is hereby exempted from that requirement. For purposes of subdivision (e) of Section 11346.1 of the Government Code, the 120-day period, as applicable to the effective period of an emergency regulatory action and submission of specified materials to the Office of Administrative Law, is hereby extended to 180 days.

(e) The department shall adopt regulations to implement the terms of the 1915(i) state plan amendment though the regular rulemaking process pursuant to Sections 11346 and 11349.1 of the Government Code within 18 months of the adoption of emergency regulations pursuant to subdivision (d).

(f) The department shall consult with stakeholders, as defined in subdivision (k) of Section 4512.

(g) The State Department of Health Care Services shall post a copy of, or a link to, the approved state plan amendment and any State Department of Developmental Services regulations or program directives, or both, issued pursuant to this section on its Internet Web site.

**(Added by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 23. Effective July 28, 2009.)**

4688.5. (a) Notwithstanding any other provision of law to the contrary, the department may approve a proposal or proposals by Golden Gate Regional Center, Regional Center of the East Bay, and San Andreas Regional Center to provide for, secure, and assure the full payment of a lease or leases on housing, developed pursuant to this section, based on the availability for occupancy in each home, if all of the following conditions are met:

(1) The acquired or developed real property is available for occupancy by individuals eligible for regional center services and is integrated with housing for people without disabilities.

(2) The regional center has approved the proposed ownership entity, management entity, and developer or development entity for each project, and, prior to granting the approval, has consulted with the department and has provided to the department a proposal that includes the credentials of the proposed entities.

(3) The costs associated with the proposal are reasonable.

(4) The proposal includes a plan for a transfer at a time certain of the real property's ownership to a nonprofit entity to be approved by the regional center.

(b) Prior to approving a regional center proposal pursuant to subdivision (a), the department, in consultation with the California Housing Finance Agency and the Department of Housing and Community Development shall review all of the following:

(1) The terms and conditions of the financing structure for acquisition and/or development of the real property.

(2) Any and all agreements that govern the real property's ownership, occupancy, maintenance, management, and operation, to ensure that the use of the property is maintained for the benefit of persons with developmental disabilities.

(c) No sale encumbrance, hypothecation, assignment, refinancing, pledge, conveyance, exchange or transfer in any other form of the real property, or of any of its interest therein, shall occur without the prior written approval of the department and the Health and Human Services Agency.

(d) Notice of the restrictions pursuant to this section shall be recorded against the acquired or developed real property subject to this section.

(e) At least 45 days prior to granting approval under subdivision (c), the department shall provide notice to the chairs and vice chairs of the fiscal committees of the Assembly and the Senate, the Secretary of the Health and Human Services Agency, and the Director of Finance.

(f) The regional center shall not be eligible to acquire or develop real property for the purpose of residential housing.

**(Amended by Stats. 2005, Ch. 551, Sec. 1. Effective January 1, 2006.)**



4688.6. (a) Notwithstanding any other provision of law to the contrary, the department may receive and approve a proposal or proposals by any regional center to provide for, secure, or ensure the full payment of a lease or leases on housing based on the availability for occupancy in each home. These proposals shall not include an adult residential facility for persons with special health care needs, as defined in Section 1567.50 of the Health and Safety Code. Proposals submitted by regional centers shall meet all of the following conditions:

(1) The acquired or developed real property is available for occupancy by individuals eligible for regional center services and is integrated with other housing in the community for people without disabilities.

(2) The regional center has submitted documents demonstrating the appropriate credentials and terms of the project and has approved the proposed nonprofit ownership entity, management entity, and developer or development entity for each project.

(3) The costs associated with the proposal are reasonable and maximize the receipt of federal Medicaid funding. The department shall only approve proposals that include a process for the regional center to review recent sales of comparable properties to ensure the purchase price is within the range of fair market value and, if significant renovations of a home will be undertaken after the home is purchased, competing bids for that renovation work to ensure that the cost of the work is reasonable. For purposes of this subdivision, "significant renovations" means renovations that exceed 5 percent of the purchase price of the home.

(4) The proposal includes a plan for a transfer at a time certain of the real property's ownership to a nonprofit entity to be approved by the regional center.

(5) The regional center has submitted, with the proposal, the nonrefundable developer fee established in subdivision (d).

(b) Prior to approving a regional center proposal pursuant to subdivision (a), the department may contract or consult with a public or private sector entity that has appropriate experience in structuring complex real estate financial transactions, but is not otherwise involved in any lending related to the project to review any of the following:

(1) The terms and conditions of the financing structure for acquisition or development of the real property.

(2) Any and all agreements that govern the real property's ownership, occupancy, maintenance, management, and operation, to ensure that the use of the property is maintained for the benefit of persons with developmental disabilities.

(c) The department may impose a limit on the number of proposals considered pursuant to subdivision (a). If a limit is imposed, the department shall notify the Association of Regional Center Agencies.

(d) (1) The department shall charge the developer of the housing described in the regional center proposal a reasonable, nonrefundable fee for each proposal submitted. The fee shall be for the purpose of reimbursing the department's costs associated with conducting the review and approval required by subdivision (b). The fee shall be set by the department within 30 days of the effective date of the act that added this section, and shall be adjusted annually, as necessary, to ensure the payment of the costs incurred by the department.

(2) Fees collected shall be deposited in the Developmental Disabilities Services Account established pursuant to Section 14672.9 of the Government Code and shall be

used solely for the purpose of conducting the review and approval required by subdivision (b), upon appropriation by the Legislature. Interest and dividends on moneys collected pursuant to this section shall, notwithstanding Section 16305.7 of the Government Code, be retained in the account for purposes of this section. Moneys deposited in the Developmental Disabilities Services Account pursuant to this subdivision shall not be subject to the requirements of subdivision (i) of Section 14672.9 of the Government Code.

(3) Notwithstanding paragraph (2), for the 2008–09 fiscal year, the Director of Finance may approve an expenditure of up to seventy-five thousand dollars (\$75,000) by the department from moneys deposited in the account for the purposes specified in subdivision (b). In the 2009–10 fiscal year and each fiscal year thereafter, moneys shall be available to the department upon appropriation by the Legislature.

(e) No sale, encumbrance, hypothecation, assignment, refinancing, pledge, conveyance, exchange, or transfer in any other form of the real property, or of any of its interest therein, shall occur without the prior written approval of the department and the regional center.

(f) Notice of the restrictions pursuant to this section shall be recorded against the acquired or developed real property subject to this section.

(g) At least 30 days prior to granting approval under subdivision (e), the department shall provide notice to the chairpersons and vice chairpersons of the fiscal committees of the Assembly and the Senate and the Director of Finance.

(h) The regional center shall not be eligible to acquire or develop real property for the purpose of residential housing.

(i) Unless otherwise authorized by law, a regional center shall not use purchase of service funds to implement this section.

(j) With the exception of funds authorized in paragraph (3) of subdivision (d), this section shall be implemented within the department's annual budget. This subdivision shall not preclude the receipt or use of federal, state non-General Fund, or private funds to implement this section.

(k) The department shall establish guidelines and procedures for the administration of this section.

**(Amended by Stats. 2009, Ch. 140, Sec. 190. (AB 1164) Effective January 1, 2010.)**

4689. Consistent with state and federal law, the Legislature places a high priority on providing opportunities for adults with developmental disabilities, regardless of the degree of disability, to live in homes that they own or lease with support available as often and for as long as it is needed, when that is the preferred objective in the individual program plan. In order to provide opportunities for adults to live in their own homes, the following procedures shall be adopted:

(a) The department and regional centers shall ensure that supported living arrangements adhere to the following principles:

(1) Consumers shall be supported in living arrangements which are typical of those in which persons without disabilities reside.

(2) The services or supports that a consumer receives shall change as his or her needs change without the consumer having to move elsewhere.

(3) The consumer's preference shall guide decisions concerning where and with whom he or she lives.

(4) Consumers shall have control over the environment within their own home.

(5) The purpose of furnishing services and supports to a consumer shall be to assist that individual to exercise choice in his or her life while building critical and durable relationships with other individuals.

(6) The services or supports shall be flexible and tailored to a consumer's needs and preferences.

(7) Services and supports are most effective when furnished where a person lives and within the context of his or her day-to-day activities.

(8) Consumers shall not be excluded from supported living arrangements based solely on the nature and severity of their disabilities.

(b) Regional centers may contract with agencies or individuals to assist consumers in securing their own homes and to provide consumers with the supports needed to live in their own homes.

(c) The range of supported living services and supports available include, but are not limited to, assessment of consumer needs; assistance in finding, modifying and maintaining a home; facilitating circles of support to encourage the development of unpaid and natural supports in the community; advocacy and self-advocacy facilitation; development of employment goals; social, behavioral, and daily living skills training and support; development and provision of 24-hour emergency response systems; securing and maintaining adaptive equipment and supplies; recruiting, training, and hiring individuals to provide personal care and other assistance, including in-home supportive services workers, paid neighbors, and paid roommates; providing respite and emergency relief for personal care attendants; and facilitating community participation. Assessment of consumer needs may begin before 18 years of age to enable the consumer to move to his or her own home when he or she reaches 18 years of age.

(d) Regional centers shall provide information and education to consumers and their families about supported living principles and services.

(e) Regional centers shall monitor and ensure the quality of services and supports provided to individuals living in homes that they own or lease. Monitoring shall take into account all of the following:

(1) Adherence to the principles set forth in this section.

(2) Whether the services and supports outlined in the consumer's individual program plan are congruent with the choices and needs of the individual.

(3) Whether services and supports described in the consumer's individual program plan are being delivered.

(4) Whether services and supports are having the desired effects.

(5) Whether the consumer is satisfied with the services and supports.

(f) The planning team, established pursuant to subdivision (j) of Section 4512, for a consumer receiving supported living services shall confirm that all appropriate and available sources of natural and generic supports have been utilized to the fullest extent possible for that consumer.

(g) Regional centers shall utilize the same supported living provider for consumers who reside in the same domicile, provided that each individual consumer's particular needs can still be met pursuant to his or her individual program plans.

(h) Rent, mortgage, and lease payments of a supported living home and household expenses shall be the responsibility of the consumer and any roommate who resides with the consumer.

(i) A regional center shall not make rent, mortgage, or lease payments on a supported living home, or pay for household expenses of consumers receiving supported living services, except under the following circumstances:

(1) If all of the following conditions are met, a regional center may make rent, mortgage, or lease payments as follows:

(A) The regional center executive director verifies in writing that making the rent, mortgage, or lease payments or paying for household expenses is required to meet the specific care needs unique to the individual consumer as set forth in an addendum to the consumer's individual program plan, and is required when a consumer's demonstrated medical, behavioral, or psychiatric condition presents a health and safety risk to himself or herself, or another.

(B) During the time period that a regional center is making rent, mortgage, or lease payments, or paying for household expenses, the supported living services vendor shall assist the consumer in accessing all sources of generic and natural supports consistent with the needs of the consumer.

(C) The regional center shall not make rent, mortgage, or lease payments on a supported living home or pay for household expenses for more than six months, unless the regional center finds that it is necessary to meet the individual consumer's particular needs pursuant to the consumer's individual program plan. The regional center shall review a finding of necessity on a quarterly basis and the regional center executive director shall annually verify in an addendum to the consumer's individual program plan that the requirements set forth in subparagraph (A) continue to be met.

(2) A regional center that has been contributing to rent, mortgage, or lease payments or paying for household expenses prior to July 1, 2009, shall at the time of development, review, or modification of a consumer's individual program plan determine if the conditions in paragraph (1) are met. If the planning team determines that these contributions are no longer appropriate under this section, a reasonable time for transition, not to exceed six months, shall be permitted.

(j) All paid roommates and live-in support staff in supported living arrangements in which regional centers have made rent, mortgage, or lease payments, or have paid for household expenses pursuant to subdivision (i) shall pay their share of the rent, mortgage, or lease payments or household expenses for the supported living home, subject to the requirements of Industrial Welfare Commission Order No. 15-2001 and the Housing Choice Voucher Program, as set forth in Section 1437f of Title 42 of the United States Code.

(k) Regional centers shall ensure that the supported living services vendors' administrative costs are necessary and reasonable, given the particular services that they are providing and the number of consumers to whom the vendor provides services. Administrative costs shall be limited to allowable costs for community-based day programs, as defined in Section 57434 of Title 17 of the California Code of Regulations, or its successor.

(l) Regional centers shall ensure that the most cost effective of the rate methodologies is utilized to determine the negotiated rate for vendors of supported living services, consistent with Section 4689.8 and Title 17 of the California Code of Regulations.

(m) For purposes of this section, "household expenses" means general living expenses and includes, but is not limited to, utilities paid and food consumed within the home.

(n) A supported living services provider shall provide assistance to a consumer who is a Medi-Cal beneficiary in applying for in-home supportive services, as set forth in Section 12300, within five days of the consumer moving into a supported living services arrangement.

(o) For consumers receiving supported living services who share a household with one or more adults receiving supported living services, efficiencies in the provision of service may be achieved if some tasks can be shared, meaning the tasks can be provided at the same time while still ensuring that each person's individual needs are met. These tasks shall only be shared to the extent they are permitted under the Labor Code and related regulations, including, but not limited to, Industrial Welfare Commission Minimum Wage Order No. 15. The planning team, as defined in subdivision (j) of Section 4512, at the time of development, review, or modification of a consumer's individual program plan (IPP), for housemates currently in a supported living arrangement or planning to move together into a supported living arrangement, or for consumers who live with a housemate not receiving supported living services who is responsible for the task, shall consider, with input from the service provider, whether any tasks, such as meal preparation and cleanup, menu planning, laundry, shopping, general household tasks, or errands can appropriately be shared. If tasks can be appropriately shared, the regional center shall purchase the prorated share of the activity. Upon a determination of a reduction in services pursuant to this section, the regional center shall inform the consumer of the reason for the determination, and shall provide a written notice of fair hearing rights pursuant to Section 4701.

(p) (1) To ensure that consumers in or entering into supported living arrangements receive the appropriate amount and type of supports to meet the person's choice and needs as determined by the IPP team, and that generic resources are utilized to the fullest extent possible, the IPP team shall complete a standardized assessment questionnaire at the time of development, review, or modification of a consumer's IPP. The questionnaire shall be used during the individual program plan meetings, in addition to the provider's assessment, to assist in determining whether the services provided or recommended are necessary and sufficient and that the most cost-effective methods of supported living services are utilized. With input from stakeholders, including regional centers, the department shall develop and post the questionnaire on its Internet Web site, and, by June 30, 2012, shall provide it to the regional centers.

(2) Supported living service providers shall conduct comprehensive assessments for the purpose of getting to know the consumer they will be supporting and developing a support plan congruent with the choices and needs of the individual and consistent with the principles of supported living set forth in this section and in Subchapter 19 (commencing with Section 58600) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations. The independent assessment required by this paragraph is not intended to take the place of or repeat the service provider's comprehensive assessment.

(3) Upon a determination of a reduction in services pursuant to this section, the regional center shall inform the consumer of the reason for the determination, and shall provide a written notice of fair hearing rights pursuant to Section 4701.

(4) Nothing in this section precludes the completion of an independent assessment.

**(Amended by Stats. 2012, Ch. 25, Sec. 15. (AB 1472) Effective June 27, 2012.)**

4689.05. (a) A regional center shall not purchase supportive services, as defined in Section 12300, for a consumer who meets the criteria to receive, but declines to apply for, in-home supportive services (IHSS) benefits, as set forth in Section 12300, except as set forth in subdivision (d).

(b) Consistent with Section 4648, a regional center shall not purchase supported living services for a consumer to supplant IHSS.

(c) Between the date that a consumer applies for IHSS and the date that a consumer's application for IHSS is approved, a regional center shall not purchase supportive services for the consumer at a rate that exceeds the IHSS hourly rate, which includes the IHSS provider hourly wage, the provider's hourly payroll taxes, and the hourly administrative costs, for the county in which the consumer resides.

(d) A regional center executive director may waive the requirements set forth in subdivision (a) if the executive director finds that extraordinary circumstances warrant the waiver, and that a finding is documented in an addendum to the consumer's individual program plan.

**(Added by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 25. Effective July 28, 2009.)**

4689.1. (a) The Legislature declares that it places a high priority on providing opportunities for adults with developmental disabilities to live with families approved by family home agencies and to receive services and supports in those settings as determined by the individual program plan. Family home agencies may offer services and supports in family homes or family teaching homes. All requirements of this section and Sections 4689.2 to 4689.6, inclusive, shall apply to a family home and a family teaching home.

(b) For purposes of this section, "family home" means a home that is owned, leased, or rented by, and is the family residence of, the family home provider or providers, and in which services and supports are provided to a maximum of two adults with developmental disabilities regardless of their degree of disability, and who do not require continuous skilled nursing care.

(c) For purposes of this section, "family teaching home" means a home that is owned, leased, or rented by the family home agency wherein the family home provider and the individual have independent residences, either contiguous or attached, and in which services and supports are provided to a maximum of three adults with developmental disabilities regardless of their degree of disability, and who do not require continuous skilled nursing care.

(d) For purposes of this section, "family home agency" means a private for-profit or not-for-profit agency that is vendored to do all of the following:

- (1) Recruit, approve, train, and monitor family home providers.
- (2) Provide social services and in-home support to family home providers.
- (3) Assist adults with developmental disabilities in moving into approved family homes.

(e) For purposes of ensuring that regional centers may secure high-quality services that provide supports in natural settings and promote inclusion and meaningful participation in community life for adults with developmental disabilities, the department shall promulgate regulations for family home agencies, family teaching homes, and family homes that shall include, but not be limited to, standards and requirements related to all of the following:

(1) Selection criteria for regional centers to apply in vrending family home agencies, including, but not limited to, all of the following:

(A) The need for service.

(B) The experience of the agency or key personnel in providing the same or comparable services.

(C) The reasonableness of the agency's overhead.

(D) The capability of the regional center to monitor and evaluate the vendor.

(2) Vendorization.

(3) Operation of family home agencies, including, but not limited to, all of the following:

(A) Recruitment.

(B) Approval of family homes.

(C) Qualifications, training, and monitoring of family home providers.

(D) Assistance to consumers in moving into approved family homes.

(E) The range of services and supports to be provided.

(F) Family home agency staffing levels, qualifications, and training.

(4) Program design.

(5) Program and consumer records.

(6) Family homes.

(7) (A) Rates of payment for family home agencies and approved family home providers. In developing the rates pursuant to regulation, the department may require family home agencies and family homes to submit program cost or other information, as determined by the department.

(B) Regional center reimbursement to family home agencies for services in a family home shall not exceed rates for similar individuals when residing in other types of out-of-home care established pursuant to Section 4681.1.

(8) The department and regional center's monitoring and evaluation of the family home agency and approved homes, which shall be designed to ensure that services do all of the following:

(A) Conform to applicable laws and regulations and provide for the consumer's health and well-being.

(B) Assist the consumer in understanding and exercising his or her individual rights.

(C) Are consistent with the family home agency's program design and the consumer's individual program plan.

(D) Maximize the consumer's opportunities to have choices in where he or she lives, works, and socializes.

(E) Provide a supportive family home environment, available to the consumer 24 hours a day, that is clean, comfortable, and accommodating to the consumer's cultural preferences, values, and lifestyle.

(F) Are satisfactory to the consumer, as indicated by the consumer's quality of life as assessed by the consumer, his or her family, and if appointed, conservator, or significant others, or all of these, as well as by evaluation of outcomes relative to individual program plan objectives.

(9) Monthly monitoring visits by family home agency social service staff to approved family homes and family teaching homes.

(10) Procedures whereby the regional center and the department may enforce applicable provisions of law and regulation, investigate allegations of abuse or neglect,

and impose sanctions on family home agencies and approved family homes and family teaching homes, including, but not limited to, all of the following:

(A) Requiring movement of a consumer from a family home under specified circumstances.

(B) Termination of approval of a family home or family teaching home.

(C) Termination of the family home agency's vendorization.

(11) Appeal procedures.

(f) Each adult with developmental disabilities placed in a family home or family teaching home shall have the rights specified in this division, including, but not limited to, the rights specified in Section 4503.

(g) Prior to placement in a family home of an adult with developmental disabilities who has a conservator, consent of the conservator shall be obtained.

(h) The adoption of any emergency regulations to implement this section that are filed with the Office of Administrative Law within one year of the date on which the act that added this section took effect shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare.

**(Amended by Stats. 2018, Ch. 112, Sec. 1. (SB 1107) Effective January 1, 2019.)**

4689.2. (a) It is the intent of the Legislature in enacting this section to require the filing of fingerprints of those individuals whose contact with consumers receiving services and supports from family home agencies, as defined in subdivision (c) of Section 4689.1, and family homes, as defined in subdivision (b) of Section 4689.1, may pose a risk to the consumers' health and safety.

(b) As part of the vendor approval process for family home agencies and family homes, the State Department of Developmental Services shall secure from the Department of Justice and, if applicable, the Federal Bureau of Investigation, a full criminal history to determine whether the applicant or any other person specified in subdivision (c) has ever been convicted of, or arrested for, a crime other than a minor traffic violation. If it is found that the applicant, or any other person specified in subdivision (c), has been convicted of, or is awaiting trial for, a crime other than a minor traffic violation, the vendor application shall be denied, unless the director grants an exemption pursuant to subdivision (f). If no criminal record information has been recorded, the Department of Justice shall provide the applicant and the State Department of Developmental Services with a statement of that fact.

(c) In addition to the applicant, this section shall be applicable to criminal convictions of the following persons:

(1) Adults responsible for administration or direct supervision of staff.

(2) Any adult other than a consumer residing in the family home.

(3) Any adult who provides assistance to the consumer in dressing, grooming, bathing, or personal hygiene.

(4) Any staff person, employee, consultant, or volunteer who has frequent and routine contact with the consumer. In determining who has frequent contact, any consultant or volunteer shall be exempt unless the volunteer is used to replace or supplement staff or family home personnel in providing services or supports, or both, to consumers. In determining who has routine contact, staff and employees under direct onsite supervision of the family home agency and who are not providing direct services



and supports or who have only occasional or intermittent contact with consumers shall be exempt.

(5) The executive director of the entity applying for vendorization or other person serving in like capacity.

(6) Officers of the governing body of the applicant, or other persons with a financial interest in the applicant, as determined necessary by the department by regulation. The criteria used in the development of these regulations shall be based on the person's capability to exercise substantial influence over the operation of the family home agency or family home.

(d) (1) Subsequent to vendorization, any person specified in subdivision (c) and not exempted from fingerprinting shall, as a condition to employment, residence, or presence in a family home agency or a family home, be fingerprinted and sign a declaration under penalty of perjury regarding any prior criminal convictions. The vendor shall submit these fingerprints to the Department of Justice not later than four calendar days following employment, residence, or initial presence in the family home agency or family home. These fingerprints shall be on a card provided by the State Department of Developmental Services for the purpose of obtaining a permanent set of fingerprints. If fingerprints are not submitted to the Department of Justice, as required in this section, that failure shall result in a sanction and the fingerprints shall then be submitted to the State Department of Developmental Services for processing. Upon request of the vendor, who shall enclose a self-addressed stamped postcard for this purpose, the Department of Justice shall verify receipt of the fingerprints.

(2) Within 30 calendar days of the receipt of the fingerprints, the Department of Justice shall notify the State Department of Developmental Services of the criminal record information, as provided in subdivision (b). If no criminal record information has been recorded, the Department of Justice shall provide the vendor and the State Department of Developmental Services with a statement of that fact within 15 calendar days of receipt of the fingerprints. If new fingerprints are required for processing, the Department of Justice shall, within 15 calendar days from the date of receipt of the fingerprints, notify the vendor that the fingerprints were illegible.

(3) (A) Except for persons specified in paragraph (2) of subdivision (c), the vendor shall endeavor to ascertain the previous employment history of persons required to be fingerprinted under this subdivision. If it is determined by the State Department of Developmental Services, on the basis of the fingerprints submitted to the Department of Justice, that the person has been convicted of, or is awaiting trial for, a sex offense against a minor, or has been convicted for an offense specified in Section 243.4, 273a, 273d, or subdivision (a) or (b) of Section 368 of the Penal Code, or has been convicted of a felony, the State Department of Developmental Services shall notify the vendor to act immediately to terminate the person's employment, remove the person from the family home, or bar the person from entering the family home. The State Department of Developmental Services may subsequently grant an exemption pursuant to subdivision (f).

(B) If the conviction or arrest was for another crime, except a minor traffic violation, the vendor shall, upon notification by the State Department of Developmental Services, act immediately to do either of the following:

(i) Terminate the person's employment, remove the person from the family home, or bar the person from entering the family home.

(ii) Seek an exemption pursuant to subdivision (f). The State Department of Developmental Services shall determine if the person shall be permitted to remain in the family home until a decision on the exemption is rendered.

(e) For purposes of this section or any other provision of this chapter, a conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that the State Department of Developmental Services is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, notwithstanding a subsequent order pursuant to Sections 1203.4 and 1203.4a of the Penal Code permitting the person to withdraw his or her plea of guilty, or dismissing the accusation, information, or indictment. For purposes of this section or any other provision of this chapter, the record of a conviction, or a copy thereof certified by the clerk of the court or by a judge of the court in which the conviction occurred, shall be conclusive evidence of the conviction. For purposes of this section or any other provision of this chapter, the arrest disposition report certified by the Department of Justice and, if applicable, the Federal Bureau of Investigation, or documents admissible in a criminal action pursuant to Section 969b of the Penal Code, shall be prima facie evidence of the conviction, notwithstanding any other provision of law prohibiting the admission of these documents in a civil or administrative action.

(f) After review of the record, the Director of Developmental Services may grant an exemption from denial of vendor approval pursuant to subdivision (b), or for employment in a family home agency or family home of residence or presence in a family home as specified in subdivision (c), if the director has substantial and convincing evidence to support a reasonable belief that the applicant and the person convicted of the crime, if other than the applicant, are of such good character as to justify vendor approval or granting an exemption for purposes of subdivision (c). Except as otherwise provided in this subdivision, no exemption shall be granted if the conviction was for an offense specified in Section 220, 243.4, 264.1, paragraph (1) of subdivision (a) of Section 273a, Section 273d, 288, 289, or subdivision (a) or (b) of Section 368 of the Penal Code, or for another crime against an individual specified in subdivision (c) of Section 667.5 of the Penal Code. The director may grant an exemption if the employee, prospective employee, or other person identified in subdivision (c) who was convicted of a crime against an individual in paragraph (1), (2), (7), or (8) of subdivision (c) of Section 667.5 of the Penal Code, has been rehabilitated as provided in Section 4852.03 of the Penal Code and has maintained the conduct required in Section 4852.05 of the Penal Code for at least 10 years and has the recommendation of the district attorney representing the employee's county of residence, or if the employee, prospective employee, or other persons identified in subdivision (c) has received a certificate of rehabilitation pursuant to Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code.

(g) For purposes of compliance with this section, the department may permit an individual to transfer a current criminal record clearance, as described in subdivision (b), from one family home agency or family home to another, as long as the criminal record clearance has been processed through the State Department of Developmental Services.

(h) If a family home agency or a family home is required by law to deny employment or to terminate employment of any employee based on written

notification from the state department pursuant to subdivision (c) the family home agency or the family home shall not incur civil liability or unemployment insurance liability as a result of that denial or termination.

**(Amended by Stats. 1995, Ch. 546, Sec. 1. Effective January 1, 1996.)**

4689.3. (a) A family home agency shall not place an adult with developmental disabilities in a family home until the family home agency has received a criminal record clearance from the State Department of Developmental Services pursuant to Section 4689.2, except as provided in subdivisions (b) and (c).

(b) Any peace officer, or other category of person approved by the department subject to criminal record clearance as a condition of employment, and who has submitted fingerprints and executed a declaration regarding criminal convictions, may receive an adult with developmental disabilities in placement pending the receipt of a criminal record clearance when the family home has met all other requirements for vendor approval.

(c) Any person currently approved as a vendor pursuant to this chapter by the department when the family home has met all other requirements, and who has submitted fingerprints and executed a declaration regarding criminal convictions, may receive, or continue, an adult with developmental disabilities in placement pending the receipt of a criminal record clearance.

**(Added by Stats. 1994, Ch. 1095, Sec. 9. Effective September 29, 1994.)**

4689.4. The State Department of Developmental Services may deny an application for vendorization or terminate vendorization as a family home agency or family home upon the grounds that the applicant for vendorization, the vendor, or any other person mentioned in Section 4689.2 has been convicted at any time of a crime, except a minor traffic violation.

**(Added by Stats. 1994, Ch. 1095, Sec. 10. Effective September 29, 1994.)**

4689.5. (a) Proceeding for the termination, or denial of vendorization as a family home agency or family home pursuant to Section 4689.4 shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the State Department of Developmental Services shall have all the powers granted by Chapter 5. In the event of conflict between this section and Chapter 5, Chapter 5 shall prevail.

(b) In all proceedings conducted in accordance with this section, the standard of proof to be applied shall be a preponderance of the evidence.

(c) The hearing shall be held within 90 calendar days after receipt of the notice of defense, unless a continuance of the hearing is granted by the department or the administrative law judge. When the matter has been set for hearing, only the administrative law judge may grant a continuance of the hearing. The administrative law judge may grant a continuance of the hearing, but only upon finding the existence of one or more of the following:

(1) The death or incapacitating illness of a party, a representative or attorney of a party, a witness to an essential fact, or of the parent, child, or member of the household of that person, when it is not feasible to substitute another representative, attorney, or witness because of the proximity of the hearing date.

(2) Lack of notice of hearing as provided in Section 11509 of the Government Code.

(3) A material change in the status of the case where a change in the parties or pleadings requires postponement, or an executed settlement or stipulated findings of fact obviate the need for hearing. A partial amendment of the pleadings shall not be good cause for continuance to the extent that the unamended portion of the pleadings is ready to be heard.

(4) A stipulation for continuance signed by all parties or their authorized representatives that is communicated with the request for continuance to the administrative law judge no later than 25 business days before the hearing.

(5) The substitution of the representative or attorney of a party upon showing that the substitution is required.

(6) The unavailability of a party, representative, or attorney of a party, or witness to an essential fact due to a conflicting and required appearance in a judicial matter if when the hearing date was set, the person did not know and could neither anticipate nor at any time avoid the conflict, and the conflict with request for continuance is immediately communicated to the administrative law judge.

(7) The unavailability of a party, a representative or attorney of a party, or a material witness due to an unavoidable emergency.

(8) Failure by a party to comply with a timely discovery request if the continuance request is made by the party who requested the discovery.

(d) In addition to the witness fees and mileage provided by Section 11450.40 of the Government Code, the department may pay actual, necessary, and reasonable expenses in an amount not to exceed the per diem allowance payable to a nonrepresented state employee on travel status. The department may pay witness expenses in advance of the hearing.

**(Amended by Stats. 1995, Ch. 938, Sec. 94. Effective January 1, 1996. Operative July 1, 1997, by Sec. 98 of Ch. 938.)**

4689.6. (a) The State Department of Developmental Services may prohibit a vendor from employing, or continuing the employment of, or allowing in a family home, or allowing contact with any adult with a developmental disability placed in a family home by, any employee or prospective employee, who has been denied an exemption to work or to be present in a facility, when that person has been convicted of a crime, except a minor traffic violation.

(b) The employee or prospective employee, and the vendor shall be given written notice of the basis of the department's action and of the employee's or prospective employee's right to a hearing. The notice shall be served either by personal service or by registered mail. Within 15 days after the department serves the notice, the employee or prospective employee may file with the department a written request for a hearing. If the employee or prospective employee fails to file a written request for a hearing within the prescribed time, the department's action shall be final.

(c) (1) The department may require the immediate exclusion of an employee or prospective employee from a family home agency or family home pending a final decision of the matter, when, in the opinion of the director, the action is necessary to protect any adult with a developmental disability placed in the family home from physical or mental abuse, abandonment, or any other substantial threat to his or her health and safety.

(2) If the department requires the immediate exclusion of an employee or prospective employee from a family home agency or family home, the department

shall serve an order of immediate exclusion upon the employee or prospective employee that shall notify the employee or prospective employee of the basis of the department's action and of the employee's or prospective employee's right to a hearing.

(3) Within 15 days after the department serves an order of immediate exclusion, the employee or prospective employee may file a written request for a hearing with the department. The department's action shall be final if the employee or prospective employee does not file a request for a hearing within the prescribed time. The department shall do the following upon receipt of a written request for a hearing:

(A) Within 80 days of receipt of the request for a hearing, serve an accusation upon the employee or prospective employee.

(B) Within 60 days of receipt of a notice of defense by the employee or prospective employee pursuant to Section 11506 of the Government Code, conduct a hearing on the statement of issues.

(4) An order of immediate exclusion of the employee or prospective employee from the family home agency or family home shall remain in effect until the hearing is completed and the director has made a final determination on the merits. However, the order of immediate exclusion shall be deemed vacated if the director fails to make a final determination on the merits within 60 days after the original hearing has been completed.

(d) An employee or prospective employee who files a written request for a hearing with the department pursuant to this section shall, as part of the written request, provide his or her current mailing address. The employee or prospective employee shall subsequently notify the department in writing of any change in mailing address, until the hearing process has been completed or terminated.

(e) Hearings held pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. The standard of proof shall be the preponderance of the evidence and the burden of proof shall be on the department.

(f) The department may institute or continue a disciplinary proceeding against an employee or prospective employee upon any ground provided by this section, or enter an order prohibiting the employee's or prospective employee's employment or presence in the family home agency or family home or otherwise take disciplinary action against the employee or prospective employee, notwithstanding any resignation, withdrawal of employment application, or change of duties by the employee or prospective employee, or any discharge, failure to hire, or reassignment of the employee or prospective employee by the vendor.

(g) A vendor's failure to comply with the department's prohibition of employment or presence in the family home agency or family home shall be grounds for disciplining the vendor pursuant to Section 4689.4.

**(Added by Stats. 1994, Ch. 1095, Sec. 12. Effective September 29, 1994.)**

4689.7. (a) For the 1998–99 fiscal year, levels of payment for supported living service providers that are vendored pursuant to Section 4689 shall be increased based on the amount appropriated in this section for the purpose of increasing the salary, wage, and benefits for direct care workers providing supported living services.

(b) The sum of five million fifty-seven thousand dollars (\$5,057,000) is hereby appropriated in augmentation of the appropriations made in the Budget Act of 1998 to implement this section as follows:

(1) The sum of two million four hundred five thousand dollars (\$2,405,000) is hereby appropriated from the General Fund to the State Department of Health Services in augmentation of the appropriation made in Item 4260-101-0001.

(2) The sum of two million five hundred fifty-one thousand dollars (\$2,551,000) is hereby appropriated from the Federal Trust Fund to the State Department of Health Services in augmentation of the appropriation made in Item 4260-101-0890.

(3) The sum of one hundred one thousand dollars (\$101,000) is hereby appropriated from the General Fund to the Department of Developmental Services in augmentation of the appropriation made in Item 4300-101-0001, scheduled as follows:

10.10—Regional Centers

(b) 10.10.020 Purchase of Services	\$5,057,000
(e) Reimbursements	-\$4,956,000

(c) By July 1, 2002, in consultation with stakeholder organizations, the department shall establish by regulation, an equitable and cost-effective methodology for the determination of supported living costs and a methodology of payment for providers of supported living services. The methodology shall consider the special needs of persons with developmental disabilities and the quality of services to be provided.

**(Amended by Stats. 2000, Ch. 93, Sec. 48. Effective July 7, 2000.)**

4689.8. Notwithstanding any other law or regulation, commencing July 1, 2008:

(a) No regional center may pay an existing supported living service provider, for services where rates are determined through a negotiation between the regional center and the provider, a rate higher than the rate in effect on June 30, 2008, unless the increase is required by a contract between the regional center and the vendor that is in effect on June 30, 2008, or the regional center demonstrates that the approval is necessary to protect the consumer's health or safety and the department has granted prior written authorization.

(b) No regional center may negotiate a rate with a new supported living service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation shall conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service. The regional center shall annually certify to the State Department of Developmental Services its median rate for each negotiated rate service code, by designated unit of service. This certification shall be subject to verification through the department's biennial fiscal audit of the regional center.

(c) Notwithstanding any other law or regulation, commencing July 1, 2016, and to the extent funds are appropriated in the annual Budget Act for this purpose, the rates in effect on June 30, 2016, for supported living services, as defined in Subchapter 19 of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations, shall be increased by 5 percent. The increase shall be applied as a percentage, and the percentage shall be the same for all providers.

**(Amended by Stats. 2016, 2nd Ex. Sess., Ch. 3, Sec. 5. (AB 1 2x) Effective June 9, 2016.)**

**Article 5. Regional Center Rates for Nonresidential Services**

(Article 5 added by Stats. 1977, Ch. 1252.)

4690. The Director of Developmental Services shall establish, maintain, and revise, as necessary, an equitable process for setting rates of state payment for nonresidential services purchased by regional centers, and may promulgate regulations establishing program standards, or the process to be used for setting these rates, or both, in order to assure that regional centers may secure high-quality services for developmentally disabled persons from individuals or agencies vendored to provide these services. In developing the rates pursuant to regulation, the director may require vendors to submit program, cost, or other information, as necessary. The director shall take into account the rates paid by other agencies and jurisdictions for comparable services in order to assure that regional center rates are at competitive levels. In no event shall rates established pursuant to this article be any less than those established for comparable services under the Medi-Cal program.

(Amended by Stats. 1989, Ch. 1396, Sec. 2. Effective October 2, 1989.)

4690.1. (a) By March 1, 1986, the department, in consultation with representatives of regional centers and providers of transportation services to regional center clients, shall develop a cost statement to be used in setting rates for providers of transportation services.

(b) Notwithstanding subdivision (a), the department may develop alternative procedures for establishing rates for providers of transportation services, including, but not limited to, a noncompetitive process and a competitive process for use by regional centers in which rates of reimbursement are established based on contract bids or proposals.

(Amended by Stats. 1989, Ch. 973, Sec. 1. Effective September 29, 1989.)

4690.2. (a) The Director of Developmental Services shall develop program standards and establish, maintain, and revise, as necessary, an equitable process for setting rates of state payment, based upon those standards, for in-home respite services purchased by regional centers from agencies vendored to provide these services. The Director of Developmental Services may promulgate regulations establishing these standards and the process to be used for setting rates. "In-home respite services" means intermittent or regularly scheduled temporary nonmedical care and supervision provided in the client's own home, for a regional center client who resides with a family member. These services are designed to do all of the following:

- (1) Assist family members in maintaining the client at home.
- (2) Provide appropriate care and supervision to ensure the client's safety in the absence of family members.
- (3) Relieve family members from the constantly demanding responsibility of caring for the client.
- (4) Attend to the client's basic self-help needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family members.

(b) The provisions of subdivisions (b) to (f), inclusive, of Section 4691 and subdivisions (a) to (f), inclusive, and subdivision (h) of Section 4691.5 applicable to community-based day programs, shall also apply to in-home respite service vendors

for the purpose of establishing standards and an equitable process for setting rates, except:

(1) The process specified in paragraph (4) of subdivision (a) of Section 4691.5 for increasing rates for fiscal year 1990–91 shall apply only to the administrative portion of the rate for eligible in-home respite service vendors, and the amount of funds available for this increase shall not exceed three hundred thousand dollars (\$300,000) of the total amount appropriated for rate increases. The administrative portion of the rate shall consist of the in-home respite service vendor's allowable costs, other than those for respite worker's salary, wage, benefits, and travel. Vendors eligible for this rate increase shall include only those in-home respite service vendors which received a deficiency adjustment in their permanent or provisional rate for fiscal year 1989–90, as specified in paragraph (4) of subdivision (a) of Section 4691.5.

(2) In addition, a rate increase shall also be provided for fiscal year 1990–91, for the salary, wage, and benefit portion of the rate for in-home respite service vendors eligible for the increase. The amount of funds available for this rate increase is limited to the remaining funds appropriated for this paragraph and paragraph (1) for fiscal year 1990–91. The amount of increase which each eligible in-home respite service vendor shall receive shall be limited to the amount necessary to increase the salary, wage, and benefit portion of the rate for respite workers to five dollars and six cents (\$5.06) per hour in salary and wages plus ninety-five cents (\$0.95) in benefits. Vendors eligible for this increase shall include only those in-home respite service vendors whose salary, wage, and benefit portion of their existing provisional or permanent rate, as established by the department for respite workers is below the amounts specified in this paragraph, and the vendor agrees to reimburse its respite workers at no less than these amounts during fiscal year 1990–91 and thereafter. In order to establish rates pursuant to this paragraph, existing programs receiving a permanent or provisional rate shall submit to the department, the program, cost, and other information specified by the department for either the 1988 calendar year, or for the 1988–89 fiscal year. The specified information shall be submitted on forms developed by the department, not later than 45 days following receipt of the required forms from the department, after the effective date of this section. Programs which fail to submit the required information within the time specified shall have payment of their permanent or provisional rate suspended until the required information has been submitted.

(3) Effective July 1, 1990, and pursuant to the rate methodology developed by the department, the administrative portion and the salary, wage, and benefit portion of the rates for in-home respite service vendors currently receiving a provisional or permanent rate shall be combined and paid as a single rate.

(4) Rate increases for fiscal year 1990–91 shall be limited to those specified in paragraphs (1) and (2). For fiscal year 1991–92 and all succeeding fiscal years, the provisions of subdivision (c) of Section 4691, which specify that any rate increases shall be subject to the appropriation of sufficient funds in the Budget Act, shall also apply to rates for in-home respite service vendors.

(5) For the 1998–99 fiscal year, an in-home respite service vendor shall receive rate increases pursuant to subdivision (e) of Section 4691.5. Any rate increase shall be subject to the appropriation of funds pursuant to the Budget Act.

(6) The rate methodology developed by the department may include a supplemental amount of reimbursement for travel costs of respite workers using their private vehicles



to and from and between respite sites. The supplemental amount shall be the minimum rate for travel reimbursement for state employees.

(c) In accordance with paragraph (5) of subdivision (b) of Section 4629.5, each regional center shall include on its Internet Web site the purchase of service policies. For respite services, a regional center shall also include any procedures and assessment tools used by the regional center to determine the level of services needed by each consumer.

**(Amended by Stats. 2018, Ch. 50, Sec. 4. (SB 853) Effective June 27, 2018.)**

4690.3. (a) For the 1998–99 fiscal year, rates for in-home respite services agencies that are vendored pursuant to Section 4690.2 and the department’s regulations to provide in-home respite services shall be increased based on the amount appropriated in the Budget Act of 1998 for the purpose of increasing the salary, wage, and benefit portion of the rate for in-home respite services workers. Agencies shall reimburse their respite workers at no less than the increased amount in their rate for the 1998–99 fiscal year and thereafter.

(b) For the 1998–99 fiscal years an individual who provides in-home respite services, pursuant to vendorization pursuant to the department’s regulations, shall also receive a rate increase pursuant to subdivision (a).

**(Added by Stats. 1998, Ch. 310, Sec. 42. Effective August 19, 1998.)**

4690.4. (a) Sections 4690.2, 4691, and 4691.5, which relate to in-home respite service agencies and community-based day programs, shall apply in the 1998–99 fiscal year with the following exceptions:

(1) The 1997–98 fiscal year allowable costs and consumer attendance data submitted to the department by September 30, 1998, shall not be utilized by the department to determine a new mean rate and allowable range of rates, pursuant to regulations, but may be used only in developing a new rate system.

(2) The allowable range of rates and mean rate established for the 1997–98 fiscal year shall be continued.

(3) The rate for new programs shall be the mean rate determined for the same type of program and staff-to-consumer ratio for the 1997–98 fiscal year.

(b) The department shall, in consultation with stakeholder organizations, develop performance based consumer outcome rate systems for community-based day programs and in-home respite services. If rates for community-based day programs are increased in the 1998–99 fiscal year pursuant to paragraphs (1) to (3), inclusive, of subdivision (e) of Section 4691.5, and rates for in-home respite services are increased in the 1998–99 fiscal year pursuant to paragraph (5) of subdivision (b) of Section 4690.2, as added by the act adding this section to the Welfare and Institutions Code, then effective September 1, 1998, and until such time as the new rate systems are implemented, or unless funds are otherwise appropriated for rate adjustments, rates shall be frozen.

**(Added by Stats. 1998, Ch. 310, Sec. 43. Effective August 19, 1998.)**

4690.5. Notwithstanding any other law or regulation, commencing July 1, 2016, and to the extent funds are appropriated in the annual Budget Act for this purpose, the rate for family member-provided respite services authorized by the department and in effect on June 30, 2016, and the rates for out-of-home respite services in effect on June

30, 2016, shall be increased by 5 percent. The increase shall be applied as a percentage, and the percentage shall be the same for all providers.

(Amended by Stats. 2016, Ch. 26, Sec. 13. (AB 1606) Effective June 27, 2016.)

4690.7. A provider of nonresidential services, as defined in paragraph (49) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations, may utilize Alternative Nonresidential Services, as authorized in the department's Directive 01-083120 (August 31, 2020), if needed, to meet a consumer's service needs, until December 31, 2022. When providing services to consumers, providers shall be creative, resourceful, and make modifications as needed to how existing services are delivered. Any Alternative Nonresidential Services used shall be responsive to each consumer's current needs, and be mindful of the importance of safety during the COVID-19 pandemic, including compliance with applicable state and local health orders and licensing requirements.

(Added by Stats. 2022, Ch. 49, Sec. 27. (SB 188) Effective June 30, 2022.)

4691. (a) The Legislature reaffirms its intent that community-based day programs be planned and provided as part of a continuum of services to enable persons with developmental disabilities to approximate the pattern of everyday living available to people of the same age without disabilities. The Legislature further intends that standards be developed to ensure high-quality services, and that equitable ratesetting procedures based upon those standards be established, maintained, and revised, as necessary. The Legislature intends that ratesetting procedures be developed for all community-based day programs, which include adult development centers, activity centers, infant day programs, behavior management programs, social recreational programs, and independent living programs.

(b) For the purpose of ensuring that regional centers may secure high-quality services for persons with developmental disabilities, the State Department of Developmental Services shall promulgate regulations establishing program standards and an equitable process for setting rates of state payment for community-based day programs. These regulations shall include, but are not limited to, all of the following:

(1) The standards and requirements related to the operation of the program including, but not limited to, staff qualifications, staff-to-client ratios, client entrance and exit criteria, program design, program evaluation, program and client records and documentation, client placement, and personnel requirements and functions.

(2) The allowable cost components of the program including salary and wages, staff benefits, operating expenses, and management organization costs where two or more programs are operated by a separate and distinct corporation or entity.

(3) The rate determination processes for establishing rates, based on the allowable costs of the allowable cost components. Different rate determination processes may be developed for establishing rates for new and existing programs, and for the initial and subsequent years of implementation of the regulations. The processes shall include, but are not limited to, all of the following:

(A) The procedure for identification and grouping of programs by type of day program and approved staff-to-client ratio.

(B) The requirements for an identification of the program, cost, and other information, if any, which the program is required to submit to the department or the

regional center, the consequences, if any, for failure to do so, and the timeframes and format for submission and review.

(C) The ratesetting methodology.

(D) A procedure for adjusting rates as a result of anticipated and unanticipated program changes and fiscal audits of the program and a procedure for appealing rates, including the timeframes for the program to request an adjustment or appeal, and for the department to respond.

(E) A procedure for increasing established rates and the allowable range of rates due to cost-of-living adjustments.

(F) A procedure for increasing established rates as a result of Budget Act appropriations made pursuant to the ratesetting methodology established pursuant to Section 4691.5 and subdivision (c) of this section.

The department shall develop these regulations in consultation with representatives from organizations representing the developmental services system as determined by the department. The State Council on Developmental Disabilities, and other organizations representing regional centers, providers, and clients shall have an opportunity to review and comment upon the proposed regulations prior to their promulgation. The department shall promulgate these regulations for all community-based day programs by July 1, 1990.

(c) Upon the promulgation of regulations pursuant to subdivision (b), and pursuant to Section 4691.5, and by September 1 of each year thereafter, the department shall establish rates pursuant to the regulations. Rate increases during the 1990–91 and 1991–92 fiscal years shall be limited to those specified in subdivision (b). For the 1992–93 fiscal year and all succeeding fiscal years, any increases proposed during those years in the rates of reimbursement established pursuant to the regulations, except for rate increases due to rate appeals and rate adjustments based on unanticipated program changes, shall be subject to the appropriation of sufficient funds in the Budget Act, for those purposes, to fully provide the proposed increase to all eligible programs for the entire fiscal year. If the funds appropriated in the Budget Act are not sufficient to fully provide for the proposed increase in the rates of reimbursement for all eligible programs for the entire fiscal year, the proposed increase shall be limited to the level of funds appropriated. The increases proposed in the rates of reimbursement shall be reduced equitably among all eligible providers in accordance with funds appropriated and the eligible programs shall be reimbursed at the reduced amount for the entire fiscal year.

(d) Using the reported costs of day programs reimbursed at a permanent rate and the standards and ratesetting processes promulgated pursuant to subdivision (b) as a basis, the department shall report to the Legislature as follows:

(1) By April 15, 1993, and every odd year thereafter, the difference between permanent rates for existing programs and the rates of those programs based upon their allowable costs and client attendance, submitted pursuant to the regulations specified in subdivision (b). In reporting the difference, the department shall also identify the amount of the difference associated with programs whose rates are above the allowable range of rates, which is available for increasing the rates of programs whose rates are below the allowable range, to within the allowable range, and any other pertinent cost or rate information which the department deems necessary.

(2) By April 15, 1994, and every even year thereafter, the level of funding, if any, which was not appropriated to reimburse providers at the proposed rates reported the

prior fiscal year pursuant to paragraph (1), and any other pertinent cost or rate information which the department deems necessary.

(3) The April 15, 1996, report pursuant to paragraph (2) shall be prepared jointly by the department and organizations representing community-based day program providers, as determined by the department. That report shall also include a review of the ratesetting process and recommendations, if any, for its modification.

(e) Rates established by the department pursuant to subdivision (b) are exempt from the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(f) The department shall ensure that the regional centers monitor compliance with program standards.

**(Amended by Stats. 2010, Ch. 328, Sec. 241. (SB 1330) Effective January 1, 2011.)**

4691.5. The ratesetting methodology, to be established pursuant to subparagraph (C) of paragraph (3) of subdivision (b) of Section 4691 shall include, but need not be limited to, all of the following:

(a) A process for establishing rates during fiscal year 1990–91 for new programs and existing programs receiving a provisional or permanent rate.

(1) The rate for new programs shall be the mean rate determined for the same type of day program and staff-to-client ratio. This rate shall be a temporary rate. Determination of the mean rate for new programs shall be based on the program, cost, and other information of existing programs receiving a permanent rate, using allowable costs and client attendance information of those existing programs. In order to establish rates pursuant to this paragraph existing programs receiving a permanent rate shall submit to the department, the program, cost, and other information specified by the department for either calendar year 1988 or fiscal year 1988–89. The specified information shall be submitted on forms developed by the department, not later than 45 days following receipt of the required forms from the department, after the effective date of this section. Programs which fail to submit the required information within the time specified shall have payment of their permanent rate suspended until the required information has been submitted.

(2) Except as provided in paragraph (4) the rate for existing programs receiving a provisional rate, whose rate would otherwise expire during fiscal year 1990–91, shall be extended at the provisional rate until September 1, 1991.

(3) Except as provided in paragraph (4) below, the rate for existing programs receiving a permanent rate shall be reestablished at the permanent rate until June 30, 1991.

(4) The rate for existing programs receiving a provisional or permanent rate as specified in paragraph (2) and paragraph (3) shall be increased for all programs eligible for the increase. Eligible programs shall include only those programs which received a deficiency adjustment in their permanent or provisional rate for fiscal year 1989–90, based on calendar year 1988 program and cost information submitted to the department, pursuant to the stipulated order in the case of California Association of Rehabilitation Facilities et al. v. State of California, Sacramento County Superior Court Case No. 355326, and the adjustment was insufficient to fund the entire deficiency. The amount of funds available for the increase is limited to the one million dollars (\$1,000,000) appropriated for that purpose for fiscal year 1990–91, and it shall be distributed proportionately among all eligible programs. The amount of increase

which each eligible program shall receive toward its remaining deficiency, based on calendar year 1988 program and cost information, shall be equal to the percentage that one million dollars (\$1,000,000) represents of the total deficiency, based on calendar year 1988 program and cost information, for all eligible programs.

(b) A process for establishing rates during fiscal year 1991–92 for new programs and existing programs receiving a temporary, provisional, or permanent rate.

(1) The rate for existing programs receiving a permanent rate, shall be determined based on fiscal year 1989–90 program, cost, and other information submitted to the department and regional center. The ratesetting process shall include, but shall not be limited to, all of the following:

(A) A process for determination of a mean rate and an allowable range of rates for the same type of day program and staff-to-client ratio. The mean rate shall be determined using those programs' allowable costs and client attendance and the allowable range of rates shall be defined as the rates of those programs included between the 10th and 90th percentiles.

(B) The rates for existing programs receiving a permanent rate shall be increased or decreased to their allowable costs for fiscal year 1991–92, as follows:

(i) The rate shall be decreased if the program's allowable costs and client attendance, for fiscal year 1989–90, determined pursuant to the regulations, would result in a rate that is lower than its existing permanent rate.

(ii) The rate shall be increased if the program's allowable costs and client attendance for fiscal year 1989–90, determined pursuant to the regulations, would result in a rate that is higher than its existing permanent rate and its existing permanent rate is below or within the allowable range of rates.

(iii) No rate increase shall be provided that would result in the rate exceeding the allowable range of rates. No increase shall be provided for programs whose existing permanent rate is above the allowable range of rates. The amount of funds appropriated for that purpose for fiscal year 1991–92 shall be distributed only to those programs eligible for the increase.

(C) A process for the reduction or increase in the rate of any program whose existing permanent rate is not within the allowable range of rates. This process shall be based upon all of the following:

(i) For programs whose existing permanent rates are above the allowable range of rates, their existing permanent rate shall be reduced by 5 percent or to the allowable range, whichever is less.

(ii) For programs whose existing permanent rates are below the allowable range of rates, after the increase specified in clause (ii) of subparagraph (B) their rate shall be increased, up to the allowable range, in proportion to the amount of funds obtained from reducing the rate of programs whose rates are above the range.

(2) The rate for new programs shall be the mean rate determined pursuant to the process in paragraph (1) for the same type of day program and staff-to-client ratio using the program, cost, and other information submitted by providers receiving a permanent rate.

(3) The rate for existing programs receiving a provisional rate, whose rate expired during fiscal year 1990–91 and was extended until September 1, 1991, shall be determined pursuant to the process specified in paragraph (1) for permanent rates, except that the determination shall be based upon 12 consecutive months of representative costs incurred by the program during the period it was receiving its

provisional rate. The program shall submit these costs and other program information, designated by the department, to the department within the time frames specified in the regulations. If the program has not incurred or cannot provide 12 consecutive months of representative costs, the department may determine the rate based on less than 12 consecutive months of representative costs.

(4) The rate for existing programs receiving a provisional rate, whose rate will expire in July or August of 1991, shall be extended until September 1, 1991, and then determined pursuant to the process specified in paragraph (3).

(c) A process for establishing rates during fiscal year 1992-93 for new programs and existing programs receiving a temporary or permanent rate:

(1) The rate for new programs shall be the mean rate, determined pursuant to the process in paragraph (2) of subdivision (b) for fiscal year 1991-92, for the same type of day program and staff-to-client ratio.

(2) The rate for existing programs receiving a temporary rate shall be continued at the rate established for fiscal year 1991-92, until the rate expires or a permanent rate is established pursuant to the process in paragraph (4) of subdivision (b) for fiscal year 1991-92.

(3) The rate for existing programs receiving a permanent rate shall be reestablished at the rate established for fiscal year 1991-92, except for programs whose rates are not within the allowable range of rates. For those programs whose rates are not within the allowable range, their rates shall be reduced or increased pursuant to the process in subparagraph (C) of paragraph (1) of subdivision (b) for fiscal year 1991-92.

(d) A process for establishing rates during fiscal year 1993-94 for new programs and existing programs receiving a temporary or permanent rate:

(1) The rate for existing programs receiving a permanent rate shall be determined based on fiscal year 1991-92 program, cost, and other information submitted to the department and regional center. The ratesetting process shall include the process specified in paragraph (1) of subdivision (b) for fiscal year 1991-92, except that the allowable range of rates shall be determined by computing 50 percent of the mean rate for fiscal year 1993-94 and converting that amount into a range of rates, distributed equally above and below the mean. This process shall compare the range of rates computed for fiscal year 1993-94 with the range of rates calculated for fiscal year 1991-92 based on 80 percent of the programs, and shall use the lesser of the two ranges in the comparison as the allowable range of rates. Once established, this range shall be permanent.

(2) The rate for new programs shall be the mean rate determined pursuant to the process in paragraph (1) for the same type of day program and staff-to-client ratio using the program, cost, and other information submitted by providers receiving a permanent rate.

(3) The rate for existing programs receiving a temporary rate shall be continued at the established rate until the program has incurred 12 consecutive months of representative costs within the timeframes specified in the regulations. Once the representative costs have been incurred, the rate shall be determined pursuant to the process specified in paragraph (1) for permanent rates.

(e) A process for establishing rates, during fiscal year 1994-95 and each alternative fiscal year thereafter, for new programs and existing programs receiving a temporary or permanent rate. The process shall be the same as that specified in subdivision (c) for determining, continuing, and reestablishing rates, but shall be based on the program,

cost, and other information submitted to the department and regional center for establishment of rates for fiscal year 1993–94 and each alternative fiscal year thereafter, except for the following:

(1) For the 1998–99 fiscal year, the rates for existing community-based day programs receiving a permanent rate shall be increased if the program's allowable costs and client attendance, for the 1995–96 fiscal year, determined pursuant to the regulations, would result in a rate that is higher than its existing permanent rate and its existing permanent rate is below or within the allowable range of rates. The rate shall not be decreased if the program's allowable costs and client attendance for the 1995–96 fiscal year, determined pursuant to the regulations, would result in a rate that is lower than its existing permanent rate.

(2) For the 1998–99 fiscal year, existing community-based day programs receiving a permanent rate, and whose permanent rate is still below the lower limit of the allowable range of rates for like programs after receiving an increase pursuant to paragraph (1), shall receive an increase in their permanent rate up to the lower limit of the allowable range of rates.

(3) The requirements of subdivision (c) of Section 4691, which specify that any rate increases shall be subject to the appropriation of sufficient funds in the Budget Act, shall also apply to rates governed by paragraphs (1) and (2).

(f) A process for establishing rates, during fiscal year 1995–96 and each alternative fiscal year thereafter, for new programs and existing programs receiving a temporary or permanent rate. The process shall be the same as that specified in subdivision (d) except for the following:

(1) The rate for programs receiving a permanent rate shall be based on program, cost, and other information submitted to the department and regional center for fiscal year 1993–94 and each alternative fiscal year thereafter.

(2) The allowable range of rates, permanently established during fiscal year 1993–94, shall be applied to the mean rate determined for fiscal year 1995–96 and each alternative fiscal year thereafter.

(3) Existing programs receiving a permanent rate whose rates are not within the allowable range of rates shall, by September 1, 1995, have their rates reduced or increased as follows:

(A) For programs whose existing permanent rates are above the allowable range of rates, their rate shall be reduced to the allowable range.

(B) For programs whose existing rates are below the allowable range of rates, their rate shall be increased up to the allowable range in proportion to the amount of funds obtained from reducing the rate of programs whose rates are above the range.

(g) A process for establishing a uniform supplemental rate of reimbursement for programs serving nonambulatory clients, as determined by the department.

(h) A process for notifying the program of the established rate.

**(Amended by Stats. 1998, Ch. 310, Sec. 44. Effective August 19, 1998.)**

4691.6. (a) Notwithstanding any other law or regulation, commencing July 1, 2006, the community-based day program, work activity program, and in-home respite service agency rate schedules authorized by the department and in operation June 30, 2006, shall be increased by 3 percent, subject to funds specifically appropriated for this increase in the Budget Act of 2006. The increase shall be applied as a percentage, and the percentage shall be the same for all providers. Any subsequent increase shall be

governed by subdivisions (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), and (l), and Section 4691.9.

(b) Notwithstanding any other law or regulation, the department shall not establish any permanent payment rate for a community-based day program or in-home respite service agency provider that has a temporary payment rate in effect on June 30, 2008, if the permanent payment rate would be greater than the temporary payment rate in effect on or after June 30, 2008, unless the regional center demonstrates to the department that the permanent payment rate is necessary to protect the consumers' health or safety.

(c) Notwithstanding any other law or regulation, neither the department nor any regional center shall approve any program design modification or revendorization for a community-based day program or in-home respite service agency provider that would result in an increase in the rate to be paid to the vendor from the rate that is in effect on or after June 30, 2008, unless the regional center demonstrates that the program design modification or revendorization is necessary to protect the consumers' health or safety and the department has granted prior written authorization.

(d) Notwithstanding any other law or regulation, the department shall not approve an anticipated rate adjustment for a community-based day program or in-home respite service agency provider that would result in an increase in the rate to be paid to the vendor from the rate that is in effect on or after June 30, 2008, unless the regional center demonstrates that the anticipated rate adjustment is necessary to protect the consumers' health or safety.

(e) Notwithstanding any other law or regulation, except as set forth in subdivisions (f) and (i), the department shall not approve any rate adjustment for a work activity program that would result in an increase in the rate to be paid to the vendor from the rate that is in effect on or after June 30, 2008, unless the regional center demonstrates that the rate adjustment is necessary to protect the consumers' health and safety and the department has granted prior written authorization.

(f) Notwithstanding any other law or regulation, commencing January 1, 2017, the department may approve rate adjustments for a work activity program that demonstrates to the department that the rate adjustment is necessary in order to pay employees who, prior to January 1, 2017, were being compensated at a wage that is less than the minimum wage established on and after January 1, 2017, by Section 1182.12 of the Labor Code, as amended by Chapter 4 of the Statutes of 2016. The rate adjustment pursuant to this subdivision shall be specific to payroll costs associated with any increase necessary to adjust employee pay only to the extent necessary to bring pay into compliance with the increased state minimum wage, and shall not constitute a general wage enhancement for employees paid above the increased minimum wage.

(g) Notwithstanding any other law or regulation, commencing January 1, 2017, community-based day program and in-home respite services agency providers with temporary payment rates set by the department may seek unanticipated rate adjustments from the department due to the impacts of the increased minimum wage as established by Section 1182.12 of the Labor Code, as amended by Chapter 4 of the Statutes of 2016. The rate adjustment shall be specific to payroll costs associated with any increase necessary to adjust employee pay only to the extent necessary to bring pay into compliance with the increased state minimum wage, and shall not constitute a general wage enhancement for employees paid above the increased minimum wage.



(h) Notwithstanding any other law or regulation, commencing January 1, 2015, the in-home respite service agency rate schedule authorized by the department and in operation December 31, 2014, shall be increased by 5.82 percent, subject to funds specifically appropriated for this increase for costs due to changes in federal regulations implementing the federal Fair Labor Standards Act of 1938 (29 U.S.C. Sec. 201 et seq.). The increase shall be applied as a percentage, and the percentage shall be the same for all applicable providers.

(i) Notwithstanding any other law or regulation, commencing July 1, 2015, the department may approve rate adjustments for a work activity program that demonstrates to the department that the rate adjustment is necessary to implement Article 1.5 (commencing with Section 245) of Chapter 1 of Part 1 of Division 2 of the Labor Code, as added by Chapter 317 of the Statutes of 2014. The rate adjustment may be applied only if a minimum of 24 hours or three days of paid sick leave per year was not a benefit provided to employees as of June 30, 2015, and shall be specific to payroll costs associated with any increase necessary to compensate an employee up to a maximum of 24 hours or three days of paid sick leave in each year of employment.

(j) Notwithstanding any other law or regulation, commencing July 1, 2015, community-based day program and in-home respite services agency providers with temporary payment rates set by the department may seek unanticipated rate adjustments from the department if the adjustment is necessary to implement Article 1.5 (commencing with Section 245) of Chapter 1 of Part 1 of Division 2 of the Labor Code, as added by Chapter 317 of the Statutes of 2014. The rate adjustment may be applied only if a minimum of 24 hours or three days of paid sick leave per year was not a benefit provided to employees as of June 30, 2015, and shall be specific to payroll costs associated with any increase necessary to compensate an employee up to a maximum of 24 hours or three days of paid sick leave in each year of employment.

(k) Notwithstanding any other law or regulation, commencing July 1, 2016, and to the extent funds are appropriated in the annual Budget Act for this purpose, the in-home respite service agency rate schedule authorized by the department and in operation June 30, 2016, shall be increased by 5 percent. The increase shall be applied as a percentage, and the percentage shall be the same for all providers.

(l) Notwithstanding any other law or regulation, commencing July 1, 2016, and to the extent funds are appropriated in the annual Budget Act for this purpose, the independent living service rate schedule authorized by the department and in operation June 30, 2016, shall be increased by 5 percent. The increase shall be applied as a percentage, and the percentage shall be the same for all providers.

**(Amended by Stats. 2016, Ch. 26, Sec. 14. (AB 1606) Effective June 27, 2016.)**

4691.8. (a) Notwithstanding any other provision of law or regulation, and to the extent funds are appropriated in the annual Budget Act for this purpose, the department may provide a rate increase for the purpose of enhancing wages for direct care staff in day programs and in work activity programs, as defined in subdivision (e) of Section 4851, and in look-alike programs, that meet any of the following criteria:

(1) Provide a majority of their services and supports in integrated community settings.

(2) Are day programs that are converting to integrated community settings.

(3) Are work activity programs that are converting to supported work programs.

(b) The department may approve a temporary rate increase for a program that is converting pursuant to paragraph (2) or (3) of subdivision (a). A program shall not be eligible for a permanent rate increase pursuant to this section unless it meets the criteria established in paragraph (1) of subdivision (a).

(c) A rate increase provided pursuant to paragraph (1) of subdivision (a) to existing programs shall be effective not more than 60 days following the adoption of the Budget Act that appropriates the necessary funding.

(d) Prior to implementation of this section, the department shall consult with stakeholders, including various provider organizations, the regional centers, and all other interested parties.

(e) The department shall provide the Legislature, by April 1, 2007, with a description of how this section has been implemented, along with the following information:

(1) The number of day programs and work activity centers receiving an enhanced rate, by regional center.

(2) The number of program conversions, by regional center.

(3) The percentage of rate increase provided to programs.

(4) The effect of the rate increase on direct care staff wages.

**(Added by Stats. 2006, Ch. 74, Sec. 55. Effective July 12, 2006.)**

4691.9. (a) Notwithstanding any other law or regulation, commencing July 1, 2008:

(1) A regional center shall not pay an existing service provider, for services where rates are determined through a negotiation between the regional center and the provider, a rate higher than the rate in effect on June 30, 2008, unless the increase is required by a contract between the regional center and the vendor that is in effect on June 30, 2008, or the regional center demonstrates that the approval is necessary to protect the consumer's health or safety and the department has granted prior written authorization.

(2) A regional center shall not negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation shall conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service. The regional center shall annually certify to the State Department of Developmental Services its median rate for each negotiated rate service code, by designated unit of service. This certification shall be subject to verification through the department's biennial fiscal audit of the regional center.

(b) Notwithstanding subdivision (a), commencing January 1, 2017, regional centers may negotiate a rate adjustment with providers regarding rates if the adjustment is necessary in order to pay employees no less than the minimum wage as established by Section 1182.12 of the Labor Code, as amended by Chapter 4 of the Statutes of 2016, and only for the purpose of adjusting payroll costs associated with the minimum wage increase. The rate adjustment shall be specific to the unit of service designation that is affected by the increased minimum wage, shall be specific to payroll costs associated with any increase necessary to adjust employee pay only to the extent necessary to

bring pay into compliance with the increased state minimum wage, and shall not be used as a general wage enhancement for employees paid above the increased minimum wage. Regional centers shall maintain documentation on the process to determine, and the rationale for granting, any rate adjustment associated with the minimum wage increase.

(c) Notwithstanding any other law or regulation, commencing January 1, 2015, rates for personal assistance and supported living services in effect on December 31, 2014, shall be increased by 5.82 percent, subject to funds specifically appropriated for this increase for costs due to changes in federal regulations implementing the federal Fair Labor Standards Act of 1938 (29 U.S.C. Sec. 201 et seq.). The increase shall be applied as a percentage, and the percentage shall be the same for all applicable providers. As used in this subdivision, both of the following definitions shall apply:

(1) "Personal assistance" is limited only to those services provided by vendors classified by the regional center as personal assistance providers, pursuant to the miscellaneous services provisions contained in Title 17 of the California Code of Regulations.

(2) "Supported living services" are limited only to those services defined as supported living services in Title 17 of the California Code of Regulations.

(d) Notwithstanding subdivision (a), commencing July 1, 2015, regional centers may negotiate a rate adjustment with existing service providers for services for which rates are determined through negotiation between the regional center and the provider, if the adjustment is necessary to implement Article 1.5 (commencing with Section 245) of Chapter 1 of Part 1 of Division 2 of the Labor Code, as added by Chapter 317 of the Statutes of 2014. The rate adjustment may be applied only if a minimum of 24 hours or three days of paid sick leave per year was not a benefit provided to employees as of June 30, 2015, and shall be specific to payroll costs associated with any increase necessary to compensate an employee up to a maximum of 24 hours or three days of paid sick leave in each year of employment.

(e) Notwithstanding any other law or regulation, commencing July 1, 2016, and to the extent funds are appropriated in the annual Budget Act for this purpose, rates for transportation services in effect on June 30, 2016, shall be increased by 5 percent. The increase shall be applied as a percentage to existing rates, and the percentage shall be the same for all applicable providers.

(f) This section shall not apply to those services for which rates are determined by the State Department of Health Care Services, or the State Department of Developmental Services, or are usual and customary.

**(Amended by Stats. 2016, Ch. 26, Sec. 15. (AB 1606) Effective June 27, 2016.)**

4691.10. (a) (1) Notwithstanding any other law or regulation, and to the extent funds are appropriated in the annual Budget Act for this purpose, the department shall provide a rate increase 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. The department shall not allocate more than one hundred sixty-nine million five hundred thousand dollars (\$169,500,000) of the amount appropriated in the act that added this section for this purpose, plus any associated matching funds. The rate increase shall only apply to services for which rates are set by the department or through negotiations between the regional centers and service providers, and to the rates paid for supported employment services, as specified in subdivisions (a) and (b)

of Section 4860, and vouchered community-based services, as specified in paragraph (7) of subdivision (c) of Section 4688.21. This section shall not apply to those services for which rates are determined by other entities, including, but not limited to, the State Department of Health Care Services or the State Department of Social Services, or are usual and customary.

(2) For the purposes of this subdivision, "direct services" are services, supports, care, supervision, or assistance provided by staff directly to a consumer to address the consumer's needs, as identified in the individual program plan, and include staff's participation in training and other activities directly related to providing services to consumers, as well as program preparation functions as defined in Section 54302 of Title 17 of the California Code of Regulations. State employees participating in the Community State Staff Program are ineligible for the wage increase described in this section.

(b) The rate increase specified in subdivision (a) shall be implemented in the following manner:

(1) With regional center participation, the department shall conduct a survey of a random sample of service providers in each service category eligible for the rate increase. The survey shall request information regarding all of the following and shall be returned to the regional center and department by April 15, 2016:

(A) Number of employees who spend a minimum of 75 percent of their time providing direct services to consumers and their total salary, wage, and benefit costs.

(B) Administrative costs as specified in subdivision (b) of Section 4629.7, including the number of employees and total salary, wage, and benefit costs associated with those administrative costs.

(C) Any other staff and their total salary, wage, and benefit costs that are not included in either subparagraph (A) or (B).

(D) Any other costs to the provider, other than the costs described in subparagraphs (A) to (C), inclusive.

(E) Any additional information, as requested by the department, to assist in the determination of rate increases.

(2) The vendor regional center shall certify that, to the best of its knowledge, the survey results accurately reflect the services provided by each surveyed service provider. The results from the survey shall be used by the department to determine the rate increase to be applied, by service category. The rate increase shall be the same for all eligible providers in each service category and is intended to provide comparable increases across service categories for staff providing direct services as described in subdivision (a).

(3) By July 1, 2016, utilizing the data derived from paragraph (1), the department shall do both of the following:

(A) For those service providers whose rates are set by the department, notify those providers and the associated regional centers of the amount by which the rates are to be increased.

(B) For those service providers whose rates are set by negotiation with the regional center, notify the regional center of the amount by which the rates are to be increased.

(4) With regional center participation, the department shall conduct a survey, in a format determined by the department, of all providers who received the rate increase described in subdivision (a). Providers shall submit the completed survey to the

department by October 1, 2017. The survey shall request information on how the rate increase was used by providers and shall include, but is not limited to, the following:

- (A) Number of employees and their salary, wage, and benefit costs, and increases provided as a result of this subdivision.
  - (B) Percentage of time each employee spends providing direct services.
  - (C) Administrative expenses, consistent with subdivision (b) of Section 4629.7.
  - (D) Any additional information as determined by the department.
- (c) Providers granted a rate increase pursuant to this section shall 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 eligible staff members spending a minimum of 75 percent of their time providing direct services to consumers.
- (d) The rate increases calculated by the department pursuant to this section shall be effective July 1, 2016, and implemented as described in subdivision (b).
- (e) Any provider that fails to report the information required by paragraph (4) of subdivision (b) to the department by October 1, 2017, shall forfeit the increases described in subdivision (a).
- (f) In its 2017–18 May Revision fiscal estimate, the department shall describe the implementation of the increases provided pursuant to this section.

**(Added by Stats. 2016, 2nd Ex. Sess., Ch. 3, Sec. 9. (AB 1 2x) Effective June 9, 2016.)**

4691.11. Notwithstanding any other law or regulation, and to the extent funds are appropriated in the annual Budget Act for this purpose, the department shall allocate no more than nine million nine hundred thousand dollars (\$9,900,000) plus any associated matching funds for the purpose of administrative expenses for service providers. The department shall provide a rate increase for the purpose of administrative expenses that shall apply only to providers for which rates are set by the department or through negotiations between the regional centers and service providers, and to the rates paid for supported employment services, as specified in subdivisions (a) and (b) of Section 4860, and vouchered community-based services, as specified in paragraph (7) of subdivision (c) of Section 4688.21. This increase shall be determined using the information collected pursuant to subdivision (b) of Section 4691.10. This increase shall be consistent for providers within each service category and is intended to provide comparable increases for administrative expenses across service categories. This section shall not apply to those services for which rates are determined by other entities, including, but not limited to, the State Department of Health Care Services or the State Department of Social Services, or are usual and customary.

**(Added by Stats. 2016, 2nd Ex. Sess., Ch. 3, Sec. 10. (AB 1 2x) Effective June 9, 2016.)**

4691.12. (a) (1) Notwithstanding any other law or regulation, to the extent funds are appropriated in the annual Budget Act for this purpose, and contingent upon the approval of federal funding, the department shall provide a rate increase effective January 1, 2020, for all of the following services:

- (A) Specified services for which rates are set by the department or through negotiations between the regional centers and service providers.
- (B) Rates paid for supported employment services, as specified in subdivisions (a) and (b) of Section 4860.

(C) Vouchered community-based services, as specified in paragraph (7) of subdivision (c) of Section 4688.21.

(2) The rate increase shall be applied to rates in effect on December 31, 2019, less the amount of any one-time rate increases for developmental services, as authorized in the Budget Act of 2018 (Chapter 29 of the Statutes of 2018). The rate increase shall be applied as a percentage, and this percentage shall be the same for all providers within each service category, as established by the department and set forth in the supplemental rate increase schedule posted on the department's internet website.

(3) The rate increase provided in this subdivision shall not apply to those services for which rates are determined by other entities, including, but not limited to, the State Department of Health Care Services or the State Department of Social Services, or are usual and customary.

(b) (1) Notwithstanding any other law or regulation, to the extent funds are appropriated in the annual Budget Act for this purpose, and contingent upon the approval of federal funding, the department shall provide a rate increase effective January 1, 2021, for all of the following services:

(A) Independent living programs that use the service code identified in paragraph (35) of subdivision (a) of Section 54342 of Title 17 of the California Code of Regulations.

(B) Infant development programs that use the service code identified in paragraph (37) of subdivision (a) of Section 54342 of Title 17 of the California Code of Regulations.

(C) Early start specialized therapeutic services provided by vendors classified by a regional center as early start specialized therapeutic services providers pursuant to Section 54356 of Title 17 of the California Code of Regulations.

(2) The rate increase shall be applied to rates in effect on December 31, 2020. The rate increase shall be applied as a percentage, and this percentage shall be the same for all providers within each service category, as established by the department and set forth in the rate increase schedule posted on the department's internet website.

**(Amended by Stats. 2021, Ch. 76, Sec. 50. (AB 136) Effective July 16, 2021. Note: If and when this section ceases to be implemented (pursuant to subd. (b)), see Section 4692.)**

4693. For the purposes of this article, "infant day program" means a day training and activity program where infants and their families are provided training individually and in groups for a day or less, and are provided an organized program of activity. These programs are designed to encourage the development and adjustment of the infants in the community and their homes, and to prepare the infants for entrance into classes of local schools or other appropriate facilities.

**(Added by Stats. 1982, Ch. 168, Sec. 3. Effective April 24, 1982.)**

4694. Commencing July 1, 2006, all regional center vendors who are qualified providers under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.) and are serving individuals enrolled under the Home- and Community-based Services Waiver program for persons with developmental disabilities, shall ensure that billing information provided to regional centers identifies each individual consumer and, for each consumer, the specific dates of service, location of service, service unit, unit costs, and other information necessary to support billing under the home- and community-based services waiver. Regional centers shall also ensure that their contractual and other billing and payment arrangements with providers require the

provision of any information necessary to support billing under the Home- and Community-based Services Waiver program. Resources provided to regional centers, pursuant to the Budget Act of 2006 and following budgets, to implement this provision shall be allocated to the regional centers only until implementation of a statewide electronic data system that collects the billing information necessary to support billing under the Home- and Community-based Services Waiver program.

(Added by Stats. 2006, Ch. 74, Sec. 56. Effective July 12, 2006.)

### **Article 6. Residential Facility Staff Training**

(Article 6 added by Stats. 1983, Ch. 735, Sec. 1.)

4695. The State Department of Developmental Services shall offer, through the regional centers, in conjunction with community colleges which elect to participate, a uniform statewide training program for directors or licensees of residential facilities serving persons with developmental disabilities. The training program shall be at the college level, and shall be given for college credits.

(Added by Stats. 1983, Ch. 735, Sec. 1.)

4695.2. (a) Each direct care staff person employed in a licensed community care facility that receives regional center funding shall be required to satisfactorily complete two 35-hour competency-based training courses approved, after consultation with the Community Care Facility Direct Care Training Work Group, by the department or pass a department-approved competency test for each of the 35-hour training segments. Each direct care staff person to whom this subdivision applies shall demonstrate satisfactory completion of the competency-based training by passing a competency test applicable to that training segment.

(b) Each direct care staff person employed prior to January 1, 2001, in a licensed community care facility that receives regional center funding shall satisfactorily complete the first required competency-based training course or pass a department-approved competency test applicable to that training segment by January 1, 2002, and satisfactorily complete the second competency-based training course or pass a department-approved competency test applicable to that training segment by January 1, 2003.

(c) Each direct care staff person whose employment in a licensed community care facility that receives regional center funding commences on or after January 1, 2001, shall satisfactorily complete the first required competency-based training course or pass a department-approved competency test applicable to that training segment within one year from the date the staff person was hired, and satisfactorily complete the second competency-based training course or pass a department-approved competency test applicable to that training segment within two years from the date the person was hired.

(d) A direct care staff person who does not comply with this section may not continue to provide direct care to consumers in a licensed community care facility that receives regional center funding, unless otherwise approved by the department pursuant to conditions for a waiver specified in regulations adopted pursuant to subdivision (e).

(e) The department shall adopt emergency regulations in order to implement this section. These regulations may include, but are not limited to, all of the following:

(1) Requirements for satisfactory completion of the 70 hours of direct care staff training.

(2) Provisions for enforcement of training requirements.

(3) Continuing education requirements beyond the initial 70 hours of required training.

(4) Provisions for waiving staff training and competency testing requirements, provided that waivers shall not adversely impact the health and safety of consumers living in licensed community care facilities that receive regional center funding.

(f) The emergency regulations adopted by the department pursuant to subdivision (e) shall be in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The initial adoption of emergency regulations and one readoption of the initial regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. Initial emergency regulations and the first readoption of those regulations shall be exempt from review by the Office of Administrative Law. The emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and publication in the California Code of Regulations and shall remain in effect for no more than 180 days.

(Amended by Stats. 2011, Ch. 296, Sec. 320. (AB 1023) Effective January 1, 2012.)

### **Article 7. Regional Center Clients Requiring Mental Health Services**

(Article 7 added by Stats. 1986, Ch. 36, Sec. 1. Effective March 31, 1986.)

4696. The Legislature places a high priority on ensuring that regional center clients and their families can avail themselves of mental health services which are appropriate to meet their needs. The purpose of this article is to determine methods of identifying these clients as well as the type and extent of services which should be available.

(Added by Stats. 1986, Ch. 36, Sec. 1. Effective March 31, 1986.)

4696.1. (a) The Legislature finds and declares that improved cooperative efforts between regional centers and county mental health agencies are necessary in order to achieve each of the following:

(1) Increased leadership, communication, and organizational effectiveness between regional centers and county mental health agencies.

(2) Decreased costs and minimized fiscal risk in serving persons who are dually diagnosed with mental illness and developmental disabilities.

(3) Continuity of services.

(4) Improved quality of mental health outcomes for persons who are dually diagnosed.

(5) Optimized utilization of agency resources by building on the strengths of each organization.

(6) Timely resolution of conflicts.

(b) In order to achieve the outcomes specified in subdivision (a), by July 1, 1999, each regional center and county mental health agency shall develop a memorandum of understanding to do all of the following:

(1) Identify staff who will be responsible for all of the following:

(A) Coordinate service activity between the two agencies.



- (B) Identify dually diagnosed consumers of mutual concern.
- (C) Conduct problem resolution for those consumers serviced by both systems.
- (2) Develop a general plan for crisis intervention for persons served by both systems. The plan shall include after-hours emergency response systems, interagency notification guidelines, and followup protocols.
- (3) Develop a procedure by which each dually diagnosed consumer shall be the subject of a case conference conducted jointly by both regional center staff and county mental health as soon as possible after admission into a county operated or contracted acute, inpatient mental health facility. The case conference shall confirm the diagnosis and the treatment plan.
- (4) Develop a procedure by which planning for dually diagnosed consumers admitted to a mental health inpatient facility shall be conducted collaboratively by both the regional center and the local mental health agency and shall commence as soon as possible or as deemed appropriate by the treatment staff. The discharge plan shall include subsequent treatment needs and the agency responsible for those services.
- (5) Develop a procedure by which regional center staff and county mental health staff shall collaborate to plan and provide training to community service providers, including day programs, residential facilities, and intermediate care facilities, regarding effective services to persons who are dually diagnosed. This training shall include crisis prevention with a focus on proactively recognizing crisis and intervening effectively with consumers who are dually diagnosed.
- (6) Develop a procedure by which the regional center and the county mental health agency shall work toward agreement on a consumer-by-consumer basis on the presenting diagnosis and medical necessity, as defined by regulations of the State Department of Health Care Services.
- (c) The department and the State Department of Health Care Services shall collaborate to provide a statewide perspective and technical assistance to local service regions when local problem resolution mechanisms have been exhausted and state level participation has been requested by both local agencies.
- (d) The director of the local regional center and the director of the county mental health agency or their designees shall meet as needed but no less than annually to do all of the following:
  - (1) Review the effectiveness of the interagency collaboration.
  - (2) Address any outstanding policy issues between the two agencies.
  - (3) Establish the direction and priorities for ongoing collaboration efforts between the two agencies.
- (e) Copies of each memorandum of understanding shall be forwarded to the State Department of Developmental Services upon completion or whenever amended. The department shall make copies of the memorandum of understanding available to the public upon request.
- (f) By May 15 of each year, the department shall provide all of the following information to the Legislature:
  - (1) The status of the memorandums of understanding developed jointly by each regional center and the county mental health agency and identify any barriers to meeting the outcomes specified in this section.
  - (2) The availability of mobile crisis intervention services, including generic services, by regional center catchment area, including the names of vendors and rates paid.

(3) A description of each regional center's funded emergency housing options, including the names and types of vendors, the number of beds and rates, including, but not limited to, crisis emergency group homes, crisis beds in a regular group home, crisis foster homes, motel or hotel or psychiatric facility beds, and whether each emergency housing option serves minors or adults and whether it is physically accessible.

(Amended by Stats. 2012, Ch. 34, Sec. 76. (SB 1009) Effective June 27, 2012.)

4696.3. A regional center shall notify the clients' rights advocate, as described in Section 4433, of all consumers placed on an involuntary psychiatric hold or in a Lanterman-Petris-Short conservatorship pursuant to Section 5250, 5260, 5270.10, 5300, or 5350.

(Added by Stats. 2019, Ch. 28, Sec. 29. (SB 81) Effective June 27, 2019.)

4697. (a) The Legislature finds and declares all of the following:

(1) The methods of establishing rates of payment for providers of services and supports to persons with developmental disabilities in the community should reflect the actual costs of ensuring high quality and stable services.

(2) State law and regulations should reflect the type and design of community-based services and supports necessary to best meet the needs and choices of individuals with developmental disabilities and their families.

(3) The licensing, vending, and monitoring of service and support providers is necessary to ensure the safety and satisfaction of consumers and should be achieved in a manner that is respectful of consumer privacy and choices, responsive to consumers and families, minimizes complexity and duplication, fosters partnership between state agencies and regional centers and provider in the delivery of high-quality services and supports, and respond swiftly to protect the rights and health of consumers.

(4) System stakeholders must work collaboratively and continuously to ensure that the design, funding methodology, and monitoring of the service and support delivery system reflects the values and goals of those served.

(b) It is the intent of the Legislature that the State Department of Developmental Services facilitate joint meetings between system stakeholders, as appropriate, to review the service delivery system and make recommendations for change when desirable. The efforts may include, but are not limited to:

(1) The process by which regional centers vendor providers of services and supports and make recommendations for changes to improve the quality of services and supports and choices of consumers and families in selecting providers.

(2) Ratesetting methodologies and recommendations to maximize cost-effectiveness while emphasizing quality, variety, and flexibility in the delivery of services and supports.

(3) The various monitoring and oversight functions of state and local agencies and recommendations for improving effectiveness and minimizing duplication.

(Added by Stats. 1998, Ch. 1043, Sec. 18. Effective January 1, 1999.)

### **Article 8. Community Crisis Home Certification**

(Article 8 added by Stats. 2014, Ch. 30, Sec. 21. (SB 856) Effective June 20, 2014.)

4698. (a) (1) "Community crisis home" means a facility certified by the State Department of Developmental Services pursuant to this article, and licensed by the State Department of Social Services, pursuant to Article 9.7 (commencing with

Section 1567.80) of Chapter 3 of Division 2 of the Health and Safety Code, as an adult residential facility or a group home providing 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services who would otherwise be at risk of admission to the acute crisis center at Fairview Developmental Center or Sonoma Developmental Center, a State Department of Developmental Services-operated facility, an out-of-state placement, a general acute hospital, an acute psychiatric hospital, or an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5. A community crisis home shall have a maximum capacity of eight consumers. No more than one-third of community crisis homes may exceed a capacity of six consumers.

(2) "Consumer" or "client" means an individual who has been determined by a regional center to meet the eligibility criteria of Section 4512 and applicable regulations and for whom the regional center has accepted responsibility.

(b) (1) The State Department of Developmental Services, using community placement plan funds, shall establish community-based residential options consisting of community crisis homes for adults and community crisis homes for children. The community crisis homes shall serve individuals who meet all of the following criteria:

(A) The child or adult has one or more developmental disabilities.

(B) The child or adult receives regional center services.

(C) The child or adult requires crisis intervention services.

(D) The child or adult would otherwise be at risk of admission to the acute crisis center at Fairview Developmental Center or Sonoma Developmental Center, a State Department of Developmental Services-operated facility, an out-of-state placement, a general acute hospital, an acute psychiatric hospital, or an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5.

(2) The State Department of Developmental Services may issue a certificate of program approval to a community crisis home qualified pursuant to this article.

(3) A community crisis home using delayed egress devices may utilize secured perimeters in compliance with Section 1531.15 of the Health and Safety Code and applicable regulations. The total number of community crisis beds using delayed egress devices in combination with secured perimeters shall not exceed 20 percent of the statewide limit established in subdivision (k) of Section 1531.15 of the Health and Safety Code. A community crisis home that uses delayed egress devices in combination with secured perimeters shall not have more than six beds.

(c) A community crisis home shall not be licensed by the State Department of Social Services until the certificate of program approval, issued pursuant to this article by the State Department of Developmental Services, has been received.

(1) A community crisis home shall be certified only if approved through a regional center community placement plan pursuant to Section 4418.25. Each home shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations. The home shall be eligible for federal Medicaid home- and community-based services funding, unless the State Department of Developmental Services approves the use of delayed egress devices with secured perimeters to be utilized at the community crisis home pursuant to Section 1531.15 of the Health and Safety Code.

(2) A consumer shall not be placed in a community crisis home unless the program is certified by the State Department of Developmental Services, pursuant to this article, and the facility is licensed by the State Department of Social Services, pursuant to

Article 9.7 (commencing with Section 1567.80) of Chapter 3 of Division 2 of the Health and Safety Code.

(3) A certificate of program approval, issued pursuant to this article by the State Department of Developmental Services, shall be a condition of licensure for the community crisis home by the State Department of Social Services, pursuant to Article 9.7 (commencing with Section 1567.80) of Chapter 3 of Division 2 of the Health and Safety Code.

(4) Community crisis homes shall exceed the minimum requirements for a Residential Facility Service Level 4I pursuant to Sections 56004 and 56013 of Title 17 of the California Code of Regulations, and shall meet all applicable statutory and regulatory requirements for facility licensing, the use of behavior modification interventions, and seclusion and restraint, including Division 1.5 (commencing with Section 1180) of the Health and Safety Code, and that are applicable to facilities licensed as adult residential facilities.

(d) Community crisis homes shall have a facility program plan approved by the State Department of Developmental Services. The facility program plan approved by the State Department of Developmental Services shall be submitted to the State Department of Social Services for inclusion in the facility plan of operation, pursuant to Section 1567.84 of the Health and Safety Code.

(1) No later than March 1, 2020, the department shall develop guidelines regarding the use of restraint or containment in community crisis homes, which shall be maintained in the facility program plan and plan of operation. In the development of these guidelines, the department shall consult with both of the following:

(A) The appropriate professionals regarding the use of restraint or containment in community crisis homes.

(B) The protection and advocacy agency described in subdivision (i) of Section 4900 regarding appropriate safeguards for the protection of clients' rights.

(2) The requirements of paragraph (1) shall not apply to community crisis homes that are certified and licensed prior to March 1, 2020, or prior to the adoption of the guidelines required in paragraph (1), whichever is sooner. However, these homes shall meet the requirements of paragraph (1) no later than 30 days following adoption of the guidelines.

(3) A community crisis home shall include in its facility program plan a description of how it will ensure physical restraint or containment will not be used as an extended procedure in accordance with this section, subdivision (h) of Section 1180.4 of the Health and Safety Code, and any other applicable law or regulation.

(e) The local regional center and each consumer's regional center shall have joint responsibility for monitoring and evaluating the provision of services in the community crisis home. Monitoring shall include at least monthly face-to-face, onsite case management visits with each consumer by the consumer's regional center and at least quarterly quality assurance visits by the vendoring regional center. The State Department of Developmental Services shall monitor and ensure the regional centers' compliance with their monitoring responsibilities.

(f) A consumer's regional center shall also notify the clients' rights advocate of each community crisis home admission. Unless the consumer objects on the consumer's own behalf, the clients' rights advocate may participate in developing the plan to transition the consumer to the consumer's prior residence or an alternative community-based residential setting with needed services and supports.

(g) The State Department of Developmental Services shall establish by regulation a rate methodology for community crisis homes that includes a fixed facility component for residential services and an individualized services and supports component based on each consumer's needs as determined through the individual program plan process, which may include assistance with returning to the consumer's prior living arrangement or transitioning to an alternative community residential setting, including, when appropriate for the individual, wraparound services through intensive individualized support services.

(h) If the State Department of Developmental Services determines that urgent action is necessary to protect a consumer residing in a community crisis home from physical or mental abuse, abandonment, or any other substantial threat to the consumer's health and safety, the State Department of Developmental Services may request that the regional center or centers remove the consumer from the community crisis home or direct the regional center or centers to obtain alternative or additional services for the consumer within 24 hours of that determination. When possible, an individual program plan (IPP) meeting shall be convened to determine the appropriate action pursuant to this section. In any case, an IPP meeting shall be convened within 30 days following an action pursuant to this section. The regional center shall notify the clients' rights advocate of any removal from the community crisis home.

(i) The Director of Developmental Services shall rescind a community crisis home's certificate of program approval when, in the director's sole discretion, a community crisis home does not maintain substantial compliance with an applicable statute, regulation, or ordinance, or cannot ensure the health and safety of consumers. The decision of the Director of Developmental Services shall be the final administrative decision. The Director of Developmental Services shall transmit a decision rescinding a community crisis home's certificate of program approval to the State Department of Social Services and the regional center with a recommendation as to whether to revoke the community crisis home license, and the State Department of Social Services shall revoke the license of the community crisis home pursuant to Section 1550 of the Health and Safety Code.

(j) The State Department of Developmental Services and regional centers shall provide to the State Department of Social Services all available documentation and evidentiary support necessary for the licensing and administration of community crisis homes and enforcement of Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code, and the applicable regulations.

**(Amended by Stats. 2019, Ch. 28, Sec. 30. (SB 81) Effective June 27, 2019.)**

4698.1. (a) A certificate of program approval shall not be issued pursuant to this article until the publication in Title 17 of the California Code of Regulations of emergency regulations filed by the State Department of Developmental Services. These regulations shall be developed in consultation with stakeholders, including the State Department of Social Services, consumer advocates, and regional centers. The regulations shall address at least all of the following:

(1) Program standards, including program design requirements, staffing structure, staff qualifications, and training. Training requirements shall include all of the following:

(A) A minimum of 16 hours of emergency intervention training, which shall include the techniques the facility will use to prevent injury and maintain safety

regarding consumers who are a danger to self or others and shall emphasize positive behavioral supports and techniques that are alternatives to physical restraint.

(B) Additional training for direct care staff to address the specialized needs of the consumers, including training in emergency interventions.

(2) Requirements and timelines for the development and updating of each consumer's individual program plan, including time-limited objectives and a plan to transition the consumer to his or her prior residence or an alternative community-based residential setting with needed services and supports. In developing these regulations, the department shall place a high priority on transitioning the consumer to his or her prior residence, when that is the preferred objective in the consumer's individual program plan.

(3) Procedures and requirements for identifying and providing supplemental and ancillary staffing and supports, including therapeutic, behavioral, and clinical services and supports, based on individual consumer need.

(4) The rate methodology.

(5) Consumer rights and protections.

(b) The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the State Department of Developmental Services is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. These emergency regulations shall be developed in consultation with system stakeholders. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this section. The emergency regulations may be readopted and remain in effect until approval of the certificate of compliance.

(Added by Stats. 2014, Ch. 30, Sec. 21. (SB 856) Effective June 20, 2014.)

#### **CHAPTER 6.5. DEVELOPMENTAL SERVICES WORKFORCE STABILIZATION**

(Chapter 6.5 added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)

4699. The Legislature finds and declares all of the following:

(a) The State Department of Developmental Services estimates that about 120,000 direct support professionals and about 5,500 regional center service coordinators served approximately 370,000 consumers in fiscal year 2021–22.

(b) Workforce capacity among direct support professionals and regional center service coordinators is a growing concern in the developmental services system.

(c) Based on annual projected regional center caseload growth and assumptions about direct support professional turnover, the developmental services system is projected to need approximately 33,000 direct support professionals and 2,700 regional center service coordinators over the next five years.

(d) To be responsive to California's changing demographics, the department should support regional centers and service providers in undertaking a purposeful approach to recruiting and hiring workers from diverse communities and explore technological advancements as a complement to workers who provide direct services.

(Added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)

4699.1. Implementation of this chapter shall be subject to an appropriation by the Legislature for the purpose of this chapter.

(Added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)

4699.2. (a) The department shall establish, and regional centers shall administer in coordination with service providers, a program to provide training stipends to direct support professionals.

(b) It is the intent of the Legislature to enhance the quality of services received by consumers, improve direct support professional retention, and increase interest among direct support professionals in skills development and continuous learning opportunities by offering stipends for the completion of training courses.

(c) A regional center shall provide up to two five-hundred-dollar (\$500) training stipends to a direct support professional who completes training and development courses as specified by the department.

(d) Each training stipend shall be paid no later than three months after the conclusion of a training requirement.

(e) A portion of the program funding shall be used to compensate service providers an amount, in the form of a fee, as necessary to cover the reasonable costs to administer the program in coordination with regional centers, as determined by the department.

(f) Service providers and regional centers shall track participation and shall report to the department on a quarterly basis, commencing on January 31, 2023, on cumulative and reporting-period data about the number of participants, the administration of the fee pursuant to subdivision (e), the selection of training and development courses, and turnover information among participants.

(g) Training and development courses shall commence no later than November 1, 2022. A program participant may enroll in a training and development course on a later date.

(Added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)

4699.3. (a) The department shall establish, and regional centers shall administer, an entry-level training and internship program for individuals interested in becoming direct support professionals.

(b) It is the intent of the Legislature to enhance the quality of services received by consumers and increase the hiring and retention of direct support professionals through the creation of a training and internship program that demonstrates the career opportunities available to individuals interested in becoming direct support professionals, while providing them with the skills that they need to deliver high-quality services to consumers.

(c) The training and internship program shall do all of the following:

(1) Contract with outside agencies for recruitment outreach.

(2) Offer three-month internships that provide entry-level training and practical work experience for participants.

(3) Outline the wage and employment costs for paid internships up to 30 hours per week, to collectively cover participant wages and service provider costs.

(4) Focus on populations that reflect the state's diverse population and that do not traditionally have a pathway toward jobs in the developmental services field.

(5) Establish an entry point to the continuum of developmental services workforce development, including the training described in Section 4511.5.

(6) Create opportunities for postinternship permanent employment with service providers and allow for a five-hundred-dollar (\$500) retention stipend after six months of continuous employment and another five-hundred-dollar (\$500) stipend after one year of continuous employment.

(d) Regional centers shall track participation and report to the department on a quarterly basis on cumulative and reporting-period data about the number of participants, the number of participants hired, and the number of six-month and one-year employment stipends provided.

(e) Internships shall be available no later than June 1, 2023. A program participant may enroll in an internship on a later date.

**(Added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)**

4699.4. (a) The department shall establish, and regional centers shall administer, a tuition reimbursement program for regional center employees who seek a degree or certification in a health or human services-related field.

(b) It is the intent of the Legislature to enhance regional center services received by consumers, increase subject matter expertise and career advancement options at regional centers, and improve employee retention rates at regional centers by offering tuition reimbursement for eligible regional center employees.

(c) Each qualifying participant shall be eligible to receive up to ten thousand dollars (\$10,000) annually for up to three years.

(d) In exchange for tuition reimbursement, participants shall be required to work at the regional center for no less than one year for each year of tuition reimbursement following completion of their degree or certification. An employee may transfer to another regional center to complete this requirement. The funding regional center shall notify the department within 30 days after a request from an employee to transfer to another regional center to complete this requirement. The receiving regional center is responsible for reporting the information required in subdivision (g).

(e) By September 1, 2022, the department shall publish eligibility requirements for regional center staff participation. These requirements shall include information about which regional center staff are eligible, which academic programs or types of academic programs are eligible, minimum application requirements, concurrent regional center work requirements, and postgraduation regional center work requirements. In addition, the department shall describe the terms of the program, including repayment or partial repayment requirements for individuals who do not complete their degree or certification or do not complete the concurrent or postgraduation work requirements.

(f) Tuition reimbursement shall be available for the 2022–23 through 2024–25 fiscal years.

(g) Regional centers shall report to the department on an annual basis, commencing on April 1, 2023, and thereafter on January 1 of each year until January 1, 2026, on data about the program, including number and demographics of applicants and participants and their regional center position, degree and field sought, and how long they were employed by the regional center after completing their degree or certification.

**(Added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)**

4699.5. (a) The department shall seek input from stakeholders throughout the implementation of this chapter.

(b) Stakeholders may include, but are not limited to, any of the following:



(1) Consumers and families across different geographic regions of the state and from diverse racial and ethnic backgrounds, and diverse consumer age groups and disabilities.

(2) Regional center representatives, including executive-level staff, administrative staff, and service coordinators.

(3) Service providers representing a diverse range of service types and models and including executive staff and direct support professionals.

(c) The department may utilize one of its existing stakeholder groups if it meets the criteria described in this section to conduct this consultation.

**(Added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)**

4699.6. (a) The department shall report to the Legislature at quarterly briefings for legislative staff about the progress on the programs described in this chapter. Reporting shall include summaries of the relevant data collected by service providers and regional centers.

(b) The department shall submit a report to the Legislature, in accordance with Section 9795 of the Government Code, no later than January 10, 2026, evaluating the success of the programs described in this chapter. As applicable, the report shall include, but not be limited to, information about all of the following:

(1) Summary information about each program, including statistics on participation and program completion, participant demographics, and participation by regional center and type of service provider.

(2) Number of new hires at service providers and regional centers.

(3) Employee retention and turnover rates at service providers and regional centers overall and among the program participant population, including available baseline rates prior to implementation of the programs and rates following completion of the programs.

(4) Consumer and family satisfaction and other measures of consumer outcomes.

**(Added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)**

4699.7. (a) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific, the provisions of this chapter by means of written directives or similar instructions through June 30, 2025.

(b) Contracts to procure services to implement this chapter shall be exempt from the requirements contained in the Public Contract Code and the State Administrative Manual and from approval by the Department of General Services.

**(Added by Stats. 2022, Ch. 49, Sec. 28. (SB 188) Effective June 30, 2022.)**

## **CHAPTER 7. APPEAL PROCEDURE**

(Chapter 7 repealed and added by Stats. 1982, Ch. 506, Sec. 2.)

### **Article 1. Definitions**

(Article 1 repealed and added by Stats. 2022, Ch. 49, Sec. 30. (SB 188) Effective June 30, 2022.)

4700. Unless the context otherwise requires, the definitions set forth in this article govern the construction of this chapter.

(Repealed and added by Stats. 2022, Ch. 49, Sec. 30. (SB 188) Effective June 30, 2022.)

4701. (a) “Adequate notice” means a written notice using the form prescribed by the department. The notice shall be in plain, clear, and nontechnical language. The notice shall be provided in the language preferred by the recipient or applicant receiving the notice, and, if appropriate, the authorized representative. The notice shall be sent to the recipient or applicant and, if appropriate, their authorized representative, as specified in Section 4710. The notice shall provide the following information:

(1) The action that the regional center or state-operated facility proposes to take, including a statement of the facts upon which the regional center or state-operated facility is relying.

(2) The reason or reasons for that action.

(3) The effective date of that action.

(4) The specific provision or provisions of law, regulation, or policy supporting the action.

(5) Information on availability of advocacy assistance, including referral to the clients’ rights advocates specified in Sections 4433 and 4433.5, the State Council on Developmental Disabilities, publicly funded legal services organizations, and other advocacy organizations, including the agency designated as the protection and advocacy system as required under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. Sec. 6000 et seq.) and as provided in Division 4.7 (commencing with Section 4900).

(6) A statement indicating whether the recipient is a participant in the Medicaid home and community-based services waiver.

(7) Information about how to file an appeal with the department, unless the department has designated another agency to receive appeal requests, and the contact information for the department.

(8) Information about the following rights that are available at all steps in the appeals process:

(A) To have an interpreter provide interpretation in the preferred language of the applicant or recipient and, if appropriate, the preferred language of the authorized representative.

(B) Access to records, including all records maintained in the individual’s regional center or state-operated facility file, pursuant to Article 5 (commencing with Section 4725).

(9) Information about the following rights if a fair hearing is requested:

(A) The opportunity to attend and participate in all proceedings and to present written and oral evidence.

(B) The opportunity to examine and cross-examine witnesses.

(C) The right to appear in person with counsel or other representatives of their own choosing.

(D) The fair hearing shall be completed and a final administrative decision rendered within 90 days of the date the hearing request form is received by the department unless the fair hearing request has been withdrawn or the time period has been extended in accordance with this chapter.

(E) The right to request the disqualification of the hearing officer by filing an affidavit or making an objection on the record as specified in subdivision (g) of Section 4712. The information required by this subparagraph shall be included in the notice required by this paragraph no later than October 1, 2022.

(10) Information about the appeals process and timelines, including when current services are continued during the appeals process, and when a claimant can request a continuance.

(11) (A) Whether or not the individual is eligible for an exemption or exception to the action the regional center proposes to take as specified in subparagraph (D) of paragraph (6) of subdivision (a) of Section 4648, subdivision (d) of Section 4648.35, subdivision (d) of Section 4659, subdivision (i) of Section 4689, and subdivisions (a) and (d) of Section 4689.05, subdivision (b) of Section 95004 of the Government Code, and paragraph (3) of subdivision (e) of Section 95020 of the Government Code.

(B) The specific law supporting any of the above-specified exemptions or exceptions.

(b) “Appeal request form” means a form prescribed by the department that includes the name, address, contact information, and birth date of the claimant, date of the appeal request, the name of the regional center that provides services to the claimant or where an applicant has applied for services, the reason an appeal is requested, and the name, address, and relationship to the claimant of the authorized representative, if any. The appeal request form shall also indicate whether the claimant or their authorized representative is requesting an informal meeting, a mediation, or a fair hearing, or any combination of these options. A copy of the appointment of the authorized representative, by the claimant or the State Council on Developmental Disabilities if any, shall also be included. The form shall provide information about how to file an appeal and contact information for filing the appeal request form with the department unless the department has designated a different agency to receive the form.

(c) “Applicant” means a person who has applied for services from a regional center, or on whose behalf services have been applied for.

(d) (1) “Authorized representative” means any conservator, or legal guardian, parent, or person having legal custody of a minor claimant, who acts for or represents the claimant or a person or agency appointed pursuant to subdivision (a) of Section 4541 or subdivision (d) of Section 4705 and authorized in writing by the claimant or by the legal guardian, conservator, or parent or person having legal custody of a minor claimant to act for or represent the claimant under this chapter.

(2) “Authorized representative” also means any responsible adult appointed by a court order made pursuant to subdivision (j) of Section 319, subdivision (a) of Section 361, or subdivision (b) of Section 726 who the court determines is an appropriate representative for the minor, and who does not have a conflict of interest, as defined in subdivision (i) of Section 7579.5 of the Government Code, including, but not limited to, a foster parent, caregiver, or court-appointed special advocate.

(e) “Business days” means any day other than a Saturday, Sunday, or any other day that is an observed state or federal holiday.

(f) “Claimant” means an applicant for or recipient of services who has filed an appeal.

(g) “Days” means calendar days.

(h) “Hearing office” means the state agency that the department has designated to provide mediation and administrative hearing services.

(i) “Interpreter” means an individual who is able to interpret effectively, accurately, and impartially, both receptively and expressively.

(j) “Medicaid home and community-based services waiver participant” means an individual deemed eligible and receiving services through a Medicaid home and community-based services waiver program.

(k) “Mutual consent” means that the recipient or, if appropriate, their authorized representative, agrees with a regional center’s or state operated facility’s proposal to reduce, terminate, or change the services specified in an individual program plan or to deny the initiation of a service or support requested for inclusion in the individual program plan and that agreement is affirmatively documented, subsequent to the regional center’s proposal or denial, in a signed individual program plan, a signed list of services pursuant to subdivision (g) of Section 4646, or other written communication from a recipient or authorized representative affirmatively agreeing to all or part of the regional center’s or state-approved facility’s proposal or denial.

(1) In the absence of written documentation, if the regional center or state-operated facility has a good faith belief that an agreement exists, it shall, within five business days of the agreement, send a letter confirming the agreement to the recipient and, if appropriate, their authorized representative, if any, by standard mail, certified mail, or email at their preference as indicated in their individual program plan. The letter shall include at least all of the following:

(A) The factual basis for the regional center’s or state-operated facility’s good faith belief that an agreement exists to reduce, terminate, or change the services specified in an individual program plan or to deny the initiation of a service or support requested for inclusion in the individual program plan.

(B) The action the service agency intends to take.

(C) The reason or reasons for that action.

(D) The availability of an appeals process if the applicant, recipient, or authorized representative disagrees with the decision and a link to the department’s internet website with information about the appeals process.

(E) Information about how to express disagreement with the decision and how to obtain additional information about the appeals process.

(F) An appeal request form as described in subdivision (b).

(2) If the regional center is informed that the recipient or, if appropriate, their authorized representative, disagrees with its decision, the regional center shall immediately send adequate notice as defined in subdivision (a).

(3) This subdivision shall become operative on March 1, 2023.

(l) “Persons who have the right to request an appeal” means an applicant, recipient, and those individuals defined in subdivision (d).

(m) “Preferred language” means the language chosen by the applicant or recipient, and if applicable, the authorized representative.

(n) “Recipient” means a person with a developmental disability who receives services from a regional center or a state-operated facility.

(o) “Services” means the type and amount of services and services components set forth in the recipient’s individual program plan pursuant to Section 4646, and provided by a regional center or by the department at a state-operated facility.

**(Repealed and added by Stats. 2022, Ch. 49, Sec. 30. (SB 188) Effective June 30, 2022.)**

4702. Each regional center and each vendor that contracts with a regional center to provide services to recipients shall conspicuously post on its internet web, if any, links to the department’s internet website page that provides a description of the appeals

process set forth in this chapter and department contact information for providing information and education to recipients and applicants about the appeals process, including the notice of proposed action, timelines, options for resolving disagreements, and rights during the appeals process.

**(Repealed and added by Stats. 2022, Ch. 49, Sec. 30. (SB 188) Effective June 30, 2022.)**

## **Article 2. General Provisions**

**(Article 2 added by Stats. 1982, Ch. 506, Sec. 2.)**

4705. (a) (1) Every regional center or state-operated facility shall, as a condition of continued receipt of state funds, have an appeals procedure for resolving conflicts between the regional center or state-operated facility and recipients of, or applicants for, service. The State Department of Developmental Services shall promulgate regulations to implement this chapter, which shall be binding on every regional center and state-operated facility.

(2) Any public or private agency receiving state funds for the purpose of serving persons with developmental disabilities not otherwise subject to the provisions of this chapter shall, as a condition of continued receipt of state funds, adopt and periodically review a written internal grievance procedure.

(b) An agency that employs an appeals procedure mandated by any other statute shall be considered to have an approved procedure for purposes of this chapter.

(c) (1) The regional center's and the state-operated facility's mediation and fair hearing procedure shall be stated in writing, in English and any other language that may be appropriate to the needs of the consumers of the regional center or the state-operated facility. A copy of the procedure and a copy of the provisions of this chapter shall be prominently displayed on the premises of the regional center and the state-operated facility.

(2) All recipients and applicants, and persons having legal responsibility for recipients or applicants, shall be informed verbally of, and shall be notified in writing in a language that they comprehend of, the regional center's or the state-operated facility's mediation and fair hearing procedure when they apply for service, when they are denied service, when notice of service modification is given pursuant to Section 4710, and upon request.

(d) If, in the opinion of any person, the rights or interests of a claimant who has not personally authorized a representative will not be properly protected or advocated, the State Council on Developmental Disabilities and the clients' right advocate assigned to the regional center or state-operated facility shall be notified, and the State Council on Developmental Disabilities may appoint a person or agency as representative, pursuant to subdivision (a) of Section 4541, to assist the claimant in the mediation and fair hearing procedure. The appointment shall be in writing to the authorized representative and a copy of the appointment shall be immediately provided to the regional center director or the state-operated facility director.

(e) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 31. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 32 of Stats. 2022, Ch. 49.)**

4705. Every regional center or state-operated facility shall, as a condition of continued receipt of state funds, have an appeals procedure for resolving conflicts

between the regional center or state-operated facility and recipients of, or applicants for, service. The State Department of Developmental Services shall promulgate regulations to implement this chapter, which shall be binding on every regional center or state-operated facility.

(a) (1) Any public or private agency receiving state funds for the purpose of serving persons with developmental disabilities not otherwise subject to the provisions of this chapter shall, as a condition of continued receipt of state funds, adopt and periodically review a written internal grievance procedure.

(b) An agency that employs an appeals procedure mandated by any other statute shall be considered to have an approved procedure for purposes of this chapter.

(c) (1) The regional center's and the state-operated facility's appeals procedures for informal meetings, mediations, and fair hearings shall be stated in writing, in English and any other language that may be appropriate to the preferred language of the applicants and recipients served by the regional center or the state-operated facility.

(2) All recipients and applicants, and persons having legal responsibility for recipients or applicants, shall be informed verbally of, and shall be notified in writing in their preferred language of, the regional center's or the state-operated facility's appeals procedures for informal meetings, mediations, and fair hearings when they apply for service, when they are denied service, when notice of service modification is given pursuant to Section 4710, and upon request.

(d) If, in the opinion of any person, the rights or interests of a claimant who has not personally authorized a representative will not be properly protected or advocated, the State Council on Developmental Disabilities and the clients' right advocate assigned to the regional center or state-operated facility shall be notified, and the State Council on Developmental Disabilities may appoint a person or agency as representative, pursuant to subdivision (a) of Section 4541, to assist the claimant in the mediation and fair hearing procedure. The appointment shall be in writing to the authorized representative and a copy of the appointment shall be immediately mailed to the regional center director or the state-operated facility director.

(e) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 31) and added by Stats. 2022, Ch. 49, Sec. 32. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4705.5. (a) Unless the claimant is themselves an attorney licensed to practice law in California, or unless the claimant will have an attorney licensed to practice law in California in attendance, a regional center attorney or department attorney shall not attend an informal meeting, mediation, or fair hearing described in this chapter. The claimant shall notify the regional center and the hearing office at least 5 days prior to mediation, and 15 days prior to a fair hearing, that the claimant will have an attorney in attendance. However, the hearing officer may notify the parties in advance of a hearing that the hearing officer is allowing the attendance of an attorney in the interest of justice.

(b) This section shall become operative on October 1, 2022.

**(Added by Stats. 2022, Ch. 49, Sec. 33. (SB 188) Effective June 30, 2022. Operative October 1, 2022, by its own provisions.)**

4706. (a) Except as provided in subdivision (b) to the extent permitted by federal law, all issues concerning the rights of persons with developmental disabilities to receive services under this division shall be decided under this chapter, including those

issues related to fair hearings, granted by the Medicaid home and community-services waiver to the State Department of Health Care Services.

(b) Whenever a fair hearing under this chapter involves services provided under the Medicaid home and community-based services waiver, the State Department of Health Care Services shall retain the right, as provided in Section 4712.5, to review and modify any decision reached under this chapter.

**(Amended by Stats. 2022, Ch. 49, Sec. 34. (SB 188) Effective June 30, 2022.)**

4707. (a) By July 1, 1999, the State Department of Developmental Services shall implement a mediation process for resolving conflicts between regional centers and recipients of services specified in this chapter. Regulations implementing the mediation process shall be adopted by July 1, 2000.

(b) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 35. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 36 of Stats. 2022, Ch. 49.)**

4707. (a) The following appeals processes shall be available for resolving conflicts between regional centers or state-operated facilities and recipients of, or applicants for, services under this chapter.

(1) An informal meeting held by the regional center or state-operated facility to resolve the issue or issues as provided for in Sections 4710.6 to 4710.9, inclusive.

(2) Mediation as provided for in Section 4711.5.

(3) A fair hearing as provided for in Sections 4711 and 4712.

(b) When filing an appeal, a claimant may initially request one or more parts of the appeals processes identified in subdivision (a). The claimant may subsequently amend their request to select parts of the appeals process not previously selected. However, that request shall constitute a waiver of the rights of a Medicaid home and community-based services waiver participant to receive a fair hearing decision within 90 days of the date that the appeal request form is received by the department or the agency it designates to receive the appeal request form.

(c) If a recipient's request for an appeal is postmarked or received by the department, or by another agency designated by the department to receive the appeal request, no later than 30 days after receipt of the notice of the proposed action and no later than the effective date of the action sent pursuant to subdivision (a) of Section 4710, current services shall continue for the length of time specified in Section 4715, and the recipient shall be afforded an opportunity for an informal meeting, a mediation, and a fair hearing.

(d) If a recipient or applicant's request for appeal is postmarked or received by the department, or by another agency designated by the department to receive the appeal request, 60 days after receipt of the notice of proposed action pursuant to subdivisions (a), (b), and (d) of Section 4710, they shall be afforded an opportunity for an informal meeting, a mediation, and a fair hearing.

(e) A claimant may request a continuance of any part of the appeals process. If granted, the continuance shall constitute a waiver of the Medicaid home and community-based services waiver participant's right to receive a fair hearing decision within 90 days of the date the appeal request form is received by the department or by the agency designated by the department to receive the appeal request form. The

extension of time for the final decision resulting from the continuance shall be only as long as the time period of the continuance.

(f) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 35) and added by Stats. 2022, Ch. 49, Sec. 36. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4708. (a) (1) The department shall create, with input from stakeholders, standard appeals process information packets. There shall be one information packet related to appeals under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) and another information packet related to appeals under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)). The appeals process information packets shall include all information required by this chapter and by Section 52161 and Sections 52170 to 52174, inclusive, of Title 17 of the California Code of Regulations, and shall include the appeal request form.

(2) The appeals process information packets shall be translated to provide language access, as required by state and federal law, and shall be available in alternative formats and alternative modes of communication as required by state and federal law.

(3) The appeals process information packets shall be made available by regional centers and state-operated facilities to recipients and applicants at each regularly scheduled planning meeting and with all notices of action required by Section 4710. Upon request, the department and the regional center shall provide the information packet to applicants, recipients, and authorized representatives. The department and regional centers shall post a link to the standard appeals process information packets on their internet websites within 60 days of the department making the information packets available.

(b) The standard appeals process information packets required by this section shall be completed by the department, including translations and alternative formats, and following consultation with stakeholders, on or before March 1, 2023.

**(Added by Stats. 2022, Ch. 49, Sec. 37. (SB 188) Effective June 30, 2022.)**

### **Article 3. Fair Hearing Procedure**

**(Article 3 added by Stats. 1982, Ch. 506, Sec. 2.)**

4710. (a) Adequate notice shall be sent to the applicant or recipient and the authorized representative, if any, by certified mail at least 30 days prior to any of the following actions:

(1) The agency makes a decision without the mutual consent of the service recipient or authorized representative to reduce, terminate, or change services set forth in an individual program plan.

(2) A recipient is determined to be no longer eligible for agency services.

(b) Adequate notice shall be sent to the recipient and the authorized representative, if any, by certified mail no more than five working days after the agency makes a decision without the mutual consent of the recipient or authorized representative, if any, to deny the initiation of a service or support requested for inclusion in the individual program plan.

(c) If the reason for denial of services or modification of services in a recipient's individual program plan is a lack of funds in the regional center budget, the regional



center shall be the service agency responsible for giving adequate notice and participating in the fair hearing procedure under this chapter.

(d) The regional center shall, within 30 days after written notice is mailed to the applicant or client, notify the department in writing of the denial if a lack of funds in the regional center budget is the reason for one of the following:

- (1) The denial of services to an applicant.
- (2) The denial of services to a current regional center client requesting services not included in the client's individual program plan but determined to be necessary by the interdisciplinary team.
- (3) Denial, cutback, or termination of current services to a recipient set forth in the individual program plan.

The notification to the department shall include the nature of the service requested, a request that the department allocate sufficient funds to the regional center within 30 days to provide the service, the projected cost for the service for the balance of the fiscal year, and information substantiating the reason for the lack of funds to purchase the service.

(e) If a person requests regional center services and is found to be ineligible for these services, the regional center shall give adequate notice pursuant to Section 4701. Notice shall be sent within five working days of the time limits set forth in Sections 4642 and 4643.

(f) The advance notice specified in subdivision (a) shall not be required when a reduction, termination, or change in services is determined to be necessary for the health and safety of the recipient. However, adequate notice shall be given within 10 days after the service agency action.

(g) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 38. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 39 of Stats. 2022, Ch. 49.)**

4710. (a) The regional center or state-operated facility shall send adequate notice, as described in subdivision (a) of Section 4701, to the recipient and, if appropriate, the authorized representative, by standard mail, certified mail, or email at their preference as indicated in their individual program plan. This notice shall be sent at least 30 days prior to either of the following actions and shall specify the effective date of the action:

(1) The regional center or state-operated facility makes a decision to reduce, terminate, or change services set forth in an individual program plan, unless there is mutual consent as defined in subdivision (k) of Section 4701.

(2) A recipient is determined to be no longer eligible for regional center services.

(b) The regional center or state-operated facility shall send adequate notice, as described in Section 4701, no more than five business days after it makes a decision to deny the initiation of a service or support requested for inclusion in the individual program plan unless there is mutual consent as defined in subdivision (k) of Section 4701. The notice shall be sent to the recipient and, if appropriate, the authorized representative, in their preferred language, by standard mail, certified mail, or by email at their preference as indicated in the individual program plan.

(c) If the reason for denial of services or modification of services in a recipient's individual program plan is a lack of funds in the regional center budget, the regional

center shall be the service agency responsible for giving adequate notice and participating in the appeals procedure under this chapter.

(d) (1) The regional center shall, within 30 days after written notice is sent to the applicant or client, notify the department in writing of the denial if a lack of funds in the regional center budget is the reason for one of the following:

(A) The denial of services to an applicant.

(B) The denial of services to a current regional center client requesting services not included in the client's individual program plan but determined to be necessary by the interdisciplinary team.

(C) Denial, cutback, or termination of current services to a recipient set forth in the individual program plan.

(2) The notification to the department shall include the nature of the service requested, a request that the department allocate sufficient funds to the regional center within 30 days to provide the service, the projected cost for the service for the balance of the fiscal year, and information substantiating the reason for the lack of funds to purchase the service.

(e) If a person requests regional center services and is found to be ineligible for these services, the regional center shall give adequate notice pursuant to Section 4701. Within five business days of the time limits set forth in Sections 4642 and 4643, notice shall be sent to the applicant and, if appropriate, the authorized representative, by standard mail, certified mail, or email at their preference as indicated at the time of intake.

(f) The advance notice specified in subdivision (a) shall not be required when a reduction, termination, or change in services is determined to be necessary for the health and safety of the recipient. However, adequate notice shall be given within 10 days after the regional center or state-operated facility action.

(g) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 38) and added by Stats. 2022, Ch. 49, Sec. 39. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4710.5. (a) Any applicant for or recipient of services, or authorized representative of the applicant or recipient, who is dissatisfied with any decision of the service agency which they believe to be illegal, discriminatory, or not in the recipient's or applicant's best interests, shall, upon filing a request within 30 days after notification of the decision complained of, be afforded an opportunity for a fair hearing. The opportunity to request a voluntary informal meeting and an opportunity for mutually agreed upon voluntary mediation shall also be offered at this time.

(b) The request for a fair hearing and for mediation, or for a voluntary informal meeting, or any combination thereof, shall be stated in writing on a hearing request form provided by the service agency.

(c) If any person makes a request for mediation or a fair hearing other than on the hearing forms, the employee of the service agency who hears or receives the request shall provide the person with a hearing request form and shall assist the person in filling out the form if the person requires or requests assistance. Any employee who willfully fails to comply with this requirement shall be guilty of a misdemeanor.

(d) The hearing request form shall be directed to the director of the service agency responsible for the action complained of under subdivision (a). The service agency director shall simultaneously facsimile (FAX) a copy of the hearing request form to the

department and the director of the responsible state agency or their designee pursuant to Section 4704.5 within five working days of the service agency director's receipt of the request. The department shall keep a file of all hearing request forms.

(e) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 40. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 41 of Stats. 2022, Ch. 49.)**

4710.5. (a) Any applicant for or recipient of services, or authorized representative of the applicant or recipient, who is dissatisfied with a decision or action of the regional center or state-operated facility under this division shall, upon filing a request within 60 days after notification of that decision or action, be afforded an opportunity for an informal meeting, a mediation, and a fair hearing.

(b) The request for an informal meeting, mediation, or a fair hearing, or any combination thereof, shall be stated in writing on the appeal request form prescribed by the department.

(c) If any person makes a request for an informal meeting, mediation, or a fair hearing other than on the appeal request form, the employee of the regional center, department, or the state-operated facility who learns of the request shall provide the person with the appeal request form prescribed by the department and shall assist the person in filling out the form if the person requires or requests assistance. Any employee who willfully fails to comply with this requirement shall be guilty of a misdemeanor.

(d) The appeal request form shall be sent to the department unless the department has designated another agency to receive the form. The department or another agency that has been designated to receive the appeal request form shall send an electronic copy of a hearing request to the hearing office and the regional center or state-operated facility responsible for the action described in subdivision (a) within one business day of the department's or designated agency's receipt of the request. The department shall maintain information regarding all hearing request forms.

(e) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 40) and added by Stats. 2022, Ch. 49, Sec. 41. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4710.6. (a) Upon receipt by the service agency director of the hearing request form requesting a fair hearing, mediation, or a voluntary informal meeting, the service agency director shall immediately provide adequate notice pursuant to Section 4701 to the claimant, the claimant's guardian or conservator, parent of a minor, and authorized representative of the claimant's rights in connection with the fair hearing, mediation, or informal meeting. If an informal meeting is requested by the claimant, the service agency and the claimant shall determine a mutually agreed upon time for the meeting. The service agency shall notify the claimant of the date upon which their hearing request form was received by the service agency.

(b) The written notice shall also confirm the mutually agreed upon date, time, and place for a voluntary informal meeting, if desired by the claimant or their authorized representative, with the service agency director or the director's designee. The written notice shall also state that the claimant or their authorized representative may decline an informal meeting.

(c) The written notification of rights required pursuant to subdivision (a) shall not be required if the service agency includes written notification of those rights with the notice required by Section 4710.

(d) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 42. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 43 of Stats. 2022, Ch. 49.)**

4710.6. (a) (1) Upon receipt of an appeal request form requesting an informal meeting, the regional center or state-operated facility and the claimant shall determine a mutually agreed-upon date, time, and place for the meeting to be held, which shall be within 10 days of the date the department, or another agency designated by the department, receives the request, or unless the claimant requests a continuance.

(2) A place pursuant to paragraph (1) may include an agreement of the parties to conduct the informal meeting by telephone, videoconference, or other electronic means.

(b) The regional center or state-operated facility shall notify the claimant and their authorized representative in writing and in their preferred language of the mutually agreed-upon date, time, and place for the informal meeting.

(c) A written notification of rights specified in Section 4701 shall be provided to the claimant unless the regional center or state-operated facility provided the required written notification of those rights with the notice required by Section 4710.

(d) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 42) and added by Stats. 2022, Ch. 49, Sec. 43. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4710.7. (a) Upon requesting a fair hearing, the claimant has the right to request a voluntary informal meeting with the service agency director or the service agency director's designee. The purpose of the meeting is to attempt to resolve the issue or issues that are the subject of the fair hearing appeal informally prior to the scheduled fair hearing.

(b) If an informal meeting is held, it shall be conducted by the service agency director or their designee. The service agency director or the service agency director's designee shall notify the applicant or recipient and their authorized representative of the decision of the informal meeting in writing within five working days of the meeting.

(c) The written decision of the service agency director or the service agency director's designee shall:

(1) Identify the issues presented by the appeal.

(2) Rule on each issue identified.

(3) State the facts supporting each ruling.

(4) Identify the laws, regulations, and policies upon which each ruling is based.

(d) Prior to the meeting, the claimant or the claimant's authorized representative shall have the right to examine any documents contained in the individual's service agency file. Access to records shall be provided pursuant to Article 5 (commencing with Section 4725).

(e) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 44. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 45 of Stats. 2022, Ch. 49.)**

4710.7. (a) The purpose of the informal meeting is to attempt to resolve the issue or issues that are the subject of the appeal request informally prior to a mediation or fair hearing.

(b) The informal meeting shall be conducted by the regional center or state-operated facility director or their designee. The regional center or state-operated facility director or their designee shall notify the applicant or recipient and their authorized representative of the decision from the informal meeting in writing within five days of the meeting.

(c) The written decision of the regional center or state-operated facility director or their designee shall:

- (1) Identify the issues presented by the appeal.
- (2) Rule on each issue identified.
- (3) State the facts supporting each ruling.
- (4) Identify the specific laws, regulations, and policies upon which each ruling is based.

(5) Be provided in the preferred language of the applicant or recipient, or their authorized representative.

(d) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 44) and added by Stats. 2022, Ch. 49, Sec. 45. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4710.8. (a) At an informal meeting, the claimant shall have the rights stated pursuant to Section 4701.

(b) An informal meeting shall be held at a time and place reasonably convenient to the claimant and the authorized representative.

(c) An informal meeting shall be conducted in the English language. However, if the claimant, the claimant's guardian or conservator, the parent of a minor claimant, or the authorized representative does not understand English, an interpreter shall be provided who is competent and acceptable to both the person requiring the interpreter and the service agency director or the director's designee. Any cost of an interpreter shall be borne by the service agency.

(d) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 46. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 47 of Stats. 2022, Ch. 49.)**

4710.8. (a) At an informal meeting, the claimant shall have the rights stated pursuant to Section 4701.

(b) An informal meeting shall be held consistent with Section 4710.6.

(c) An informal meeting shall be conducted in the English language. However, if the preferred language of the claimant or the authorized representative is not English, an interpreter shall be provided. Any cost of an interpreter shall be borne by the regional center or state-operated facility.

(d) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 46) and added by Stats. 2022, Ch. 49, Sec. 47. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4710.9. (a) If the claimant or the claimant's authorized representative is satisfied with the decision of the service agency following an informal meeting, they shall withdraw the request for a hearing on the matter decided. The decision of the service

agency shall go into effect 10 days after the receipt of the withdrawal of the request for a fair hearing by the service agency. The service agency shall immediately forward a copy of the withdrawal to the department and to the director of the responsible state agency or their designee pursuant to Section 4704.5.

(b) If the claimant or the claimant's authorized representative has declined an informal meeting or is dissatisfied with the decision of the service agency and does not request mediation, the matter shall proceed to a fair hearing. The service agency shall immediately notify the director of the responsible state agency that the fair hearing request has not been withdrawn. A recommendation for consolidation pursuant to Section 4712.2 to the director of the responsible state agency may be made at this time.

(c) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 48. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 49 of Stats. 2022, Ch. 49.)**

4710.9. (a) If, after the informal meeting, the claimant or their authorized representative is satisfied with all or part of the decision of the regional center or state-operated facility, they shall withdraw the request for an appeal on the matter or matters that have been decided to their satisfaction. The decision of the regional center or state-operated facility shall go into effect 10 days after the receipt of the full or partial withdrawal of the request for an appeal on those matters. The regional center or state-operated facility shall immediately forward a copy of the full or partial withdrawal, including a copy of the written decision, to the department and to the hearing office.

(b) If the claimant or their authorized representative is dissatisfied with all or part of the decision of the regional center or state-operated facility, the regional center or state-operated facility shall immediately notify the department and the hearing office that the appeal request has not been withdrawn.

(c) (1) If a claimant or their authorized representative has not advised the regional center or state-operated facility whether they want to proceed to a mediation or fair hearing within three days of receiving the informal meeting decision, they may do so at a later date.

(2) A decision to proceed to a mediation or fair hearing that is made more than three days after receiving the informal meeting decision shall be considered a waiver of their Medicaid home and community-based services right to a hearing decision within 90 days of the date the original request was received by the department.

(3) Services provided pursuant to a recipient's individual program plan during the appeal shall end as specified in Section 4715.

(4) Sixty days after receiving the informal meeting decision, the appeal shall be considered withdrawn if the claimant or their authorized representative has not advised the regional center or state-operated facility of their intent to proceed to a mediation or fair hearing.

(d) A recommendation for consolidation pursuant to Section 4712.2 to the hearing office may be made at this time.

(e) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 48) and added by Stats. 2022, Ch. 49, Sec. 49. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4711. (a) Upon receipt of the hearing request form, where a fair hearing has been requested but mediation has not, the responsible state agency director shall immediately notify the claimant, the claimant's legal guardian or conservator, the parent of a minor claimant, the claimant's authorized representative, and the service agency director in writing of all the following information applicable to fair hearings. Where the hearing request form contains a request for a fair hearing and mediation, the notifications shall be made separately, and each notice shall contain only the information applicable to the particular type of proceeding.

(1) The time, place, and date of the fair hearing or mediation, as applicable, if agreed to by the service agency.

(2) The rights of the parties at the fair hearing pursuant to Section 4701 or mediation, as applicable, pursuant to Section 4711.5.

(3) The availability of advocacy assistance pursuant to subdivision (g) of Section 4701 for both mediation and fair hearings.

(4) The name, address, and telephone number of the persons or offices designated by the director of the responsible state agency, as applicable, to conduct fair hearings, mediate disputes, and to receive requests for continuance or consolidation.

(5) The rights and responsibilities of the parties established pursuant to subdivisions (d) to (m), inclusive, of Section 4712.

(b) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 50. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 51 of Stats. 2022, Ch. 49.)**

4711. (a) Upon receipt of an appeal request form requesting mediation or a fair hearing, the hearing office shall immediately notify the claimant and the claimant's authorized representative, in their preferred language, and the regional center or state-operated facility director in writing of all the following information applicable to mediation and fair hearings:

(1) (A) The time, place, and date of the mediation or fair hearing, as applicable.

(B) A place pursuant to paragraph (1) may include an agreement of the parties, or an order by a hearing officer, following a finding of good cause, to conduct the mediation or hearing by telephone, videoconference, or other electronic means.

(2) The rights of the parties at the mediation or fair hearing pursuant to Section 4701 or 4711.5, as applicable.

(3) The availability of advocacy assistance pursuant to paragraph (5) of subdivision (a) of Section 4701.

(4) As applicable, contact information for persons or offices to conduct mediation or fair hearings, and to receive requests for continuance or consolidation.

(5) The rights and responsibilities of the parties established pursuant to Sections 4711.5 and 4712.

(b) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 50) and added by Stats. 2022, Ch. 49, Sec. 51. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4711.5. (a) Upon receipt of the written request for mediation, the service agency shall be given five working days to accept or decline mediation.

(b) If the service agency declines mediation, the notice of that decision shall be sent immediately to the claimant, the claimant's authorized representative, and the director of the responsible state agency.

(c) (1) If the service agency accepts mediation, the service agency shall immediately send notice of that decision to the claimant, the claimant's authorized representative, and the director of the responsible state agency.

(2) Within five calendar days after the receipt of the notice of the service agency's decision regarding mediation, the responsible state agency or the designee of the responsible state agency shall notify the claimant, the claimant's authorized representative, and the service agency of the information applicable to voluntary mediation specified in Section 4711. The mediation shall be held within 30 days of the date the hearing request form is received by the service agency, unless a continuance is granted to the claimant at the discretion of the mediator.

(3) A continuance granted pursuant to paragraph (2) shall constitute a waiver of medicaid home and community-based services of the participant's right to a decision within 90 days of the date the hearing request form is received by the service agency. The extension of time for the final decision resulting from the continuance shall only be as long as the time period of the continuance.

(d) Mediation shall be conducted in an informal, nonadversarial manner, and shall incorporate the rights of the claimant contained in paragraphs (1), (3), (4), and (5) of subdivision (f) of Section 4701.

(e) The State Department of Developmental Services shall contract with the mediators that meet the following requirements:

(1) Familiarity with the provisions of this division and implementing regulations, familiarity with the process of reconciling differences in a nonadversarial, informal manner.

(2) The person is not in the business of providing or supervising services provided to regional centers or to regional center consumers.

(f) During the course of the mediation, the mediator may meet separately with the participants to the mediation, and may speak with any party or parties confidentially in an attempt to assist the parties to reach a resolution that is acceptable to all parties.

(g) The mediator shall voluntarily disqualify themselves and withdraw from any case in which the mediator cannot be fair and impartial. Any party may request the disqualification of the mediator by filing an affidavit, prior to the voluntary mediation, stating with particularity the grounds upon which it is claimed that a fair and impartial mediation cannot be accorded. The issue shall be decided by the mediator.

(h) Either the service agency or the claimant or the claimant's authorized representative may withdraw at any time from the mediation and proceed to a fair hearing.

(i) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 52. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 53 of Stats. 2022, Ch. 49.)**

4711.5. (a) Upon receipt of an appeal request form requesting mediation, the hearing office shall promptly notify the claimant and their authorized representative, in their preferred language, and the regional center or state-operated facility, of the information applicable to mediation.



(b) (1) The mediation shall be held within 30 days of the date the appeal request form is received by the department or by another agency designated by the department to receive the appeal request form, or unless a continuance is requested and granted to the claimant at the discretion of the mediator.

(2) A continuance granted pursuant to paragraph (1) shall constitute a waiver of a Medicaid home and community-based services participant's right to a decision within 90 days of the date the appeal request form is received by the department or by another agency designated by the department to receive the appeal request form. The extension of time for the final decision resulting from the continuance shall be only as long as the time period of the continuance.

(c) Mediation shall be conducted in an informal, nonadversarial manner, and shall incorporate the rights of the claimant contained in paragraph (8) of subdivision (a) of Section 4701.

(d) Mediators shall meet both of the following requirements:

(1) Familiarity with the provisions of this division and implementing regulations, and familiarity with the process of reconciling differences in a nonadversarial, informal manner.

(2) The person is not in the business of providing or supervising services provided to regional centers or to regional center applicants or recipients.

(e) During the course of the mediation, the mediator may meet separately with the participants to the mediation, and may speak with any party or parties confidentially in an attempt to assist the parties to reach a resolution that is acceptable to all parties.

(f) The mediator shall voluntarily disqualify themselves and withdraw from any case in which the mediator cannot be fair and impartial. Any party may request the disqualification of the mediator by filing an affidavit, prior to the mediation, stating the specific grounds upon which it is claimed that a fair and impartial mediation cannot be held. The issue shall be decided by the mediator.

(g) Either the regional center or state-operated facility or the claimant or their authorized representative may withdraw from mediation at any time after the conclusion of the first mediation session, as that time is established by the mediator, and proceed to a fair hearing, if a fair hearing has been requested by the claimant.

(h) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 52) and added by Stats. 2022, Ch. 49, Sec. 53. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4711.7. (a) If the issue or issues involved in the mediation are resolved to the satisfaction of both parties, the mediator shall prepare a written resolution. Agreement of the claimant or the claimant's authorized representative to the final solution shall be accompanied by a withdrawal, in writing, of the fair hearing request. The final resolution shall go into effect 10 days after receipt of the withdrawal of the request for a fair hearing by the service agency. The mediator shall immediately forward a copy of the withdrawal to the director of the responsible state agency.

(b) If the mediation fails to resolve an issue or issues to the satisfaction of the claimant, or the claimant's authorized representative, the matter shall proceed to fair hearing with respect to the unresolved issue or issues as provided under this chapter, and the mediator shall immediately notify the director of the responsible state agency of the outcome of the mediation.

(c) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 54. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 55 of Stats. 2022, Ch. 49.)**

4711.7. (a) If the issue or issues involved in the mediation are resolved or partially resolved to the satisfaction of both parties, the mediator shall prepare a written resolution. Agreement of the claimant or their authorized representative to the written resolution shall be accompanied by a withdrawal or partial withdrawal, in writing, of any fair hearing request. The written resolution shall go into effect 10 days after receipt of the claimant's agreement to the written resolution. The mediator shall promptly forward a copy of the written resolution and any full or partial withdrawal of a fair hearing request to the hearing office.

(b) If the mediation fails to resolve an issue or issues to the satisfaction of the claimant, or their authorized representative, the matter shall, at the claimant's request, proceed to a fair hearing with respect to the unresolved issue or issues as provided under this chapter.

(c) The mediator, after the conclusion of the mediation, shall promptly notify the hearing office, department, claimant and their authorized representative, and regional center of the outcome of the mediation and whether or not the claimant wants to proceed to a fair hearing. If the claimant or their authorized representative has not indicated whether they want to proceed to a fair hearing, the matter shall be taken off the calendar and continued until the time that the claimant requests a hearing or withdraws the hearing request. The continuance shall be considered a waiver of their Medicaid home- and community-based waiver services right to a hearing decision within 90 days of the date the original request was received by the department.

(d) Services provided pursuant to a recipient's individual program plan during the appeal shall end as specified in Section 4715.

(e) Sixty days after the mediator's notice of the outcome of the mediation, the appeal shall be considered withdrawn if the claimant or their authorized representative has not indicated their intent to proceed to a fair hearing.

(f) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 54) and added by Stats. 2022, Ch. 49, Sec. 55. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4712. (a) The fair hearing shall be held within 50 days of the date the hearing request form is received by the service agency, unless a continuance based upon a showing of good cause has been granted to the claimant. The service agency may also request a continuance based upon a showing of good cause, provided that the granting of the continuance does not extend the time period for rendering a final administrative decision beyond the 90-day period provided for in this chapter. For purposes of this section, good cause includes, but is not limited to, the following circumstances:

(1) Death of a spouse, parent, child, brother, sister, grandparent of the claimant or authorized representative, or legal guardian or conservator of the claimant.

(2) Personal illness or injury of the claimant or authorized representative.

(3) Sudden and unexpected emergencies, including, but not limited to, court appearances of the claimant or authorized representative, conflicting schedules of the authorized representative if the conflict is beyond the control of the authorized representative.

(4) Unavailability of a witness or evidence, the absence of which would result in serious prejudice to the claimant.

(5) An intervening request by the claimant or the claimant's authorized representative for mediation.

(b) Notwithstanding Sections 19130, 19131, and 19132 of the Government Code, the department shall contract for the provision of independent hearing officers. Hearing officers shall have had at least two years of full-time legal training at a California or American Bar Association accredited law school or the equivalent in training and experience as established by regulations to be adopted by the department pursuant to Section 4705. These hearing officers shall receive training in the law and regulations governing services to developmentally disabled individuals and administrative hearings. Training shall include, but not be limited to, the Lanterman Developmental Disabilities Services Act and regulations adopted thereunder, relevant case law, information about services and supports available to persons with developmental disabilities, including innovative services and supports, the standard agreement contract between the department and regional centers and regional center purchase-of-service policies, and information and training on protecting the rights of consumers at administrative hearings, with emphasis on assisting, where appropriate, those consumers represented by themselves or an advocate inexperienced in administrative hearings in fully developing the administrative record. The State Department of Developmental Services shall seek the advice of the State Council on Developmental Disabilities, the protection and advocacy agency designated by the Governor in this state to fulfill the requirements and assurances of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, the Association of Regional Center Agencies, and other state agencies or organizations and consumers and family members as designated by the department in the development of standardized hearing procedures for hearing officers and training materials and the implementation of training procedures by the department. The department shall provide formal training for hearing officers on at least an annual basis. The training shall be developed and presented by the department, however, the department shall invite those agencies and organizations listed in this subdivision to participate.

(c) The hearing officer shall not be an employee, agent, board member, or contractor of the service agency against whose action the appeal has been filed, or a spouse, parent, child, brother, sister, grandparent, legal guardian, or conservator of the claimant, or any person who has a direct financial interest in the outcome of the fair hearing, or any other interest which would preclude a fair and impartial hearing.

(d) The claimant and the service agency shall exchange a list of potential witnesses, the general subject of the testimony of each witness, and copies of all potential documentary evidence at least five calendar days prior to the hearing. The hearing officer may prohibit testimony of a witness that is not disclosed and may prohibit the introduction of documents that have not been disclosed. However, the hearing officer may allow introduction of the testimony or witness in the interest of justice.

(e) (1) The fair hearing shall be held at a time and place reasonably convenient to the claimant and the authorized representative. The claimant or the authorized representative of the claimant and the regional center shall agree on the location of the fair hearing.

(2) A location pursuant to paragraph (1) may include an agreement to conduct the hearing by telephone, videoconference, or other electronic means.

(f) Merits of a pending fair hearing shall not be discussed between the hearing officer and a party outside the presence of the other party.

(g) The hearing officer shall voluntarily disqualify themselves and withdraw from any case in which the hearing officer cannot accord a fair and impartial hearing or consideration. Any party may request the disqualification of the hearing officer by filing an affidavit, prior to the taking of evidence at a hearing, stating with particularity the grounds upon which it is claimed that a fair and impartial hearing cannot be accorded. The issue shall be decided by the hearing officer.

(h) Both parties to the fair hearing shall have the rights specified in subdivision (f) of Section 4701.

(i) The fair hearing need not be conducted according to the technical rules of evidence and those related to witnesses. Any relevant evidence shall be admitted. Both parties shall be allowed to submit documents into evidence at the beginning of the hearing. No party shall be required to formally authenticate any document unless the hearing officer determines the necessity to do so in the interest of justice. All testimony shall be under oath or affirmation which the hearing officer is empowered to administer.

(j) A service agency shall present its witnesses and all other evidence before the claimant presents the claimant's case unless the parties agree otherwise or the hearing officer determines that there exists good cause for a witness to be heard out of order. This section does not alter the burden of proof.

(k) A recording shall be made of the proceedings before the hearing officer. Any cost of recording shall be borne by the responsible state agency.

(l) The fair hearing shall be conducted in the English language. However, if the claimant, the claimant's guardian or conservator, parent of a minor claimant, or authorized representative does not understand English, an interpreter shall be provided by the responsible state agency.

(m) The fair hearing shall be open to the public except at the request of the claimant or authorized representative or when personnel matters are being reviewed.

(n) The agency awarded the contract for independent hearing officers shall biennially conduct, or cause to be conducted, an evaluation of the hearing officers who conduct hearings under this part. The department shall approve the methodology used to conduct the evaluation. Information and data for this evaluation shall be solicited from consumers who were claimants in an administrative hearing over the past two years, their family members or authorized representative if involved in the hearing, regional centers, and nonattorney advocates, attorneys who represented either party in an administrative hearing over the past two years, and the organizations identified in subdivision (b). Regional centers shall forward copies of administrative decisions reviewed by the superior court to the department. The areas of evaluation shall include, but not be limited to, the hearing officers' demeanor toward parties and witnesses, conduct of the hearing in accord with fairness and standards of due process, ability to fairly develop the record in cases where consumers represent themselves or are represented by an advocate that does not have significant experience in administrative hearings, use of legal authority, clarity of written decisions, and adherence to the requirements of subdivision (b) of Section 4712.5. The department shall be provided with a copy of the evaluation and shall use the evaluation in partial fulfillment of its

evaluation of the contract for the provision of independent hearing officers. A summary of the data collected shall be made available to the public upon request, provided that the names of individual hearing officers and consumers shall not be disclosed.

(o) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 56. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 57 of Stats. 2022, Ch. 49.)**

4712. (a) (1) The fair hearing shall be held within 50 days of the date the appeal request form is received by the department or other agency designated by the department to receive appeal request forms, unless a continuance is granted to the claimant. A claimant's first request for a continuance made prior to the commencement of the hearing shall be granted without a showing of good cause. A claimant may request additional continuances based on a showing of good cause. A claimant's request for a continuance shall result in a waiver of the claimant's Medicaid home and community-based services right to a decision within 90 days of the date the appeal request form is received.

(2) The regional center or state-operated facility also may request a continuance based upon a showing of good cause, provided that the granting of the continuance does not extend the time period for rendering a final administrative decision beyond the 90-day period provided for in this chapter. For purposes of this section, good cause for either party includes, but is not limited to, the following circumstances:

(A) Death of a spouse, parent, child, brother, sister, or grandparent of the claimant or authorized representative, or of the regional center or state-operated facility representative.

(B) Personal illness or injury of the claimant or authorized representative, or of the regional center or state-operated facility representative.

(C) Sudden and unexpected emergencies, including, but not limited to, court appearances or conflicting schedules if the conflict is beyond the control of the claimant, authorized representative, or regional center or state-operated facility representative.

(D) Unavailability of a witness or evidence, the absence of which would result in serious prejudice to the claimant or the regional center or state-operated facility.

(E) An intervening request for mediation by the claimant or the claimant's authorized representative.

(b) (1) Notwithstanding Sections 19130, 19131, and 19132 of the Government Code, the department shall contract for the provision of independent hearing officers. Hearing officers shall have had at least two years of full-time legal training at a California or American Bar Association accredited law school or the equivalent in training and experience as established by regulations adopted by the department.

(2) Hearing officers shall receive training and information in the law and regulations governing services to people with intellectual and developmental disabilities and administrative hearings. Training shall include, but not be limited to, the Lanterman Developmental Disabilities Services Act and regulations adopted thereunder, relevant written directives and guidance issued by the department, relevant case law, information about services and supports available to persons with developmental disabilities, including innovative services and supports, the standard

agreement contract between the department and regional centers, and regional center purchase-of-service policies. The training shall include methods to create an impartial and informal hearing environment that encourages the free and open exchange of information and engages the parties to bring out relevant facts, protecting the rights of claimants at fair hearings, with emphasis on assisting, if appropriate, an unrepresented claimant, family member, authorized representative, or advocate inexperienced in administrative hearings in fully developing the administrative record. The training also shall include information about disabilities and disability-related supports that may enable participation in a hearing, and reasonable accommodations to reduce barriers.

(3) The department and the hearing office shall seek the advice of stakeholders, including recipients and family members representing diverse disabilities and backgrounds, the State Council on Developmental Disabilities, the protection and advocacy agency identified in Division 4.7 (commencing with Section 4900) and designated by the Governor in this state to fulfill the requirements and assurances of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, the Association of Regional Center Agencies, advocacy organizations, and other state agencies or organizations in the development of standardized hearing procedures for hearing officers and training materials and the implementation of training procedures by the department. The department shall provide formal training for hearing officers on at least an annual basis.

(c) The hearing officer shall not be an employee, agent, board member, or contractor of the regional center or state-operated facility against whose action the appeal has been filed, or a spouse, parent, child, brother, sister, grandparent, legal guardian, or conservator of the claimant, or any person who has a direct financial interest in the outcome of the fair hearing, or any other interest that would preclude a fair and impartial hearing.

(d) (1) The regional center or state-operated facility shall prepare a position statement and send it electronically to the hearing office and the claimant, unless the claimant has communicated an alternative way to receive the document, at least two business days prior to the hearing. The position statement shall summarize the facts of the case and set forth the justification of the regional center's or state-operated facility's action and shall include a list of witnesses that it intends to call during the hearing, the general subject of the testimony of each witness, and copies of all documentary evidence that it intends to use.

(A) If the preferred language of the claimant or their authorized representative is not English, the regional center also shall provide a copy of the position statement in their preferred language.

(B) If the regional center or state-operated facility cannot provide a copy of the position statement in the preferred language of the claimant or their authorized representative two business days prior to the hearing, the regional center or state-operated facility shall notify the claimant or their authorized representative, provide a copy of the position statement in English, and apply for a continuance of the hearing accompanied by evidence of its efforts to translate the position statement.

(C) The hearing officer shall, unless the claimant or their authorized representative indicates they want to proceed to hearing, continue the hearing for no more than 10 days following a determination that the regional center or state-operated facility has provided satisfactory evidence of its efforts to translate the position statement. The

translated position statement shall be provided at least two business days prior to the continued hearing.

(2) At least two business days prior to the hearing, a claimant who is not represented by an attorney licensed to practice law in California shall make available to the regional center or state-operated facility and the hearing office a list of intended witnesses and a brief description of their relationship to the claimant and copies of any professional assessments or reports related to eligibility or services that the claimant intends to use at hearing. At or before the hearing, the claimant also shall make available to the regional center or state-operated facility and the hearing office copies of all other intended documentary evidence.

(3) If the claimant is represented by, or is, an attorney licensed to practice law in California, the claimant's attorney shall prepare a position statement and make it available to the regional center or state-operated facility and the hearing office at least two business days prior to the hearing. The position statement shall summarize the facts of the case and set forth the justification for the claimant's position and shall include a list of intended witnesses, the general subject of the testimony of each witness, and copies of all documentary evidence intended to be used.

(4) (A) The hearing officer may prohibit testimony of a witness or the introduction of documents that have not been disclosed. However, the hearing officer may allow introduction of documents or witness testimony in the interest of justice.

(B) In considering an unrepresented claimant's failure to disclose testimony or documents, the hearing officer also may consider the claimant's understanding of the disclosure requirements, disability factors that made it difficult for the claimant to comply with the rule, and the impact of excluding testimony or documents on the hearing officer's ability to assist the parties in bringing out relevant facts.

(e) (1) The fair hearing shall be held at a time and place reasonably convenient to the claimant and the authorized representative. The claimant or the authorized representative of the claimant and the regional center shall agree on the place of the fair hearing.

(2) A place pursuant to paragraph (1) may include an agreement of the parties, or an order by a hearing officer, following a finding of good cause, to conduct the hearing by telephone, videoconference, or other electronic means.

(f) Merits of a pending fair hearing shall not be discussed between the hearing officer and a party outside the presence of the other party.

(g) The hearing officer shall voluntarily disqualify themselves and withdraw from any case in which the hearing officer cannot accord a fair and impartial hearing or consideration. Any party may request the disqualification of the hearing officer by filing an affidavit or making an objection on the record, prior to the taking of evidence at a hearing, stating with particularity the grounds upon which it is claimed that a fair and impartial hearing cannot be accorded. The issue shall be decided by the hearing officer and may be reviewed as part of the reconsideration process specified in Section 4713.

(h) Both parties to the fair hearing shall have the rights specified in subparagraphs (A) to (C), inclusive, of paragraph (9) of subdivision (a) of Section 4701.

(i) (1) The fair hearing shall be conducted in an impartial and informal manner in order to encourage the presentation of information and the free and open discussion by participants. The hearing officer shall make their best effort to fully and fairly develop

the record and create an environment in which all relevant facts, both favorable and unfavorable, are brought out and to engage the parties to bring out the facts.

(2) The fair hearing need not be conducted according to the technical rules of evidence and those related to witnesses. Any relevant evidence shall be admitted. Both parties shall be allowed to submit documents into evidence at the beginning of the hearing. A party shall not be required to formally authenticate any document unless the hearing officer determines the necessity to do so in the interest of justice. All testimony shall be under oath or affirmation which the hearing officer is empowered to administer.

(3) The hearing officer may do any of the following during the hearing to assist in bringing out all relevant facts:

(A) Question a witness on the record.

(B) Call a witness to testify at the hearing.

(C) Hold the record open to allow a party to obtain necessary testimony or documentation identified by the hearing officer during the course of the fair hearing.

(j) A regional center or state-operated facility shall present its witnesses and all other evidence before the claimant presents the claimant's case unless the parties agree otherwise or the hearing officer determines that it is appropriate for a witness to be heard out of order. This section does not alter the burden of proof.

(k) A recording shall be made of the proceedings before the hearing officer. Any cost of recording shall be borne by the hearing office.

(l) The fair hearing shall be conducted in the English language. However, if the preferred language of the claimant or authorized representative is not English, an interpreter shall be provided by the hearing office.

(m) The fair hearing shall be open to the public except at the request of the claimant or authorized representative or when personnel matters are being reviewed.

(n) The hearing office awarded the contract for independent hearing officers shall biennially conduct, or cause to be conducted, an evaluation of the hearing officers who conduct hearings under this part. The department shall approve the methodology used to conduct the evaluation. Information and data for this evaluation shall be solicited from recipients or applicants who participated in a fair hearing over the past two years, their family members or authorized representative if involved in the hearing, regional centers, and nonattorney advocates, attorneys who represented either party in a fair hearing over the past two years, and the organizations identified in paragraph (3) of subdivision (b). Regional centers shall forward copies of fair hearing decisions reviewed by the superior court to the department. The areas of evaluation shall include, but not be limited to, the hearing officers' demeanor toward parties and witnesses, conduct of the hearing in accord with fairness and standards of due process, ability to fairly develop the record in cases in which applicants or recipients represent themselves or are represented by an advocate that does not have significant experience in fair hearings, use of legal authority, clarity of written decisions, and adherence to the requirements of subdivision (c) of Section 4712.5. The department shall be provided with a copy of the evaluation and shall use the evaluation in partial fulfillment of its evaluation of the contract for the provision of independent hearing officers. A summary of the data collected shall be made available to the public upon request, provided that the names of individual hearing officers and the names and other identifiable information about applicants and recipients shall not be disclosed.



(o) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 56) and added by Stats. 2022, Ch. 49, Sec. 57. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4712.2. (a) Two or more claimants with a common complaint, or their authorized representatives, or a service agency may request the consolidation of appeals involving a common question of law or fact. The hearing officer may grant the request for consolidation if the hearing officer finds that consolidation would not result in prejudice or undue inconvenience to any party, undue delay, or a violation of any claimant's right to confidentiality unless the claimant agrees to have otherwise confidential information revealed to other claimants. Requests for consolidation shall be forwarded to the hearing officer, and postmarked within five working days of the receipt of the notice sent pursuant to Section 4711. The hearing officer shall notify the parties and authorized representatives, if any, of a request for consolidation and shall afford an opportunity for any written objections to be submitted.

(b) In all consolidated hearings, each individual claimant shall have all the rights specified in subdivision (f) of Section 4701. A separate written decision shall be issued to each claimant and respective authorized representatives.

(c) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 58. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 59 of Stats. 2022, Ch. 49.)**

4712.2. (a) Two or more claimants with a common complaint, or their authorized representatives, or a regional center or state-operated facility may request the consolidation of appeals involving a common question of law or fact. The hearing officer may grant the request for consolidation if the hearing officer finds that consolidation would not result in prejudice or undue inconvenience to any party, undue delay, or a violation of any claimant's right to confidentiality unless the claimant agrees to have otherwise confidential information revealed to other claimants. Requests for consolidation shall be forwarded to the hearing officer and postmarked within five days of the receipt of the notice sent pursuant to Section 4711. The hearing officer shall notify the parties and authorized representatives, if any, of a request for consolidation and shall afford an opportunity for any written objections to be submitted.

(b) In all consolidated hearings, each individual claimant shall have all the rights specified in Section 4701. A separate written decision shall be issued to each claimant and respective authorized representatives.

(c) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 58) and added by Stats. 2022, Ch. 49, Sec. 59. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4712.5. (a) Except as provided in subdivision (c), within 10 working days of the concluding day of the state hearing, but not later than 80 days following the date the hearing request form was received, the hearing officer shall render a written decision and shall transmit the decision to each party and to the director of the responsible state agency, along with notification that this is the final administrative decision, that each party shall be bound thereby, and that either party may appeal the decision to a court of competent jurisdiction within 90 days of the receiving notice of the final decision.

(b) The hearing officer's decision shall be in ordinary and concise language and shall contain a summary of the facts, a statement of the evidence from the proceedings

that was relied upon, a decision on each of the issues presented, and an identification of the statutes, regulations, and policies supporting the decision.

(c) Where the decision involves an issue arising from the federal home- and community-based service waiver program, the hearing officer's decision shall be a proposed decision submitted to the Director of Health Care Services as the single state agency for the Medicaid program. Within 90 days following the date the hearing request form is postmarked or received, whichever is earlier, the director may adopt the decision as written or decide the matter on the record. If the Director of Health Care Services does not act on the proposed decision within 90 days, the decision shall be deemed to be adopted by the Director of Health Care Services. The final decision shall be immediately transmitted to each party, along with the notice described in subdivision (a). If the decision of the Director of Health Care Services differs from the proposed decision of the hearing officer, a copy of that proposed decision shall also be served upon each party.

(d) The department shall collect and maintain, or cause to be collected and maintained, redacted copies of all administrative hearing decisions issued under this division. Hearing decisions shall be categorized by the type of service or support that was the subject of the hearing and by the year of issuance. The department shall make copies of the decisions available to the public upon request at a cost per page not greater than that which it charges for document requests submitted pursuant to Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code. The department shall use this information in partial fulfillment of its obligation to monitor regional centers and in its evaluation of the contract for the provision of independent hearing officers.

(e) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended (as amended by Stats. 2021, Ch. 615, Sec. 435) by Stats. 2022, Ch. 49, Sec. 60. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 61 of Stats. 2022, Ch. 49.)**

4712.5. (a) (1) Within 10 business days of the concluding day of the fair hearing, but not later than 80 days following the date the appeal request form was received by the department or by another agency designated by the department to receive the appeal request form, the hearing officer shall render any final written decision delegated by subdivisions (d) and (e) and shall transmit the decision to each party, to the director of the hearing office, and the department, along with notification that this is the final administrative decision, that each party shall be bound thereby, and that either party may request a reconsideration pursuant to subdivision (b) of Section 4713 within 15 days of receiving the decision or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.

(2) Within 10 days of the concluding day of the fair hearing, but not later than 60 days following the date the appeal request form was received by the department or by another agency designated by the department to receive the appeal request form, the hearing officer shall render any proposed written decision as allowed by subdivisions (d) and (e) and shall electronically transmit the decision to the applicable departments identified in subdivisions (d) and (e).

(b) A continuance granted to a claimant shall constitute a waiver of their Medicaid home- and community-based services right to a decision within 90 days of the date the

appeal request form is received by the department or by another agency designated by the department to receive the appeal request form. The extension of time for the final decision resulting from the continuance shall be only as long as the time period of the continuance.

(c) (1) The hearing officer's decision shall be in ordinary and concise language and shall contain a summary of the facts, a statement of the evidence from the proceedings that was relied upon, a decision on each of the issues presented, and an identification of the statutes, regulations, and policies supporting the decision.

(2) If the claimant's or their authorized representative's preferred language is not English, the hearing office shall provide the proposed or final written decision in English and in their preferred language.

(d) (1) In addition to any other delegation of authority granted to the Director of Health Care Services, the director may delegate their authority to adopt final decisions under this chapter to the hearing officers described in subdivision (b) of Section 4712 to the extent deemed appropriate by the director. Any delegation shall be stated in writing.

(2) If the decision involves an issue arising from the federal Medicaid home- and community-based services waiver program, the hearing officer's decision shall be a proposed decision submitted to the Director of Health Care Services as the single state agency for the Medicaid program. Within 90 days following the date the appeal request form is received, the director may adopt the decision as written or decide the matter on the record. If the Director of Health Care Services does not act on the proposed decision within 90 days, the decision shall be deemed to be adopted by the Director of Health Care Services. The final decision shall be immediately transmitted to each party, along with the notice described in paragraph (1) of subdivision (a). If the decision of the Director of Health Care Services differs from the proposed decision of the hearing officer, a copy of that proposed decision shall also be served upon each party.

(3) If the claimant's or their authorized representative's preferred language is not English, the final administrative hearing decision of the director and the proposed decision of the hearing officer shall be provided to that person in English and in their preferred language.

(e) (1) The Director of Developmental Services shall have the authority to review a hearing officer's proposed decision or to delegate their authority to adopt final decisions to the hearing officers described in subdivision (b) of Section 4712. The authority for hearing officers to adopt final decisions may be made within specified issues or types of cases to the extent deemed appropriate by the director. Any delegation shall be stated in writing.

(2) Within 30 days following receipt of the proposed decision, the Director of Developmental Services may adopt the proposed decision as written or decide the matter on the record, including the recording, with or without taking additional evidence. If the director does not act on the proposed decision within the 30 days, the proposed decision shall be deemed to be adopted by the director. The State Department of Developmental Services shall promptly transmit a final decision to each party, along with the notice described in paragraph (1) of subdivision (a). If the final decision of the director differs from the proposed decision of the hearing officer, a copy of the proposed decision also shall be served upon each party.

(3) If the claimant's or their authorized representative's preferred language is not English, the final hearing decision of the director and the proposed decision of the

hearing officer shall be provided to that person in English and in their preferred language.

(f) The hearing office shall collect and maintain, or cause to be collected and maintained, redacted copies, that do not include any identifiable information concerning the claimant, of all final administrative hearing decisions issued under this chapter. Hearing decisions shall be searchable by the type of service or support that was the subject of the hearing, by the month and year of issuance, and any other categories identified by the State Department of Developmental Services. The hearing office shall make available to the public on the hearing office's internet website searchable and downloadable redacted copies of all final administrative hearing decisions. These decisions shall be available no later than 30 days after the date of the final hearing decision. The State Department of Developmental Services shall use this information in partial fulfillment of its obligation to monitor regional centers and in its evaluation of the contract for the provision of independent hearing officers.

(g) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 60) and added by Stats. 2022, Ch. 49, Sec. 61. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4712.7. (a) In addition to any other delegation of authority granted to the Director of Health Services, the director may delegate their authority to adopt final decisions under this chapter to hearing officers described in subdivision (b) of Section 4712 to the extent deemed appropriate by the director. The delegation shall be in writing.

(b) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 62. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions.)**

4713. (a) If the hearing officer's decision is unfavorable to the claimant, and the claimant has been receiving the services that have been the subject of the appeal, the hearing officer's decision shall not be implemented until 10 days after receipt of certified mailing to the claimant and the authorized representative.

(b) If the claimant, the claimant's guardian or conservator, parent of a minor claimant, or authorized representative cannot understand English, the written decision shall be provided by the responsible state agency to that person in English and in such language which such person comprehends.

(c) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 63. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 64 of Stats. 2022, Ch. 49.)**

4713. (a) If the final decision is unfavorable to the claimant, and the claimant has been receiving the services that have been the subject of the appeal, the decision shall not be implemented until 15 days after receipt of the final hearing decision by the claimant and the authorized representative, unless a reconsideration is requested within 15 days from the date of the final hearing decision. If a reconsideration is requested, any services shall continue as specified in Section 4715.

(b) Within 15 days of the date of the final hearing decision, a party may apply to the hearing office or to the director responsible for issuing the final decision for a correction of a mistake of fact or law, or a clerical error in the decision or in the decision of the hearing officer not to recuse themselves following a request pursuant to

subdivision (g) of Section 4712. The party shall state the specific grounds on which the application is made. Notice of the application shall be given to the other parties to the proceeding and to the department. The application is not a prerequisite for seeking judicial review. The other party may file a written statement supporting or opposing the application.

(c) The hearing office shall refer the application to a hearing officer who did not write the decision for which reconsideration is requested.

(d) Within 15 days of receiving the request, the hearing office or the director responsible for issuing the decision may deny the application, grant the application and modify the decision, or grant the application and set the matter for further proceedings. If further proceedings are authorized, they shall be conducted in the same manner and subject to the same time limits as the original hearing. Within one day of its decision on the application, the hearing office shall notify the parties and the department of its decision on the application.

(e) The hearing office or the director responsible for issuing the decision shall, within five business days after correction of a mistake of fact or law or clerical error in the decision, serve a copy of the corrected decision on each party and provide a copy to the State Department of Developmental Services.

(f) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 63) and added by Stats. 2022, Ch. 49, Sec. 64. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4713.5. (a) The regional center shall implement the final hearing decision as soon as practical and not later than 30 days following the date of the final hearing decision, or, if a reconsideration was granted, the regional center shall implement the final corrected decision 30 days following the reconsideration, unless the regional center notifies the claimant and their authorized representative in writing, with a copy to the department, of the specific exceptional circumstances that make it impossible to implement the decision within that timeframe and provides the date when the decision will be implemented.

(b) The claimant or authorized representative may contact the department if they are dissatisfied with the regional center's or the state-operated facility's compliance with the decision. Upon notification, the department shall take appropriate actions to obtain compliance with the decision.

**(Added by Stats. 2022, Ch. 49, Sec. 65. (SB 188) Effective June 30, 2022.)**

4714. (a) Commencing July 1, 1999, for each appeal request submitted pursuant to Section 4710.5, regional centers and developmental centers shall submit information to the department including, but not limited to, all of the following:

- (1) Whether the case was resolved through an informal meeting or mediation.
- (2) Whether an informal meeting or mediation was declined, and if so, by which party.
- (3) The issue or issues involved in the case.
- (4) The outcome of the case if a fair hearing was held.

(b) The information collected pursuant to this section shall be compiled by the department and made available to the public upon request.

(c) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

(Amended by Stats. 2022, Ch. 49, Sec. 66. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 67 of Stats. 2022, Ch. 49.)

4714. (a) For each appeal request form submitted pursuant to Section 4710.5, the department shall collect information related to the appeal from regional centers or state-operated facilities in a manner and at times determined by the department. The information collected shall include, but is not limited to, all of the following:

(1) Whether the case was resolved before an informal meeting or through an informal meeting.

(2) Whether the case was withdrawn and the reason for the withdrawal.

(3) Whether an informal meeting was declined.

(4) The issue or issues involved in the case by issue type, as specified by the department.

(5) If the case was resolved, the resolution outcome.

(6) Demographic information, as identified by the department, about the claimants.

(7) A copy of the written decision of the regional center director or designee or state-operated facility director or designee.

(b) For each appeal request submitted to the hearing office to conduct a mediation or a fair hearing, the department shall collect information relating to the request from the hearing office. The information provided shall include, but is not limited to, all of the following:

(1) Whether the request was resolved before mediation, through mediation, through a fair hearing, through a reconsideration, or through a different means.

(2) Whether the request was withdrawn and the reason for the withdrawal.

(3) The issue or issues involved in the request by issue type, as specified by the department.

(4) If the request was resolved, the outcome.

(5) A copy of the written mediation agreement, the final administrative hearing decision, and the final reconsideration decision, as applicable.

(6) The average length of time between filing and resolution of the request.

(7) Demographic information, as identified by the department, about claimants.

(c) The information collected pursuant to this section shall be compiled by the department. The department shall post aggregate information on its internet website at least annually and shall notify the Legislature when the information has been posted. The names of recipients and applicants and other personally identifiable information shall not be disclosed.

(d) This section shall become operative on March 1, 2023.

(Repealed (in Sec. 66) and added by Stats. 2022, Ch. 49, Sec. 67. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)

#### **Article 4. Services Pending Final Administrative Decision**

(Article 4 added by Stats. 1982, Ch. 506, Sec. 2.)

4715. (a) Except as otherwise provided in this section, if a request for a hearing is postmarked or received by the service agency no later than 10 days after receipt of the notice of the proposed action mailed pursuant to subdivision (a) of Section 4710, services that are being provided pursuant to a recipient's individual program plan shall

be continued during the appeal procedure up to and including the 10th day after receipt of any of the following:

(1) Receipt by the service agency, following an informal meeting, of the withdrawal of the fair hearing request pursuant to Section 4710.9.

(2) Receipt by the service agency, following mediation, of the withdrawal of the fair hearing request pursuant to subdivision (a) of Section 4711.4.

(3) Receipt by the recipient of the final decision of the hearing officer or single stage agency pursuant to subdivisions (a) and (c) of Section 4712.5.

(b) Services continued pursuant to subdivision (a) may be modified by agreement of the parties in accordance with the decision of the interdisciplinary team and the individual program plan.

(c) Any appeal to a court by either party shall not operate as a stay of enforcement of the final administrative decision, provided that either party may seek a stay of enforcement from any court of competent jurisdiction.

(d) This section shall remain in effect only until March 1, 2023, and as of that date is repealed.

**(Amended by Stats. 2022, Ch. 49, Sec. 68. (SB 188) Effective June 30, 2022. Repealed as of March 1, 2023, by its own provisions. See later operative version added by Sec. 69 of Stats. 2022, Ch. 49.)**

4715. (a) Except as provided in this section, if an appeal request is postmarked or received by the department or by another agency designated by the department to receive the appeal request, no later than 30 days after receipt of the notice of the proposed action sent pursuant to subdivision (a) of Section 4710, but no later than the effective date of the action, services that are being provided pursuant to a recipient's individual program plan shall be continued during the appeals process up to and including the 10th day after receipt of any of the following:

(1) Receipt by the regional center or state-operated facility, following an informal meeting, of the withdrawal of the appeal request pursuant to subdivision (a) of Section 4710.9, or the claimant's receipt of the informal meeting decision if the claimant has not made a decision to withdraw the appeal request or proceed to hearing within three days of receipt of the informal meeting decision pursuant to subdivision (c) of Section 4710.9.

(2) Receipt by the regional center or state-operated facility, following mediation, of the withdrawal of the appeal request pursuant to subdivision (a) of Section 4711.7 or the date the hearing office takes the appeal off the calendar if the claimant has not decided to withdraw the appeal request or proceed to the fair hearing pursuant to subdivision (b) of Section 4711.7.

(3) Receipt by the recipient of the final administrative hearing decision of the hearing officer or state agency pursuant to subdivision (a), (d), or (e) of Section 4712.5.

(4) Receipt by the recipient of the final decision of the hearing officer following a rehearing pursuant to Section 4713 if a rehearing was requested within 15 days from the date of the final administrative hearing decision pursuant to subdivision (a) of Section 4713.

(b) Services continued pursuant to subdivision (a) may be modified by agreement of the parties in accordance with the decision of the interdisciplinary team and the individual program plan.

(c) Any appeal to a court by either party shall not operate as a stay of enforcement of the final administrative decision, provided that either party may seek a stay of enforcement from any court of competent jurisdiction.

(d) This section shall become operative on March 1, 2023.

**(Repealed (in Sec. 68) and added by Stats. 2022, Ch. 49, Sec. 69. (SB 188) Effective June 30, 2022. Operative March 1, 2023, by its own provisions.)**

4716. Nothing in this chapter shall presume the incompetence of any person with a developmental disability to participate in any of the appeals procedures established herein.

**(Repealed and added by Stats. 1982, Ch. 506, Sec. 2.)**

4717. The hearing office, in collaboration with the department, shall establish and maintain an advisory committee composed of stakeholders including recipients and family members, the State Council on Developmental Disabilities, the protection and advocacy agency identified in Section 4900 et. seq and designated by the Governor to fulfill the requirements and assurances of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, representatives of regional centers, advocacy organizations, and the Association of Regional Center Agencies. The advisory committee shall meet at least semiannually and assist the hearing office by providing nonbinding recommendations for improvements to fair hearing and mediation operations.

**(Added by Stats. 2022, Ch. 49, Sec. 70. (SB 188) Effective June 30, 2022.)**

### **Article 5. Access to Records**

**(Article 5 added by Stats. 1982, Ch. 506, Sec. 2.)**

4725. For the purposes of this article:

(a) "Access" means the right to inspect, review, and obtain an accurate copy of any record obtained in the course of providing services under this division. A regional center or state-operated facility may make a reasonable charge in an amount not to exceed the actual cost of reproducing the record, unless the imposition of the cost would prohibit the exercise of the right to obtain a copy. A charge shall not be made to search for or retrieve any record.

(b) "Record" means any item of information directly relating to a person with developmental disabilities or to one who is believed to have a developmental disability that is maintained by a regional center or state-operated facility, whether recorded by handwriting, print, tapes, film, microfilm, or other means.

**(Amended by Stats. 2022, Ch. 49, Sec. 71. (SB 188) Effective June 30, 2022.)**

4726. Notwithstanding Section 5328, access to records shall be provided to an applicant for, or recipient of, services or to their authorized representative, including the person appointed as a developmental services decisionmaker pursuant to Section 319, 361, or 726, for purposes of the appeal process under this chapter.

**(Amended by Stats. 2022, Ch. 49, Sec. 72. (SB 188) Effective June 30, 2022.)**

4727. Nothing in this chapter shall be construed to compel a physician, psychologist, social worker, nurse, attorney, or other professional person to reveal



information which has been given to him or her in confidence by members of a recipient's or applicant's family.

**(Added by Stats. 1982, Ch. 506, Sec. 2.)**

4728. Each regional center and the department for its state-operated facilities shall adopt procedures for granting of requests by persons authorized under Section 4726 for access to records during regular business hours, provided that access shall be granted no later than three business days following the date of receipt of the oral or written request for access. Procedures shall include notice of the location of all records and the provision of qualified personnel to interpret records if requested.

**(Amended by Stats. 2022, Ch. 49, Sec. 73. (SB 188) Effective June 30, 2022.)**

4729. Whenever access to regional center or state-operated facility records is requested, the regional center or state-operated facility shall provide at least the following information:

- (a) The types of records maintained by the service agency.
- (b) The position of the official responsible for the maintenance of records.
- (c) The right of access to the records, and the policies of the regional center or state-operated facility for obtaining access, including the cost, if any, consistent with subdivision (a) of Section 4725, to be charged for reproducing copies of records.

**(Amended by Stats. 2022, Ch. 49, Sec. 74. (SB 188) Effective June 30, 2022.)**

4730. Any person who willfully and knowingly violates the provisions of this article is guilty of a misdemeanor.

**(Added by Stats. 1982, Ch. 506, Sec. 2.)**

4731. (a) Each consumer or any representative acting on behalf of any consumer or consumers, who believes that any right to which a consumer is entitled has been abused, punitively withheld, or improperly or unreasonably denied by a regional center, state-operated facility, or service provider, may pursue a complaint as provided in this section.

(b) Initial referral of any complaint taken pursuant to this section shall be to the director of the regional center from which the consumer receives case management services. If the consumer resides in a state-operated facility, the complaint shall be made to the director of the state-operated facility. The director shall, within 20 working days of receiving a complaint, investigate the complaint and send a written proposed resolution to the complainant and, if applicable, to the service provider. The written proposed resolution shall include a telephone number and mailing address for referring the proposed resolution in accordance with subdivision (c).

(c) If the complainant is not satisfied with the proposed resolution, the complainant may refer the complaint, in writing, to the Director of Developmental Services within 15 working days of receipt of the proposed resolution. The director shall, within 45 days of receiving a complaint, issue a written administrative decision and send a copy of the decision to the complainant, the director of the regional center or state-operated facility, and the service provider, if applicable. If there is no referral to the department, the proposed resolution shall become effective on the 20th working day following receipt by the complainant.

(d) The department shall annually compile the number of complaints filed, by each regional center and state-operated facility, the subject matter of each complaint, and a summary of each decision. Copies shall be made available to any person upon request.

(e) This section shall not be used to resolve disputes concerning the nature, scope, or amount of services and supports that should be included in an individual program plan, for which there is an appeals procedure established in this division, or disputes regarding rates or audit appeals for which there is an appeals procedure established in regulations. Those disputes shall be resolved through the appeals procedure established by this division or in regulations.

(f) All consumers or, if appropriate, their authorized representative, shall be notified in writing in their preferred language of the right to file a complaint pursuant to this section when they apply for services from a regional center or a state-operated facility, and at each regularly scheduled planning meeting.

(Amended by Stats. 2022, Ch. 49, Sec. 75. (SB 188) Effective June 30, 2022.)

#### **CHAPTER 7.5. RESIDENTIAL CARE FACILITY APPEALS PROCEDURES**

(Chapter 7.5 repealed and added by Stats. 1981, Ch. 714, Sec. 470.)

4740. The Legislature finds the following:

(a) The quality of care provided to persons with developmental disabilities by residential facilities is contingent upon a closely coordinated “team” effort by the regional center or its designee, the person with developmental disabilities, the parent or representative if appropriate, the residential facility administrator, and the licensing agency. The rights and responsibilities of each must be identified in order to assure clear direction and accountability for each.

(b) The quality of care is impaired when inordinate numbers of staff from placement and licensing agencies give direction to the facility administrator regarding care and service requirements.

(Amended by Stats. 1998, Ch. 1043, Sec. 23. Effective January 1, 1999.)

4741. An adult person with a developmental disability has the legal right to determine where his or her residence will be. Except in a situation which presents immediate danger to the health and well-being of the individual, the regional center or its designee shall not remove a consumer from a residential care facility against the client’s wishes unless there has been specific court action to abridge such right with respect to an adult or unless the parent, guardian or conservator consents with respect to a child.

(Amended by Stats. 1998, Ch. 1043, Sec. 24. Effective January 1, 1999.)

4742. The regional center or its designated representative shall (a) guide and counsel facility staff regarding the care and services and supports required by each consumer served by the regional center; and (b) monitor the care and services and supports provided the individual to ensure that care and services and supports are provided in accordance with the individual program plan.

(Amended by Stats. 1998, Ch. 1043, Sec. 25. Effective January 1, 1999.)

4742.1. (a) A statement made by a regional center representative when discharging his or her obligation to monitor the provision of services and supports pursuant to this division shall be a privileged communication, subject to subdivision (b).

(b) A statement shall not be privileged pursuant to subdivision (a) if a party to a judicial action demonstrates that the regional center representative made the disputed statement with knowledge of its falsity or with reckless disregard for the truth.

**(Added by Stats. 1998, Ch. 1043, Sec. 26. Effective January 1, 1999.)**

4743. It is the intent of the Legislature that to the greatest extent possible, the staff of the regional center or its designee are assigned so as to minimize the number of persons responsible for programs provided in a given facility.

The regional center or its designee shall designate the staff person responsible for assuring that each individual consumer's program plan is carried out. One person shall be assigned by the regional center as the principal liaison to a facility and to monitor the provision of care and the services provided by that facility in accordance with the individual program plans. If, due to the number of regional center consumers in the facility, additional staff of a regional center or its designee serve consumers in the facility, one person shall be assigned as having primary responsibility for, and assure consistency and continuity of, directions to the administrator and for the monitoring of care and services.

**(Amended by Stats. 1998, Ch. 1043, Sec. 27. Effective January 1, 1999.)**

4744. The regional center or its designee shall provide to the residential facility administrator all information in its possession concerning any history of dangerous propensity of the consumer prior to the placement in that facility. However, no confidential consumer information shall be released pursuant to this section without the consent of the consumer or authorized representative.

**(Amended by Stats. 1998, Ch. 1043, Sec. 28. Effective January 1, 1999.)**

4745. During each visit to the facility, the designated staff person shall inform the administrator orally of any substantial inadequacies in the care and services provided, the specific corrective action necessary and the date by which corrective action must be completed. The designated staff person shall confirm this information in writing to the administrator within 48 hours after the oral notice and inform the administrator in writing of the right to appeal the findings.

**(Amended by Stats. 1998, Ch. 1043, Sec. 29. Effective January 1, 1999.)**

4746. The severity of the deficiencies and the quality of care provided shall determine how long the regional center or its designee will work with the facility administrator to resolve inadequacies. After a reasonable period of time, if the care continues to be unacceptable, the designated staff person shall submit to his or her supervisor and to the licensing agency and administrator a recommended disposition with supporting documents attached. The placement agency shall develop sufficient documentation of inadequacies and care provided to sustain corrective action.

**(Repealed and added by Stats. 1981, Ch. 714, Sec. 470.)**

4747. If a consumer or, when appropriate, the parent, guardian, or conservator or authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, requests a relocation, the regional center shall schedule an individual program plan meeting, as soon as possible to assist in locating and moving to another residence.

**(Amended by Stats. 2020, Ch. 367, Sec. 18. (SB 1264) Effective January 1, 2021.)**

4748. Within nine months of the effective date of this section, the State Department of Developmental Services shall develop and implement regulations for use by the regional center or its designee to assure uniformity of the care and services to be provided to persons registered with the regional centers who reside in residential facilities.

(Repealed and added by Stats. 1981, Ch. 714, Sec. 470.)

#### **CHAPTER 8. EVALUATION**

(Chapter 8 added by Stats. 1977, Ch. 1252.)

4750. The Legislature intends that expenditures on state programs for persons with developmental disabilities shall have measurable and desirable results. The results shall reflect the degree to which persons with developmental disabilities are empowered to make choices and are leading more independent, productive, and normal lives.

(Amended by Stats. 1992, Ch. 1011, Sec. 26. Effective January 1, 1993.)

4750.5. In order to gather data that is relevant to ensuring the safety and well-being of persons with developmental disabilities, the department shall ensure that the client master file entry for any person with developmental disabilities placed by a regional center will be updated within 30 days after the change of residence.

(Added by Stats. 1996, Ch. 434, Sec. 3. Effective January 1, 1997.)

4752. The department shall prepare by July 1, 1978, a plan for using the method to obtain and report statewide information on program effectiveness.

The plan shall include:

- (a) A description of any sampling procedures to be used.
- (b) Methods for obtaining and analyzing information about the type and amount of service provided to obtain program results.
- (c) Methods for determining the state expenditures associated with varying levels of measured program effectiveness.
- (d) Specification of procedures and format for future reports to the Legislature on program costs and effectiveness.
- (e) The projected costs of implementation.

(Added by Stats. 1977, Ch. 1252.)

4753. By January 1, 1979, the department shall implement the evaluation system for all programs under its jurisdiction.

(Added by Stats. 1977, Ch. 1252.)

4754. Nothing in this chapter shall be construed to prohibit any agency providing services to persons with developmental disabilities from utilizing additional evaluation mechanisms for the agency's own program purposes.

(Added by Stats. 1977, Ch. 1252.)

#### **CHAPTER 9. BUDGETARY PROCESS AND FINANCIAL PROVISIONS**

(Chapter 9 added by Stats. 1977, Ch. 1252.)

4775. The Legislature finds that the method of appropriating funds for numerous programs for the developmentally disabled affects the availability and distribution of services and must be related to statewide planning. Therefore, the process for

determining levels of funding of programs must involve consideration of the state plan established pursuant to Chapter 3 (commencing with Section 4561) of this division and the participation of citizens who may be directly affected by funding decisions.

**(Amended by Stats. 2014, Ch. 409, Sec. 57. (AB 1595) Effective January 1, 2015.)**

4776. On or before August 1 of each year, each regional center shall submit to the department and the state council a program budget plan for the subsequent budget year. The budget plan shall include all of the following:

(a) An estimate of all developmentally disabled persons to be served by the regional center.

(b) An estimate of services to be provided by the regional center.

(c) An estimate of cost, by type of service.

(d) Estimated sources and amounts of all revenue, including funds which are not administered by regional centers.

(e) A detailed report of the resources required to implement Section 4509.

**(Amended by Stats. 1979, Ch. 1140.)**

4776.5. (a) Regional centers shall not be subject to any provision of law, regulation, or policy required of state agencies pertaining to the planning and acquisition of information technology, including personal computers, local area networks, information technology consultation, and software.

(b) The State Department of Developmental Services and the Association of Regional Center Agencies shall jointly develop guidelines for use by regional centers in the expenditure of funds for those information system activities, including consultation and software development, involving interface with the data bases of the State Department of Developmental Services, including the Uniform Fiscal System.

**(Added by Stats. 1996, Ch. 197, Sec. 17. Effective July 22, 1996.)**

4777. On or before September 1 of each year, the Superintendent of Public Instruction shall submit to the state council:

(a) An estimate of all developmentally disabled persons to be served throughout the state.

(b) Estimated total cost, by service or educational category.

(c) Estimated sources of revenue.

**(Added by Stats. 1977, Ch. 1252.)**

4778. To the extent feasible, all funds appropriated for developmental disabilities programs under this part shall be allocated to those programs by August 1 of each year.

**(Amended by Stats. 1992, Ch. 713, Sec. 38. Effective September 15, 1992.)**

4780. When appropriated by the Legislature, the department may receive and expend all funds made available by the federal government, the state, its political subdivisions, and other sources, and, within the limitation of the funds made available, shall act as an agent for the transmittal of the funds for services through the regional centers. The department may use any funds received under Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code for the purposes of this division.

**(Amended by Stats. 1996, Ch. 1023, Sec. 463. Effective September 29, 1996.)**

4780.5. The State Department of Developmental Services is responsible for the processing, audit, and payment of funds made available to regional centers under this division. The department shall establish procedures for hearing objections to audit findings and exceptions by regional centers.

**(Added by Stats. 1979, Ch. 1142.)**

4781. The department may accept and expend grants, gifts, and legacies of money and, with the consent of the Department of Finance, may accept, manage, and expend grants, gifts and legacies of other property, in furtherance of the purposes of this division.

The secretary may enter into agreements with any person, agency, corporation, foundation, or other legal entity to carry out the purposes of this division.

**(Added by Stats. 1977, Ch. 1252.)**

4781.5. (a) For the 2006–07 fiscal year only, a regional center may not expend any purchase of service funds for the startup of any new program unless one of the following criteria is met:

(1) The expenditure is necessary to protect the consumer's health or safety or because of other extraordinary circumstances.

(2) The program to be developed promotes and provides integrated supported work options for individuals or groups of no more than three consumers.

(3) The program to be developed promotes and provides integrated social, civic, volunteer, or recreational activities.

(b) Notwithstanding subdivision (a), a regional center may approve grants for the 2006–07 fiscal year only to current providers to engage in new or expanded employment activities that result in greater integration, conversion from sheltered to supported work environments, self-employment, and increased consumer participation in the federal Ticket to Work program.

(c) Startup contracts for programs funded under this section shall be outcome-based.

(d) The department shall develop criteria by which regional centers shall approve grants, and shall provide prior written authorization for the expenditures under this section.

(e) This section shall not apply to any of the following:

(1) The purchase of services funds allocated as part of the department's community placement plan process.

(2) Expenditures for the startup of new programs made pursuant to a contract entered into before July 1, 2002.

**(Amended by Stats. 2007, Ch. 188, Sec. 29. Effective August 24, 2007.)**

4781.6. (a) A regional center shall not expend any purchase of service funds for the startup of any new program unless the expenditure is necessary to protect the consumer's health or safety or because of extraordinary circumstances, and the department has granted prior written authorization for the expenditures.

(b) This section does not apply to the purchase of services funds allocated as part of the department's community placement plan process.

**(Amended by Stats. 2008, 3rd Ex. Sess., Ch. 3, Sec. 11. Effective February 16, 2008.)**

4783. (a) (1) The Family Cost Participation Program is hereby created in the State Department of Developmental Services for the purpose of assessing a cost participation to parents, as defined in Section 50215 of Title 17 of the California Code of Regulations, who have a child to whom all of the following applies:

(A) The child has a developmental disability or is eligible for services under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code).

(B) The child is zero to 17 years of age, inclusive.

(C) The child lives in the parents' home.

(D) The child receives services and supports purchased through the regional center.

(E) The child is not eligible for Medi-Cal.

(2) Notwithstanding any other law, a parent described in subdivision (a) shall participate in the Family Cost Participation Program established pursuant to this section.

(3) Application of this section to children zero to two years of age, inclusive, shall be contingent upon approval by the United States Department of Education.

(b) (1) The department shall develop and establish a Family Cost Participation Schedule that shall be used by regional centers to assess the parents' cost participation. The schedule shall consist of a sliding scale for families with an annual gross income not less than 400 percent of the federal poverty guideline, and be adjusted for the level of annual gross income and the number of persons living in the family home.

(2) The schedule established pursuant to this section shall be exempt from the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(c) Family cost participation assessments shall only be applied to respite, daycare, and camping services that are included in the child's individual program plan or individualized family service plan for children zero to two years of age, inclusive.

(d) If there is more than one minor child living in the parents' home and receiving services or supports paid for by the regional center, or living in a 24-hour out-of-home facility, including a developmental center, the assessed amount shall be adjusted as follows:

(1) A parent that meets the criteria specified in subdivision (b) with two children shall be assessed at 75 percent of the respite, daycare, and camping services in each child's individual program plan or individualized family service plan for each child living at home.

(2) A parent that meets the criteria specified in subdivision (b) with three children shall be assessed at 50 percent of the respite, daycare, and camping services included in each child's individual program plan or individualized family service plan for each child living at home.

(3) A parent that meets the criteria specified in subdivision (b) with four children shall be assessed 25 percent of the respite, daycare, and camping services included in each child's individual program plan or individualized family service plan for each child living at home.

(4) A parent that meets the criteria specified in subdivision (b) with more than four children shall be exempt from participation in the Family Cost Participation Program.

(e) For each child, the amount of cost participation shall be less than the amount of the parental fee that the parent would pay if the child lived in a 24-hour, out-of-home facility.

(f) Commencing January 1, 2005, each regional center shall be responsible for administering the Family Cost Participation Program.

(g) Family cost participation assessments or reassessments shall be conducted as follows:

(1) (A) A regional center shall assess the cost participation for all parents of current consumers who meet the criteria specified in this section. A regional center shall use the most recent individual program plan or individualized family service plan for this purpose.

(B) A regional center shall assess the cost participation for parents of newly identified consumers at the time of the initial individual program plan or the individualized family service plan.

(C) Reassessments for cost participation shall be conducted as part of the individual program plan or individual family service plan review pursuant to subdivision (b) of Section 4646.5 of this code or subdivision (f) of Section 95020 of the Government Code.

(D) The parents are responsible for notifying the regional center when a change in family income occurs that would result in a change in the assessed amount of cost participation.

(2) Parents shall self-certify their gross annual income to the regional center by providing copies of W-2 Wage Earners Statements, payroll stubs, a copy of the prior year's state income tax return, or other documents and proof of other income.

(3) A regional center shall notify parents of the parents' assessed cost participation within 10 working days of receipt of the parents' complete income documentation.

(4) Parents who have not provided copies of income documentation pursuant to paragraph (2) shall be assessed the maximum cost participation based on the highest income level adjusted for family size until the appropriate income documentation is provided. Parents who subsequently provide income documentation that results in a reduction in their cost participation shall be reimbursed for the actual cost difference incurred for services identified in the individual program plan or individualized family service plan for respite, daycare, and camping services, for 90 calendar days preceding the reassessment. The actual cost difference is the difference between the maximum cost participation originally assessed and the reassessed amount using the parents' complete income documentation, that is substantiated with receipts showing that the services have been purchased by the parents.

(5) The executive director of the regional center may grant a cost participation adjustment for parents who incur an unavoidable and uninsured catastrophic loss with direct economic impact on the family or who substantiate, with receipts, significant unreimbursed medical costs associated with care for a child who is a regional center consumer. A redetermination of the cost participation adjustment shall be made at least annually.

(h) A provider of respite, daycare, or camping services shall not charge a rate for the parents' share of cost that is higher than the rate paid by the regional center for its share of cost.

(i) The department shall develop, and regional centers shall use, all forms and documents necessary to administer the program established pursuant to this section.



The forms and documents shall be posted on the department's internet website. A regional center shall provide appropriate materials to parents at the initial individual program plan or individualized family service plan meeting and subsequent individual program plan or individualized family service plan review meetings. These materials shall include a description of the Family Cost Participation Program.

(j) The department shall include an audit of the Family Cost Participation Program during its audit of a regional center.

(k) (1) Parents of children 3 to 17 years of age, inclusive, may appeal an error in the amount of the parents' cost participation to the executive director of the regional center within 30 days of notification of the amount of the assessed cost participation. The parents may appeal to the Director of Developmental Services, or the director's designee, any decision by the executive director made pursuant to this subdivision within 15 days of receipt of the written decision of the executive director.

(2) Parents of children 3 to 17 years of age, inclusive, who dispute the decision of the executive director pursuant to paragraph (5) of subdivision (g) shall have a right to a fair hearing as described in, and the regional center shall provide notice pursuant to, Chapter 7 (commencing with Section 4700). This paragraph shall become inoperative on July 1, 2006.

(3) On and after July 1, 2006, a parent described in paragraph (2) shall have the right to appeal the decision of the executive director to the Director of Developmental Services, or the director's designee, within 15 days of receipt of the written decision of the executive director.

(l) For parents of children zero to two years of age, inclusive, the complaint, mediation, and due process procedures set forth in Sections 52170 to 52174, inclusive, of Title 17 of the California Code of Regulations shall be used to resolve disputes regarding this section.

(m) The department may adopt emergency regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this subdivision.

(n) By April 1, 2005, and annually thereafter, the department shall report to the appropriate fiscal and policy committees of the Legislature on the status of the implementation of the Family Cost Participation Program established under this section. On and after April 1, 2006, the report shall contain all of the following:

(1) The annual total purchase of services savings attributable to the program per regional center.

(2) The annual costs to the department and each regional center to administer the program.

(3) The number of families assessed a cost participation per regional center.

(4) The number of cost participation adjustments granted pursuant to paragraph (5) of subdivision (g) per regional center.

(5) The number of appeals filed pursuant to subdivision (k) and the number of those appeals granted, modified, or denied.

(o) Commencing July 1, 2022, to June 30, 2023, inclusive, regional centers shall suspend existing and new assessments and reassessments of the cost participation. The suspensions shall no longer occur on or after July 1, 2023.

(Amended by Stats. 2022, Ch. 49, Sec. 76. (SB 188) Effective June 30, 2022.)

4784. (a) The department shall assess a monthly fee to parents of children under 18 years of age who are receiving 24-hour out-of-home care services through a regional center or as a resident of a state hospital when the family's gross income is above 200 percent of the federal poverty level.

(b) The monthly parental fees and credits established pursuant to this section shall be exempt from Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) A monthly parental fee described in this section shall be assessed beginning 60 days from the date of the child's placement in 24-hour out-of-home care.

(d) For the purpose of assessing the fee, parents shall provide income documentation to the department within 30 days of the date the department requested the documentation. Income documentation shall include a copy of a parent's most recent federal tax return or a copy of each parent's most recent paystub or employer-provided earnings statement, issued within 60 days of the date the department requested the documentation. A self-employed parent shall document his or her income by providing a copy of his or her most recent federal tax return. A parent without income documentation shall report and certify his or her income on a form provided by the department.

(e) (1) The monthly parental fee for parents who timely submit income documentation or from whom the department does not request income documentation shall be as follows:

(A) Parents who have a family income of 201 percent to 300 percent, inclusive, of the current federal poverty level shall be assessed a monthly fee of 3 percent of their annual gross income, divided by 12.

(B) Parents who have a family income of 301 percent to 400 percent, inclusive, of the current federal poverty level shall be assessed a monthly fee of 4 percent of their annual gross income, divided by 12.

(C) Parents who have a family income of 401 percent to 500 percent, inclusive, of the current federal poverty level shall be assessed a monthly fee of 5 percent of their annual gross income, divided by 12.

(D) Parents who have a family income of 501 percent or more of the current federal poverty level shall be assessed a monthly fee of 6 percent of their annual gross income, divided by 12.

(2) The monthly parental fee for parents who fail to provide income documentation to the department within 30 days of the date the department requested the documentation shall be equivalent to the maximum monthly cost of caring for a child, as determined by the most recent data available from the United States Department of Agriculture's survey on the cost of raising a child in the west region. However, if parents whose monthly parental fee is calculated pursuant to this paragraph later provide the required income documentation, their monthly parental fee shall be recalculated pursuant to paragraph (1) and retroactively adjusted based on the income information provided.

(3) A monthly parental fee assessed pursuant to this section shall not exceed the maximum monthly cost of caring for a child, as determined by the most recent data available from the United States Department of Agriculture's survey on the cost of raising a child in the west region, or the cost of the services provided, whichever is less.

(4) A monthly parental fee assessed pursuant to this section shall be recalculated every 12 months, on the date of the original fee assessment, and within 60 days of the date a parent notifies the department of a change in family income or family size and provides updated income documentation, as described in subdivision (d).

(5) Parents of children placed in 24-hour out-of-home care prior to July 1, 2016, shall have their initial monthly parental fee calculated, pursuant to the provisions of this section, at the time of their annual fee recalculation, or within 60 days of a parental request for review by the department and receipt of the family's completed family financial statement.

(6) The department may grant a temporary waiver from paying the monthly parental fee for parents who substantiate, with receipts, an unavoidable and uninsured catastrophic loss with direct economic impact on the family or significant unreimbursed medical costs associated with care for a child who is a regional center consumer.

(f) Parents who remove their child from 24-hour out-of-home care for a home visit for six or more consecutive hours during a 24-hour period shall be entitled to a credit equal to one day of the monthly parental fee. A credit shall be calculated by multiplying the parents' monthly parental fee by 12 and dividing that number by the number of days in the year. In order to receive a credit pursuant to this subdivision, parents shall submit a request to the department that is postmarked no later than 60 days after the day for which the credit was earned. Failure to comply with this requirement will result in a denial of the credit by the department.

(g) All fees collected shall be remitted to the State Treasury to be deposited into the Program Development Fund established in Chapter 6 (commencing with Section 4670) to provide resources needed to initiate new programs, consistent with approved priorities for the program development in the state plan, or to be used by the department to offset General Fund costs.

(h) Parents may appeal a determination of the amount of a monthly parental fee or the denial or amount of a credit requested pursuant to subdivision (f) by submitting a written appeal request to the director within 30 days of the date of the monthly parental fee confirmation letter or credit confirmation or denial letter. An appeal pursuant to this subdivision may consider only disputes concerning the family income used to set the monthly parental fee and the denial or amount of credit. The director, or his or her designee shall, within 30 days after receipt of the appeal, review the assessed monthly parental fee or credit denial or amount for accuracy and provide written notice of the decision to the appellant. The director or his or her designee shall, when deciding an appeal of a monthly parental fee, consider the income documentation and the calculation of the monthly parental fee described in subdivision (e). All decisions regarding monthly parental fee appeals shall be retroactive to the date the appealed monthly parental fee was assessed.

(i) This section shall become operative on July 1, 2016.

**(Repealed (in Sec. 3) and added by Stats. 2015, Ch. 500, Sec. 4. (AB 564) Effective January 1, 2016. Section operative July 1, 2016, by its own provisions.)**

4785. (a) (1) A regional center shall assess an annual family program fee, as described in subdivision (b), from parents whose adjusted gross family income is at or above 400 percent of the federal poverty level based upon family size and who have a child to whom all of the following apply:

(A) The child has a developmental disability or is eligible for services under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code).

(B) The child is less than 18 years of age.

(C) The child lives with the child's parent.

(D) The child or family receives services beyond eligibility determination, needs assessment, and service coordination.

(E) The child does not receive services through the Medi-Cal program.

(2) An annual family program fee shall not be assessed or collected pursuant to this section if the child receives only respite, daycare, or camping services from the regional center, and a cost for participation is assessed to the parents under the Family Cost Participation Program.

(3) The annual family program fee shall be initially assessed by a regional center at the time of the development, scheduled review, or modification of the individual program plan (IPP) pursuant to Sections 4646 and 4646.5, or the individualized family services plan (IFSP) pursuant to Section 95020 of the Government Code, but no later than June 30, 2012, and annually thereafter.

(4) Application of this section to children zero to two years of age, inclusive, shall be contingent upon necessary approval by the United States Department of Education.

(b) (1) The annual family program fee for parents described in paragraph (1) of subdivision (a) shall be two hundred dollars (\$200) per family, regardless of the number of children in the family with developmental disabilities or who are eligible for services under the California Early Intervention Services Act.

(2) Notwithstanding paragraph (1), parents described in paragraph (1) of subdivision (a) who demonstrate to the regional center that their adjusted gross family income is less than 800 percent of the federal poverty level shall be required to pay an annual family program fee of one hundred fifty dollars (\$150) per family, regardless of the number of children in the family with developmental disabilities or who are eligible for services under the California Early Intervention Services Act.

(c) At the time of intake or at the time of development, scheduled review, or modification of a consumer's IPP or IFSP, but no later than June 30, 2012, the regional center shall provide to parents described in paragraph (1) of subdivision (a) a form and an envelope for the mailing of the annual family program fee to the department. The form, which shall include the name of the children in the family currently being served by a regional center and their unique client identifiers, shall be sent, with the family's annual program fee, to the department.

(d) The department shall notify each regional center at least quarterly of the annual family program fees collected.

(e) The regional center shall, within 30 days after notification from the department pursuant to subdivision (d), provide a written notification to the parents from whom the department has not received the annual family program fees. Regional centers shall notify the department if a family receiving notification pursuant to this section has failed to pay its annual family program fees based on the subsequent notice pursuant to subdivision (d). For these families, the department shall pursue collection pursuant to

the Accounts Receivable Management Act (Chapter 4.3 (commencing with Section 16580) of Part 2 of Division 4 of Title 2 of the Government Code).

(f) A regional center may grant an exemption to the assessment of an annual family program fee if the parents demonstrate any of the following:

- (1) That the exemption is necessary to maintain the child in the family home.
- (2) The existence of an extraordinary event that impacts the parents' ability to pay the fee or the parents' ability to meet the care and supervision needs of the child.
- (3) The existence of a catastrophic loss that temporarily limits the ability of the parents to pay and creates a direct economic impact on the family. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters, accidents involving, or major injuries to, an immediate family member, and extraordinary medical expenses.

(g) Services shall not be delayed or denied for a consumer or child based upon the lack of payment of the annual family program fee.

(h) For purposes of this section, "parents" means the parents, whether natural, adoptive, or both, of a child with developmental disabilities under 18 years of age.

(i) Parents described in paragraph (1) of subdivision (a) shall be jointly and severally responsible for the annual family program fee, unless a court order directs otherwise.

(j) (1) "Total adjusted gross family income" means income acquired, earned, or received by parents as payment for labor or services, support, gift, or inheritance, or parents' return on investments. It also includes the community property interest of a parent in the gross adjusted income of a stepparent.

(2) The total adjusted gross family income shall be determined by adding the gross income of both parents, regardless of whether they are divorced or legally separated, unless a court order directs otherwise, or unless the custodial parent certifies in writing that income information from the noncustodial parent cannot be obtained from the noncustodial parent and in this circumstance only the income of the custodial parent shall be used to determine the annual family program fee.

(k) Commencing July 1, 2022, to June 30, 2023, inclusive, regional centers shall suspend existing and new assessments, reassessments, and collections of the annual family program fee. The suspensions shall no longer occur on or after July 1, 2023.

**(Amended by Stats. 2022, Ch. 49, Sec. 77. (SB 188) Effective June 30, 2022.)**

4785.1. On or before January 10, 2023, the State Department of Developmental Services shall submit to the Legislature, as part of the annual budget process, a plan to revise the Family Cost Participation Program, as established pursuant to Section 4783, and the annual family program fee, as established pursuant to Section 4785. The plan shall be developed with input from stakeholders. The plan shall consider changes that include, but are not limited to, those that promote administrative efficiency and program compliance.

**(Added by Stats. 2022, Ch. 49, Sec. 78. (SB 188) Effective June 30, 2022.)**

4786. The director shall develop, establish, and maintain an equitable system of rates of state payment for care and services purchased by the department from community care facilities. Such rate system shall be flexible and reflect the differing costs associated with the differing types and levels of care and services provided.

**(Added by Stats. 1980, Ch. 1285, Sec. 17.)**

4787. (a) The department shall, in developing the annual budget for regional center-funded services and supports for residents of developmental centers who are projected to move into the community in the budget year, estimate the costs of these services and supports. Budgeted funding shall be allocated to each regional center based on each regional center's share of the projected placements to be made within the budget year.

(b) When a resident of a developmental center moves into a community placement outside of their regional catchment area, the department shall transfer from the regional center an appropriate amount of the funding allocated for that consumer to the regional center that will provide services.

(c) A regional center able to exceed its projected placements within the fiscal year shall be allocated additional funding for that purpose in that fiscal year, if sufficient funding is available, and to the extent that additional funding is necessary to make those placements.

(d) If the department determines that a regional center will not make all of the projected placements during the fiscal year for which it has received funding, those funds shall be made available to regional centers who have exceeded their projected placements, to the extent that additional funding is necessary to make those placements.

(e) With the approval of the Department of Finance, savings that result from population reductions in the developmental centers may be transferred to regional centers for the purpose of providing services and supports to residents of developmental centers who have moved into a community placement pursuant to their individual program plan.

(f) This section shall not expand or limit the entitlement to services for a person with developmental disabilities set forth in this division.

**(Added by Stats. 1995, Ch. 513, Sec. 4. Effective January 1, 1996.)**

4790. (a) It is the intent of the Legislature to provide an incentive for regional centers to select out-of-home placements that are most appropriate for each person with a developmental disability requiring out-of-home care and to provide a disincentive for inappropriate placement in or delayed discharge from state hospitals.

(b) By March 1, 1982, the Health and Welfare Agency shall submit to the Legislature a detailed implementation plan for a pilot project involving four regional centers. These regional centers shall receive allocations of funds equivalent to the cost of state hospital care for the clients of the individual regional center from which they shall purchase services from state hospitals or other providers.

(c) Funds so allocated shall cover costs of care of all clients of the pilot project regional centers in state hospitals and, in addition, shall be used to pay costs of (1) community care, including but not limited to, out-of-home care for clients currently residing in state hospitals who have been deemed more appropriately served in the community, and (2) out-of-home costs for persons placed after receipt of the allocation.

(d) Regional centers shall be selected on the basis of their willingness to participate in the project, their demonstrated ability to provide necessary community care resources, and their relative standing in the provision of high quality programmatic and administrative services in accordance with the systems evaluation package review of regional centers by the State Department of Developmental Services. In order to ensure the most efficient use of these provisions, one of the four selected regional

centers shall have the highest ratio of nonstate hospital out-of-home residential placements in its total active caseload.

**(Added by Stats. 1981, Ch. 821, Sec. 1.)**

4791. (a) Notwithstanding any other provision of law or regulation, from July 1, 2010, until June 30, 2013, regional centers may temporarily modify personnel requirements, functions, or qualifications, or staff training requirements for providers, except for licensed or certified residential providers, whose payments are reduced by 1.25 percent pursuant to the amendments to Section 10 of Chapter 13 of the Third Extraordinary Session of the Statutes of 2009, as amended by the act amending this section.

(b) A temporary modification pursuant to subdivision (a), effective during any agreed upon period of time from July 1, 2010, until June 30, 2013, may only be approved when the regional center determines that the change will not do any of the following:

(1) Adversely affect the health and safety of a consumer receiving services or supports from the provider.

(2) Result in a consumer receiving services in a more restrictive environment.

(3) Negatively impact the availability of federal financial participation.

(4) Violate any state licensing or labor laws or other provisions of Title 17 of the California Code of Regulations not eligible for modification pursuant to this section.

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

(d) Notwithstanding any other provision of law or regulation, the department shall suspend, from July 1, 2010, until June 30, 2013, the requirements described in Sections 56732 and 56800 of Title 17 of the California Code of Regulations requiring community-based day programs and in-home respite agencies to conduct annual reviews and to submit written reports to vendoring regional centers, user regional centers, and the department.

(e) Notwithstanding any other provision of law or regulation, from July 1, 2010, until June 30, 2013, a residential service provider, vendored by a regional center and whose payment is reduced by 1.25 percent pursuant to the amendments to Section 10 of Chapter 13 of the Third Extraordinary Session of the Statutes of 2009, as amended by the act amending this section, shall not be required to complete quarterly and semiannual progress reports required in subdivisions (b) and (c) of Section 56026 of Title 17 of the California Code of Regulations. During program review, the provider shall inform the regional center case manager of the consumer's progress and any barrier to the implementation of the individual program plan for each consumer residing in the residence.

**(Amended by Stats. 2012, Ch. 25, Sec. 16. (AB 1472) Effective June 27, 2012.)**

4792. (a) This section of law shall only be operative if subdivision (b) of Section 3.94 of the Budget Act of 2011 is operative. It is the intent of the Legislature for the department to identify up to one hundred million dollars (\$100,000,000) in General Fund savings from within the overall developmental services system, including any savings or reductions within state administrative support, operation of the

developmental centers, and operation of the regional centers, including administration and the purchase of services where applicable if subdivision (b) of Section 3.94 of the Budget Act of 2011 is operative. A variety of strategies, including, but not limited to, savings attributable to caseload adjustments, changes in expenditure trends, unexpended contract funds, or other administrative savings or restructuring can be applied to this reduction with the intent of keeping reductions as far away as feasible from consumer's direct needs, services, and supports, including health, safety, and quality of life.

(b) The department may utilize input from workgroups comprised of consumers and family members, consumer-focused advocacy groups, service provider representatives, regional center representatives, developmental center representatives, other stakeholders, and staff of the Legislature, to develop General Fund savings proposals as necessary.

(c) If subdivision (b) of Section 3.94 of the Budget Act of 2011 is operative, and the department is directed to identify up to one hundred million dollars (\$100,000,000) in General Fund savings from within the developmental services system, any savings or reductions identified shall be reported to the Joint Legislative Budget Committee within 10 days of the reduction as directed within Section 3.94 of the Budget Act of 2011.

**(Added by Stats. 2011, Ch. 34, Sec. 1. (SB 73) Effective June 30, 2011. Section became operative on December 13, 2011, when condition in subd. (a) was satisfied.)**

#### **CHAPTER 10. JUDICIAL REVIEW**

**(Chapter 10 added by Stats. 1977, Ch. 1252.)**

4800. (a) Every adult who is or has been admitted or committed to a state hospital, developmental center, community care facility, as defined in Section 1502 of the Health and Safety Code, health facility, as defined in Section 1250 of the Health and Safety Code, or any other appropriate placement permitted by law, as a developmentally disabled patient shall have a right to a hearing by writ of habeas corpus for his or her release from the hospital, developmental center, community care facility, or health facility after he or she or any person acting on his or her behalf makes a request for release to any member of the staff of the state hospital, developmental center, community care facility, or health facility or to any employee of a regional center.

(b) The member of the staff or regional center employee to whom a request for release is made shall promptly provide the person making the request for his or her signature or mark a copy of the form set forth below. The member of the staff, or regional center employee, as the case may be, shall fill in his or her own name and the date, and, if the person signs by mark, shall fill in the person's name, and shall then deliver the completed copy to the medical director of the state hospital or developmental center, the administrator or director of the community care facility, or the administrator or director of the health facility, as the case may be, or his or her designee, notifying him or her of the request. As soon as possible, the person notified shall inform the superior court for the appropriate county, as indicated in Section 4801, of the request for release and shall transmit a copy of the request for release to the person's parent or conservator together with a statement that notice of judicial proceedings taken pursuant to that request will be forwarded by the court. The copy of the request for release and the notice shall be sent by the person notified by registered or



certified mail with proper postage prepaid, addressed to the addressee's last known address, and with a return receipt requested. The person notified shall also transmit a copy of the request for release and the name and address of the person's parent or conservator to the court.

- (c) Any person who intentionally violates this section is guilty of a misdemeanor.
- (d) The form for a request for release shall be substantially as follows:

(Name of the state hospital, developmental center, community care facility, or health facility or regional center) \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

I, \_\_\_\_\_ (member of the staff of the state hospital, developmental center, community care facility, or health facility or employee of the regional center), have today received a request for the release from \_\_\_\_\_ (name of state hospital, developmental center, or community care facility) State Hospital, developmental center, community care facility, or health facility of \_\_\_\_\_ (name of patient) from the undersigned patient on his or her own behalf or from the undersigned person on behalf of the patient.

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Signature or mark of patient making request  
for release

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Signature or mark of person making request  
on behalf of patient

**(Amended by Stats. 1996, Ch. 1076, Sec. 3. Effective January 1, 1997.)**

4801. (a) Judicial review shall be in the superior court for the county in which the state hospital, developmental center, community care facility, or health facility is located, except that, if the adult has been found incompetent to stand trial and has been committed pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code, judicial review shall be in the superior court of the county that determined the question of the mental competence of the defendant. The adult requesting to be released shall be informed of his or her right to counsel by a member of the staff of the state hospital, developmental center, community care facility, or health facility and by the court; and if he or she does not have an attorney for the proceedings, the court shall immediately appoint the public defender or other attorney to assist him or her in the preparation of a petition for the writ of habeas corpus and to represent him or her in the proceedings. The person shall pay the costs of those legal services if he or she is able.

(b) At the time the petition for the writ of habeas corpus is filed with the court, the clerk of the court shall transmit a copy of the petition, together with notification as to the time and place of an evidentiary hearing in the matter, to the parent or conservator of the person seeking release or for whom release is sought and to the director and clients' rights advocate of the appropriate regional center. Notice shall also be provided to the director of the appropriate developmental center if the person seeking release or for whom release is sought resides in a developmental center. The notice shall be sent by registered or certified mail with proper postage prepaid, addressed to the addressee's

last known address, and with a return receipt requested. The clients' rights advocate of the appropriate regional center may attend any hearing pursuant to this section to assist in protecting the person's rights.

(c) The court shall either release the adult or order an evidentiary hearing to be held not sooner than five judicial days nor more than 10 judicial days after the petition and notice described in subdivision (b) are deposited in the United States mail pursuant to this section.

(1) If the person seeking release or for whom release is sought resides in a developmental center or institution for mental disease, the regional center director or designee shall submit to the court, the person's attorney, and all parties required to be noticed pursuant to subdivision (b) a copy of the most recent completed assessment required by subdivision (c) of Section 4418.25, subdivision (e) of Section 4418.7, or paragraph (9) of subdivision (a) of Section 4648. The regional center shall submit copies of these assessments within two working days of receiving the notice required pursuant to subdivision (b).

(2) Except as provided in paragraph (3), if the court finds (A) that the adult requesting release or for whom release is requested is not developmentally disabled, or (B) that he or she is developmentally disabled and that he or she is able to provide safely for his or her basic personal needs for food, shelter, and clothing, he or she shall be released within 72 hours. If the court finds that he or she is developmentally disabled and that he or she is unable to provide safely for his or her basic personal needs for food, shelter, or clothing, but that a regional center or a willing responsible person or other public or private agency is able to provide for him or her, the court shall release the developmentally disabled adult to the responsible person, regional center, or other public or private agency, as the case may be, subject to any conditions that the court deems proper for the welfare of the developmentally disabled adult and that are consistent with the purposes of this division.

(3) If the person is charged with a violent felony and has been committed to his or her current placement pursuant to Section 1370.1 of the Penal Code or Section 6500, and the court finds (A) that the adult requesting release or for whom release is requested is not a person with a developmental or intellectual disability, or (B) that he or she is able to provide safely for his or her basic personal needs for food, shelter, and clothing, the court shall, before releasing the person, determine that the release will not pose a danger to the health or safety of others due to the person's known behavior. If the court finds there is no danger pursuant to the finding required by subparagraph (D) of paragraph (1) of subdivision (a) of Section 1370.1 of the Penal Code, the person shall be released within 72 hours. If the person's release poses a danger to the health or safety of others, the court may grant or deny the request, taking into account the danger to the health or safety of others posed by the person. If the court finds that release of the person can be made subject to conditions that the court deems proper for the preservation of public health and safety and the welfare of the person, the person shall be released subject to those conditions.

(d) If in a proceeding under this section, the court finds that the adult is developmentally disabled and has no parent or conservator, and is in need of a conservator, the court shall order the appropriate regional center or the state department to initiate, or cause to be initiated, proceedings for the appointment of a conservator for the developmentally disabled adult.

(e) This section shall become operative January 1, 1988.

**(Amended by Stats. 2013, Ch. 25, Sec. 9. (AB 89) Effective June 27, 2013.)**

4802. This chapter shall not be construed to impair the right of a conservator of an adult developmentally disabled patient to remove the patient from the state hospital at any time pursuant to Section 4825.

**(Amended by Stats. 1979, Ch. 730.)**

4803. (a) If a regional center recommends that a person be admitted to a community care facility or health facility as a developmentally disabled resident, the employee or designee of the regional center responsible for making the recommendations shall certify in writing that neither the person recommended for admission to a community care facility or health facility, nor the parent of a minor or conservator of an adult, if appropriate, nor the person or agency appointed pursuant to subdivision (a) of Section 4541, has made an objection to the admission to the person making the recommendation. The regional center shall transmit the certificate, or a copy thereof, to the community care facility or health facility.

(b) A community care facility or health facility shall not admit any adult as a developmentally disabled patient on recommendation of a regional center unless a copy of the certificate has been transmitted pursuant to this section.

(c) A person who, knowing that objection to a community care facility or health facility admission has been made, certifies that no objection has been made, shall be guilty of a misdemeanor.

(d) Objections to proposed placements shall be resolved by a fair hearing procedure pursuant to Section 4700.

**(Amended by Stats. 2020, Ch. 367, Sec. 19. (SB 1264) Effective January 1, 2021.)**

4804. Whenever a proceeding is held in a superior court under the provisions of this chapter, involving a person who has been placed in a state hospital located outside the county of residence of the person, the provisions of this section shall apply. The appropriate financial officer or other designated official of the county in which the proceeding is held may make out a statement of all of the costs incurred by the county for the investigation, preparation, and conduct of the proceedings, and the costs of appeal, if any. The statement may be certified by a judge of the superior court of the county. The statement may then be sent to the county of residence of the person, which shall reimburse the county providing the services. If it is not possible to determine the actual county of residence of the person, the statement may be sent to the county in which the person was originally detained, which shall reimburse the county providing the services.

**(Amended by Stats. 2002, Ch. 221, Sec. 207. Effective January 1, 2003.)**

4805. Objections to proposed transfers between state hospitals shall be resolved pursuant to Chapter 7 (commencing with Section 4700).

**(Added by Stats. 1981, Ch. 990, Sec. 4.)**

4806. This chapter shall be construed in a manner that affords the adult requesting release all rights under Section 4502, including the right to treatment and habilitation services and supports in the least restrictive environment, and the federal Americans

with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), including the right to receive services in the most integrated setting appropriate.

(Added by Stats. 2013, Ch. 25, Sec. 10. (AB 89) Effective June 27, 2013.)

## **CHAPTER 11. GUARDIANSHIP AND CONSERVATORSHIP**

(Chapter 11 added by Stats. 1977, Ch. 1252.)

4825. The provisions of this division shall not be construed to terminate any appointment of the State Department of Mental Health as guardian of the estate of a developmentally disabled person prior to July 1, 1971.

It is the intent of this section that the Director of Developmental Services be appointed as guardian or conservator of a developmentally disabled person as provided pursuant to the provisions of Article 7.5 (commencing with Section 416) of Chapter 2 of Part 1 of Division 1 of the Health and Safety Code.

Notwithstanding the provisions of Section 6000, the admission of an adult developmentally disabled person to a state hospital or private institution shall be upon the application of the person's parent or conservator in accordance with the provisions of Sections 4653 and 4803. Any person so admitted to a state hospital may leave the state hospital at any time, if such parent or conservator gives notice of his or her desire for the departure of the developmentally disabled person to any member of the hospital staff and completes normal hospitalization departure procedures.

Notwithstanding the provisions of Section 4655, any adult developmentally disabled person who is competent to do so may apply for and receive any services provided by a regional center.

(Amended by Stats. 1980, Ch. 246, Sec. 8.)

## **CHAPTER 12. COMMUNITY LIVING CONTINUUMS**

(Chapter 12 added by Stats. 1978, Ch. 1232.)

4830. As used in this chapter:

(a) "Continuum" means a coordinated multicomponent services system within geographic regions of the state whose design shall support the sequential developmental needs of persons so that the pattern of these services provides an unbroken chain of experience, maximum personal growth, and liberty.

(b) "Normalization" means making available programs, methods, and titles that are culturally normative, and patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

(c) "Designated agency" means the legal entity selected by the State Department of Developmental Services to be responsible for organizing or providing services within each continuum or both.

(Amended by Stats. 2014, Ch. 409, Sec. 58. (AB 1595) Effective January 1, 2015.)

4831. The State Department of Developmental Services may develop the design and phase-in plan for continuums and may designate one or more designated agencies to implement community living continuums throughout the state, after consideration of a recommendation from the State Council on Developmental Disabilities in conjunction with recommendations from the appropriate regional center.

(Amended by Stats. 2014, Ch. 409, Sec. 59. (AB 1595) Effective January 1, 2015.)

4832. (a) The State Council on Developmental Disabilities may review and evaluate existing and proposed community living arrangement programs within the various regions of the state and may make a recommendation to the Director of Developmental Services concerning programs that should be considered as the most appropriate agency to be designated as responsible for the implementation of the community living continuum within their area. These programs shall include, but not be limited to, those that have been funded through the issuance of Mental Retardation Private Institutions' Fund grants, state council program development grants, and model state hospital programs. Consideration shall be given to all of the following:

- (1) Private nonprofit corporations.
- (2) Public agencies.
- (3) A joint powers agreement agency.

(b) At least one-third of the board of directors, public or private, or an advisory committee in the event a public agency is selected, shall be composed of consumer representatives, including members of the immediate family of the consumer.

(c) A person shall not serve as a director or advisory committee member who has a financial interest, as defined in Section 87103 of the Government Code, in designated agency operations, except with respect to any interest as a consumer of a designated agency or regional center services.

**(Amended by Stats. 2014, Ch. 409, Sec. 60. (AB 1595) Effective January 1, 2015.)**

4833. Upon designation by the Department of Developmental Services pursuant to Section 4831, the designated agency established pursuant to Section 4832 shall:

- (a) Design, organize and/or provide services for persons in local communities.
- (b) Seek and utilize funds from all available resources.

(c) Assure that all programs within the community living continuum shall provide all employees with competency-based, pre- and in-service training, which is coordinated with appropriate, public education agencies.

(d) Establish public support and acceptance for community development with full integration of individuals with developmental special needs.

The community living continuums shall be based upon the principle of normalization and shall include provisions for, but not be limited to, individual choice of living in home, in various types of apartments, small group dwellings, or condominiums. The department and these programs shall assure that services are provided in, or as close to, a person's home community as feasible.

**(Added by Stats. 1978, Ch. 1232.)**

4834. The Director of the Department of Developmental Services may contract with a designated agency, pursuant to this chapter.

**(Added by Stats. 1978, Ch. 1232.)**

4835. (a) The Director of Developmental Services may establish uniform operational procedures, performance and evaluation standards, and utilization criteria for designated agencies pursuant to this chapter.

(b) These standards and criteria shall be developed with participation by consumer organizations, the State Council on Developmental Disabilities, the Association of Regional Center Agencies, the State Department of Social Services, the State Department of Health Care Services, the State Department of Education, and the

Department of Rehabilitation, and consultations with individuals with experience in developmental services programming.

**(Amended by Stats. 2014, Ch. 409, Sec. 61. (AB 1595) Effective January 1, 2015.)**

4836. The director shall prepare a yearly report to the Legislature on the progress and effectiveness of the system using the state evaluation model in accordance with this division.

**(Added by Stats. 1978, Ch. 1232.)**

4837. The Director of Developmental Services may provide 90-day advance funding to the designated agency or community-based programs for the development or provision of continuum services under the jurisdiction of the department.

Notwithstanding any other provision of law, any contract entered into by the department with a designated agency pursuant to this chapter may provide for periodic advance payments for services to be performed under such contract. No advance payment made pursuant to this section shall exceed 25 percent of the total annual contract amount.

**(Added by Stats. 1978, Ch. 1232.)**

4839. The State Department of Developmental Services may study and prepare a plan in cooperation with the State Council on Developmental Disabilities. The plan should consider the following:

(a) Necessary technical assistance, training, and evaluation to assure standards of quality and program success.

(b) Maximization of existing state and federal resources available to assist persons with developmental special needs to live in the least restrictive environment possible, including the following:

(1) Federal housing subsidy and assistance.

(2) Supplemental security income.

(3) Local social services.

(4) Local and state health services and related resources.

(c) Procedural standards for designated agencies, including the following:

(1) Program development process.

(2) Training for workers in the developmental services field.

(3) Management information system.

(4) Fiscal accountability and cost benefit control.

(5) Establishment of contractual relationships.

(6) Evaluation.

**(Amended by Stats. 2006, Ch. 538, Sec. 696. Effective January 1, 2007.)**

4841. Notwithstanding the provisions of Sections 4675, 4676 and 4677, the Director of Developmental Services, when reviewing, approving, and allocating money from the Program Development Fund for community living arrangements, shall give high priority to programs which may be included in a continuum.

**(Added by Stats. 1978, Ch. 1232.)**

4843. To accomplish the goals enumerated in Section 4833, the director may:

(a) Develop a continuum training model and provide technical assistance to providers of community living arrangements through state and county agencies and regional center professional collaboration.

- (b) Establish competency-based training programs.
- (c) Centralize and increase the availability and dissemination of information regarding community living arrangements.
- (d) Assist the agencies in community living continuums and regional centers in the recruitment of qualified care providers and staff in order to fulfill the increasing need for quality living arrangements and support services.

(Added by Stats. 1978, Ch. 1232.)

4844. The Director of Developmental Services shall initiate and monitor interagency performance agreements between the Department of Rehabilitation, the State Department of Health Care Services, the State Department of Social Services, and the Department of Housing and Community Development to ensure planning, coordination, and resource sharing.

(Amended by Stats. 2012, Ch. 34, Sec. 78. (SB 1009) Effective June 27, 2012.)

4845. If authorized by regulations adopted by the department and if not available through other state or local programs, the continuum services may with respect to the designated agency, include, but shall not be limited to:

- (a) Family subsidy programs.
- (b) In-home support services.
- (c) Subsidized adoptive and quasi-adoptive foster care services.
- (d) Alternative respite services.
- (e) Crisis assistance.
- (f) Independent and semi-independent living.
- (g) Group living for six or fewer persons.
- (h) Programs to meet the special needs of individuals who are medically fragile.
- (i) Services to persons requiring maximum supervision due to intensive behavioral and severe developmental special needs.

It is not the intent of this section to release any other state or local agency of its program responsibilities.

(Added by Stats. 1978, Ch. 1232.)

4846. Interagency agreements shall be established between the regional centers and the community living continuums to assure clear roles and responsibilities for delivery of services; and may include the Department of Rehabilitation Independent Living Programs where applicable.

(Added by Stats. 1978, Ch. 1232.)

### **CHAPTER 13. HABILITATION SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

(Chapter 13 repealed (by Sec. 1) and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)

4850. (a) The Legislature reaffirms its intent that habilitation services for adults with developmental disabilities should be planned and provided as a part of a continuum and that habilitation services should be available to enable persons with developmental disabilities to approximate the pattern of everyday living available to nondisabled people of the same age.

(b) The Legislature further intends that habilitation services shall be provided to adults with developmental disabilities as specified in this chapter in order to guarantee the rights stated in Section 4502.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4850.1. Notwithstanding Section 19050.9 of the Government Code, beginning July 1, 2004, the State Department of Developmental Services shall succeed to all functions and responsibilities of the Department of Rehabilitation with respect to the administration of the Habilitation Services Program established pursuant to former Chapter 4.5 (commencing with Section 19350) of Part 2 of Division 10.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4850.2. (a) Except as otherwise specifically provided, this chapter shall only apply to those habilitation services purchased by the regional centers.

(b) Nothing in this section shall be construed to abridge the rights stated in Section 4502.

**(Added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4850.3. (a) The Legislature intends that in order to increase effectiveness and opportunity to gain meaningful integrated competitive employment opportunities, pursuant to paragraph (1) of subdivision (a) of Section 4869, habilitation services shall also provide community-based vocational development services to enhance community employment readiness, develop social skills necessary for successful community employment, and build a network of community and employment opportunities for individuals with developmental disabilities.

(b) The department shall conduct a four-year demonstration project, pursuant to paragraph (1) of subdivision (a) of Section 4869, to determine whether community-based vocational development services increase integrated competitive employment outcomes and reduce purchase of service costs for working age adults.

(1) For purposes of this section, "community-based vocational development services" means (A) services provided to enhance community employment readiness, which may include the use of discovery and job exploration opportunities, (B) social skill development services necessary to obtain and maintain community employment, (C) services to use internship, apprenticeship, and volunteer opportunities to provide community-based vocational development skills development opportunities, (D) services to access and participate in postsecondary education or career technical education, and (E) building a network of community and employment opportunities.

(2) If community-based vocational development services are determined to be a necessary step to achieve a supported employment outcome, a plan shall be developed and may include, but is not limited to, all of the following:

(A) An inventory of potential employment interests.

(B) Preferences for types of work environments or situations.

(C) Identification of any training or education needed for the consumer's desired job.

(D) Opportunities to explore jobs or self-employment as a means to meet the consumer's desired employment outcome.



(E) Identification of any personal or family networks the consumer may use to achieve his or her desired employment outcomes.

(3) The habilitation service provider and the regional center shall review the plan developed pursuant to paragraph (2) semiannually to document progress towards objectives, additional barriers, and other changes that impact the consumer's desired employment outcome.

(4) The hourly rate for community-based vocational development services, for the purposes of this section, shall be forty dollars (\$40) per hour for a maximum of 75 hours per calendar quarter for all services identified and provided in the community-based vocational development plan as developed pursuant to paragraphs (2) and (3). Prior to the implementation of community-based vocational development services, the department shall secure federal Medicaid funding for this service.

(5) Hours of participation in community-based vocational development services may be provided in lieu of hours of participation in other community-based day program services, as determined by the consumer's individual program planning team, for up to two years. Community-based vocational development services may be authorized for an additional two years, if the consumer's individual program planning team determines and documents at each semiannual review that the consumer is making significant progress toward the habilitation services objectives. A consumer's participation in community-based vocational development services shall not exceed a total of four years.

(c) The department shall select up to five volunteer regional centers that reflect the geographic diversity of California to participate in the demonstration project.

(d) The department shall publish a notice on the department's Internet Web site when the demonstration project has been implemented.

(e) (1) After conclusion of the demonstration project, the department shall review the effectiveness of the demonstration project and make determinations whether community-based vocational development services (A) increase employment outcomes, (B) reduce purchase of service costs, and (C) may be implemented on a statewide basis.

(2) The department shall notify the appropriate fiscal and policy committees of both houses of the Legislature of the determinations made pursuant to this subdivision.

(f) This section shall be implemented only to the extent that federal financial participation is available and any necessary federal approvals have been obtained.

(g) This section shall remain in effect only until January 1, 2025, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2025, deletes or extends that date.

**(Added by Stats. 2014, Ch. 431, Sec. 2. (SB 577) Effective January 1, 2015. Repealed as of January 1, 2025, by its own provisions.)**

4851. The definitions contained in this chapter shall govern the construction of this chapter, with respect to habilitation services provided through the regional center, and unless the context requires otherwise, the following terms shall have the following meanings:

(a) "Habilitation services" means community-based services purchased or provided for adults with developmental disabilities, including services provided under the Work Activity Program and the Supported Employment Program, to prepare and

maintain them at their highest level of vocational functioning, or to prepare them for referral to vocational rehabilitation services.

(b) "Individual program plan" means the overall plan developed by a regional center pursuant to Section 4646.

(c) "Individual habilitation service plan" means the service plan developed by the habilitation service vendor to meet employment goals in the individual program plan.

(d) "Department" means the State Department of Developmental Services.

(e) "Work activity program" includes, but is not limited to, sheltered workshops or work activity centers, or community-based work activity programs certified pursuant to subdivision (f) or accredited by CARF, the Rehabilitation Accreditation Commission.

(f) "Certification" means certification procedures developed by the Department of Rehabilitation.

(g) "Work activity program day" means the period of time during which a Work Activity Program provides services to consumers.

(h) "Supported employment program" means a program that meets the requirements of subdivisions (l) to (q), inclusive.

(i) "Consumer" means any adult who receives services purchased under this chapter.

(j) "Accreditation" means a determination of compliance with the set of standards appropriate to the delivery of services by a work activity program or supported employment program, developed by CARF, the Rehabilitation Accreditation Commission, and applied by the commission or the department.

(k) "CARF" means CARF the Rehabilitation Accreditation Commission.

(l) "Supported employment" means paid work that is integrated in the community for individuals with developmental disabilities.

(m) "Integrated work" means the engagement of an employee with a disability in work in a setting typically found in the community in which individuals interact with individuals without disabilities other than those who are providing services to those individuals, to the same extent that individuals without disabilities in comparable positions interact with other persons.

(n) "Supported employment placement" means the employment of an individual with a developmental disability by an employer in the community, directly or through contract with a supported employment program. This includes provision of ongoing support services necessary for the individual to retain employment.

(o) "Allowable supported employment services" means the services approved in the individual program plan and specified in the individual habilitation service plan for the purpose of achieving supported employment as an outcome, and may include any of the following:

(1) Job development, to the extent authorized by the regional center.

(2) Program staff time for conducting job analysis of supported employment opportunities for a specific consumer.

(3) Program staff time for the direct supervision or training of a consumer or consumers while they engage in integrated work unless other arrangements for consumer supervision, including, but not limited to, employer supervision reimbursed by the supported employment program, are approved by the regional center.

(4) Community-based training in adaptive functional and social skills necessary to ensure job adjustment and retention.

(5) Counseling with a consumer's significant other to ensure support of a consumer in job adjustment.

(6) Advocacy or intervention on behalf of a consumer to resolve problems affecting the consumer's work adjustment or retention.

(7) Ongoing support services needed to ensure the consumer's retention of the job.

(p) "Group services" means job coaching in a group supported employment placement at a job coach-to-consumer ratio of not less than one-to-three nor more than one-to-eight where services to a minimum of three consumers are funded by the regional center or the Department of Rehabilitation. For consumers receiving group services, ongoing support services shall be limited to job coaching and shall be provided at the worksite.

(q) "Individualized services" means job coaching and other supported employment services for regional center-funded consumers in a supported employment placement at a job coach-to-consumer ratio of one-to-one, and that decrease over time until stabilization is achieved. Individualized services may be provided on or off the jobsite.

**(Amended by Stats. 2022, Ch. 49, Sec. 79. (SB 188) Effective June 30, 2022.)**

4852. A consumer shall be referred to a provider of habilitation services under this chapter when all of the following apply:

(a) The individual is an adult who has been diagnosed as having a developmental disability.

(b) The individual is determined to be in need of and has chosen habilitation services through the individual program planning process pursuant to Section 4646.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4853. (a) When a referral for habilitation services pursuant to Section 4852 has been made and if the individual is placed in a work activity program, he or she shall be deemed presumptively eligible for a period not to exceed 90 days.

(b) During the period of presumptive eligibility, the work activity program shall submit a work skills evaluation report to the regional center. The work skills evaluation report shall reflect the performance of the consumer in all of the following areas:

(1) Appropriate behavior to safely conduct himself or herself in a work setting.

(2) Adequate attention span to reach a productivity level in paid work.

(3) Ability to understand and act on simple instructions within a reasonable length of time.

(4) Ability to communicate basic needs and understand basic receptive language.

(5) Attendance level.

(c) During the period of presumptive eligibility, the individual program plan planning team shall, pursuant to Section 4646, utilize the work skills evaluation report to determine the appropriateness of the referral.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4854. In developing the individual habilitation service plan pursuant to Section 4853, the habilitation service provider shall develop specific and measurable objectives to determine whether the consumer demonstrates ability to reach or maintain individual employment goals in all of the following areas:

(a) Participation in paid work for a specified period of time.

- (b) Obtaining or sustaining a specified productivity rate.
- (c) Obtaining or sustaining a specified attendance level.
- (d) Demonstration of appropriate behavior for a work setting.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4854.1. The individual program plan planning team, shall, pursuant to Section 4646, meet, when it is necessary to review any of the following:

- (a) The appropriateness of job placement.
- (b) The appropriateness of the services available at the Work Activity Program or Supported Employment Program.
- (c) The individual habilitation service plan.

**(Added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4855. When an individual who is eligible for habilitation services under this chapter is referred to the Department of Rehabilitation for vocational rehabilitation services, including supported employment services, and is placed on a Department of Rehabilitation waiting list for vocational rehabilitation as a result of the Department of Rehabilitation's order of selection regulations, the regional center shall authorize appropriate services for the individual pursuant to this chapter as needed until services can be provided by the vocational rehabilitation program.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4856. (a) The regional center shall monitor, evaluate, and audit habilitation services providers for program effectiveness, using performance criteria that include, but are not limited to, all of the following:

- (1) Service quality.
- (2) Protections for individuals receiving services.
- (3) Compliance with applicable CARF standards.
- (b) (1) The regional center may impose immediate sanctions on providers of work activity programs and supported employment programs for noncompliance with accreditation or services standards contained in regulations adopted by the department, and for safety violations which pose a threat to consumers of habilitation services.
- (2) Sanctions include, but are not limited to, the following:
  - (A) A moratorium on new referrals.
  - (B) Imposition of a corrective plan as specified in regulations.
  - (C) Removal of consumers from a service area where dangerous conditions or abusive conditions exist.
  - (D) Termination of vendorization.

(c) A moratorium on new referrals may be the first formal sanction to be taken except in instances where consumers are at imminent risk of abuse or other harm. When the regional center determines a moratorium on new referrals to be the first formal sanction, a corrective action plan shall be developed. The moratorium shall be lifted only when the conditions cited are corrected per a corrective action plan.

(d) A corrective action plan is a formal sanction, that may be imposed either simultaneously with a moratorium on new referrals, or as a single sanction in circumstances that do not require a moratorium, as determined by the regional center.

Noncompliance with the conditions and timelines of the corrective action plan shall result in termination of vendorization.

(e) Removal of consumers from a program shall only take place where dangerous or abusive conditions are present, or upon termination of vendorization. In instances of removal for health and safety reasons, when the corrections are made by the program, as determined by the regional center, consumers may return, at their option.

(f) Any provider sanctioned under subparagraph (B) or (C) of paragraph (2) of subdivision (b) may request an administrative review as specified in Section 4648.1.

(g) Any provider sanctioned under subparagraph (D) of paragraph (2) of subdivision (b) shall have a right to a formal review by the Office of Administrative Hearings under Chapter 4 (commencing with Section 11370) of Part 1 of Division 3 of Title 2 of the Government Code.

(h) Effective July 1, 2004, if a habilitation services provider is under sanction under former Section 19354.5, the provider shall complete the requirements of the corrective action plan or any other terms or conditions imposed upon it as part of the sanctions. At the end of the term of the corrective action plan or other compliance requirements, the services provider shall be evaluated by the regional center based upon the requirements in this section.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4857. The regional center shall purchase habilitation services pursuant to the individual program plan. Habilitation services shall continue as long as satisfactory progress is being made toward achieving the objectives of the individual habilitation service plan or as long as these services are determined by the regional center to be necessary to maintain the individual at their highest level of vocational functioning, or to prepare the individual for referral to vocational rehabilitation services.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4857.1. Regional centers may purchase habilitation services only from providers who are accredited community nonprofit agencies that provide work activity services or supported employment services, or both, and that have been vendored as described in Section 4861 and regulations promulgated pursuant thereto. Habilitation services providers who, on July 1, 2004, are providing services to consumers shall be deemed to be an approved vendor.

**(Added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4858. (a) Each work activity program vendor shall, at a minimum, annually review the status of consumers participating in their program to determine whether these individuals would benefit from vocational rehabilitation services, including supported employment.

(b) If it is determined that the consumer would benefit from vocational rehabilitation services, the work activity program vendor shall, in conjunction with the regional center and in accordance with the individual program plan process, refer the consumer to the Department of Rehabilitation.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4859. (a) The department shall adopt regulations to establish rates for work activity program services subject to the approval of the Department of Finance. The regulations shall provide for an equitable and cost-effective ratesetting procedure in which each specific allowable service, activity, and provider administrative cost comprising an overall habilitation service, as determined by the department, reflects the reasonable cost of service. Reasonable costs shall be determined biennially by the department, subject to audit at the discretion of the department.

(b) The department shall adopt the existing work activity program rates as of July 1, 2004, that shall remain in effect until the next ratesetting year.

(c) Notwithstanding paragraph (4) of subdivision (a) of Section 4648, the regional center shall pay the work activity program rates established by the department.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4860. (a) (1) The hourly rate for supported employment services provided to consumers receiving individualized services is thirty-six dollars and fifty-seven cents (\$36.57).

(2) Job coach hours spent in travel to consumer worksites may be reimbursable for individualized services only when the job coach travels from the vendor's headquarters to the consumer's worksite or from one consumer's worksite to another, and only when the travel is one way.

(b) The hourly rate for group services is thirty-six dollars and fifty-seven cents (\$36.57), regardless of the number of consumers served in the group. Consumers in a group shall be scheduled to start and end work at the same time, unless an exception that takes into consideration the consumer's compensated work schedule is approved in advance by the regional center. The department, in consultation with stakeholders, shall adopt regulations to define the appropriate grounds for granting these exceptions. When the number of consumers in a supported employment placement group drops to fewer than the minimum required in subdivision (r) of Section 4851, the regional center may terminate funding for the group services in that group, unless, within 90 days, the program provider adds one or more regional centers, or Department of Rehabilitation-funded supported employment consumers to the group.

(c) Job coaching hours for group services shall be allocated on a prorated basis between a regional center and the Department of Rehabilitation when regional center and Department of Rehabilitation consumers are served in the same group.

(d) When Section 4855 applies, fees shall be authorized for the following:

(1) A three-hundred-sixty-dollar (\$360) fee shall be paid to the program provider upon intake of a consumer into a supported employment program. No fee shall be paid if that consumer completed a supported employment intake process with that same supported employment program within the previous 12 months.

(2) A seven-hundred-twenty-dollar (\$720) fee shall be paid upon placement of a consumer in an integrated job, except that no fee shall be paid if that consumer is placed with another consumer or consumers assigned to the same job coach during the same hours of employment.

(3) A seven-hundred-twenty-dollar (\$720) fee shall be paid after a 90-day retention of a consumer in a job, except that no fee shall be paid if that consumer has been placed with another consumer or consumers, assigned to the same job coach during the same hours of employment.

(e) Notwithstanding paragraph (4) of subdivision (a) of Section 4648, the regional center shall pay the supported employment program rates established by this section.

(f) The department, with regional center participation, shall conduct an annual survey of providers, in a format determined by the department, to collect the following information:

- (1) The number of employment placements in the previous 12 months.
- (2) Types of employment in which consumers are placed.
- (3) The cost components of the rates in subdivisions (a) and (b), including, but not limited to, the amount used for hourly wages of job coaches, administration, and placement search costs.
- (4) The number of hours each consumer works and the consumer's hourly wage.
- (5) Any other information determined by the department.
- (g) In its 2017–18 May Revision fiscal estimate, the department shall describe the results of the survey described in subdivision (f).

**(Amended by Stats. 2017, Ch. 18, Sec. 23. (AB 107) Effective June 27, 2017.)**

4861. The regional center may vendor new work activity or supported employment programs, after determining the capacity of the program to deliver effective services, and assessing the ability of the program to comply with CARF requirements.

(a) Programs that receive the regional center's approval to provide supported employment services shall receive rates in accordance with Section 4860.

(b) A new work activity program shall receive the statewide average rate, as determined by the department. As soon as the new work activity program has a historical period of not less than three months that is representative of the cost per consumer, as determined by the department, the department shall set the rate in accordance with Section 4859.

(c) The regional center may purchase services from new work activity programs and supported employment programs, even though the program is not yet accredited by CARF, if all of the following apply:

(1) The vendor can demonstrate that the program is in compliance with certification standards established by the Department of Rehabilitation, to allow a period for becoming CARF accredited.

(2) (A) The program commits, in writing, to apply for accreditation by CARF within three years of the approval to purchase services by the regional center.

(B) CARF shall accredit a program within four years after the program has been vendored.

(d) The regional center may approve or disapprove proposals submitted by new or existing vendors based on all of the following criteria to the extent that it is federally permissible:

- (1) The need for a work activity or supported employment program.
- (2) The capacity of the vendor to deliver work activity or supported employment services effectively.
- (3) The ability of the vendor to comply with the requirements of this section.
- (4) The ability of the vendor to achieve integrated paid work for consumers served in supported employment.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4862. (a) The length of a work activity program day shall not be less than five hours, excluding the lunch period.

(b) (1) Except as provided in paragraph (2), the length of a work activity program day shall not be reduced from the length of the work activity program day in the historical period that was the basis for the approved habilitation services rate.

(2) (A) A work activity program may, upon consultation with, and prior written approval from, the regional center, change the length of a work activity program day.

(B) If the regional center approves a reduction in the work activity program day pursuant to subparagraph (A), the department may change the work activity program rate.

(c) (1) A work activity program may change the length of a work activity program day for a specific consumer in order to meet the needs of that consumer, if the regional center, upon the recommendation of the individual program planning team, approves the change.

(2) The work activity program shall specify in writing to the regional center the reasons for any proposed change in a work activity program day on an individual basis.

**(Amended (as being added July 1, 2004, by Stats. 2003, Ch. 226) by Stats. 2003, Ch. 886, Sec. 3. Effective January 1, 2004. Operative July 1, 2004, by Sec. 4 of Ch. 886.)**

4863. (a) In accordance with regulations adopted by the department, and if agreed upon by the work activity program and the regional center, hourly billing shall be permitted, provided that it does not increase the regional center's costs when used in lieu of full-day billing. A work activity program shall be required to submit a request for the hourly billing option to the regional center not less than 60 days prior to the program's proposed implementation of this billing option.

(b) If a work activity program and the regional center elect to utilize hourly billing, the hourly billing process shall be required to be used for a minimum of one year.

(c) When the hourly billing process is being used, the definitions contained in subdivisions (h) and (i) of Section 4851 shall not apply.

**(Amended by Stats. 2022, Ch. 49, Sec. 80. (SB 188) Effective June 30, 2022.)**

4864. The department shall authorize payment for absences in work activity programs and supported employment programs that are directly consequent to a declaration of a State of Emergency by the Governor. If the department authorizes payment for absences due to a state of emergency, the vendor shall bill only for absences in excess of the average number of absences experienced by the vendor during the 12-month period prior to the month in which the disaster occurred.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4865. At the request of the Department of Rehabilitation, a work activity or supported employment program or both shall release accreditation and state licensing reports and consumer special incident reports as required by law or regulations in instances of suspected abuse.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4865.1. (a) A regional center shall continue to pay the rate in effect as of June 30, 2004, for a supported employment placement group composed of a coach-to-client ratio of 1:3 when the provider submits to the State Department of Developmental



Services and the regional center, by July 30, 2004, documentation that all of the following conditions apply:

- (1) The group was established prior to July 1, 2002.
- (2) The group was at the 1:3 ratio on May 1, 2004.
- (3) The employer will only accommodate a group of three.

(b) In consultation with the regional center, the State Department of Developmental Services shall determine whether the requirements of this section have been met. The department's decision shall be final.

(c) Groups paid under this section shall meet the requirements of subdivision (r) of Section 4851 by July 1, 2005, or be subject to termination of funding pursuant to subdivision (b) of Section 4860.

**(Added by Stats. 2004, Ch. 228, Sec. 9.4. Effective August 16, 2004.)**

4866. The department may promulgate emergency regulations to carry out the provisions of this chapter. If the Department of Developmental Services promulgates emergency regulations, the adoption of the regulations shall be deemed necessary for the immediate preservation of the public peace, health and safety, or general welfare for purposes of subdivision (b) of Section 11346.1 of the Government Code.

**(Repealed and added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

4867. Nothing in this chapter shall be interpreted to mean that work activity programs or supported employment programs cannot serve consumers who are funded by agencies other than regional centers, including, but not limited to, the Department of Rehabilitation.

**(Added by Stats. 2003, Ch. 226, Sec. 2. Effective January 1, 2004. Operative July 1, 2004, by Sec. 3 of Ch. 226.)**

#### **CHAPTER 14. EMPLOYMENT**

**(Chapter 14 added by Stats. 2009, Ch. 231, Sec. 2. (AB 287) Effective January 1, 2010.)**

4868. (a) The State Council on Developmental Disabilities shall form a standing Employment First Committee consisting of the following members:

(1) One designee of each of the members of the state council specified in subparagraphs (B), (C), (D), (F), and (H) of paragraph (2) of subdivision (b) of Section 4521.

(2) A member of the consumer advisory committee of the state council.

(b) In carrying out the requirements of this section, the committee shall meet and consult, as appropriate, with other state and local agencies and organizations, including, but not limited to, the Employment Development Department, the Association of Regional Center Agencies, one or more supported employment provider organizations, an organized labor organization representing service coordination staff, and one or more consumer family member organizations.

(c) The responsibilities of the committee shall include, but need not be limited to, all of the following:

(1) Identifying the respective roles and responsibilities of state and local agencies in enhancing integrated and gainful employment opportunities for people with developmental disabilities.

(2) Identifying strategies, best practices, and incentives for increasing integrated employment and gainful employment opportunities for people with developmental

disabilities, including, but not limited to, ways to improve the transition planning process for students 14 years of age or older, and to develop partnerships with, and increase participation by, public and private employers and job developers.

(3) Identifying existing sources of employment data and recommending goals for, and approaches to measuring progress in, increasing integrated employment and gainful employment of people with developmental disabilities.

(4) Identifying existing sources of consumer data that can be used to provide demographic information for individuals, including, but not limited to, age, gender, ethnicity, types of disability, and geographic location of consumers, and that can be matched with employment data to identify outcomes and trends of the Employment First Policy.

(5) Recommending goals for measuring employment participation and outcomes for various consumers within the developmental services system.

(6) Recommending legislative, regulatory, and policy changes for increasing the number of individuals with developmental disabilities in integrated employment, self-employment, and microenterprises, and who earn wages at or above minimum wage, including, but not limited to, recommendations for improving transition planning and services for students with developmental disabilities who are 14 years of age or older. This shall include, but shall not be limited to, the development of a policy with the intended outcome of significantly increasing the number of individuals with developmental disabilities who engage in integrated employment, self-employment, and microenterprises, and in the number of individuals who earn wages at or above minimum wage. This proposed policy shall be in furtherance of the intent of this division that services and supports be available to enable persons with developmental disabilities to approximate the pattern of everyday living available to people without disabilities of the same age and that support their integration into the mainstream life of the community, and that those services and supports result in more independent, productive, and normal lives for the persons served. The proposed policy shall not limit service and support options otherwise available to consumers, or the rights of consumers, or, where appropriate, parents, legal guardians, or conservators to make choices in their own lives.

(d) For purposes of this chapter, the following definitions shall apply:

(1) "Competitive employment" means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

(2) "Integrated employment" means "integrated work" as defined in subdivision (o) of Section 4851.

(3) "Microenterprises" means small businesses owned by individuals with developmental disabilities who have control and responsibility for decisionmaking and overseeing the business, with accompanying business licenses, taxpayer identification numbers other than social security numbers, and separate business bank accounts. Microenterprises may be considered integrated competitive employment.

(4) "Self-employment" means an employment setting in which an individual works in a chosen occupation, for profit or fee, in his or her own small business, with control and responsibility for decisions affecting the conduct of the business.

(e) The committee, by July 1, 2011, and annually thereafter, shall provide a report to the appropriate policy committees of the Legislature and to the Governor describing its work and recommendations. The report due by July 1, 2011, shall include the proposed policy described in paragraph (4) of subdivision (c).

**(Amended by Stats. 2013, Ch. 677, Sec. 3. (AB 1041) Effective January 1, 2014.)**

4869. (a) (1) In furtherance of the purposes of this division to make services and supports available to enable persons with developmental disabilities to approximate the pattern of everyday living available to people without disabilities of the same age, to support the integration of persons with developmental disabilities into the mainstream life of the community, and to bring about more independent, productive, and normal lives for the persons served, it is the policy of the state that opportunities for integrated, competitive employment shall be given the highest priority for working age individuals with developmental disabilities, regardless of the severity of their disabilities. This policy shall be known as the Employment First Policy.

(2) Implementation of the policy shall be consistent with, and shall not infringe upon, the rights established pursuant to this division, including the right of people with developmental disabilities to make informed choices with respect to services and supports through the individual program planning process.

(3) Integrated competitive employment is intended to be the first option considered by planning teams for working age individuals, but individuals may choose goals other than integrated competitive employment.

(4) Postsecondary education, technical or vocational training, and internship programs may be considered as a means to achieve integrated competitive employment or career advancement.

(5) This chapter shall not be construed to expand the existing entitlement to services for persons with developmental disabilities described in this division.

(6) This chapter shall not alleviate schools of their responsibility to provide transition services to individuals with developmental disabilities.

(b) The State Council on Developmental Disabilities shall develop an informational brochure about the Employment First Policy, translate the brochure into various languages, and post the brochure on its Internet Web site.

(c) Regional centers shall provide consumers 16 years of age or older, and, when appropriate, their parents, legal guardians, conservators, or authorized representative with information, in an understandable form, about the Employment First Policy, options for integrated competitive employment, and services and supports, including postsecondary education, that are available to enable the consumer to transition from school to work, and to achieve the outcomes of obtaining and maintaining integrated competitive employment.

(d) The department may request information from regional centers on current and planned activities related to the Employment First Policy. A contract between the department and a regional center shall include performance objectives relating to implementation of the Employment First Policy, as described in subdivision (c) of Section 4629.

**(Amended by Stats. 2017, Ch. 18, Sec. 24. (AB 107) Effective June 27, 2017.)**

4870. (a) To encourage competitive integrated employment opportunities statewide for individuals with developmental disabilities, the department shall establish guidelines and oversee a program, to the extent funds are appropriated in the

annual Budget Act for this purpose, to increase paid internship opportunities for individuals with developmental disabilities that produce outcomes consistent with the individual program plan. The department shall consult with the State Council on Developmental Disabilities, regional centers, employers, supported employment provider organizations, and clients' rights advocates, to establish a program that shall be administered by community service providers and that meets all of the following criteria:

(1) Internships shall not exceed 1,040 hours per year for each individual placed in an internship.

(2) Payments for internship hours under this program shall include all required employer-related costs.

(3) Individuals participating in an internship shall be paid at or above minimum wage and equal to the customary wage paid by the employer for the same or similar work performed by individuals who do not have disabilities.

(4) A payment of seven hundred fifty dollars (\$750) shall be made to the regional center service provider if both of the following apply:

(A) On or after July 1, 2021, the regional center provider places an individual in a paid internship opportunity.

(B) That individual remains in the paid internship after 30 consecutive days.

(5) An additional payment of one thousand dollars (\$1,000) shall be made to the regional center provider for an individual described in paragraph (4) who remains in the paid internship for 60 consecutive days.

(6) Placements shall be made into competitive, integrated work environments.

(7) Placements shall be made into internships that develop vocational skills that will facilitate paid employment opportunities in the future.

(8) Regional centers shall increase awareness of these internships to consumers outside of current employment programs through outreach to consumers once the program is implemented, as well as during the individual program plan process.

(b) The department shall require annual reporting by regional centers and vendors that ensures program accountability and achievement of program goals. This shall include, but is not limited to, all of the following:

(1) The number of interns placed who might not otherwise have achieved the placement absent this internship program.

(2) Types of employment in which interns are placed.

(3) Length of internships.

(4) Demographic information of interns.

(5) Amount of each intern placement payment.

(6) Employment-related supports provided by another agency or individual to the intern.

(7) Number of interns who subsequently entered paid employment, including salary and benefit information.

(8) Any additional information, as determined by the department.

(c) (1) The department shall include in its annual May Revision fiscal estimate a description of the implementation of the program, including, but not limited to, a description of the stakeholder consultation, the data described in subdivision (b), aggregated by regional center and statewide, and any recommendations for program changes that may be necessary or desirable to maximize program effectiveness and accountability.

(2) It is the intent of the Legislature that the amounts included in this section be considered for changes or adjustments as part of the budget process that develops the budget for the 2025–26 fiscal year.

(d) Consistent with the individual program plan, the program shall increase sustained and appropriate competitive integrated employment placements by regional center service providers, as follows:

(1) A payment of one thousand dollars (\$1,000) shall be made to the regional center service provider that, on or after July 1, 2016, places an individual into competitive integrated employment, and the individual is still competitively employed after 30 consecutive days, as described in subdivision (o) of Section 4851 and subdivision (d) of Section 4868.

(2) An additional payment of one thousand two hundred fifty dollars (\$1,250) shall be made to the regional center service provider for an individual described in paragraph (1) who remains in competitive integrated employment for six consecutive months.

(3) An additional payment of one thousand five hundred dollars (\$1,500) shall be made to the regional center service provider for an individual described in paragraphs (1) and (2) who remains in competitive integrated employment for 12 consecutive months.

(4) Notwithstanding paragraphs (1) to (3), inclusive, effective July 1, 2021, until June 30, 2025, the competitive integrated employment incentive payments for each milestone shall be as follows:

(A) A payment of two thousand dollars (\$2,000) if the individual is still engaged in competitive employment after 30 consecutive days, as described in subdivision (o) of Section 4851 and subdivision (d) of Section 4868.

(B) An additional payment of two thousand five hundred dollars (\$2,500), if the individual in subparagraph (A) remains in competitive integrated employment for six consecutive months.

(C) An additional payment of three thousand dollars (\$3,000), if the individual in subparagraph (B) remains in competitive integrated employment for 12 consecutive months.

(e) Regional centers shall annually report to the department the payments for placements pursuant to subdivision (d). The information shall be reported in a format determined by the department, and shall include the number of individuals placed in internships or other employment as described in this section each year.

(f) The payments made pursuant to this section shall not be in addition to the placement payments made pursuant to subdivision (d) of Section 4860.

(g) Regional center service providers that place individuals into internships under subdivision (a) are not eligible for the employment placement incentives under this section, until the individual is transitioned into a competitive integrated employment placement that is not funded as an internship.

**(Amended by Stats. 2021, Ch. 76, Sec. 52. (AB 136) Effective July 16, 2021.)**

4870.1. (a) In addition to the program described Section 4870, subject to an appropriation in the Budget Act, the department shall establish, by December 31, 2021, a program to increase pathways to competitive integrated employment that shall meet both of the following requirements:

(1) (A) Be developed in consultation with stakeholders as specified in subparagraph (B).

(B) Consultation with stakeholders pursuant to subparagraph (A) shall commence no later than September 30, 2021, and shall include individuals with disabilities, including those served by the program, family members, employers and provider association representatives, consumer advocates, disability provider representatives, including regional centers, members of the Developmental Services Task Force, and legislative staff.

(2) Provide contracts or grants for entities to develop and implement innovative and replicable strategies and practices to increase paid work experiences and employment opportunities for regional center consumers.

(b) The department shall include in its annual May Revision fiscal estimate a description of the implementation of the program including, but not limited to, all of the following:

- (1) A description of the stakeholder consultation.
- (2) Data about the number and start date of funded grants or contracts.
- (3) The number of enrolled participants.
- (4) The number of employed participants.
- (5) Any recommendations for program changes that may be necessary or desirable to maximize program effectiveness.

(c) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this section by means of written directives or similar instructions, without taking any regulatory action.

**(Added by Stats. 2021, Ch. 76, Sec. 53. (AB 136) Effective July 16, 2021.)**

4870.2. (a) In addition to the program described in Section 4870, subject to an appropriation in the Budget Act for this purpose, the department shall establish, by December 31, 2022, a three-year pilot program that focuses on competitive integrated employment, postsecondary education, and career readiness for individuals with developmental disabilities exiting work activity programs or secondary education in order to explore inclusive options, including, but not limited to, paid internships, competitive integrated employment, and college-to-career programs.

(b) The pilot program established pursuant to subdivision (a) shall satisfy all of the following requirements:

(1) Be developed in consultation with stakeholders, including, but not limited to, individuals with disabilities, including those who will be served by the program, family members, provider association representatives, consumer advocates, regional centers, the State Council on Developmental Disabilities, the State Department of Education, and the Department of Rehabilitation. The consultation described in this paragraph shall commence no later than August 31, 2022.

(2) Provide person-centered and time-limited services, aligning with each individual's needs and a person-centered approach, focused on preparing individuals for career pathways.

(3) Consider evidence-based or promising practices for reducing or eliminating barriers to competitive integrated employment for people with intellectual and developmental disabilities in the development of innovated service options.

(4) Require service providers participating in the pilot program to report on defined outcome measures, as determined by the department.

(c) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this section by means of written directives or similar instructions, without taking any regulatory action.

(Added by Stats. 2022, Ch. 49, Sec. 81. (SB 188) Effective June 30, 2022.)

#### **CHAPTER 15. QUALIFIED ABLE PROGRAM**

(Chapter 15 added by Stats. 2015, Ch. 796, Sec. 2. (SB 324) Effective January 1, 2016.)

4875. For purposes of this chapter:

(a) “ABLE account” or “account” means the account established for and owned by a designated beneficiary pursuant to this chapter for the purpose of meeting the qualified disability expenses of the designated beneficiary of the account.

(b) “Administrative fund” means the fund used to administer this chapter.

(c) “Board” means the California ABLE Act Board established under this chapter.

(d) “California ABLE Program Trust” or “ABLE program trust” means the trust created pursuant to this chapter.

(e) “CalABLE account” means an ABLE account that is established within the program established by this chapter and administered by the board.

(f) “Designated beneficiary” means the eligible individual for whom the ABLE account was established and who is the owner of the account.

(g) “Eligible individual” means an individual who is eligible under the program for a taxable year if blindness or disability occurred before the date on which the individual attained 26 years of age, and during that taxable year either of the following criteria are satisfied:

(1) The individual is entitled to benefits based on blindness or disability under Title II or XVI of the federal Social Security Act, and that blindness or disability occurred before the date on which the individual attained 26 years of age.

(2) A disability certification, as defined in the federal ABLE Act, with respect to the individual is filed pursuant to the requirements set forth in the federal ABLE Act.

(h) “Federal ABLE Act” means the federal Stephen Beck, Jr., Achieving a Better Life Experience Act of 2014 (as codified in Section 529A of Title 26 of the United States Code and amended through Public Law 115-141).

(i) “Investment management” means the functions performed by a manager contracted to perform functions delegated by the board.

(j) “Investment manager” means a manager contracted to perform functions delegated by the board.

(k) “Program fund” means the program fund established by this chapter, which shall be held as a separate fund within the California ABLE Program Trust.

(l) “Qualified ABLE Program” or “program” means the program established by this chapter to implement the federal ABLE Act pursuant to Section 529A of the Internal Revenue Code.

(m) “Qualified disability expenses” means any expenses related to the eligible individual’s blindness or disability that are made for the benefit of an eligible individual who is the designated beneficiary, including the following expenses: education, housing, transportation, employment training and support, assistive technology and personal support services, health, prevention and wellness, financial

management and administrative services, legal fees, expenses for oversight and monitoring, funeral and burial expenses, and other expenses, which are approved by the Secretary of the Treasury under regulations and consistent with the purposes of the federal ABLE Act.

**(Amended by Stats. 2022, Ch. 896, Sec. 1. (AB 2216) Effective January 1, 2023.)**

4876. There is hereby created the California ABLE Act Board that consists of the Treasurer, the Director of Finance, the Controller, the Director of Developmental Services, the Chairperson of the State Council on Developmental Disabilities, the Director of Rehabilitation, and the Chair of the State Independent Living Council, or their designees. The Treasurer shall serve as chair of the board.

**(Added by Stats. 2015, Ch. 796, Sec. 2. (SB 324) Effective January 1, 2016.)**

4877. (a) There is hereby created an instrumentality of the State of California to be known as the California ABLE Program Trust.

(b) The purposes, powers, and duties of the California ABLE Program Trust are vested in, and shall be exercised by, the board.

(c) The board, in the capacity of trustee, shall have the power and authority to do all of the following:

(1) Sue and be sued.

(2) (A) Make and enter into contracts necessary for the administration of the ABLE program trust, and engage personnel, including consultants, actuaries, managers, counsel, and auditors, as necessary for the purpose of rendering professional, managerial, and technical assistance and advice.

(B) Subdivision (a) of Section 10365.5 of the Public Contract Code shall not apply to a contract with a program consultant for the qualified ABLE program. Any contract with a program consultant for the qualified ABLE program that would have been prohibited by that subdivision shall be publicly disclosed in a manner specified by the board prior to entering into the contract.

(3) Adopt a corporate seal and change and amend it from time to time.

(4) Cause moneys in the program fund to be held and invested and reinvested.

(5) Accept any grants, gifts, appropriations, and other moneys from any unit of federal, state, or local government or any other person, firm, partnership, or corporation for deposit to the administrative fund or the program fund.

(6) Enter into agreements with designated beneficiaries or eligible individuals to establish and maintain an ABLE account.

(7) Make provisions for the payment of costs of administration and operation of the ABLE program trust.

(8) Carry out the duties and obligations of the ABLE program trust pursuant to this chapter and the federal ABLE Act pursuant to Section 529A of the Internal Revenue Code and federal regulations issued pursuant to that code, and have any other powers as may be reasonably necessary for the effectuation of the purposes, objectives, and provisions of this chapter.

(9) Carry out studies and projections in order to advise designated beneficiaries or eligible individuals regarding present and estimated future qualified disability expenses and the levels of financial participation in the ABLE program trust required in order to assist designated beneficiaries or eligible individuals.



(10) Participate in any other way in any federal, state, or local governmental program for the benefit of the ABLE program trust.

(11) Promulgate, impose, and collect administrative fees and charges in connection with transactions of the ABLE program trust, and provide for reasonable service charges, including penalties for cancellations.

(12) Set minimum and maximum investment levels.

(13) Administer the funds of the ABLE program trust.

(14) Procure insurance against any loss in connection with the property, assets, or activities of the ABLE program trust.

(15) Procure insurance indemnifying any member of the board from personal loss or liability resulting from a member's action or inaction as a member of the board.

(d) The Treasurer shall, on behalf of the board, appoint an executive director, who shall not be a member of the board and who shall serve at the pleasure of the board. The Treasurer shall determine the duties of the executive director and other staff as necessary and set his or her compensation. The board may authorize the executive director to enter into contracts on behalf of the board or conduct any business necessary for the efficient operation of the board.

**(Amended by Stats. 2016, Ch. 317, Sec. 2. (AB 1553) Effective September 13, 2016.)**

4878. (a) The board shall segregate moneys received by the ABLE program trust into two funds, which shall be identified as the program fund and the administrative fund.

(1) Notwithstanding Section 13340 of the Government Code, the program fund is hereby continuously appropriated, without regard to fiscal years, to the ABLE Act Board for the purposes specified in this act.

(2) The moneys in the administrative fund shall be available for the ABLE Act Board, upon appropriation, for administration of the act. Administrative costs shall not exceed 3 percent of the incoming funds for each fiscal year for the first five fiscal years following the opening of the first ABLE Act account. After the five-year period, administrative costs shall not exceed 1 percent of the incoming funds for each fiscal year.

(3) Funding for startup and administrative costs for the board shall be provided in the form of a loan from the General Fund sufficient to cover the board's projected administrative costs for its first two years of implementing the program. Once the loan has been expended and revenues from the program are sufficient to cover the board's ongoing costs, the board shall repay, within five years, the amount loaned, plus interest calculated at the rate earned by the Pooled Money Investment Account.

(b) Not later than 30 days after the close of each month, the investment manager shall place on file for public inspection during business hours a report with respect to investment performance. The investment manager shall report the following information, to the extent applicable, to the board within 30 days following the end of each month:

(1) The type of investment, name of the issuer, date of maturity, and the par and dollar amount invested in each security, investment, and money within the program fund.

(2) The weighted average maturity of the investments within the program fund.

(3) Any amounts in the program fund that are under the management of an investment manager.

(4) The market value as of the date of the report and the source of this valuation for any security within the program fund.

(5) A description of the compliance with the statement of investment policy.

(c) Moneys in the program fund may be invested or reinvested by the Treasurer or may be invested in whole or in part under contract with an investment manager, as determined by the board.

(d) The board shall annually prepare and adopt a written statement of investment policy. The board shall consider the statement of investment policy and any changes in the investment policy at a public hearing. The board shall approve the investment management entity or entities consistent with subdivision (c).

(e) Transfers may be made from the program fund to the administrative fund for the purpose of paying operating costs associated with administering the ABLE program trust and as required by this chapter. All costs of administration of the ABLE program trust shall be paid out of the administrative fund.

(f) All moneys paid by designated beneficiaries or eligible individuals in connection with ABLE accounts shall be deposited as received into the program fund, and shall be promptly invested and accounted for separately. Deposits and interest thereon accumulated on behalf of designated beneficiaries in the program fund of the ABLE program trust may be used for qualified disability expenses.

(g) The board shall maintain separate accounting for each designated beneficiary.

(h) Any designated beneficiary may, directly or indirectly, direct the investment of any contributions to his or her ABLE account, or any earnings thereon, no more than two times in any calendar year.

(i) The assets of the trust, including the program fund, shall at all times be preserved, invested, and expended solely and only for the purposes of the trust and shall be held in trust for the designated beneficiaries and no property rights therein shall exist in favor of the state. The assets shall not be transferred or used by the state for any purposes other than the purposes of the trust and consistent with the provisions of the federal ABLE Act.

**(Added by Stats. 2015, Ch. 774, Sec. 5. (AB 449) Effective January 1, 2016.)**

4879. (a) Under the program, a person may make contributions for a taxable year, for the benefit of an individual who is an eligible individual for that taxable year, to an ABLE account that is established for the purpose of meeting the qualified disability expenses of the designated beneficiary of the account if both of the following criteria are met:

(1) The designated beneficiary is limited to one ABLE account for purposes of this chapter.

(2) The ABLE account is established only for a designated beneficiary who is a resident of the United States.

(b) A contribution shall not be accepted if either of the following occurs:

(1) The contribution is not in cash.

(2) Except in the case of contributions under Section 529A(c)(1)(C) of the Internal Revenue Code, relating to change in designated beneficiaries or programs, the contribution to an ABLE account would result in aggregate contributions from all contributors to the ABLE account for the taxable year exceeding the amount of both of the following:

(A) The amount allowed under Section 2503(b) of the Internal Revenue Code, relating to exclusion from gifts, for the calendar year in which the taxable year begins.

(B) In the case of any contribution by a designated beneficiary described in Section 529A(b)(7) of the Internal Revenue Code before January 1, 2026, the lesser of either of the following:

(i) Compensation, as defined by Section 219(f)(1) of the Internal Revenue Code, includible in the designated beneficiary's gross income for the taxable year.

(ii) An amount equal to the poverty line for a one-person household as promulgated under Section 9902(2) of Title 42 of the United States Code, for the calendar year preceding the calendar year in which the taxable year begins.

(c) The designated beneficiary shall retain ownership of all contributions made to the designated beneficiary's ABLE account to the date of utilization for qualified disability expenses, and all interest derived from the investment of the contributions to the designated beneficiary's ABLE account shall be deemed to be held in the ABLE program trust for the benefit of the designated beneficiary. Neither the contributions, nor any interest derived therefrom, may be pledged as collateral for any loan.

(d) The board shall develop adequate safeguards to prevent aggregate contributions on behalf of a designated beneficiary in excess of the maximum contribution limits necessary to provide for the qualified disability expenses of the designated beneficiary. For purposes of this subdivision, aggregate contributions include contributions under any prior qualified ABLE program of any state or agency or instrumentality thereof.

**(Amended by Stats. 2022, Ch. 896, Sec. 2. (AB 2216) Effective January 1, 2023.)**

4880. (a) Notwithstanding any other law, moneys in, contributions to, and any distribution for qualified disability expenses from, an ABLE account, not to exceed one hundred thousand dollars (\$100,000), shall not count toward determining eligibility for a state or local means-tested program.

(b) Notwithstanding subdivision (a), Section 103 of Division B of Public Law 113-295 and Sections 17140.4 and 23711.4 of the Revenue and Taxation Code shall apply.

(c) (1) Notwithstanding any other law, moneys in an ABLE account, not to exceed one hundred thousand dollars (\$100,000), shall be exempt from enforcement of a money judgment without making a claim.

(2) A money judgment in favor of the State Department of Health Care Services shall not be subject to the exemption provided in paragraph (1) during any period of time in which federal law or guidance issued by the federal Centers for Medicare and Medicaid Services requires the department to recover funds from ABLE accounts for reimbursement of qualifying Medi-Cal expenditures.

(d) This section shall become operative on September 1, 2018.

**(Repealed (in Sec. 1.5) and added by Stats. 2017, Ch. 529, Sec. 2.5. (AB 688) Effective January 1, 2018. Section operative September 1, 2018, by its own provisions.)**

4881. (a) The board shall provide an annual listing of distributions to individuals with respect to an interest in an ABLE account to the Franchise Tax Board at a time and in a manner and form as specified by the Franchise Tax Board. The taxpayers' identification numbers obtained in connection with an ABLE account shall be used exclusively for state and federal tax administration purposes.

(b) The board shall make a report to the appropriate individual of any distribution to any individual with respect to an interest in an ABLE account, at a time and in a form and manner as required by the Franchise Tax Board.

(c) The board shall report annually to each designated beneficiary all of the following:

(1) The value of the designated beneficiary's account.

(2) The interest earned thereon.

(3) The rate of return of the investments in the designated beneficiary's account for that reporting period.

(4) Information on investments and qualified disability expenses that designated beneficiaries can use to set savings goals and contribution amounts.

(d) The board shall provide a means for designated beneficiaries to express concerns or comments regarding the ABLE program trust and any information required to be reported by this section.

**(Added by Stats. 2015, Ch. 796, Sec. 2. (SB 324) Effective January 1, 2016.)**

4882. (a) The board shall adopt regulations as it deems necessary to implement this chapter consistent with the federal Internal Revenue Code and regulations issued pursuant to that code to ensure that this program meets all criteria for federal tax-exempt benefits.

(b) The board may adopt regulations to implement this chapter as emergency regulations in accordance with the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The adoption of the regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare.

**(Added by Stats. 2015, Ch. 774, Sec. 7. (AB 449) Effective January 1, 2016.)**

4883. This act shall be construed liberally in order to effectuate its legislative intent. The purposes of this act and all of its provisions with respect to powers granted shall be broadly interpreted to effectuate the intent and purposes of the federal ABLE Act and not as a limitation of those powers.

**(Added by Stats. 2015, Ch. 796, Sec. 2. (SB 324) Effective January 1, 2016.)**

4884. The board shall market this program to residents of the United States to the extent funds are available to do so.

**(Amended by Stats. 2017, Ch. 470, Sec. 3. (AB 384) Effective January 1, 2018.)**

4885. (a) Notwithstanding any other state law, and only to the extent permitted under federal law, the program may permit a change in the designated beneficiary of an ABLE account, made during the life of the designated beneficiary, to take effect upon the death of the designated beneficiary. The amount to be transferred pursuant to the successor beneficiary designation is subject to all of the relevant payment and tax provisions of the federal ABLE Act.

(b) Following the death of a designated beneficiary, and only after the State Department of Health Care Services has received approval by the federal Centers for Medicare and Medicaid Services, both of the following shall apply:

(1) For CalABLE accounts established on or after January 1, 2023, the following shall apply:

(A) The state shall not seek recovery pursuant to Section 14009.5 of any amount remaining in a designated beneficiary's CalABLE account for any amount of medical assistance paid for the designated beneficiary after the establishment of the account under the state's Medicaid plan established under Title XIX of the federal Social Security Act.

(B) The state shall not file a claim for any amount remaining in a designated beneficiary's CalABLE account for the payment under subdivision (f) of Section 529A of the Internal Revenue Code.

(2) For CalABLE accounts and ABLE accounts established prior to January 1, 2023:

(A) The state shall not seek recovery pursuant to Section 14009.5 of any amount remaining in a designated beneficiary's CalABLE or ABLE account for any amount of medical assistance paid for the designated beneficiary after the establishment of the account under the state's Medicaid plan established under Title XIX of the federal Social Security Act.

(B) The state shall not file a claim for any amount remaining in a designated beneficiary's CalABLE or ABLE account for the payment under subdivision (f) of Section 529A of the Internal Revenue Code.

**(Amended by Stats. 2022, Ch. 896, Sec. 3. (AB 2216) Effective January 1, 2023.)**

**DIVISION 4.7. PROTECTION AND ADVOCACY AGENCY**

(Division 4.7 added by Stats. 1991, Ch. 534, Sec. 7.)

**CHAPTER 1. DEFINITIONS**

(Chapter 1 added by Stats. 1991, Ch. 534, Sec. 7.)

4900. (a) The definitions contained in this section govern the construction of this division, unless the context requires otherwise. These definitions do not alter or impact the definitions or other provisions of the Elder Abuse and Dependent Adult Civil Protection Act (Chapter 11 (commencing with Section 15600)), or Chapter 13 (commencing with Section 15750), of Part 3 of Division 9.

(b) "Abuse" means any of the following:

(1) An act, or failure to act, that would constitute abuse as that term is defined in federal regulations pertaining to the authority of protection and advocacy agencies, including Section 51.2 of Title 42 of the Code of Federal Regulations or Section 1326.19 of Title 45 of the Code of Federal Regulations.

(2) An act, or failure to act, that would constitute abuse as that term is defined in Section 15610.07 of this code or Section 11165.6 of the Penal Code.

(3) An act, or failure to act, that was performed, or not performed, knowingly, recklessly, or intentionally, and that caused, or may have caused, injury or death to an individual with disabilities, which includes, but is not limited to, verbal, nonverbal, mental, and emotional harassment; rape or sexual assault; striking; the use of excessive force when placing the individual in bodily restraints; the use of bodily or chemical restraints that is not in compliance with federal and state laws and regulations, or any other practice that is likely to cause immediate physical or psychological harm or result in long-term harm if the practice continues.

(4) Any other violation of an individual's legal rights determined, in its discretion, by the protection and advocacy agency to be abuse, including, but not limited to, subjecting an individual to significant financial exploitation.

(c) "Complaint" has the same meaning as "complaint" as defined in federal statutes and regulations pertaining to the authority of protection and advocacy agencies, including Section 10802(1) of Title 42 of the United States Code, Section 51.2 of Title 42 of the Code of Federal Regulations, or Section 1386.19 of Title 45 of the Code of Federal Regulations. A "complaint" includes, but is not limited to, any report or communication, whether formal or informal, or written or oral, received by the protection and advocacy agency, including, but not limited to, media accounts, newspaper articles, electronic communications, and telephone calls, including anonymous telephone calls, from any source alleging abuse or neglect of an individual with a disability.

(d) "Disability" means a developmental disability, as defined in Section 15002(8) of Title 42 of the United States Code, a mental illness, as defined in Section 10802(4) of Title 42 of the United States Code, a disability within the meaning of the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), as defined in Section 12102(2) of Title 42 of the United States Code, or a disability within the meaning of the California Fair Employment and Housing Act (Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code), as defined in subdivision (j) or (l) of Section 12926 of the Government Code.

(e) “Facility” or “program” means a public or private facility, program, or service provider providing services, support, care, or treatment to persons with disabilities, even if only on an as-needed basis or under contractual arrangement. “Facility,” “program,” or “service provider” includes, but is not limited to, a hospital, a long-term health care facility, a community living arrangement for people with disabilities, including a group home, a board and care home, an individual residence or apartment of a person with a disability where services are provided, a day program, a juvenile detention facility, a homeless shelter, a facility used to house or detain persons for the purpose of civil immigration proceedings, a jail, or a prison, including all general areas, as well as special, mental health, or forensic units. The term includes any facility licensed under Division 2 (commencing with Section 1200) of the Health and Safety Code and any facility that is unlicensed but is not exempt from licensure as provided in subdivision (a) of Section 1503.5 of the Health and Safety Code. The term also includes, but is not limited to, a public or private school or other institution or program providing education, training, habilitation, recreation, therapeutic, or residential services to persons with disabilities.

(f) (1) (A) “Guardian,” “conservator,” “limited conservator,” or “legal representative” means a person, including the parent of a disabled minor who has legal custody of the minor, appointed by a state court or an authorized agency, as appropriate, or otherwise authorized by law, and regularly reviewed by the appointing court or agency, if required by law, to represent and advocate for the legal rights and interests of a person with a disability.

(B) These terms do not include a person acting solely as a representative payee, a person acting solely to handle financial matters, an executor or administrator of an estate, an attorney or other person acting on behalf of an individual with a disability solely in individual legal matters, or an official or the official’s designee who is responsible for the provision of treatment, services, supports, or other assistance to an individual with a disability.

(2) With respect to an individual described under paragraph (2) of subdivision (i), the guardian, conservator, limited conservator, or legal representative is the person with the legal authority to consent to health or mental health care or treatment on behalf of the individual.

(3) With respect to an individual described under paragraph (1) or (3) of subdivision (i), the guardian, conservator, limited conservator, or legal representative is the person with the legal authority to make all decisions on behalf of the individual.

(g) “Neglect” means any of the following:

(1) A negligent act, or omission to act, that would constitute neglect as that term is defined in federal statutes and regulations pertaining to the authority of protection and advocacy agencies, including Section 10802(5) of Title 42 of the United States Code, Section 51.2 of Title 42 of the Code of Federal Regulations, or Section 1326.19 of Title 45 of the Code of Federal Regulations.

(2) A negligent act, or omission to act, that would constitute neglect as that term is defined in subdivision (b) of Section 15610.07 of this code or Section 11165.2 of the Penal Code.

(3) A negligent act, or omission to act, by an individual responsible for providing services, supports, or other assistance that caused, or may have caused, injury or death to an individual with a disability or that placed an individual with a disability at risk of injury or death, and includes, but is not limited to, the failure to establish or carry out an

appropriate individual program plan or treatment plan, which includes a discharge plan; provide adequate nutrition, clothing, or health care to an individual with a disability; or provide a safe environment, which may include failing to maintain an adequate number of trained staff or failing to take appropriate steps to prevent self-abuse, harassment, or assault by a peer.

(h) "Probable cause" to believe that an individual has been or may be subject to abuse or neglect or that the health or safety of the individual is in serious and immediate jeopardy, exists when the protection and advocacy agency determines that it is objectively reasonable for a person to entertain that belief. The individual making a probable cause determination may base the decision on reasonable inferences drawn from their experience or training regarding similar incidents, conditions, or problems that are usually associated with abuse or neglect. Information supporting a probable cause determination may result from monitoring or other activities, including, but not limited to, media reports and newspaper articles.

(i) "Protection and advocacy agency" means the private nonprofit corporation designated by the Governor in this state pursuant to federal law for the protection and advocacy of the rights of persons with disabilities, including the following:

(1) People with developmental disabilities, as authorized under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code.

(2) People with mental illness, as authorized under the federal Protection and Advocacy for Mentally Ill Individuals Amendments Act of 1991, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code.

(3) People with disabilities within the meaning of the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.) as defined in Section 12102(2) of Title 42 of the United States Code, who do not have a developmental disability as defined in Section 15002(8) of Title 42 of the United States Code, people with a mental illness as defined in Section 10802(4) of Title 42 of the United States Code, and who are receiving services under the federal Protection and Advocacy of Individual Rights Act as defined in Section 794e of Title 29 of the United States Code, or people with a disability within the meaning of the California Fair Employment and Housing Act (Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code), as defined in subdivision (j) or (l) of Section 12926 of the Government Code.

(j) "Reasonable unaccompanied access" means access that permits the protection and advocacy agency, without undue interference, to monitor, inspect, and observe conditions in facilities and programs, to meet and communicate with residents and service recipients privately and confidentially on a regular basis, formally or informally, including, but not limited to, by telephone, mail, electronic mail, and in person, and to review records privately and confidentially, in a manner that minimizes interference with the activities of the facility, program, or service provider that respects privacy interests and honors requests to terminate an interview, and that does not jeopardize the physical health or safety of facility, program, or service provider staff, individuals with disabilities, service recipients, or protection and advocacy agency staff. Except as otherwise required by law, the protection and advocacy agency shall not be required to provide the name or other identifying information regarding the individual with a disability or staff with whom it plans to meet or justify or explain its interactions with those persons. Upon request of facility staff, the protection and advocacy agency shall provide the specific location or locations at a facility where it



intends to monitor, inspect, or observe conditions and meet and communicate with residents or staff.

**(Amended by Stats. 2019, Ch. 548, Sec. 1. (SB 398) Effective January 1, 2020.)**

4901. (a) The protection and advocacy agency, for purposes of this division, shall be a private nonprofit corporation and shall meet all of the requirements of federal law applicable to protection and advocacy systems, including, but not limited to, the requirement that it establish a grievance procedure for clients or prospective clients of the system to ensure that people with disabilities have full access to services of the system.

(b) State officers and employees, in taking any action relating to the protection and advocacy agency, shall meet the requirements of federal law applicable to protection and advocacy systems.

(c) The authority of the protection and advocacy agency set forth in this division shall not diminish the authority of the protection and advocacy agency under federal statutes pertaining to the authority of protection and advocacy systems, or under federal rules and regulations adopted in implementation of those statutes.

(d) Nothing in this division shall be construed to supplant the jurisdiction or the responsibilities of adult protective services programs pursuant to Chapter 11 (commencing with Section 15600), or Chapter 13 (commencing with Section 15750), of Part 3 of Division 9.

(e) (1) Nothing in this division shall be construed to supplant the duties or authority of the State Long-Term Care Ombudsman Program pursuant to Chapter 11 (commencing with Section 9700) of Division 8.5.

(2) The protection and advocacy agency shall cooperate with the Office of the State Long-Term Care Ombudsman when appropriate, as provided in Section 9717.

(f) (1) Nothing in this division shall be construed to alter or impact the Elder and Dependent Adult Civil Protection Act (Chapter 11 (commencing with Section 15600), or Chapter 13 (commencing with Section 15750), of Part 3 of Division 9, including the confidentiality requirements of Section 15633 and the legal responsibility of the protection and advocacy agency to report elder or dependent adult abuse or neglect as required by paragraph (1) of subdivision (b) of Section 15630.

(2) The adult protective services agency shall retain the responsibility to investigate any report of abuse or neglect in accordance with Chapter 13 (commencing with Section 15750) of Part 3 of Division 9 when the reported abuse or neglect is within the jurisdiction of the adult protective services agency.

**(Amended by Stats. 2003, Ch. 878, Sec. 5. Effective January 1, 2004.)**

4902. (a) The protection and advocacy agency, in protecting and advocating for the rights of people with disabilities, pursuant to the federal mandate, may exercise any authority specified in this section when one or more of the following occurs:

(1) The agency receives a complaint or report of alleged abuse or neglect, or of an incident in which an individual is in serious and immediate jeopardy.

(2) The agency determines that probable cause exists that an individual has been or may be subject to abuse or neglect.

(3) The agency determines that the health or safety of an individual is in serious and immediate jeopardy.

(b) If subdivision (a) applies, the protection and advocacy agency may exercise the authority granted pursuant to subdivision (a) to do all of the following:

(1) Investigate any incident of alleged abuse or neglect of any person with a disability. This authority includes reasonable unaccompanied access to a facility, program, or service provider, and authority to examine all relevant records and interview any facility, program, or service provider recipient, employee, or other person who may have knowledge of the alleged abuse or neglect.

(2) Pursue administrative, legal, and other appropriate remedies or approaches to ensure the protection of the rights of people with disabilities.

(3) Provide information and training on, and referral to, programs and services addressing the needs of people with disabilities, including information and training regarding individual rights and the services available from the protection and advocacy agency.

(4) Monitor a facility's, program's, or service provider's compliance with respect to the rights and safety of individuals with disabilities.

(c) The protection and advocacy agency and its authorized agents shall, in addition, have reasonable unaccompanied access to public or private facilities, programs, and service providers, including all areas of the facility, program, or service providers' premises that are used by, or accessible to, individuals with disabilities and reasonable unaccompanied access to those persons.

(1) (A) The protection and advocacy agency shall have reasonable unaccompanied access to all public or private facilities, programs, or service providers, including to users of those facilities, programs, and services, at all times as are necessary, and without advance notice, to investigate incidents of alleged abuse and neglect in accord with paragraph (1) of subdivision (b).

(B) Access pursuant to this paragraph includes the opportunity to interview any individual with a disability, employee, or other person, including a person alleged to be the victim of abuse, who might be reasonably believed by the protection and advocacy agency to have knowledge of an incident under investigation. Except as otherwise required by law, the protection and advocacy agency shall not be required to provide the name or other identifying information regarding any individual with a disability or staff with whom it plans to meet or to justify or explain its interactions with those persons.

(C) Access to an individual pursuant to this paragraph shall be afforded immediately, except as otherwise provided in paragraph (3), upon request.

(2) The protection and advocacy agency shall have reasonable unaccompanied access during reasonable times, which, at a minimum, includes normal working hours and visiting hours, for other advocacy services. Protection and advocacy agency activities shall be conducted so as to minimize interference with service provider programs, respect individuals with disabilities' privacy interests, and honor a recipient's request to terminate an interview. This access includes, but is not limited to, all of the following:

(A) Providing information and training on, and referral to programs addressing the needs of, individuals with disabilities, and information and training on individual rights and the protection and advocacy services available from the agency, including, but not limited to, the name, address, and telephone number of the protection and advocacy agency. The protection and advocacy agency shall be permitted to post, in an area in which individuals with disabilities receive services, a poster that identifies the

services available from the protection and advocacy agency and the name, address, and telephone number of the protection and advocacy agency.

(B) Monitoring compliance with respect to the rights and safety of residents or service recipients.

(C) Inspecting, viewing, and photographing all areas of the facility, program, or service provider's premises that are used by individuals with disabilities, or that are accessible to them, but does not include photographing or video recording individuals with disabilities without their consent.

(3) (A) If the protection and advocacy agency's access to facilities, programs, service providers, service recipients, or individual with a disability is delayed or denied by a facility, program, or service provider, the facility, program, or service provider shall promptly provide the agency with a written statement of reasons. In the case of denial of access for alleged lack of authorization, the facility, program, or service provider shall promptly provide to the agency the name, address, and telephone number of the guardian, conservator, limited conservator, or other legal representative of the individual with a disability for whom authorization is required. Access to a facility, program, service provider, service recipient, or individual with a disability shall not be delayed or denied without the prompt provision of a written statement of the reasons for the denial.

(B) A facility, program, or service provider shall not be required to afford immediate access if complying with the request would interfere with treatment or therapy to be provided to an individual with a disability. If access to an individual must be delayed beyond 24 hours to allow for the provision of treatment or therapy, the protection and advocacy agency shall receive access as soon as possible thereafter.

(C) If a facility, program, or service provider denies the protection and advocacy agency's access to an individual with a disability on the grounds specified in subparagraph (B), the facility, program, or service provider shall, within 24 hours of the request, provide the protection and advocacy agency with a written statement from a physician, or, in the case of a state-operated mental health facility, a member of the treatment team, stating that access to the individual will interfere with the individual's treatment or therapy, and the time and circumstances under which the protection and advocacy agency can interview the individual. If the physician, or, in the case of a state-operated mental health facility, a member of the treatment team, states that the individual cannot be interviewed within 24 hours of the protection and advocacy agency being provided the written statement, the protection and advocacy agency and the facility, program, or service provider shall engage in a good faith interactive process to determine when, and under what circumstances, the individual may be interviewed. If the protection and advocacy agency and the facility, program, or service provider are unable to agree upon the time and circumstance, they shall select a mutually agreeable independent physician, or, in the case of a state-operated mental health facility, a mutually agreeable physician employed by a state-operated mental health facility who does not have a history of treating the patient, who will determine when, and under what circumstances, the individual may be interviewed. The expense of the independent physician's services shall be paid for by the facility, program, or service provider. Individuals with disabilities subject to the requirements in this paragraph include adults and minors who have guardians, limited conservators, conservators, or other legal representatives.

(d) The protection and advocacy agency shall be permitted to attend treatment planning meetings concerning individuals with disabilities, with the consent of the individual or the individual's guardian, conservator, limited conservator, or other legal representative, except that consent is not required if the individual, due to their mental or physical condition, is unable to authorize the protection and advocacy agency to have access to a treatment planning meeting and either the individual does not have a guardian, conservator, limited conservator, or other legal representative, or the individual's guardian, conservator, limited conservator, or other legal representative is the state or one of its political subdivisions. The protection and advocacy agency shall not attend treatment planning meetings if the individual objects on the individual's own behalf to the protection and advocacy agency's attendance at the treatment planning meetings.

(e) The protection and advocacy agency shall not enter an individual residence or apartment of a client or the client's family without the consent of an adult occupant. In the absence of this consent, the protection and advocacy agency may enter only if it has obtained the legal authority to enforce its access authority pursuant to legal remedies available under this division or applicable federal law.

**(Amended by Stats. 2019, Ch. 548, Sec. 2. (SB 398) Effective January 1, 2020.)**

4903. (a) The protection and advocacy agency shall have access to the records of any of the following people with disabilities:

(1) Any person who is a client of the agency, or any person who has requested assistance from the agency, if that person or the agent designated by that person, or the guardian, conservator, limited conservator, or other legal representative of that person, has authorized the protection and advocacy agency to have access to the records and information. If a person with a disability who is able to authorize the protection and advocacy agency to access their records expressly denies this access after being informed by the protection and advocacy agency of their right to authorize or deny access, the protection and advocacy agency shall not have access to that person's records.

(2) Any person, including any individual who cannot be located, to whom all of the following conditions apply:

(A) The individual, due to their mental or physical condition, is unable to authorize the protection and advocacy agency to have access to their records.

(B) The individual does not have a guardian, conservator, limited conservator, or other legal representative, or the individual's representative is a public entity, including the state or one of its political subdivisions.

(C) The protection and advocacy agency is authorized pursuant to subdivision (a) of Section 4902 to exercise the authority specified in that section.

(3) Any person who is deceased. Probable cause to believe that the death of an individual with a disability resulted from abuse or neglect or any other specific cause is not required for the protection and advocacy agency to obtain access to the records. For the purposes of access pursuant to this paragraph, "person with a disability" includes a person who died in a situation in which services, supports, or other assistance is, or has, customarily been provided to people with disabilities.

(4) Any person who has a guardian, conservator, limited conservator, or other legal representative with respect to whom a complaint has been received by the protection and advocacy agency, or with respect to whom the protection and advocacy agency has

determined that probable cause exists to believe that the person has been or may be subjected to abuse or neglect, whenever all of the following conditions exist:

(A) The protection and advocacy agency made a good faith effort to contact the guardian, conservator, limited conservator, or other legal representative upon prompt receipt of the representative's contact information, which shall include, but not be limited to, the representative's name, address, telephone number, and email address.

(B) The protection and advocacy agency has offered assistance to the representatives to resolve the situation.

(C) The representative has failed or refused to consent on behalf of the person.

(5) Any other person with a disability under the circumstances described in subdivision (a) of Section 4902.

(b) Individual records that shall be available to the protection and advocacy agency under this division, whether written or in another medium, draft, preliminary, or final, including, but not limited to, handwritten notes, electronic files, photographs, videotapes, or audiotapes, shall include, but not be limited to, all of the following:

(1) Information and records prepared or received in the course of providing intake, assessment, evaluation, education, training, or other services, supports, or assistance, including, but not limited to, medical records, financial records, monitoring reports, or other reports, prepared or received by a member of the staff of a facility, program, or service provider. This includes records stored or maintained at sites other than that of the facility, program, or service provider and records that were not prepared by the facility, program, or service provider, but received by the facility, program, or service provider.

(2) Reports prepared by a federal, state, or local governmental agency or a private organization charged with investigating reports of incidents of abuse, neglect, injury, or death. The organizations whose reports are subject to this requirement include, but are not limited to, agencies in the foster care system, disabilities systems, prison and jail systems, facilities used to house or detain persons for purposes of civil immigration proceedings, public and private educational systems, emergency shelters, criminal and civil law enforcement agencies such as police departments, agencies overseeing juvenile justice facilities, juvenile detention facilities, all preadjudication and postadjudication juvenile facilities, state and federal licensing and certification agencies, and private accreditation organizations such as the Joint Commission on the Accreditation of Healthcare Organizations or by medical care evaluation or peer review committees, regardless of whether they are protected by state law. The reports subject to this requirement describe any or all of the following:

(A) Abuse, neglect, injury, or death.

(B) The steps taken to investigate the incidents.

(C) Reports and records, including, but not limited to, personnel records prepared or maintained by the facility, program, or service provider in connection with reports of incidents, subject to the following:

(i) If a state statute specifies procedures with respect to personnel records, the protection and advocacy agency shall follow those procedures.

(ii) Personnel records shall be protected from disclosure in compliance with the fundamental right of privacy established pursuant to Section 1 of Article I of the California Constitution. The custodian of personnel records shall have a right and a duty to resist attempts to allow the unauthorized disclosure of personnel records, and

may not waive the privacy rights that are guaranteed pursuant to Section 1 of Article I of the California Constitution.

(D) Supporting information that was relied upon in creating a report, including, but not limited to, all information and records that document interviews with persons who were interviewed, physical and documentary evidence that was reviewed, or related investigative findings.

(3) Discharge planning records.

(c) Information in the possession of a program, facility, or service provider that must be available to the agency investigating instances of abuse or neglect pursuant to subdivision (a) of Section 4902, whether written or in another medium, draft, preliminary, or final, including, but not limited to, handwritten notes, electronic files, photographs, videotapes, audiotapes, or records, shall include, but not be limited to, all of the following:

(1) Information in reports prepared by individuals and entities performing certification or licensure reviews, or by professional accreditation organizations, as well as related assessments prepared for a program, facility, or service provider by its staff, contractors, or related entities, including peer review committees.

(2) Information in professional, performance, building, or other safety standards, or demographic and statistical information, relating to the facility, program, or service provider.

(d) The authority of the protection and advocacy agency to have access to records does not supersede any prohibition on discovery specified in Sections 1157 and 1157.6 of the Evidence Code, nor does it supersede any prohibition on disclosure subject to the physician-patient privilege or the psychotherapist-patient privilege.

(e) An educational agency, including, but not limited to, public, private, and charter schools and public and private residential and nonresidential schools, shall provide the protection and advocacy agency with the name and contact information for the parent or guardian of a student for whom the protection and advocacy agency has authority to access, inspect, and copy records.

(f) (1) The protection and advocacy agency shall have access to records of individuals described in subdivision (a) of Section 4902 and in subdivision (a), and other records that are relevant to conducting an investigation, under the circumstances described in those subdivisions, not later than three business days after the agency makes a written request for the records involved.

(2) The protection and advocacy agency shall have immediate access to the records, including the right to inspect and copy the records, as described in subdivision (g), not later than 24 hours after the agency makes a request, without consent from another party, in a situation in which treatment, services, supports, or other assistance is provided to an individual with a disability, if the agency determines that the health or safety of the individual is in serious and immediate jeopardy, or in a case of the death of an individual with a disability.

(3) If the protection and advocacy agency's access to records is denied or delayed beyond the deadlines specified in paragraphs (1) and (2), the protection and advocacy agency shall, within two business days after the expiration of the deadline, be provided with a written statement of reasons for the denial or delay. In the case of a denial for alleged lack of authorization, the name, address, and telephone number of the guardian, conservator, limited conservator, or other legal representative of the individual with a disability shall be included in the statement.

(g) A protection and advocacy agency shall be permitted to inspect and copy information and records, subject to a reasonable charge to offset duplicating costs. If the facility, program, or service provider or its agents copy the records for the protection and advocacy agency, it shall not charge the protection and advocacy agency an amount that would exceed the amount authorized by the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) for reproducing documents. The protection and advocacy agency may make written notes when inspecting information and records, and may use its own photocopying equipment to obtain copies. For state-operated mental health facilities, the protection and advocacy agency may not use equipment or devices otherwise restricted in the facilities when copying records in a portion of the facility where the restriction applies. If a party other than the protection and advocacy agency performs the photocopying or other reproduction of records, it shall provide the photocopies or reproductions to the protection and advocacy agency within the timeframes specified in subdivision (f). In addition, if records are kept or maintained electronically, they shall be provided to the protection and advocacy agency electronically.

(h) (1) Confidential information kept or obtained by the protection and advocacy agency shall remain confidential and is not subject to disclosure.

(2) The protection and advocacy agency shall obtain written consent from the following individuals, as applicable, before releasing information concerning them to a person not otherwise authorized to receive it:

(A) An individual with a disability, a client, or the individual's or client's guardian, conservator, limited conservator, or other legal representative.

(B) An individual who has been provided general information or technical assistance on a particular matter.

(C) An individual who furnishes reports or information that form the basis for a determination of probable cause that an individual has been or may be subject to abuse or neglect, or is in serious and immediate jeopardy.

(3) This subdivision shall not, however, prevent the protection and advocacy agency from doing any of the following:

(A) Sharing the information with the individual client who is the subject of the record or report or other document, or with the client's legally authorized representative, subject to any limitation on disclosure to recipients of mental health services as provided in subsection (b) of Section 10806 of Title 42 of the United States Code.

(B) Issuing a public report of the results of an investigation that maintains the confidentiality of individual service recipients.

(C) Reporting the results of an investigation to responsible investigative or enforcement agencies in a manner that maintains the confidentiality of the individuals should an investigation reveal information concerning the facility, program, or service provider, or their staff or employees warranting possible sanctions or corrective action. The information may be reported to agencies that are responsible for facility, program, or service provider licensing or accreditation, employee discipline, employee licensing or certification suspension or revocation, or criminal investigation or prosecution.

(D) Pursuing alternative remedies, including the initiation of legal action.

(E) Reporting suspected elder or dependent adult abuse pursuant to the Elder Abuse and Dependent Adult Civil Protection Act (Chapter 11 (commencing with Section 15600) of Part 3 of Division 9).

(4) Notwithstanding the confidentiality requirements of this section, the protection and advocacy agency may make a report to investigative or enforcement agencies that reveals the identity of an individual with a disability, and information relating to their status or treatment in any of the following situations:

(A) When the agency has received a complaint that the individual has been or may be subject to abuse and neglect, or has probable cause to believe that the individual has been or may be subject to abuse or neglect.

(B) When the protection and advocacy agency determines that the health or safety of the individual is in serious and immediate jeopardy.

(C) In the case of the death of an individual whom the protection and advocacy agency believes may have had a disability.

(i) The protection and advocacy agency shall inform and train employees as appropriate regarding the confidentiality of client records.

(j) The authority provided pursuant to subdivision (b) shall include access to all of the following:

(1) An unredacted facility evaluation report form or an unredacted complaint investigation report form of the State Department of Social Services. This information shall remain confidential and subject to the confidentiality requirements of subdivision (h).

(2) An unredacted citation report, unredacted licensing report, unredacted survey report, unredacted plan of correction, or unredacted statement of deficiency of the State Department of Public Health, prepared by authorized licensing personnel or authorized representatives as described in subdivision (a) of Section 5328.15. The information shall remain confidential and subject to the confidentiality requirements of subdivision (h).

(k) Notwithstanding any other state law governing patient privacy, the sharing of health information and records with a protection and advocacy agency is permitted to the extent that the sharing is required by law and complies with the requirements of that law. The Legislature finds and declares that the federal Health Insurance Portability and Accountability Act of 1996 privacy rule permits the disclosure of protected health information to a protection and advocacy agency, without the authorization of the individual who is the subject of the protected health information, to the extent that the disclosure is required by law and the disclosure complies with the requirements of that law.

**(Amended by Stats. 2021, Ch. 615, Sec. 436. (AB 474) Effective January 1, 2022. Operative January 1, 2023, pursuant to Sec. 463 of Stats. 2021, Ch. 615.)**

4904. (a) The protection and advocacy agency, its employees, and designated agents, shall not be liable for an injury resulting from an employee's or agent's act or omission where the act or omission was the result of the exercise, in good faith, of the discretion vested in him or her.

(b) The protection and advocacy agency, its employees, and designated agents, shall not be liable for damages awarded under Section 3294 of the Civil Code or other damages imposed primarily for the sake of example and by way of punishing the defendant.

(c) The protection and advocacy agency, its employees, and designated agents, when participating in filing a complaint or providing information pursuant to this division or participating in a judicial proceeding resulting therefrom shall be presumed



to be acting in good faith and unless the presumption is rebutted, shall be immune from any liability, civil or criminal, and shall be immune from any penalty, sanction, or restriction that might be incurred or imposed.

**(Added by Stats. 1991, Ch. 534, Sec. 7.)**

4905. (a) No employee or agent of a facility, program, or service shall subject a person with a disability to reprisal or harassment or directly or indirectly take or threaten to take any action that would prevent the person, his or her legally authorized representative, or family member from reporting or otherwise bringing to the attention of the protection and advocacy agency any facts or information relative to suspected abuse, neglect, or other violations of the person's rights.

(b) Any attempt to involuntarily remove from a facility, program, or service, or to deny privileges or rights without good cause to a person with a disability by whom or for whom a complaint has been made to the protection and advocacy agency, within 60 days after the date the complaint is made or within 60 days after the conclusion of any proceeding resulting from the complaint, shall raise a presumption that the action was taken in retaliation for the filing of the complaint.

**(Amended by Stats. 2003, Ch. 878, Sec. 8. Effective January 1, 2004.)**

4906. (a) The protection and advocacy agency may not obtain access through the use of physical force to facilities, programs, service recipients, residents, or records required by the division if this access is delayed or denied.

(b) Notwithstanding subdivision (a), nothing in this division is intended to preclude the protection and advocacy agency from pursuing appropriate legal remedies to enforce its access authority under this division or applicable federal law.

**(Added by Stats. 2003, Ch. 878, Sec. 9. Effective January 1, 2004.)**

# EXCERPTS FROM GOVERNMENT CODE

## TITLE 14. CALIFORNIA EARLY INTERVENTION SERVICES ACT

(Title 14 repealed and added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003. See the later operative Title 14 added by Sec. 4 of Ch. 945.)

### CHAPTER 1. GENERAL PROVISIONS

(Chapter 1 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)

95000. This title may be cited as the California Early Intervention Services Act.

(Repealed and added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003. See same-numbered section in the later operative Title 14 that was added by Sec. 4 of Ch. 945.)

95001. (a) The Legislature hereby finds and declares all of the following:

(1) There is a need to provide appropriate early intervention services individually designed for infants and toddlers from birth to two years of age, inclusive, who have disabilities or are at risk of having disabilities, to enhance their development and to minimize the potential for developmental delays.

(2) Early intervention services for infants and toddlers with disabilities or who are at risk of having disabilities represent an investment of resources, in that these services reduce the ultimate costs to our society, by minimizing the need for special education and related services in later school years and by minimizing the likelihood of institutionalization. These services also maximize the ability of families to better provide for the special needs of their children. Early intervention services for infants and toddlers with disabilities maximize the potential of the individuals to be effective in the context of daily life and activities, including the potential to live independently, and exercise the full rights of citizenship. The earlier intervention is started, the greater is the ultimate cost-effectiveness and the higher is the educational attainment and quality of life achieved by children with disabilities.

(3) The family is the constant in the child's life, while the service system and personnel within those systems fluctuate. Because the primary responsibility of an infant's or toddler's well-being rests with the family, services should support and enhance the family's capability to meet the special developmental needs of their infant or toddler with disabilities.

(4) Family-to-family support strengthens families' ability to fully participate in services planning and their capacity to care for their infants or toddlers with disabilities.

(5) Meeting the complex needs of infants with disabilities and their families requires active state and local coordinated, collaborative, and accessible service delivery systems that are flexible, culturally competent, and responsive to family-identified needs. When health, developmental, educational, and social programs are coordinated, they are proven to be cost effective, not only for systems, but for families as well.

(6) Family-professional collaboration contributes to changing the ways that early intervention services are provided and to enhancing their effectiveness.

(7) Infants and toddlers with disabilities are a part of their communities, and as citizens make valuable contributions to society as a whole.

(b) Therefore, it is the intent of the Legislature that:

(1) Funding provided under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) be used to improve and enhance early intervention services as defined in this title by developing innovative ways of providing family focused, coordinated services, which are built upon existing systems.

(2) The State Department of Developmental Services, the State Department of Education, the State Department of Health Care Services, and the State Department of Social Services coordinate services to infants and toddlers with disabilities and their families. These agencies need to collaborate with families and communities to provide a family-centered, comprehensive, multidisciplinary, interagency, community-based, early intervention system for infants and toddlers with disabilities.

(3) Families be well informed, supported, and respected as capable and collaborative decisionmakers regarding services for their child.

(4) Professionals be supported to enhance their training and maintain a high level of expertise in their field, as well as knowledge of what constitutes most effective early intervention practices.

(5) Families and professionals join in collaborative partnerships to develop early intervention services that meet the needs of infants and toddlers with disabilities, and that those partnerships be the basis for the development of services that meet the needs of the culturally and linguistically diverse population of California.

(6) To the maximum extent possible, infants and toddlers with disabilities and their families be provided services in the most natural environment, and include the use of natural supports and existing community resources.

(7) The services delivery system be responsive to the families and children it serves within the context of cooperation and coordination among the various agencies.

(8) Early intervention program quality be ensured and maintained through established early intervention program and personnel standards.

(9) The early intervention system be responsive to public input and participation in the development of implementation policies and procedures for early intervention services through the forum of an interagency coordinating council established pursuant to federal regulations under Part C of the federal Individuals with Disabilities Education Act.

(c) It is not the intent of the Legislature to require the State Department of Education to implement this title unless adequate reimbursement, as specified and agreed to by the department, is provided to the department from federal funds from Part C of the federal Individuals with Disabilities Education Act.

**(Amended by Stats. 2013, Ch. 22, Sec. 10. (AB 75) Effective June 27, 2013. Operative July 1, 2013, by Sec. 110 of Ch. 22. Repealed conditionally as prescribed in Section 95003.)**

95001.5. In order to prevent any potential conflict of interest and pursuant to Section 303.604 of Title 34 of the Code of Federal Regulations, no member of the interagency coordinating council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

**(Added by Stats. 1997, Ch. 294, Sec. 2. Effective August 18, 1997. Repealed conditionally as prescribed in Section 95003.)**

95002. The purpose of this title is to provide a statewide system of coordinated, comprehensive, family-centered, multidisciplinary, interagency programs, responsible for providing appropriate early intervention services and support to all eligible infants and toddlers and their families.

**(Repealed and added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003. See same-numbered section in the later operative Title 14 that was added by Sec. 4 of Ch. 945.)**

95003. (a) The state's participation in Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) shall be contingent on the receipt of federal funds to cover the costs of complying with the federal statutes and regulations that impose new requirements on the state. The State Department of Developmental Services and the State Department of Education annually shall report to the Department of Finance during preparation of the Governor's Budget, and the May Revision, the budget year costs and federal funds projected to be available.

(b) If the amount of funding provided by the federal government pursuant to Part C of the federal Individuals with Disabilities Education Act for the 1993-94 fiscal year, or any fiscal year thereafter, is not sufficient to fund the full increased costs of participation in this federal program by the local educational agencies, as required pursuant to this title, for infants and toddlers from birth to two years of age, inclusive, identified pursuant to Section 95014, and that lack of federal funding would require an increased contribution from the General Fund or a contribution from a local educational agency in order to fund those required and supplemental costs, the state shall terminate its participation in the program. Termination of the program shall occur on July 1 if local educational agencies have been notified of the termination prior to March 10 of that calendar year. If this notification is provided after March 10 of a calendar year, then termination shall not occur earlier than July 1 of the subsequent calendar year. The voluntary contribution by a state or local agency of funding for any of the programs or services required pursuant to this title shall not constitute grounds for terminating the state's participation in that federal program. It is the intent of the Legislature that if the program terminates, the termination shall be carried out in an orderly manner with notification of parents and certificated personnel.

(c) This title shall remain in effect only until the state terminates its participation in Part C of the federal Individuals with Disabilities Education Act for individuals from birth to two years of age, inclusive, and notifies the Secretary of the Senate of the termination, and as of that later date is repealed. As the lead agency, the State Department of Developmental Services, upon notification by the Department of Finance or the State Department of Education as to the insufficiency of federal funds and the termination of this program, shall be responsible for the payment of services pursuant to this title when no other agency or department is required to make these payments.

**(Amended (as amended by Stats. 2007, Ch. 56, Sec. 106) by Stats. 2008, Ch. 179, Sec. 133. Effective January 1, 2009. Repealed conditionally by its own provisions. See same-numbered section in the later operative Title 14 that was added by Stats. 1993, Ch. 945, Sec. 4.)**

95004. The early intervention services specified in this title shall be provided as follows:

(a) Direct services for eligible infants and toddlers and their families shall be provided pursuant to the existing regional center system under the Lanterman

Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code) and the existing local education agency system under appropriate sections of Part 30 (commencing with Section 56000) of the Education Code and regulations adopted pursuant thereto, and Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.).

(b) (1) In providing services under this title, regional centers shall comply with the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code, and its implementing regulations (Division 2 (commencing with Section 50201) of Title 17 of the California Code of Regulations) including, but not limited to, those provisions relating to vendorization and ratesetting, and the Family Cost Participation Program, except where compliance with those provisions would result in any delays in, the provision of early intervention, or otherwise conflict with this title and the regulations implementing this title (Chapter 2 (commencing with Section 52000) of Division 2 of Title 17 of the California Code of Regulations), or Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.), and applicable federal regulations contained in Part 303 (commencing with Section 303.1) of Title 34 of the Code of Federal Regulations. Notwithstanding any other law or regulation to the contrary, private health insurance for medical services or a health care service plan identified in the individualized family service plan, other than for evaluation and assessment, shall be used in compliance with applicable federal and state law and regulation.

(2) When compliance with this subdivision would result in any delays in the provision of early intervention services for the provision of any of these services, the department may authorize a regional center to use a special service code that allows immediate procurement of the service.

(c) The use of private health insurance or a health care service plan to pay for early intervention services under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) shall not:

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

(2) Negatively affect the availability of health coverage for the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy or health care service plan contract, or result in a discontinuance of the health insurance policy or the health care service plan contract or coverage under the health insurance policy or health care service plan contract for these individuals.

(3) Be the basis for increasing the health insurance or health care service plan premium of the infant or toddler with a disability, the parent, or the child's family members covered under that health insurance policy or health care service plan contract.

(d) Services shall be provided by family resource centers that provide, but are not limited to, parent-to-parent support, information dissemination and referral, public awareness, family professional collaboration activities, and transition assistance for families.

(e) Existing obligations of the state to provide these services at state expense shall not be expanded.

(f) It is the intent of the Legislature that services be provided in accordance with Sections 303.124, 303.126, and 303.527 of Title 34 of the Code of Federal Regulations.

(Amended as amended by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 1) by Stats. 2012, Ch. 25, Sec. 1. (AB 1472) Effective June 27, 2012. Repealed conditionally as prescribed in Section 95003. See same-numbered section in the later operative Title 14 that was added by Stats. 1993, Ch. 945, Sec. 4.)

## CHAPTER 2. ADMINISTRATION

(Chapter 2 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)

95006. This title shall be administered under the shared direction of the Secretary of the Health and Human Services Agency and the Superintendent of Public Instruction. The planning, development, implementation, and monitoring of the statewide system of early intervention services shall be conducted by the State Department of Developmental Services in collaboration with the State Department of Education with the advice and assistance of an interagency coordinating council established pursuant to federal regulations.

(Amended by Stats. 2007, Ch. 56, Sec. 107. Effective January 1, 2008. Repealed conditionally as prescribed in Section 95003.)

95007. The State Department of Developmental Services shall serve as the lead agency responsible for administration and coordination of the statewide system. The specific duties and responsibilities of the State Department of Developmental Services shall include, but are not limited to, all of the following:

(a) Establishing a single point of contact with the federal Office of Special Education Programs for the administration of Part C of the federal Individuals with Disabilities Education Act.

(b) Administering the state early intervention system in accordance with Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.), applicable regulations, and an approved state application.

(c) Administering mandatory and discretionary components as specified in Sections 95022 and 95024.

(d) Administering fiscal arrangements and interagency agreements with participating agencies and community-based organizations to implement this title.

(e) (1) Establishing interagency procedures, including the designation of local coordinating structures, as are necessary to share agency information and to coordinate policymaking activities. In developing these procedures, efforts shall be made to schedule meetings with, and engage parents and legal guardians in, transition-related activities.

(2) Require each regional center to designate a main point of contact for coordinating and completing, with other agencies and persons, the transition of a child and family from Part C to Part B of the federal Individuals with Disabilities Education Act, including establishing practices to educate and support families during transition.

(f) Adopting written procedures for receiving and resolving complaints regarding violations of Part C of the federal Individuals with Disabilities Education Act by public agencies covered under this title, as specified in Section 1435(a)(10) of Title 20 of the United States Code and appropriate federal regulations.

(g) Establishing, adopting, and implementing procedural safeguards that comply with the requirements of Part C of the federal Individuals with Disabilities Education

Act, as specified in Section 1439 of Title 20 of the United States Code and appropriate federal regulations.

(h) (1) Monitoring of agencies, institutions, and organizations receiving assistance under this title.

(2) Monitoring shall be conducted by interagency teams that are sufficiently trained to ensure compliance. Interagency teams shall consist of, but not be limited to, representatives from the State Department of Developmental Services, the State Department of Education, the interagency coordinating council, or a local family resource center or network, parent, direct service provider, or any other agency responsible for providing early intervention services.

(3) All members of an interagency team shall have access to all information that is subject to review. Members of each interagency team shall maintain the confidentiality of the information, and each member of the interagency team shall sign a written agreement of confidentiality.

(4) A summary of monitoring issues and findings shall be forwarded biannually to the interagency coordinating council for review.

(i) Establishing innovative approaches to information distribution, family support services, and interagency coordination at the local level. This shall include the posting of information for parents specific to transition requirements along with other parent training opportunities on the lead agency's internet website, the regional centers' websites, and other appropriate internet websites.

(j) Ensuring the provision of appropriate early intervention services to all infants eligible under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) and under Section 95014, except for those infants who have solely a low incidence disability as defined in Section 56026.5 of the Education Code and who are not eligible for services under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code).

The development and implementation of subdivisions (e) to (h), inclusive, shall be a collaborative effort between the State Department of Developmental Services and the State Department of Education. In establishing the written procedures for receiving and resolving complaints as specified in subdivision (f) and in establishing and implementing procedural safeguards as specified in subdivision (g), it is the intent of the Legislature that these procedures be identical for all infants served under this act and shall be in accordance with Sections 303.400 and 303.420(b) of Title 34 of the Code of Federal Regulations. The procedural safeguards and due process requirements established under this title shall replace and be used in lieu of due process procedures contained in Chapter 1 (commencing with Section 4500) of Division 4.5 of the Welfare and Institutions Code and Part 30 (commencing with Section 56500) of the Education Code for infants and their families eligible under this title.

**(Amended by Stats. 2022, Ch. 49, Sec. 2. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)**

95008. (a) The State Department of Education shall be responsible for administering services and programs for infants with solely visual, hearing, and severe orthopedic impairments, and any combination thereof, who meet the criteria in Sections 56026 and 56026.5 of the Education Code, and in Section 3030(a), (b), (d), or (e) of, and Section 3031 of, Title 5 of the California Code of Regulations and Part C of

the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) and who are not eligible for services under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code).

(b) The State Department of Education shall require each local educational agency to designate a main point of contact for coordinating and completing, with other agencies and persons, the transition of a child and family from Part C to Part B of the federal Individuals with Disabilities Education Act, including establishing practices to educate and support families during transition.

**(Amended by Stats. 2022, Ch. 49, Sec. 3. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)**

95009. The development of joint regulations for meeting the requirements of this title shall be the shared responsibility of the State Department of Developmental Services on behalf of the Secretary of the Health and Welfare Agency, and the State Department of Education on behalf of the Superintendent of Public Instruction. The joint regulations shall be agreed upon by both departments. These regulations shall be developed and approved by October 1, 1995. The Department of Finance shall review and comment upon the joint regulations prior to any public hearing on them.

**(Added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)**

### CHAPTER 3. STATE INTERAGENCY COORDINATION

**(Chapter 3 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)**

95012. (a) The following departments shall cooperate and coordinate their early intervention services for eligible infants and their families under this title, and need to collaborate with families and communities, to provide a family-centered, comprehensive, multidisciplinary, interagency, community-based early intervention system:

- (1) State Department of Developmental Services.
- (2) State Department of Education.
- (3) State Department of Health Care Services.
- (4) State Department of Social Services.

(b) Each participating department shall enter into an interagency agreement with the State Department of Developmental Services. Each interagency agreement shall specify, at a minimum, the agency's current and continuing level of financial participation in providing services to infants and toddlers with disabilities and their families. Each interagency agreement shall also specify procedures for resolving disputes in a timely manner. Interagency agreements shall also contain provisions for ensuring effective cooperation and coordination among agencies concerning policymaking activities associated with the implementation of this title, including legislative proposals, regulation development, and fiscal planning. All interagency agreements shall be reviewed annually and revised as necessary.

(c) In addition to the provisions specified in subdivision (b), the interagency agreement with the State Department of Education shall include provisions related to



the joint development and dissemination of educational information about transitioning from Part C of the federal Individuals with Disabilities Education Act.

(Amended by Stats. 2022, Ch. 49, Sec. 4. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)

#### CHAPTER 4. ELIGIBILITY

(Chapter 4 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)

95014. (a) The term “eligible infant or toddler” for the purposes of this title means infants and toddlers from birth through two years of age, for whom a need for early intervention services, as specified in the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) and applicable regulations, is documented by means of assessment and evaluation as required in Sections 95016 and 95018 and who meet one of the following criteria:

(1) Infants and toddlers with a developmental delay in one or more of the following six areas: cognitive development; physical and motor development, including vision and hearing; expressive communication development; receptive communication development; social or emotional development; or adaptive development. Developmentally delayed infants and toddlers are those who are determined to have a significant difference between the expected level of development for their age and their current level of functioning. This determination shall be made by qualified personnel who are recognized by, or part of, a multidisciplinary team, including the parents. A significant difference is defined as a 25-percent delay in one or more developmental areas.

(2) Infants and toddlers with established risk conditions, who are infants and toddlers with conditions of known etiology or conditions, including fetal alcohol syndrome, with established harmful developmental consequences. The conditions shall be diagnosed by qualified personnel recognized by, or part of, a multidisciplinary team, including the parents. The condition shall be certified as having a high probability of leading to developmental delay if the delay is not evident at the time of diagnosis.

(3) Infants and toddlers who are at high risk of having substantial developmental disability due to a combination of biomedical risk factors, the presence of which are diagnosed by qualified personnel recognized by, or part of, a multidisciplinary team, including the parents.

(b) Regional centers and local educational agencies shall be responsible for ensuring that eligible infants and toddlers are served as follows:

(1) The State Department of Developmental Services and regional centers shall be responsible for the provision of appropriate early intervention services that are required for California’s participation in Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) for all infants eligible under this section, except for those infants with solely a visual, hearing, or severe orthopedic impairment, or any combination of those impairments, who meet the criteria in Sections 56026 and 56026.5 of the Education Code, and in Section 3030(a) or (b) of, and Section 3031 of, Title 5 of the California Code of Regulations.

(2) The State Department of Education and local educational agencies shall be responsible for the provision of appropriate early intervention services in accordance with Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec.

1431 et seq.) for infants with solely a visual, hearing, or severe orthopedic impairment, or any combination of those impairments, who meet the criteria in Sections 56026 and 56026.5 of the Education Code, and in Section 3030(a) or (b) of, and Section 3031 of, Title 5 of the California Code of Regulations, and who are not eligible for services under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code).

(3) The transfer procedures and timelines, as provided under subdivision (d) of Section 4643.5 of the Welfare and Institutions Code, shall apply if the circumstances pertaining to an eligible infant or toddler are that the child (A) has an order for foster care placement, is awaiting foster care placement, or is placed in out-of-home care through voluntary placement as defined in subdivision (o) of Section 11400 of the Welfare and Institutions Code, and (B) transfers between regional centers.

(c) For infants and toddlers and their families who are eligible to receive services from both a regional center and a local educational agency, the regional center shall be the agency responsible for providing or purchasing appropriate early intervention services that are beyond the mandated responsibilities of local educational agencies and that are required for California's participation in Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.). The local educational agency shall provide special education services up to its funded program capacity as established annually by the State Department of Education in consultation with the State Department of Developmental Services and the Department of Finance.

(d) An agency or multidisciplinary team, including any agency listed in Section 95012, shall not presume or determine eligibility, including eligibility for medical services, for any other agency. However, regional centers and local educational agencies shall coordinate intake, evaluation, assessment, and individualized family service plans for infants and toddlers and their families who are served by an agency.

(e) Upon termination of the program pursuant to Section 95003, the State Department of Developmental Services shall be responsible for the payment of services pursuant to this title.

(f) This section shall become operative on January 1, 2015.

(Amended by Stats. 2022, Ch. 49, Sec. 5. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)

## CHAPTER 5. SERVICES

(Chapter 5 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)

95016. (a) Each infant or toddler referred for evaluation for early intervention services shall have a timely, comprehensive, multidisciplinary evaluation of his or her needs and level of functioning in order to determine eligibility. In the process of determining eligibility of an infant or toddler, an assessment shall be conducted by qualified personnel, and shall include a family interview, to identify the child's unique strengths and needs and the services appropriate to meet those needs; and the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler. Evaluations and assessments shall be shared and utilized between the regional center and the local educational agency, and any other agency providing services for the eligible infant or toddler, as appropriate. Family assessments shall be family

directed and voluntary on the part of the family. Families shall be afforded the opportunity to participate in all decisions regarding eligibility and services.

(b) Regional centers and local educational agencies or their designees shall be responsible for ensuring that the requirements of this section are implemented. The procedures, requirements, and timelines for evaluation and assessment shall be consistent with the statutes and regulations under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.), applicable regulations, and this title, and shall be specified in regulations adopted pursuant to Section 95028.

**(Amended by Stats. 2007, Ch. 56, Sec. 111. Effective January 1, 2008. Repealed conditionally as prescribed in Section 95003.)**

95018. Each eligible infant or toddler and their family shall be provided a service coordinator who will be responsible for facilitating the implementation of the individualized family service plan and for coordinating with other agencies and persons providing services to the family. The qualifications, responsibilities, and functions of service coordinators shall be consistent with the statutes and regulations under Part C and this title, and shall be specified in regulations adopted pursuant to Section 95028. The State Department of Developmental Services shall ensure that service coordinators, as defined in federal law, meet federal and state regulation requirements, are trained to work with infants and their families, and meet competency requirements set forth in Section 52122 of Title 17 of the California Code of Regulations. Service coordinator caseloads shall be as specified in subdivision (c) of Section 4640.6 of the Welfare and Institutions Code. A service coordinator for each eligible infant or toddler and their family shall conduct at least quarterly reviews of the individualized family service plan. Pursuant to Section 303.521 of Title 34 of the Code of Federal Regulations, service coordination is not subject to any fees that might be established for any other federal or state program.

**(Amended by Stats. 2022, Ch. 49, Sec. 6. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)**

95020. (a) An eligible infant or toddler shall have an individualized family service plan. The individualized family service plan shall be used in place of an individual program plan required pursuant to Sections 4646 and 4646.5 of the Welfare and Institutions Code, the individualized education program required pursuant to Section 56340 of the Education Code, or any other applicable service plan.

(b) For an infant or toddler who has been evaluated for the first time, a meeting to share the results of the evaluation, to determine eligibility and, for children who are eligible, to develop the initial individualized family service plan shall be conducted within 45 calendar days of receipt of the written referral. Evaluation results and determination of eligibility may be shared in a meeting with the family prior to the individualized family service plan. Written parent consent, or consent by a legal guardian, to evaluate and assess shall be obtained within the 45-day timeline. A regional center, local educational agency, or the designee of one of those entities shall initiate and conduct this meeting. Families shall be afforded the opportunity to participate in all decisions regarding eligibility and services. During intake and assessment, but no later than the individualized family service plan meeting, the parents, legal guardian, or conservator shall provide copies of any health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare,

and TRICARE. If the individual, or, if appropriate, the parents, legal guardians, or conservators, do not have any benefits, the regional center shall not use that fact to negatively impact the services that the individual may or may not receive from the regional center.

(c) (1) Parents and legal guardians shall be fully informed of their rights, including the right to invite another person, including a family member or an advocate or peer parent, or any or all of them, to accompany them to any or all individualized family service plan meetings. Notwithstanding any other law, until June 30, 2023, and at the request of the parent or legal guardian, an individualized family service plan meeting shall be held by remote electronic communications.

(2) With parental consent, or consent by a legal guardian, a referral shall be made to the local family resource center or network. A request for consent shall be offered to the parents or the legal guardian at the initial individualized family service plan meeting and at any subsequent individualized family service plan meeting, if consent was not previously obtained.

(d) The individualized family service plan shall be in writing and shall address all of the following:

(1) A statement of the infant's or toddler's present levels of physical development including vision, hearing, and health status, cognitive development, communication development, social and emotional development, and adaptive developments.

(2) With the concurrence of the family, a statement of the family's concerns, priorities, and resources related to meeting the special developmental needs of the eligible infant or toddler.

(3) A statement of the major outcomes expected to be achieved for the infant or toddler and family where services for the family are related to meeting the special developmental needs of the eligible infant or toddler.

(4) The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions are necessary.

(5) (A) A statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler as identified in paragraph (3), including, but not limited to, the frequency, intensity, location, duration, and method of delivering the services, including by remote electronic communications, and ways of providing services in natural generic environments, including group training for parents and legal guardians on behavioral intervention techniques in lieu of some or all of the in-home parent and legal guardian training component of the behavior intervention services, and purchase of neighborhood preschool services and needed qualified personnel in lieu of infant development programs.

(B) Effective July 1, 2009, at the time of development, review, or modification of an infant's or toddler's individualized family service plan, the regional center shall consider both of the following:

(i) The use of group training for parents and legal guardians on behavior intervention techniques, in lieu of some or all of the in-home parent and legal guardian training component of the behavior intervention services.

(ii) The purchase of neighborhood preschool services and needed qualified personnel, in lieu of infant development programs.

(6) A statement of the agency responsible for providing the identified services.

(7) The name of the service coordinator who shall be responsible for facilitating implementation of the plan and coordinating with other agencies and persons.

(8) The steps to be taken to ensure transition of the infant or toddler upon reaching three years of age to other appropriate services. These may include, as appropriate, special education or other services offered in natural environments.

(9) The projected dates for the initiation of services in paragraph (5) and the anticipated duration of those services.

(e) Each service identified in the individualized family service plan shall be designated as one of three types:

(1) An early intervention service, as defined in subsection (4) of Section 1432 of Title 20 of the United States Code, and applicable regulations, that is provided or purchased through the regional center, local educational agency, or other participating agency. The State Department of Health Care Services and the State Department of Social Services shall provide services in accordance with state and federal law and applicable regulations, and up to the level of funding as appropriated by the Legislature. Early intervention services identified in an individualized family service plan that exceed the funding, statutory, and regulatory requirements of these departments shall be provided or purchased by regional centers or local educational agencies under subdivisions (b) and (c) of Section 95014. The State Department of Health Care Services and the State Department of Social Services shall not be required to provide early intervention services over their existing funding, statutory, and regulatory requirements.

(2) Another service, other than those specified in paragraph (1), that the eligible infant or toddler or their family may receive from other state programs, subject to the eligibility standards of those programs.

(3) A referral to a nonrequired service that may be provided to an eligible infant or toddler or their family. Nonrequired services are those services that are not defined as early intervention services or do not relate to meeting the special developmental needs of an eligible infant or toddler related to the disability, but that may be helpful to the family. The granting or denial of nonrequired services by a public or private agency is not subject to appeal under this title. Notwithstanding any other law or regulation to the contrary, effective July 1, 2009, with the exception of durable medical equipment, regional centers shall not purchase nonrequired services, but may refer a family to a nonrequired service that may be available to an eligible infant or toddler or their family.

(f) An annual review, and other periodic reviews, of the individualized family service plan for an infant or toddler and the infant's or toddler's family shall be conducted to determine the degree of progress that is being made in achieving the outcomes specified in the plan and whether modification or revision of the outcomes or services is necessary. The frequency, participants, purpose, and required processes for annual and periodic reviews shall be consistent with the statutes and regulations under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and this title, and shall be specified in regulations adopted pursuant to Section 95028. At the time of the review, the parents, legal guardian, or conservator shall provide copies of any health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the parents, legal guardian, or conservator have no such benefit cards, the regional center shall not use that fact to

negatively impact the services that the individual may or may not receive from the regional center.

(g) (1) A regional center shall communicate and provide written materials in the family's native language during the assessment, evaluation, and planning process for the individualized family service plan, as required by Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and implementing regulations, and as required by Sections 11135 to 11139, inclusive, and implementing regulations, including providing alternative communication services pursuant to Sections 11161 and 11162 of Title 2 of the California Code of Regulations.

(2) The family's native language shall be documented in the individualized family service plan.

**(Amended by Stats. 2022, Ch. 49, Sec. 7. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)**

95020.5. (a) Effective July 1, 2011, regional centers shall begin transitioning providers of early intervention services purchased through a regional center to electronic billing. All providers of early intervention services provided or purchased through a regional center shall submit all billings electronically for services provided on or after July 1, 2012, with the exception of the following:

(1) A provider whose services are paid for by vouchers, as that term is defined in subdivision (i) of Section 4512 of the Welfare and Institutions Code.

(2) A provider who demonstrates that submitting billings electronically for services presents a substantial financial hardship.

(b) For purposes of this section, "electronic billing" is defined as the Regional Center e-Billing System web application provided by the State Department of Developmental Services.

**(Added by Stats. 2011, Ch. 37, Sec. 2. (AB 104) Effective June 30, 2011. Repealed conditionally as prescribed in Section 95003.)**

95021. (a) Effective July 1, 2009, notwithstanding any other provision of law or regulation to the contrary, any vendor who provides applied behavioral analysis (ABA) services or intensive behavioral intervention services, or both, as defined in subdivision (d), shall:

(1) Conduct a behavioral assessment of each infant or toddler to whom the vendor provides these services.

(2) Design an intervention plan that shall include the service type, number of hours, and parent participation needed to achieve the goals and objectives of the infant or toddler, as set forth in his or her individualized family service plan (IFSP). The intervention plan shall also set forth the frequency at which the progress of the infant or toddler shall be evaluated and reported.

(3) Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

(b) Effective July 1, 2009, notwithstanding any other provision of law or regulation to the contrary, regional centers shall:

(1) Only purchase ABA services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions.

(2) Only purchase ABA or intensive behavioral intervention services when the parent or parents of an infant or toddler receiving services participate in the

intervention plan for the infant or toddler, given the critical nature of parent participation to the success of the intervention plan.

(3) Not purchase either ABA or intensive behavioral intervention services for purposes of providing respite, day care, or school services.

(4) Discontinue purchasing ABA or intensive behavioral intervention services for an infant or toddler when his or her treatment goals and objectives, as described under subdivision (a), are achieved. ABA or intensive behavioral intervention services shall not be discontinued until the goals and objectives are reviewed and updated as required in paragraph (5) and shall be discontinued only if those updated treatment goals and objectives do not require ABA or intensive behavioral intervention services.

(5) For each infant or toddler, evaluate the vendor's intervention plan and number of service hours for ABA or intensive behavioral intervention no less than every six months, consistent with evidence-based practices. If necessary, the intervention plan's treatment goals and objectives shall be updated and revised.

(6) Not reimburse a parent for participating in a behavioral services treatment program.

(c) For infants and toddlers receiving ABA or behavioral intervention services on July 1, 2009, as part of their IFSP, subdivision (b) shall apply on August 1, 2009.

(d) For purposes of this section the following definitions shall apply:

(1) "Applied behavioral analysis" means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction.

(2) "Intensive behavioral intervention" means any form of applied behavioral analysis that is comprehensive, designed to address all domains of functioning, and provided in multiple settings for no more than 40 hours per week, across all settings, depending on the individual's needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.

(3) "Evidence-based practice" means a decisionmaking process which integrates the best available scientifically rigorous research, clinical expertise, and individual's characteristics. Evidence-based practice is an approach to treatment rather than a specific treatment. Evidence-based practice promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically-observed, and research-supported evidence. The best available evidence, matched to infant or toddler circumstances and preferences, is applied to ensure the quality of clinical judgments and facilitates the most cost-effective care.

(4) "Parent" has the same meaning as defined in paragraph (15) of subdivision (b) of Section 52000 of Title 17 of the California Code of Regulations.

(5) "Parent participation" shall include, but shall not be limited to, the following meanings:

(A) Completion of group instruction on the basics of behavior intervention.

(B) Implementation of intervention strategies according to the intervention plan.

(C) If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports.

(D) Participation in any needed clinical meetings.

(E) Purchase of suggested behavior modification materials or community involvement if a reward system is used.

**(Added by Stats. 2009, 4th Ex. Sess., Ch. 9, Sec. 4. Effective July 28, 2009. Repealed conditionally as prescribed in Section 95003.)**

95022. The statewide system of early intervention shall be administered by the State Department of Developmental Services in collaboration with the State Department of Education and with the advice and assistance of an interagency coordinating council established pursuant to federal regulations and shall include all of the following mandatory components:

(a) A central directory that includes information about early intervention services, resources, and experts available in the state, professionals and other groups providing services to eligible infants and toddlers, and research and demonstration projects being conducted in the state. The central directory shall specify the nature and scope of the services available and the telephone number and address for each of the sources listed in the directory.

(b) A public awareness program focusing on early identification of eligible infants and toddlers and the dissemination of information about the purpose and scope of the system of early intervention services and how to access evaluation and other early intervention services.

(c) Personnel standards that ensure that personnel are appropriately and adequately prepared and trained.

(d) A comprehensive system of personnel development that provides training for personnel including, but not limited to, public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators. The training shall specifically address at least all of the following:

(1) Understanding the early intervention services system, including the family service plan process.

(2) Meeting the interrelated social, emotional, and health needs of eligible infants and toddlers.

(3) Assisting families in meeting the special developmental needs of the infant or toddler, assisting professionals to utilize best practices in family focused early intervention services and promoting family professional collaboration.

(4) Reflecting the unique needs of local communities and promoting culturally competent service delivery.

(e) A comprehensive child-find system, including policies and procedures that ensure that all infants and toddlers who may be eligible for services under this title are identified, located, and evaluated, that services are coordinated between participating agencies, and that infants and toddlers are referred to the appropriate agency.

(f) A surrogate parent program established pursuant to Section 303.406 of Title 34 of the Code of Federal Regulations to be used by regional centers and local education agencies.

**(Amended by Stats. 1998, Ch. 485, Sec. 103. Effective January 1, 1999. Repealed conditionally as prescribed in Section 95003.)**



**CHAPTER 6. FUNDING**

**(Chapter 6 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)**

95024. (a) Any increased cost to local educational agencies due to the implementation of this title shall be funded from the Part C federal funds provided for the purposes of this title.

(b) Any increased costs to regional centers due to the implementation of this title shall be funded from the Part C federal funds provided for the purposes of this title.

(c) The annual Budget Act shall specify the amount of federal Part C funds allocated for local assistance and for state operations individually, for the State Department of Developmental Services, and for the State Department of Education.

(d) If federal funds are available after mandatory components and increased costs in subdivisions (a) and (b), if any, are funded, the lead agency, in consultation with the State Department of Education, may do the following:

(1) Designate local interagency coordination areas throughout the state and allocate available Part C federal funds to fund interagency coordination activities, including, but not limited to, outreach and public awareness, and interagency approaches to service planning and delivery. If the lead agency chooses to designate and fund local interagency coordination areas, the lead agency shall first offer to enter into a contract with the regional center or a local educational agency. If the regional center or any of the local educational agencies do not accept the offer, the lead agency, in consultation with the State Department of Education and the approval of the regional center and local educational agencies in the area, directly may enter into a contract with a private, nonprofit organization. Nothing in this section shall preclude a regional center or local educational agency that enters into a contract with the lead agency from subcontracting with a private, nonprofit organization.

(2) Allocate funds to support family resource services, including, but not limited to, parent-to-parent support, information dissemination and referral, public awareness, family-professional collaboration activities, and transition assistance for families. In providing these services, resources shall be made available to families with information on the following areas:

(A) The difference between Part B and Part C services.

(B) Information about local Part B programs and other services in a family's community.

(C) Options for services for families after their child reaches three years of age.

(D) An overview of the process and timelines for a child's transition at three years of age.

(e) If an expenditure plan is developed under subdivision (d), the lead agency, in consultation with the State Department of Education, shall give high priority to funding family resource services.

(f) Nothing in this section shall be construed to limit the lead agency's authority, in consultation with the State Department of Education, to allocate discretionary Part C federal funds for any legitimate purpose consistent with the statutes and regulations under Part C (20 U.S.C. Secs. 1431 to 1444, inclusive) and this title.

**(Amended by Stats. 2022, Ch. 49, Sec. 8. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)**

**CHAPTER 7. DATA COLLECTION**

**(Chapter 7 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)**

95026. (a) The lead agency shall maintain a system for compiling data required by the federal Office of Special Education Programs, through Part C of the federal Individuals with Disabilities Education Act, including the number of eligible infants and toddlers and their families in need of appropriate early intervention services, the number of eligible infants and toddlers and their families served, the types of services provided, and other information required by the federal Office of Special Education Programs. All participating agencies listed in Section 95012 shall assist in the development of the system and shall cooperate with the lead agency in meeting federal data requirements. The feasibility of using existing systems and including social security numbers shall be explored to facilitate data collection.

(b) Data collected pursuant to this section shall be used to improve service delivery and the quality of transition from Part C to Part B of the federal Individuals with Disabilities Education Act for children and families to the extent it is possible to do so.

**(Amended by Stats. 2022, Ch. 49, Sec. 9. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)**

**CHAPTER 8. REGULATIONS**

**(Chapter 8 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)**

95028. (a) On or before October 1, 1995, the State Department of Developmental Services, on behalf of the Secretary of the Health and Human Services Agency, and the State Department of Education, on behalf of the Superintendent of Public Instruction, jointly shall develop, approve, and implement regulations, as necessary, to comply with the requirements of this title and Part C, as specified in federal statutes and regulations.

(b) The regulations developed pursuant to this section shall include, but are not limited to, the following requirements:

(1) The administrative structure for planning and implementation of the requirements of this title and Part C.

(2) Eligibility for Part C services.

(3) Evaluation and assessment.

(4) Individualized family service plans.

(5) Service coordination.

(6) The program and service components of the statewide system for early intervention services.

(7) The duties and responsibilities of the lead agency as specified in Section 95006, including procedural safeguards and the process for resolving complaints against a public agency for violation of the requirements of Part C.

(c) The State Department of Developmental Services shall adopt regulations to implement this title in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2. Initial regulations to implement this title shall be adopted as emergency regulations. The adoption of these initial emergency regulations shall be considered by the Office of Administrative Law to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or

general welfare. The initial emergency regulations shall remain in effect for no more than 180 days. These regulations shall be jointly developed by the State Department of Developmental Services and the State Department of Education by July 1, 1994. The Department of Finance shall review and comment upon the emergency regulations prior to their adoption.

(d) On or before October 1, 2024, the regulations developed pursuant to this section shall be updated to include a process for Part C programs to incorporate family feedback to help update and improve the transition process from Part C, training, and family satisfaction.

**(Amended by Stats. 2022, Ch. 49, Sec. 10. (SB 188) Effective June 30, 2022. Repealed conditionally as prescribed in Section 95003.)**

#### CHAPTER 9. EVALUATION

**(Chapter 9 added by Stats. 1993, Ch. 945, Sec. 2. Effective October 8, 1993. Repealed conditionally as prescribed in Section 95003.)**

95029. The State Department of Developmental Services and the State Department of Education shall ensure that an independent evaluation of the program and its structure is completed by October 1, 1996. The evaluation shall address the following issues:

(a) The efficiency and cost-effectiveness of the state administrative structure, the local interagency coordinating structure, and the mandatory program components.

(b) The degree to which programs and services provided through regional centers and local educational agencies fulfill the purpose of Part C of the federal Individuals with Disabilities Education Act.

(c) The extent to which implementation of the program has resulted in improved services for infants and their families, and greater satisfaction with service delivery by families.

(d) The outcomes and effectiveness of family resource centers.

(e) The adequacy of the Part C funding models. The evaluation shall be funded with federal funds.

**(Amended by Stats. 2007, Ch. 56, Sec. 117. Effective January 1, 2008. Repealed conditionally as prescribed in Section 95003.)**

95029.5. (a) The State Department of Education shall conduct a study of the current methods of providing special instruction and other services to infants and toddlers who are deaf or hard of hearing. The study shall be funded, upon appropriation by the Legislature, by any available federal funds administered by the State Department of Education and shall include, but not be limited to, all of the following:

(1) The personnel utilized.

(2) The varying approaches utilized in providing services to individuals with single disabilities, as compared to the approaches used in providing services to individuals with multiple disabilities, including hearing impairments.

(3) The adequacy of the resources and personnel standards.

(4) The costs associated with ensuring that infants and toddlers who are deaf or hard of hearing received special instruction from credentialed teachers of the deaf.

(b) The department shall report to the Legislature by January 1, 2006, recommendations regarding how to best provide and fund appropriate quality services for these children.

(Added by Stats. 2004, Ch. 456, Sec. 1. Effective January 1, 2005. Repealed conditionally as prescribed in Section 95003.)

## **TITLE 14. CALIFORNIA EARLY INTERVENTION SERVICES ACT**

(Title 14 repealed (in Sec. 2) and added by Stats. 1993, Ch. 945, Sec. 4. Effective October 8, 1993. Pursuant to Section 95004, this Title 14 becomes fully operative upon repeal of the Title 14 added by Sec. 2 of Ch. 945.)

### **CHAPTER 1. GENERAL PROVISIONS AND DEFINITIONS**

(Chapter 1 added by Stats. 1993, Ch. 945, Sec. 4. Effective October 8, 1993. Operation contingent as provided in Section 95004.)

#### **Article 1. General Provisions**

(Article 1 added by Stats. 1993, Ch. 945, Sec. 4. Effective October 8, 1993. Operation contingent as provided in Section 95004.)

95000. The Legislature finds that disabled and high-risk infants now survive the newborn period due to greatly improved surgical and medical care services. However, in many communities, services that provide the careful nurturing and stimulation that these infants need to develop to their potential are not available. The Legislature hereby finds and declares that individualized early intervention services for infants who are at high risk or who have a disabling condition, and for their families, which provide educational, developmental, health, and social services with active parent involvement, can significantly reduce the potential impact of many disabling conditions and positively influence later development when the child reaches school age.

The Legislature further finds that infants have unique needs and therefore require both a unique service delivery model, which may be different from any system currently in place in California, and unique program and personnel standards specific to the needs of infants who are at high risk or who have a disabling condition and their families.

The Legislature further acknowledges that early intervention services are cost effective in that these services frequently make productive citizens of children and eliminate the far greater costs of long-term remedial treatment for, and unnecessary lifelong dependency on, others.

(Amended (as added by Stats. 1993, Ch. 945, Sec. 4) by Stats. 2004, Ch. 183, Sec. 184. Effective January 1, 2005. Operation contingent as provided in Section 95004.)

95002. It is the intent of the Legislature that those agencies which possess the greatest expertise in providing early intervention services to infants and their families in the past continue to provide these services. It is the further intent of the Legislature that existing early intervention services rendered by state and local public agencies and private agencies be coordinated and maximized through interagency services with specific state and local government responsibilities.

(Repealed (in Sec. 2) and added by Stats. 1993, Ch. 945, Sec. 4. Effective October 8, 1993. Operation contingent as provided in Section 95004.)

95003. It is the intent of the Legislature that the State Department of Health Care Services, the State Department of Developmental Services, the State Department of Social Services, and the State Department of Education work together to provide coordinated, interagency services to high-risk and disabled infants and their families.

**(Amended (as added by Stats. 1993, Ch. 945, Sec. 4) by Stats. 2012, Ch. 438, Sec. 5. (AB 1468) Effective September 22, 2012. Operation contingent as provided in Section 95004.)**

95004. This title shall become operative upon the repeal of Title 14 (commencing with Section 95000) as added by Section 2 of Chapter 945 of the Statutes of 1993.

**(Amended (as added by Stats. 1993, Ch. 945, Sec. 4) by Stats. 1994, Ch. 146, Sec. 86. Effective January 1, 1995.)**

## Regional Center Services and Descriptions

Service offered by Regional Center	Service Description	Ages 0-3	Children's Services	Adult Services
<b>Adult Day Centers/Programs</b>	There are several options for adult consumers to go to during the day. In these programs, adult consumers learn new skills, socialize, and have their care needs met. Some of these programs may specialize in various care needs such as: -Community integration -Creative arts -Health care needs -Mobile in-home programs			✓
<b>Behavior Management Services</b>	Services that provide a variety of health care professionals to address behavioral challenges in various settings. For some of these services the primary funding sources are Medi-Cal or private insurance.	✓	✓	✓
<b>Client/Parent Support/Behavior Intervention Training</b>	Services to train the consumers' support system that assists the consumer to improve his/her behavior.	✓	✓	✓
<b>Crisis Intervention Facility/Bed</b>	Temporary 24-hour residential treatment for consumers who are in crisis.		✓	✓
<b>Crisis Team - Evaluation and Behavioral Intervention</b>	Crisis support teams who can mobilize in the community when a consumer is in short-term behavioral crisis.		✓	✓
<b>Day Care Services</b>	Services that can provide supervised daytime care to consumers. The regional center may pay only the cost of the day care service that exceeds the cost of providing day care services to a child of the same age without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.	✓	✓	✓

**Regional Center Services and Descriptions**

Service offered by Regional Center	Service Description	Ages 0-3	Children's Services	Adult Services
<b>Durable Medical Equipment</b>	Special medical equipment and medical related supplies for consumers' medical care needs. These products may include the following: -Diapers -Eyewear and hearing supplies -Mobility equipment such as walkers and wheelchairs -Nutritional supplies -Orthotics and prosthetics -Positioning and adaptive equipment	✓	✓	✓
<b>Early Start Therapeutic Services</b>	Services focused on the therapeutic needs of children ages 0-3 years.	✓		
<b>Employment Programs</b>	There are several services that focus in the areas of helping adult consumers in obtaining employment. There are various levels of supports to meet consumer's employment needs. Some of the employment services may include the following: -Day programs that offer employment and training -Group-Focused Employment Services -Individualized Employment Services			✓
<b>Family Home Agency</b>	Certified family homes where consumers reside. The family helps consumers with day-to-day care needs and includes them in family activities.			✓
<b>Foster Grandparent/Senior Companion Programs</b>	The Foster Grandparent Program (FGP) connects school-age consumers with a senior volunteer in a school setting. The Senior Companion Program shares the same philosophy and goals as the FGP; however, Senior Companions volunteer to mentor regional center consumers who are 21 years of age or older.			✓
<b>Health Care Facilities</b>	Facilities that provide skilled nursing services and inpatient care to consumers who would not be able to live on their own or in a care home due to the severity of their care needs.	✓	✓	✓

Regional Center Services and Descriptions				
Service offered by Regional Center	Service Description	Ages 0-3	Children's Services	Adult Services
<b>Home Health Supports</b>	Health care services provided in a consumer's home. These services may include the following: -Chore services -Home health aide -Nursing services	✓	✓	✓
<b>Housing Support Services</b>	Services may be provided to consumers to assist them with living on their own. Some of these services may include: -Accessibility Services -Money Management -Parenting Support Services -Repair Services		✓	✓
<b>Increase Community Access</b>	Regional centers can help consumers become independent by learning how to drive or help with modifying vehicles to fit their needs. Some of these services may include: -Driver's Training Programs -Vehicle Modification Programs		✓	✓
<b>Independent Living Services</b>	Training for consumers to learn and improve home and community life skills. Services may be provided in the consumer's home, family home or residential facility.			✓
<b>Infant Development Services</b>	Services designed to aid in the developmental needs of children ages 0-5 years.	✓	✓	



Regional Center Services and Descriptions				
Service offered by Regional Center	Service Description	Ages 0-3	Children's Services	Adult Services
<b>Medical Specialists and Professionals</b>	Regional centers contract with various medical professionals to aid in the special healthcare needs of consumers. Some of these specialists may include the following: -Audiologists/Optometrists -Dentists -Dietitians -Genetic Counselors -Nurses -Psychologists/Psychiatrists -Surgeons/Physicians	✓	✓	✓
<b>Mobility Training</b>	Services to help consumers learn to use public transportation in their community. This can help increase independence in the community.			✓
<b>Out-of-Home Respite Services</b>	Services that provide a break from the daily care needs of a consumer to their family or caregiver. This respite occurs outside of the family home.	✓	✓	✓
<b>Parent Coordinated Services</b>	Special service that allows a consumer's parent or trusted community member to coordinate services and staff to meet the care need of the consumer. Some of these services may include: -Behavioral Supports -Nursing -Personal Care -Supported Living	✓	✓	✓
<b>Personal Emergency Response System</b>	Emergency support services for a consumer 24-hours per day in the event of a medical or mental health crisis.	✓	✓	✓
<b>Pharmaceutical Services</b>	Services that allow regional centers to purchase medications for consumers when they are unable to access health care insurance.	✓	✓	✓

Regional Center Services and Descriptions				
Service offered by Regional Center	Service Description	Ages 0-3	Children's Services	Adult Services
<b>Residential Care Homes</b>	Care homes that provide a safe place for consumers to live. They are licensed homes that have 24-hour support staff. There are several different kinds of care homes that support the unique needs of each consumer. Some of these homes may include: -Behavioral care needs -Children and adult care homes -Elder care needs -Medical care needs	✓	✓	✓
<b>Respite Services – In-Home</b>	Services provided in the family home that enable a caregiver or family member a break from the daily care needs of the consumer.	✓	✓	✓
<b>Social/Recreational Services and Non-Medical Therapies</b>	Regional centers can offer various ways for consumers to have recreational opportunities and promote wellness through various methods. Some of these services may include: -Camping -Social Recreational Activities -Specialized Art Therapy -Dance Therapy -Music Therapy Effective July 1, 2009, therapeutic services were suspended. An exemption may be granted on an individual basis.			
<b>Self-Determination</b>	Program options that provide children and adult consumers freedom, control, and responsibility in choosing services and supports to help meet their needs.	✓	✓	✓
<b>Specialized Transportation</b>	Regional centers offer a variety of options to help consumers access the community when they are unable to do so on their own. Some of these options may include: -Family member paid transportation -Medical transport -Non-medical transportation -Public transportation such as a taxi or city bus	✓	✓	✓

Regional Center Services and Descriptions				
Service offered by Regional Center	Service Description	Ages 0-3	Children's Services	Adult Services
<b>Speech Services</b>	Services that help consumers improve communication and social function skills.	✓	✓	✓
<b>Supplemental Program Supports</b>	Additional staff that are added to a consumer's support system when they are in crisis or need additional supports to continue using the services they are receiving. These services are typically in place temporarily until the consumer is no longer in need. These supports may be used in the following areas: -Community -Day Program -Residential		✓	✓
<b>Supported Living Services</b>	Services provided to consumers who live on their own who need up to 24-hour support.			✓
<b>Therapies</b>	Regional centers can provide therapies specific to consumers' specialized needs. These therapies may include: -Counseling -Occupational Therapy -Physical Therapy -Respiratory Therapy	✓	✓	✓
<b>Translator/Interpreter Services</b>	Services to help consumers and their families communicate when they speak a language other than English.	✓	✓	✓

**INTRODUCTION**

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**VALUES, ROLES AND RESPONSIBILITIES**

Chapter 2

**FORMAT AND INSTRUCTIONS**

Chapter 3

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## **FOREWORD & ACKNOWLEDGEMENTS**

The Department of Developmental Services has adopted a value-based vision for the future of our system. These values embody an approach centered on the person and family. Our values also embrace cultural and individual differences, and support the role of families in the lives of their children with developmental disabilities. The values are intended to provide the underpinnings of a system that respects the choices made by individuals and families and assures a cost-effective use of public resources.

This manual is the product of extensive input from individuals with developmental disabilities, families and organizations who represent important components of the service delivery system. Due to popular demand and to new statutes, which revised the IPP process, the Department of Developmental Services is updating the manual, with thanks to the contributors providing updated information for this revision.

The Department also extends special thanks to the artists who graciously consented to the inclusion of their photographs and drawings in this manual.

## INTRODUCTION

### Purpose

The 1992 amendments to the Lanterman Developmental Disabilities Services Act<sup>1</sup> (Lanterman Act) require a person-centered approach to Individual Program Plans (IPPs) for individuals with developmental disabilities (consumers). The basic requirements related to IPPs in the 1992 amendments to the Lanterman Act are:

- 1) *IPPs will be centered on the person and family.*<sup>2</sup>
- 2) *The Department of Developmental Services (the Department) will prepare a standard format for IPPs, with instructions. The format and instructions will embody an approach centered on the person and family.*<sup>3</sup>
- 3) *The Department will prepare training materials to implement the person-centered approach to IPPs.*<sup>4</sup>
- 4) *To insure a person-centered approach to IPPs, each regional center shall use the standard format, instructions, and training materials prepared by the Department.*<sup>5</sup>
- 5) *All public or private agencies receiving state funds for the purpose of providing the services and supports selected through the IPP process shall respect the choices made by consumers including, but not limited to, where and with whom they live, their relationships, the way they spend their time (including education, employment and leisure*

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1. Welfare & Institutions Code Section 4500 et. seq.
2. Welfare & Institutions Code Sections 4646(a) & 4646.5(c)
3. Welfare & Institutions Code Section 4646.5(c)(1)
4. Welfare & Institutions Code Section 4646.5(c)(1)
5. Welfare & Institutions Code Section 4646.5(c)(2)

*activities) the pursuit of their personal future, and program planning and implementation.*<sup>6</sup>

*6) Information needed by consumers and families to exercise their right to make the choices necessary for person-centered IPPs will be provided in an understandable form.*<sup>7</sup>

*7) The activities of employees of the regional centers and service providers related to person-centered IPPs, shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and family.*<sup>8</sup>

*8) Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the IPP and purchased by the regional center, or obtained from generic agencies, shall be made jointly by the planning team at the program plan meeting.*<sup>9</sup>

*9) The consumer or, where appropriate, their parents, legal guardian, or conservator; and a regional center representative shall sign the individual program plan prior to its implementation.*<sup>10</sup>

*10) The IPP shall specify the approximate start dates for services and supports and shall contain timelines for actions necessary to begin services and supports, including generic services.*<sup>11</sup>

*11) The Department will monitor regional centers so that consumers will receive services and supports that have been identified in the IPP.*<sup>12</sup>

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6. Welfare & Institutions Code Sections 4502(j) & 4502.1

7. Welfare & Institutions Code Sections 4502(j) & 4502.1

8. Welfare & Institutions Code Section 4646.5(a)(1)

9. Welfare & Institutions Code Section 4646(d)

10. Welfare & Institutions Code Section 4646(g)

11. Welfare & Institutions Code Section 4646.5(a)(4)

12. Welfare & Institutions Code Section 4646.5(c)(3) & 4648.1

This resource manual is designed to fulfill the requirements of the Lanterman Act, and to facilitate the adoption of the values that lead to person-centered individual program planning. It is intended for use by all those who participate in person-centered planning. It was developed with extensive input from consumers, families, advocates and providers of service and support.

## Summary

The introduction presents an overview of the person-centered approach to planning for a preferred future. The values that are essential to a person-centered approach are explained in the second section. A description of the roles and responsibilities of those involved in person-centered planning is also included in the second section. The third section contains the standard format for written IPPs, with instructions and explanations.

The fourth and fifth sections of the manual contain examples of person-centered approaches to IPPs, and stories that illustrate how person-centered planning has been done in specific instances. These sections provide useful ideas for those engaged in person-centered planning.

Training guidelines are found in the sixth section. These training guidelines are intended for use by teams of trainers that may include consumers, families, service coordinators and providers of service and support.

A pocket guide to person-centered planning is available separately. The pocket guide is a paraphrased version of the material from the first three sections of this manual. The purpose of the pocket guide is to provide a brief overview of the person-centered IPP process. This guide was prepared by Bill Allen, of Allen, Shea & Associates, and is written in a



style that is easy to read.

A glossary of the acronyms and terms, and a list of references are found at the end of the manual.

### **How to tell what is mandatory from what is being proposed as "best practice"**

*Italics are used throughout the manual when something mandatory is being described or referred to. The words "shall", "will" or "must" also indicate mandatory language. Mandatory means it is required by the Lanter-man Act or other law or regulation. The reference in law or regulation that makes something mandatory is found in the footnotes.*

Instructions or other text in normal type represents current best practice. These best practices are consistent with and supplement what is mandatory. The words "may", "can" or "should" indicate best practice, as opposed to mandatory action.

### **If you have questions . . .**

If you have questions or comments about this material, please contact:

IPP Materials Coordinator  
Department of Developmental Services  
Community Operations Division  
Regional Centers Branch  
P.O. Box 944202  
Sacramento, CA 94244-2020  
Phone: 916/654-1954  
FAX: 916/654-3641

For information about the Department of Developmental Services programs and services, please call 916/654-1897, or visit our Internet Home Page: [www.dds.ca.gov](http://www.dds.ca.gov)

## Person-Centered Planning

Person-centered planning, for the purposes of this manual, is an approach to determining, planning for, and working toward the preferred future of a person with developmental disabilities (a consumer<sup>13</sup>) and her or his family. The preferred future is what the person and family want to do in the future based on their strengths, capabilities, preferences, lifestyle and cultural background. Person-centered planning is a framework for planning and making decisions. It is not a collection of methods or procedures. Person-centered planning is based on an *awareness of, and sensitivity to the lifestyle and cultural background of the consumer and family.*<sup>14</sup>



***Person-centered planning is an approach to determining, planning for and working toward the preferred future.***

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13. For the remainder of this manual, the term consumer will include the consumer, and where appropriate, the authorized representatives of the consumer. "Authorized representative" means the conservator of an adult, the guardian, conservator, or parent or person having legal custody of a consumer who is a minor, or person or agency authorized in writing by the claimant or by the legal guardian, conservator, or parent or person having legal custody of a minor claimant to act for or represent the consumer (Welfare & Institutions Code Section 4701.6).
14. Welfare & Institutions Code Section 4646.5(a)(1)

## The preferred future

The preferred future of consumers and their families is determined by finding out what their *life goals, capabilities and strengths, preferences, barriers, and concerns or problems* are.<sup>15</sup> When consumers describe *where and with whom they want to live, who they want to socialize with, how they would like to spend their time, what jobs they want to have, and other aspects of their daily lives,*<sup>16</sup> they are describing their preferred future. Observing those who have difficulty with language will provide an indication of their capabilities, strengths, preferences and concerns or problems. Asking those who know a consumer well can also provide the necessary information.

The needs, barriers, concerns and problems experienced by a consumer are identified in this person-centered process, but only as they relate to the goals, capabilities, strengths and preferences of the consumer and family. Procedures, such as diagnosing the consumer and listing the deficits and needs that led to that diagnosis, and prescription of activities intended to remedy the condition described by the diagnosis, do not fill the requirement for providing a planning process that is centered on the person and family.

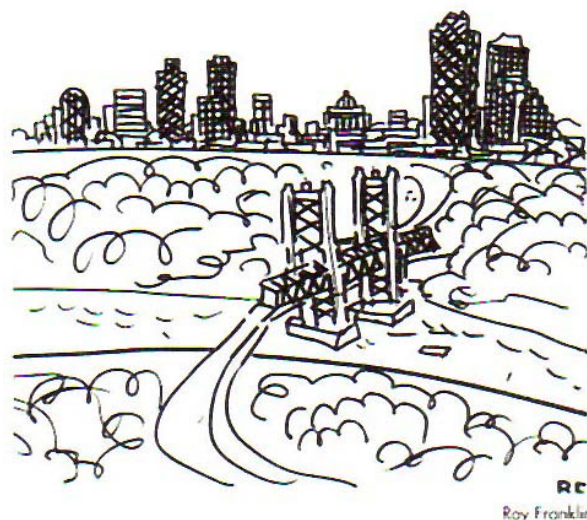
***When consumers describe where and with whom they want to live, whom they want to socialize with, how they would like to spend their time, what jobs they want to have, and other aspects of their daily lives, they are describing their preferred future.***

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<sup>15</sup> Welfare & Institutions Code Section 4646.5(a)(1)

<sup>16</sup> Welfare & Institutions Code Section 4502(j)

Although knowledge and expertise are respected and valued, planning that is prescribed and controlled by others without respect for the choices made by consumers and families is not person-centered. In an approach to planning that is focused on the consumer and family, members of the planning team adopt the role of consultants or advisors who help the consumer and family achieve their preferred future.



## Ongoing planning

Person-centered planning assists consumers and their families to build their capacities and capabilities. This planning effort is not a single event or meeting, but a series of discussions or interactions

among the consumer, family, service coordinator<sup>17</sup> and others. This group of people is called a planning team.

***Person-centered planning assists consumers and their families to build their capacities and capabilities.***

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17. The service coordinator may be an employee of the regional center or may be a qualified individual or employee of an agency with whom the regional center has contracted to provide service coordination services (Welfare & Institutions Code Section 4647[b]). Where appropriate, a consumer or the consumer's parents or other family members, legal guardian, or conservator, may perform all or part of the duties of the service coordinator . . . if the regional center director agrees and it is feasible (Welfare & Institutions Code Section 4647[c]).

*The planning team must include the consumer (and family when the consumer is a minor child<sup>18</sup>), and the service coordinator: In addition to the service coordinator, other representatives of the regional center may also function as planning team members. When invited by the consumer, others may join the planning team.<sup>19</sup>*

Consumers and families must be able to communicate effectively with other members of the planning team. For consumers who experience difficulty in communication, that may mean that a facilitator of the consumer's choosing should also be a member of the planning team.<sup>20</sup> *If all of the members of the planning team do not share the same language, an interpreter or translator is necessary.<sup>21</sup>* The size and composition of the planning team should be arranged to meet the communication needs and preferences of the consumer and family. The essential feature is that *the information exchanged among the members of the planning team must be exchanged in a form that is understandable to the consumer and family.<sup>22</sup>*

***Consumers and families must be able to communicate effectively with other members of the planning team.***

Whenever possible, relevant information should be exchanged among members of the planning team before planning conferences are held. For example, written reports of professional assessments should be given to the consumer and family prior to the planning conference where the assessments will be discussed.

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18. Welfare & Institutions Code Sections 4646(b) & 4685

19. Welfare & Institutions Code Section 4646(d)

20. Welfare & Institutions Code Section 4648(a)(12)

21. California Code of Regulations, Title 22, Sections 98210(a) & 98211(c)

22. Welfare & Institutions Code Section 4502.1

In some cases, consumers will benefit from tangible forms of information. For example, it may be necessary to assist the consumer to visit other types of work or living environments prior to a planning conference where a change in these areas will be discussed. It is important for planning team members to identify the issues that may need to be addressed in a planning conference before the conference so that there are no "surprises" during the conference.

### **The planning conference**

*The planning team will periodically review the consumer's IPP in a manner agreed to by the planning team. This review will include discussion of the consumer's achievements and needs, approximate scheduled start date and time lines for actions necessary to begin services and supports, and determining whether previously scheduled services and supports have been delivered as planned.<sup>23</sup> Services and supports are expected to be effective in meeting the goals stated in the IPP, reflect the needs, preferences and choices of the consumer, and reflect the cost-effective use of public resources.<sup>24</sup> As defined in regulation, cost-effectiveness means obtaining the optimum results for the expenditure.<sup>25</sup>*

These reviews are scheduled often enough to meet the needs of the consumer and family, but not less often than once every three years.<sup>26</sup> These meetings are called planning conferences. Planning conferences provide a snapshot of the planning process at a point in time. They allow the planning team to evaluate the effects of the scheduled services and supports in moving the consumer (and family, as appropriate) toward the preferred future, and to decide what modifications to the IPP are needed.

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23. Welfare & Institutions Code Section 4646.5(a)(4), (5) & (b)

24. Welfare & Institutions Code Section 4646(a)

25. California Code of Regulations, Title 17, section 58501(a)(6)

26. Welfare & Institutions Code Section 4646.5(b)

*The decisions made by the planning team during planning conferences are made jointly. Decisions concerning the consumer's services and supports purchased by the regional center shall be made by agreement between the regional center representative and the consumer; or where appropriate, the parents, legal guardian, conservator or authorized representative at the program plan meeting.<sup>27</sup> The plan must be signed by the consumer; or where appropriate, his or her parents, legal guardian, or conservator; and a regional center representative prior to the plan's implementation.<sup>28</sup> This means that team members share information freely with each other, and attempt to agree among themselves as to the best course of action to achieve the preferred future for the consumer and family. Collaboration, cooperation and mutual respect among the members of the team are essential to this joint decision-making process. In those instances where agreement cannot be reached, another meeting shall be held within 15 days.<sup>29</sup> The consumer and family shall be informed verbally, and shall be notified within five days,<sup>30</sup> in writing, in a language, which they comprehend, of their right to a fair hearing.<sup>31</sup>*

***The decisions made by the planning team during planning conferences are made jointly. Collaboration, cooperation and mutual respect among the members of the team are essential to this joint decision-making process.***

***Planning conferences provided a snapshot of the planning process at a point in time.***

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27. Welfare & Institutions Code Section 4646(d)

28. Welfare & Institutions Code Section 4646(g)

29. Welfare & Institutions Code Section 4646(f)

30. Welfare & Institutions Code Section 4646(b)

31. Welfare & Institutions Code Section 4705(d)

*Disagreement shall not prohibit implementation of the agreed upon services and supports.*<sup>32</sup>

*At intake, the regional center shall also inform the consumer and family of the advocacy services available through the local area board and the nearest office of Protection & Advocacy, and shall provide the addresses and telephone numbers of those agencies.*<sup>33</sup>

## **The written IPP**

The planning conference results in a written IPP that documents the choices and decisions made by the team using person-centered methods. Completion of a written IPP, however, is not the outcome of person-centered planning. While the planning team is responsive to the needs of funding and service agencies for complete and accurate information, the needs of these agencies should not prevent the team from centering their attention and activities on the consumer and family.



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Pencil Portraits 1971-1990. (Nashville: Abingdon Press)

*The written IPP contains goals and objectives based on the needs, preferences, and life choices of the consumer and family.*<sup>34</sup>

*It also contains a approximate scheduled start dates and time lines for actions necessary to begin services and supports, a scheduled of the type*

32 . Welfare & Institutions Code Section 4646(g)

33 . Welfare & Institutions Code Section 4646(c)

34 . Welfare & Institutions Code Section 4646.5(a)(2) & (3)



*and amount of services and supports to be purchased by the regional center or obtained from generic resources or other resources in order to achieve those goals and objectives, and a list of those responsible for providing the services and supports. The consumer and family shall have input to the selection of these providers.*<sup>35</sup>

During the planning conference, the service coordinator will keep notes to ensure that what was agreed to is reflected in the written IPP. At the end of the planning conference the team will review and agree upon what was decided, and who is responsible for the next steps.

There may be some issues remaining at the end of the review that require further consideration or investigation before they are jointly agreed to. Those remaining issues will be considered by the planning team as a whole after the necessary information is available. This may result in additional review by the planning team. *If agreement cannot be reached at the meeting, a second meeting must be scheduled within 15 days. Additional meetings may be held if the team agrees*<sup>36</sup>. The team may also agree to a range of alternative solutions to some remaining issues and delegate the choice among those agreed-upon alternatives to the service coordinator.

While handwritten IPPs are permitted, they are usually typed some time after the planning conference to make them easier to read. When the written IPP is typed after the planning conference, the typed IPP should be distributed to the members of the planning conference within 45 days after the planning conference.

Whether handwritten or typed, *the final IPP must be prepared in a form that is understandable to the consumer and family.*<sup>37</sup> *If the consumer or family needs interpretation or translation services to fully participate in*

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35. Welfare & Institutions Code Section 4646.5(a)(4)

36. Welfare & Institutions Code Section 4646.5(a)(4)

37. Welfare & Institutions Code Section 4502.1 and California Code of Regulations, Sections 98210(a) & 98211(c)

*the development of the IPP, or to understand the written IPP, the regional center shall provide translation or interpretation services as appropriate.<sup>38</sup> The consumer; and/or family, shall sign the IPP prior to its implementation.<sup>39</sup>*

***Whether handwritten or typed, the final IPP must be prepared in a form that is understandable to the consumer and family.***

Those portions of the final written IPP that require specific services should also be given to the appropriate service providers. The entire IPP may be distributed to each service provider involved, with the permission of the consumer.

### **Working toward the preferred future**

Planning does not stop when the planning conference is completed. Members of the planning team continue to have informal discussions and interactions. These provide opportunities to monitor progress, and make minor adjustments to planned activities that are consistent with the selected goals and objectives. Providers of service and support engage in the activities they have agreed to, and keep the planning team members informed.

<sup>38</sup> California Code of Regulations, Title 22, Sections 98210(a), (c), (d) & 98211(c)

<sup>39</sup> Welfare & Institutions Code Section 4646.5(a)(4)

## Values, Roles & Responsibilities

### Values

The Department's efforts to design and implement a system of individual program planning that embodies an approach centered on the person and family are based on the following values:<sup>1</sup>



Edward Bell

### Empowerment and choice

- The developmental services system supports rather than controls individuals and families, entering into partnerships that promote self-determination and interdependence.
- *Opportunities are provided to consumers to make choices in their own lives, including where and with whom they live, their relationships, the way they spend their time, the pursuit of their personal future and program planning and implementation.*<sup>2,3</sup>

***The developmental services system supports rather than controls individuals and families, entering into partnerships that promote self-determination and interdependence.***

1. Adapted from *Building partnerships, supporting choices: A Vision for a Preferred Future for Persons with Developmental disabilities* (1994). California Department of Developmental Services, with additions from the Lanterman Act.

2. Welfare & Institutions Code Section 4502(j)

3. Note: It may be necessary to provide several different opportunities, options and experiences for consumers and families to reach a point of true choice.

- Adult consumers have a choice of lifestyle options, and are supported in reaching their own future with the least amount of control by others.

- *All public and private agencies receiving state funds for the purpose of serving persons with developmental disabilities provide consumers with opportunities to exercise decision-making skills in any aspect of day-to-day living and provide consumers with relevant information in an understandable form to aid the consumer in making his or her choice.*<sup>4</sup>

- Consumers and families express their opinions, desires and disappointments without fear of reprisal.

### **Diversity**

- *Information is provided to consumers and families in a form or language they understand to facilitate their decision-making.*<sup>5</sup>
- Professionals join in partnership with consumers and families to engage in the person-centered IPP process.
- *Professional performance reflects sensitivity to the cultural preferences, values and lifestyles of consumers and families.*<sup>6</sup>



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4. Welfare & Institutions Code Section 4502.1  
5. *Welfare & Institutions Code Section 4502.1 & 4641*  
6. Welfare & Institutions Code Section 4646.5(a)(1)

## Family support

- *Families are respected and supported in their role of primary decision makers on behalf of their minor children.*<sup>7</sup> They make choices, which determine what services are given, where and by whom. Services and supports provided build on family strengths, natural supports and existing community resources.
- Children with developmental disabilities most often have greater opportunities for educational and social growth when they live with their families.<sup>8</sup>
- *When a minor child must live out of the family home, the regional center will make every effort to place the child in a living situation as near to the family home as possible.*<sup>9</sup>
- *If appropriate, the regional center will take the steps to develop services and supports necessary to return the child to, or in a living situation near, the family home.*<sup>10</sup>



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7. Welfare & Institutions Code Section 4685(a)(1)  
 8. Welfare & Institutions Code Section 4685(a)  
 9. Welfare & Institutions Code Section 4685.1 (a)  
 10. Welfare & Institutions Code Section 4685.1 (b)

## **Community integration**

- Consumers will participate in valued ways with their friends, neighbors and co-workers in all areas of community life, with services and supports being provided which enable them to have real choices in where they live, work and socialize.
- Adult consumers are supported in natural settings in their local communities, with opportunities to live in their own homes, to be involved in meaningful activities, and to participate in the life of their communities.
- Consumers who are minor children live and grow up within a natural or surrogate family, attend their neighborhood schools and play with non-disabled children of their own age.



Virginia Rathbun

## **Teamwork**

- The process of planning for a preferred future is a team effort, which is completed with a high degree of cooperation and a sense of partnership among all the participants.

***The consumer and family are full participants in this effort. Their choices are given the full attention and respect of all the members of the team.***

- *The consumer and family are full participants in this effort. Their choices are given the full attention and respect of all the members of the team.*<sup>11</sup>

### Accountability

- *Measurement of progress toward a preferred future is made in terms of desirable outcomes as they are expressed by the consumer.*<sup>12</sup>
- *Services and supports provided to consumers and their families reflect the cost-effective use of public resources.*<sup>13</sup>
- While written records of the decisions and choices made by the planning team at planning conferences are made in the prescribed format, completion of these records is not treated as an end in itself.
- Members of the planning team complete the activities they agreed to do within the times agreed to.

***Measurement of progress toward a preferred future is made in terms of desirable outcomes as they are expressed by the consumer.***

### Roles and responsibilities

The developmental services delivery system in California affects hundreds of thousands of children and adults directly. The system has an important impact on the lives of consumers, their families, their neighbors, and whole communities. The complexities of providing services and supports to consumers and families require coordination and cooperation between governmental and community agencies to ensure that no gaps occur in communication or provision of services and supports.<sup>14</sup> Each

11. Welfare & Institutions Code Sections 4502(j), 4502.1 & 4646(d)

12. Welfare & Institutions Code Section 4648(a)(7)

13. Welfare & Institutions Code Section 4646(a)

14. Welfare & Institutions Code Section 4501

participant in this system has an important role, and every role carries with it certain responsibilities.

### **Consumers and families**

*Consumers and families have the central role in the system, and have been given leadership in the design of services and supports.*<sup>15</sup>

***Consumers and families have the central role in the system, and have been given leadership in the design of services and supports.***

Consumers and families are responsible for: taking the time to think about what they want, expressing their hopes, dreams, desires and needs as clearly as possible, and working as team members.<sup>16</sup>

### **Circles of support and natural supports**

A circle of support is a group of community members that meets with an individual with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports. A circle of support generally includes a majority of people who neither receive nor provide services or supports for persons with developmental disabilities, and who do not receive payment for participation in the circle of support.<sup>17</sup>

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15. Welfare & Institutions Code Section 4501

16. Capitol People First and Protection & Advocacy, Inc., (1994). *Your IPP: It's not just a piece of paper*. Sacramento, CA.

17. Welfare & Institutions Code Section 4512(f)



Natural supports are personal associations and relationships typically developed in the community that enhance the quality and security of life for the consumer. Natural supports include, but are not limited to, friendships reflecting the diversity of the neighborhood and the community; associations with fellow students or employees in regular classrooms and workplaces; and associations developed through participation in clubs, organizations, and other civic activities.<sup>18</sup>

*A circle of support is a group of community members that meets with an individual with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports.*

Both circles of support and natural supports can be of great use to a consumer. Their roles and responsibilities are defined by the consumer. Consumers decide whether they want a circle of support and the extent of involvement of natural supports.

### **Providers of services and supports**

Providers are an essential element of the service delivery system. Their role is to provide the services and supports that *assist consumers and families in achieving the greatest self-sufficiency possible and in exercising personal choices.*<sup>19</sup> They assist consumers and families in working toward their preferred futures as identified during the IPP process. Providers do

18. Welfare & Institutions Code Sections 4512(e)

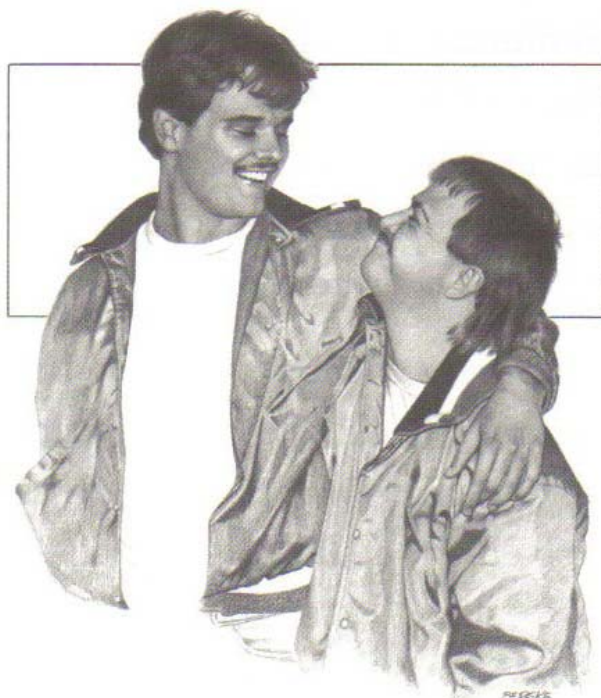
19. Welfare & Institutions Code Sections 4648(a)(1) & 4685

not prescribe preferred futures, but *respect the choices of the consumers and families they serve.*<sup>20</sup> The services and supports they provide are consistent with the preferred lifestyle and cultural background of the consumers and families they serve.

*Providers assist consumers and families in achieving the greatest self-sufficiency possible and in exercising personal choices.*

Providers help consumers and families advocate for themselves and make their own choices, and avoid making choices on behalf of consumers and families unless they are unable or unwilling to make their own choices.

*Providers are responsible for delivering the services and supports as they are scheduled in the consumer's IPP. They are also responsible for achieving the outcomes defined in the consumer's IPP.*<sup>21</sup>



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Providers are also responsible for providing consumers and families with the information they need to make informed choices. *This information must be presented in a form that is understood by the consumer and family.*<sup>22</sup>

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20. Welfare & Institutions Code Section 4503(i)

21. Welfare & Institutions Code Section 4501 & 4648(a)(6)(A)

22. Welfare & Institutions Code Section 4502.1

## Regional centers

The primary role of the regional centers is to provide fixed points of contact in the community for consumers and their families so that consumers may have access to the services and supports best suited to them throughout their lifetimes.<sup>23</sup> *Regional centers are responsible for providing each consumer with a service coordinator.*<sup>24</sup> *The service coordinator coordinates the activities necessary to develop and implement the consumer's Individual Program Plan. Those activities include participating in the individual program planning process and obtaining necessary services and supports from generic agencies, private agencies or by purchasing them.*<sup>25</sup> *The regional center conducts a variety of activities to achieve the stated objectives of a consumer's IPP.*<sup>26</sup>

*The primary role of the regional centers is to provide fixed points of contact in the community for consumers and their families so that consumers may have access to the services and supports best suited to them throughout their lifetimes.*



Edward Bell

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- 23. Welfare & Institutions Code Section 4620
  - 24. Welfare & Institutions Code Section 4640.7(b) & 4647
  - 25. Welfare & Institutions Code Section 4647(b)
  - 26. Welfare & Institutions Code Section 4648

*Regional centers are responsible for ensuring that the standard format for person-centered IPPs prepared by the State is followed in the individual program planning process.<sup>27</sup> Regional centers are also responsible for ensuring that the purchase of services and supports reflects the cost-effective use of public resources.<sup>28</sup>*

## **The State**

*The State of California has accepted a responsibility to establish and maintain a service delivery system that assists and supports eligible individuals with developmental disabilities (consumers) and their families.<sup>29</sup> The State Department of Developmental Services (the Department) provides leadership, oversight, coordination and technical assistance to the other participants in the system. The Department is responsible for providing a standard format, instructions, and training guidelines for IPPs, which ensure that IPPs are centered on consumers and families.<sup>30</sup> Annually, the Department will review a random sample of individual program plans at each regional center to make sure they conform with statute.<sup>31</sup>*

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27. Welfare & Institutions Code Section 4646.5(c)(2)

28. Welfare & Institutions Code Sections 4646(a) & 4648(a)(6)(D)

29. Welfare & Institutions Code Section 4501

30. Welfare & Institutions Code Section 4646.5(c)

31. Welfare & Institutions Code Section 4646.5(c) (3)

# FORMAT & INSTRUCTIONS

## Introduction

In the two previous sections, person-centered planning in California was described as a mandatory and value-based planning system. This section describes the components of the standard process and format for person-centered individual program planning. This section also contains instructions for conducting person-centered individual program planning. *All regional centers must use this format in compliance with these instructions.*<sup>1</sup> *The person-centered approach to assessment and individual program planning described below will be used when developing IPPs for all regional center consumers, and all residents of state developmental centers.*<sup>2</sup>

Every consumer over the age of three will have a person-centered IPP that contains all of the components shown in this section. Some consumers may have other individual plans in addition to the person-centered IPP.

These additional plans are sometimes necessary to comply with the statutes or regulations of funding or monitoring agencies other than the Department of Developmental Services. For example:

- Consumers in some health licensed facilities will also have Individual Habilitation Plans;<sup>3</sup>

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1. Welfare & Institutions Code Section 4646.5(c)(2)  
2. Welfare & Institutions Code Sections 4646(c) & 4646.5(c)(2), and William Coffelt, et al., v. Department of Developmental Services, et al., Final Settlement, pages 26 & 27.  
3. While these plans are called Individual Habilitation Plans in California, to differentiate them from our IPPs, they are called Individual Program Plans in the Federal regulations governing Intermediate Care Facilities for individuals with mental retardation (Title 42, Code of Federal Regulations, Section 483.440(c)(1) Standard: Individual Program Plan)

- consumers involved in some work programs will also have a work-related plan;<sup>4</sup>
- some children with serious medical problems, who are living in community care facilities, will also have a separate plan that addresses their medical problems.<sup>5</sup>
- Children below the age of three years old are required to have Individualized Family Service Plans (IFSPs), instead of IPPs.<sup>6</sup> These family-centered plans that are focused both on the needs of infants and toddlers with developmental disabilities, and the corresponding needs of their families. When toddlers with developmental disabilities reach the age of three, they (and their families) are transitioned into the person-centered IPP process.

The person-centered IPP that is described below is focused on beneficial outcomes for the consumer and family. The additional, or supplementary, plans that some consumers must have to receive certain types of services are usually focused on procedures and serve as detailed instructions for professional service providers.

Because each effort to engage in person-centered planning is as unique as the consumer that is the focus of the plan, this process and format and its instructions are intentionally designed to be very flexible. There are currently more than 125,000 consumers in the developmental services system in California. Each consumer is entitled to a person-centered approach to planning for her or his preferred future.

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4. These are called "Individualized Written Rehabilitation Programs" (IWRPs) and are required by Title 29, United States Code, Section 102

5. These are called "Individual Health Care Plans" (IHCPs) and are required by Welfare & Institutions Code Section 17710(d) & 17731(c)(1)

6. Welfare & Institutions Code Section 95020(a)

The headings in *bold italic type* at the left margin in the subsection entitled "IPP Development" represent the mandatory components, which each regional center's planning process must include. The headings in *bold italic type* in the subsection entitled "Content of the written IPP" is the information required to be in the written IPP document.

The text under each heading constitutes the instructions and considerations for engaging in a person-centered planning process, and completing written IPPs in a manner that conforms to statute. As in the previous two sections, *text in italics* denote the mandatory features of the instructions. Use of the words shall, will or must also indicate mandatory language. References to the statutory authority for these instructions are found in the footnotes.

## IPP Development

### *Person-centered IPPs*

*An IPP describes the needs, preferences and choices of the individual and family. It is developed through a process of individualized needs determination, and embodies an approach centered on the person and family.*<sup>7</sup> Any person who is eligible for regional center services shall have an IPP.<sup>8</sup> The IPP process uses person-centered methods<sup>9</sup> to assist individuals with developmental disabilities and their families to obtain the services and supports needed to build their capacities and capabilities. Person-centered methods provide individuals with developmental disabilities and their families with opportunities to choose where and with whom they live, with whom they socialize, how they spend their time, what jobs they have, and other aspects of their daily lives.

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7. Welfare & Institutions Code Sections 4646(b)& 4646.5 (c)(1)

8. Welfare & Institutions Code Section 4646(c)

9. Welfare & Institutions Code Section 4646(a)

After all appropriate options for meeting each individual program plan objective have been considered by the planning team, the IPP should describe the specific responsibilities and timelines, by which future changes will be made. This should be done for each objective. The IPP is not static, but changes as new opportunities or obstacles arise.

### ***Consumer choice***

*Consumers must be informed of their right to make the choices recorded in their IPPs.<sup>10</sup> Those choices include, but are not limited to, where and with whom they live, their relationships with people in the community, the way they spend their time, including education, employment, leisure, and the pursuit of their personal futures. All public or private agencies receiving state funds for the purpose of serving persons with developmental disabilities, including, but not limited to, regional centers, shall respect the choices made by consumers.<sup>11</sup>*

Everyone needs to know what the options are before they can make a meaningful choice. *To aid consumers and families in making the choices related to their IPPs, all publicly funded agencies shall provide relevant information in an understandable form.<sup>12</sup>* For example, information can be provided in consumer forums on specific topics or areas of interest. Visual and experiential information can also be provided by facilitating consumer visits to different types of living arrangements or job possibilities.

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10. As specified in Section 1 of this manual, the term consumer includes the consumer, and where appropriate the authorized representatives of the consumer, including the consumer's parents, guardian or conservator. Conservators generally have limitations on their authority to make decisions and choices on behalf of the consumer. For more information on the role of conservators, get the pamphlet by Sterling L. Ross Jr., *Guardianship, Conservatorship, Trusts and Wills for Families with Mentally Retarded or Other Disabled Family Members*, available through Protection & Advocacy, (800)952-5746.

11. Welfare & Institutions Code Sections 4502(j) & 4502.1

12. Welfare & Institutions Code Sections 4502(j) & 4502.1



Making choices among several attractive options is a learned skill. Some consumers will be able to do this more easily than others. When making or expressing choices is difficult, facilitation and/or self-advocacy training may be necessary to ensure meaningful participation in the person-centered planning process.

Choosing between attractive and undesirable options is not difficult for most consumers. Even for those consumers who have difficulty articulating their choices verbally, repeated attempts to avoid an option when it is presented can provide a clear indication that the option is not attractive to them.

Personal preferences and cultural background can also affect the ability of some consumers and families to express their choices in a manner that is easily understood. *Those who present options for consumers and families to choose among, must present them in a way that reflects awareness of, and sensitivity to, their lifestyle and cultural background.*<sup>13</sup>

In a few instances, consumers and families will insist on making choices that other members of the planning team consider to be unsafe or harmful. If these choices would constitute criminal conduct, or would present an immediate threat of serious bodily injury, team members will take the same steps available to any citizen in similar circumstances, take those actions required of professionals by law or regulation, or other actions consistent with professional ethics.

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13. Welfare & Institutions Code Section 4646.5(a)(1)

Michael Smull, in his book entitled *Supporting People with Severe Reputations in the Community* (1992) has this to say about the role of consumer choice in a person-centered planning system:

"In the current system of service, complete control over all essential choices is in the hands of professionals. The outcome of this planning process is to rebalance the locus of control. The service system must continue to assure reasonable protection of the individual while supporting substantial freedom. Control is shared through collaboration. People who cannot articulate where they would wish to live or who they wish to live with can tell us of their preferences through their behavior. Those who tell us what they think we want to hear can learn to put forward their own wishes. We will need to assist these individuals to discover what their informed choices are. They will need encouragement and careful exposure to relevant life experiences. We have found that as people gain power over their lives, they often need less control or protection.

Neither the process nor the outcome eliminates the need for skilled professionals. People will still need support for their behavioral, psychiatric, and medical needs. People will still want to learn new skills and will need good teachers. We are not discarding all of our professional skills, we are simply putting them in their proper position. Our skills should be used to help people in achieving the lifestyles of their own choosing. They (our skills or influence) should not determine that lifestyle.

The greatest challenge for all of us in supporting people with disabilities is finding the balance for each individual. A balance is needed between:

- . Freedom of choice and the safety and health of the individual;
- . Personal liberty and the expectations of society to conform to social norms; and
- . Encouraging individuals while avoiding coercion.

Because the balance achieved needs to take into account the circumstances, the core values, and the complexities of each individual, it is different for each individual. These are the same issues that we wrestle with for ourselves and our loved ones. This is why we focus on the ambiguous issues of lifestyle choices. This is why we do not stop with the traditional information such as deficits in adaptive behavior, cognitive disabilities, psychiatric diagnosis, medical issues, and behavioral problems." (Part I, Pages 3 & 4)

There are a small number of consumers who have little or no capacity to make these choices, and who have no legally authorized representative to make them on their behalf. The director of a regional center (or designee) may give consent on behalf of the consumer where it is necessary to authorize essential medical, dental, or surgical treatment.<sup>14</sup>

## *The Planning Team*

Person-centered planning is done by a planning team. A planning team is a group of individuals who are focusing their attention and efforts on building a preferred future for one member of the team, the consumer. The consumer is an equal with the other members of this team. This team is involved with the life of the consumer and family on an ongoing basis. It should not be thought of as a team that meets only when a written IPP is due.

This team meets to share what they know about the life patterns, interests, and preferences of the person and family. The informal discussions of a planning team identify the strengths and abilities of the individual and family, as well as the problems and challenges they experience. Where the individual or family needs help in solving problems, or overcoming challenges, the team chooses a course of action that will promote the desired outcome.

*The planning team (at a minimum) consists of the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, and one or more regional center representatives.<sup>15 16 17</sup> Planning teams conducting person-centered individual program plan reviews within the state developmental centers shall include a regional center representative who must participate in these reviews at least once every three years.<sup>18</sup> When invited by the consumer the planning team may also include other persons, including service providers.<sup>19</sup>*

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15. Welfare & Institutions Code Section 4512(j)

16. The planning teams for minor children with special health care needs who are living in licensed community care facilities will also include those members required by Welfare & Institutions Code sections 17710(d) & 17731 (c)(1)

17. Planning for infants and toddlers under the age of three will include those participants required by Welfare & Institutions Code Section 95001.

18. Welfare & Institutions Code Section 4646.5(b) State developmental centers are licensed health facilities. As noted earlier (page 3-2), they are also required to engage in a different, but compatible, individual planning process by Title 42, Code of Federal Regulations, Section 486.440. This process results in Individual Habilitation Plans. These plans must be prepared at more frequent intervals, and do not require the participation of a regional center representative.

19. Welfare & Institutions Code Section 4646(e) & 4512 (j)

*The consumer shall have the opportunity to actively participate in the development of the IPP.*<sup>20</sup> Planning conferences are conducted in the primary language of the consumer. For participants whose primary language is other than that used by the consumer, active participation will require that a translator or interpreter is available.

Ethnic and cultural preferences may also influence the selection of planning team members. *The planning team must include those who can ensure that relevant information is provided in an understandable form.*<sup>21</sup>

Consumers may invite any interested person to participate on the planning team. Friends, neighbors and advocates can provide invaluable information to the team. They can also be productive participants on the planning team.

It may help to facilitate the consumer identifying a list of individuals that she or he may want to join the planning team. This list may include parents, providers, pastors, counselors, friends, neighbors, and others.

Providers of services and supports can also be members of the planning team. Those providers who have daily contact with the consumer can provide information that is particularly valuable. These providers may facilitate, but should avoid dominating or controlling the discussions of the planning team. The decisions of the planning team are to be made jointly with the consumer.

The preferences, communication style, primary language and cultural background of the consumer and family are important considerations for deciding who will be on the planning team. The team should be designed to promote the free flow of communication. *Decisions must be made jointly.*<sup>22</sup> Many consumers can learn to facilitate this process, others will

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20. Welfare & Institutions Code Section 4646(b)

21. Welfare & Institutions Code Section 4502.1

22. Welfare & Institutions Code Section 4646(d)

need to have people on the team who can facilitate the process.

The regional center is responsible for sending written invitations to the members of the planning team to attend planning conferences, if the consumer requests written notice.<sup>23</sup> These notices, or invitations, must be mailed at least 30 days before the date scheduled for the conference.

The location, time, date, duration and type of team discussions should be consistent with the preferences of the consumer and family, and promote the free flow of communication. For example, some consumers may have a limited tolerance for sitting in meetings, and may need a series of shorter meetings to promote full discussion. Others may prefer phone conferences. Informal settings, such as a restaurant, barbecue, or picnic, may be preferred by others.

### ***Time and duration requirements***

*A planning team must be assembled, and a person-centered IPP completed within 60 days of the completion of an intake and assessment process that results in a finding that a consumer is eligible for regional center services.<sup>24</sup> At the request of the consumer, a parent or other family member (or other authorized representative) designated by the consumer, will receive written notice from the regional center, at least 30 days in advance, of all meetings to develop or revise the consumer's IPP.<sup>25</sup> The planning team will review and modify the IPP as necessary in response to the consumer's achievements or changing needs, but not less often than once every three years.<sup>26 27</sup> If the consumer requests an IPP review, the review shall be conducted within 30 days after the request is submitted.<sup>28</sup>*

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23. Welfare & Institutions Code Section 4646(e)

24. Welfare & Institutions Code Section 4646(c)

25. Welfare & Institutions Code Sections 4646(e) & 4710

26. Welfare & Institutions Code Section 4646.5(b)

27. For consumers living in licensed health facilities, IPPs must be scheduled by the facility at least annually (Title 42, Code of Federal Regulations, Section 483.440[f] Standard: Program Monitoring and Change, W258[2]).

28. Welfare & Institutions Code Section 4646.5(b)

As discussed earlier, it may be necessary to conduct more than one meeting to complete a planning conference. This may be necessary when more information is needed for the consumer or family to make an informed choice.

A series of brief meetings may also be necessary to keep the length of any one meeting within the limits of tolerance of a consumer. Finally, a planning team may not be able to reach a joint decision on one or more issues without seeking further information or review. *If an agreement cannot be reached at the first meeting, a second meeting must be held within 15 days of the first meeting. Disagreement with portions of the IPP shall not prohibit implementation of agreed upon services and supports. In the case of a disagreement, the consumer or family shall be provided a written notice of fair hearing rights within five days.*<sup>29</sup>

### ***Preparing for a planning conference***

The following information will help the team set a positive tone for the planning conference. Participants may also find it helpful to refer to sections four and five of this manual, which contain examples of, and stories illustrating, person-centered planning.

- Be positive. Every individual is unique, valuable and deserving of your respect.
- Develop a team spirit. A team works better when its members are able to trust everyone to be loyal and committed.
- Talk with each other frequently between planning conferences. The planning conference is a time to present ideas that have already been discussed.

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29. Welfare & Institutional Code Section 4646 (f) & 4710(b)

- Encourage consumers to come to the planning conference with well-prepared statements of hopes, dreams and preferences. Some people bring a written statement, others bring audio or video tapes that illustrate their hopes dreams, and preferences.<sup>30</sup>
- Some consumers find rehearsing what they want to say at the planning conference helpful.<sup>31</sup>
- Make sure that everyone on the team has had a chance to read and understand any professional assessments that may influence the choices and decisions that are going to be made during the conference.
- Encourage each other to speak freely. There should be no penalty for saying what you think.
- Be specific about the changes and actions you feel are necessary. Explore several different ways to solve the identified problems.
- Build trust with each other. Do not intrude while others are talking. Do not try to control each other. Do not force your needs and insights into the foreground.<sup>32</sup>

### ***Assessment***

*Assessment is a required part of the person-centered planning process.*<sup>33</sup>  
The purpose of assessments is to help the team understand the needs, preferences and choices of the consumer and family. Assessments provide information that helps the consumer and family to define a preferred

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30. Capitol People First and Protection & Advocacy, Inc.(1994). *Your IPP: It's not just a piece of paper*. Sacramento, CA.

31. Capitol People First and Protection & Advocacy, Inc.(1994). *Your IPP: It's not just a piece of paper*. Sacramento, CA.

32. Adapted from Heider, 1985.

33. Welfare & Institutions Code Section 4646.5(a)

future, and to choose the best way to get there. In a person-centered planning system, assessments are not used to determine how "disabled" a consumer is or to determine whether the preferred future defined by the consumer and family is appropriate.

Assessment is an ongoing process. When the planning team shares what they know about the life patterns, interests, and preferences of the person and family, they are conducting an assessment. The informal discussions of the planning team which identify the strengths and abilities of the individual and family, as well as the problems and challenges they experience, are the primary form of assessment in the person-centered process.

*When the planning team decides it is necessary, professional assessments will be conducted.<sup>34</sup> Professional assessments shall be conducted by qualified individuals and performed in natural environments whenever possible.<sup>35 36</sup> If the consumer, or the family of a minor, agrees, the team will review the consumer's general health status. This includes a discussion of current medications, their side affects, and the date of the last medication review.<sup>37</sup> Assessments should be conducted in the primary language of the consumer if feasible, and if not, then an interpreter must be present to assist in the assessment process.*

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34. If the consumer or family believes that a professional assessment is necessary, and a regional center representative on the planning team refuses to have the assessment completed, the consumer or family may appeal the refusal using the procedures in Welfare & Institutions Code Section 4700 et seq.

35. Welfare & Institutions Code Section 4646.5(a)(1)

36. Consumers living in licensed health facilities must have a comprehensive functional assessment prior to their admissions conferences (Title 42, Code of Federal Regulations Section 483.440[c] Standard: Individual Program Plan, W210 & W211)

37. Welfare & Institutions Code Section 4646.5(a)(5)



*Assessments shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and the family.<sup>38</sup> Assessment is a required part of the person-centered planning process.<sup>39</sup>*

*Assessments shall determine<sup>40</sup> the consumer's:*

- *life goals*
- *strengths and capabilities*
- *preferences, including preferred*
  - ◆ *persons and groups to relate to*
  - ◆ *community activities*
  - ◆ *living arrangement*
  - ◆ *employment or school placement*
  - ◆ *leisure activities*
- *needs for supported living and other supports<sup>41</sup>*
- *barriers to fulfillment of life goals or preferences*
- *concerns or problems*

*For children with developmental disabilities, the assessment should include a review of the strengths, preferences and needs of the child and family unit as a whole.<sup>42</sup> When children with developmental disabilities live with their families, the assessment shall include a determination of the family's current needs and the supports necessary to maintain the child in the home.<sup>43 44 45</sup>*

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38. Welfare & Institutions Code Section 4646.5(a)(1)

39. Welfare & Institutions Code Section 4646.5(a)

40. Welfare & Institutions Code Sections 4646.5(a)(1) & 4512(b)

41. Welfare & Institutions Code Section 4689(c)

42. Welfare & Institutions Code Section 4646.5(a)(1)

43. Welfare & Institutions Code Section 4685(c)(2)

44. Assessments for children with special health needs who live in a licensed community care facility will be conducted in compliance with Welfare & Institutions Code Sections 11710 & 11731(c)(1)

45. Assessments for infants and toddlers below the age of three will be conducted in compliance with Welfare & Institutions Code Sections 95014(a)(1) & 95016(a)

## **Conducting a planning conference**

### ***Planning conferences***

Planning conferences are meetings of the planning team. One of the purposes of these meetings is to bring all the members of the planning team together in the same room for face-to-face discussions. *Since person-centered IPPs are the product of joint decisions made (at a minimum) by the consumer and service coordinator, both the consumer and service coordinator must be present at these conferences*, unless the consumer refuses to attend.<sup>46</sup> If the consumer refuses to attend the planning conference prior to the conference, the service coordinator should review, with the consumer, the issues to be discussed in a manner the consumer finds acceptable.

Planning conferences are generally held as face-to-face meetings, but may be conducted by phone, or through a series of interviews with the members of the planning team, with the agreement of all members of the planning team.

Another purpose of planning conferences is to compile and record the information necessary for achieving the preferred future of the consumer and family. The written record of the information exchanged at a planning conference and the decisions and choices that were made at the conference is the written form of the IPP.

A planning conference and the written IPP that is produced from it provide a picture of the progress that has been made toward achieving the preferred future (and what remains to be achieved) at a given point in time. While planning conferences and written IPPs are important, person-centered planning is more than a series of meetings that produce documents.

### ***Risk Assessment (Revised July 1, 2001)***

During the individual program plan meetings, the planning team considers the goals of the consumer and the services and supports needed to achieve those goals. During these discussions, the team should consider whether there are any current or potential health and safety risks to the individual that would affect their desired life and living arrangement. Focusing on the individual's goals, resources, and desires, the planning team can decide how to best manage these risks—in a manner consistent with the individual's desired lifestyle and best interests.

To help planning teams assess risks, and develop strategies to manage them, the service coordinator should review all special incident reports, and other pertinent records, since the last planning team meeting. The Department will make available a special incident database that will help planning teams identify trends or patterns that should be reviewed and discussed during the meeting. The Department will also provide information about best practices for reducing the most common risks. This information will help planning teams identify potential ways to manage risks.

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46. Welfare & Institutions Code Section 4646(d)

### *Scheduling the conference.*

- While there is no required time limit for planning conferences, they should be scheduled to allow enough time for thorough discussion of all issues. *If agreement cannot be reached at the first meeting, a second meeting must be held within 15 days.*<sup>47</sup>
- *Planning conferences must be held at least every three years,*<sup>48 49</sup> but can be requested by the consumer or family at any time. Any major life change should trigger a planning conference. Major life changes include significant changes in health condition, moving from one place to another, loss of a person who is deeply involved in support, loss of a job, change of school, etc.
- The consumer's service coordinator is responsible for scheduling planning conferences, but any member of the team can help with
- scheduling. *When a consumer or family requests a review of the IPP, the consumer's service coordinator is responsible for scheduling the review within 30 days of the request.*<sup>50</sup>
- The date, time and location of the planning conference should be convenient to all team members.
- *If requested by the consumer, a designated representative shall receive written notice of all meetings to develop or revise the IPP.*<sup>51</sup>
- The location of the planning conference should be comfortable and easily accessible to all members of the team, with particular attention being paid to the needs of the consumer and family.

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47. Welfare & Institutions Code Section 4646.5(f)

48. Welfare & Institutions Code Section 4646.5(b)

49. For consumers living in licensed health facilities, such as the state developmental centers, IHPs must be scheduled by the facility staff, at least annually (Title 42, Code of Federal Regulations, 483.440[f] Standard: Program Monitoring and Change, W258[2]).

50. Welfare & Institutions Code Section 4646.5(b)

51. Welfare & Institutions Code Section 4646(e)

### ***Setting the ground rules***

Diversity in culture, language, ethnicity and lifestyle is the norm in California. Productive communication among the members of the planning team requires sensitivity to this diversity. Further, *awareness of, and sensitivity to the lifestyle and cultural background of consumers and families, as well as respect for their right to make choices, is a required feature of person-centered planning.*<sup>52</sup> Therefore, ground rules for discussion among team members during planning conferences must be established.

These are some suggested ground rules:

- Discussions are positive in tone, focusing on the capacities and capabilities of the consumer and family.
- The decisions and choices made at the planning conference are made by the team as a whole, with deference to the wishes and preferences of the consumer and family.
- Discussions will be non-judgmental and open-ended. Team members agree to share ideas and viewpoints freely, but also agree not to argue. Team members agree to listen to and consider the ideas of everyone on the team.
- The discussions of what the consumer wants to do now, is able to do now, and wants to do in the future, provide the focus of attention and effort for the team.
- There is nothing carved in stone that says that everything that needs to be accomplished at this conference must be accomplished in a single meeting. If further information is needed, or someone has to leave the meeting, the conference can be continued later with another meeting. *If*

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52. Welfare & Institutions Code Sections 4502.1 & 4646.5(a)(1)

*agreement cannot be reached at the meeting, a second meeting must be scheduled within 15 days. Additional meeting may be held if the team agrees.*<sup>53</sup>

- Active involvement and discussion by consumers and families are promoted by creating a comfortable, friendly and encouraging atmosphere during the meeting.

### ***Discussion pattern***

Each planning team will adopt a pattern of discussion that suits their needs and preferences. Some things however, need to be discussed at a planning conference. They are shown below in *italics*, within a common pattern of discussion, but they don't necessarily need to be discussed in the order they are listed below.

- It is often useful to have one of the team members keep notes so that later, the planned actions can be related to goals and objectives, which are in turn related to the statement of a preferred future. Many people prefer to have notes taken on a large chart pad so they are easily read by all team members. Others are happy to use note paper and read from the relevant notes when questions rise.
- A general discussion of hopes, dreams (or nightmares) and preferences leads to statements of a preferred future for the consumer. These are statements of what the consumer would do and be under the best possible circumstances.
- With the preferred future in mind, the team discusses the current situation. By encouraging open and frank descriptions of how things are going, and by listening carefully to each other, the team gradually develops a complete picture of what is happening and whether the consumer and family feel they are going in the right direction. These discussions constitute an informal *assessment of the life goals*,

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53. Welfare & Institutions Code Sections 4646.5(f)

*capabilities and strengths, preferences, barriers, and concerns or problems of the consumer,*<sup>54</sup> and how those relate to the consumer's preferred future and desired outcomes.

- A series of goals will emerge from the statements of preferred future and descriptions of the current situation. *Goals are broad statements about where the consumer would like to live, what kind of job the consumer would like to have, what recreational activities the consumer would like to engage in, and so on.*<sup>55</sup> These are outcome statements. Goals are usually statements of what the consumer would like to change, but can also be statements of what the consumer wants to keep in his or her life. The achievement of some goals may take several years.

The following IPP goals, listed in the Lanterman Act, provide general guidance for this part of the team discussions:

- Increased independence<sup>56</sup>  
Example: I will use public transportation.  
Example: I will live in my own apartment.
- Increased productivity<sup>57</sup>  
Example: I will get a job.  
Example: I will get my high school diploma.
- Increased participation in community activities (community integration)<sup>58</sup>  
Example: I will join the health club.  
Example: I will go to church.

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54. Welfare & Institutions Code Section 4646.5(a)(1)

55. Welfare & Institutions Code Sections 4502(j) & 4646.5(a)(2)

56. Welfare & Institutions Code Sections 4646(a) & 4648(a)(1)

57. Welfare & Institutions Code Section 4646(a)

58. Welfare & Institutions Code Sections 4646(a) & 4648(a)(1)

- Achievement of a pattern of daily activities that approximates that available to the non-disabled peers of the consumer<sup>59</sup>
  - Example: I will set my daily schedule.
  - Example: I will handle my own finances.
  
- Assurance of a stable and healthy living environment in a residence of the consumer's choice<sup>60</sup>
  - Example: John (a minor child) will be supported to live in a foster family home.
  - Example: I will move from the State Developmental Center to an apartment with a paid roommate.
  
- Increased opportunity for the consumer to develop stable and nurturing interpersonal relationships<sup>61</sup>
  - Example: I want to visit my family.
  - Example: I will have more friends.
  
- Maximized control over choices and decisions that affect daily life<sup>62 63</sup>
  - Example: I will choose my own toiletries.
  - Example: I will hire my own support staff.
  
- Development of unpaid natural supports<sup>64</sup>
  - Example: My sister will take me shopping.
  - Example: My neighbor will teach me to ride the bus.

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59. Welfare & Institutions Code Section 4501

60. Welfare & Institutions Code Sections 4646(a) & 4689

61. Welfare & Institutions Code Sections 4646.5(a)(2) & 4648(a)(1)

62. Control over these choices and decisions require protection of the civil, legal, and service rights of the person with developmental disabilities. Self-advocacy, or assisted advocacy, is sometimes necessary to protect those rights and thereby ensure maximum control over these choices and decisions. Welfare & Institutions Code Section 4648(b)

63. Welfare & Institutions Code Sections 4503(i), 4646.5(a)(2), 4648(a)(1)

64. Welfare & Institutions Code Section 4648(a)(13)(C)

- Development of a circle of support<sup>65</sup>  
Example: I will invite family and friends to a circle of support meeting.  
Example: My service coordinator will support me in developing a circle of support.
- Maintenance of a family's ability to care for their child with developmental disability in the family's home<sup>66</sup>  
Example: We will receive increased respite hours.  
Example: I will go to an after-school program at my school.
- Objectives are milestones on the path to achieving the consumer's goals. Objectives are specific, time-limited activities for implementing goals. Objectives shall be stated in terms that allow measurement of progress toward the desired outcomes, or monitoring of service delivery.<sup>67</sup>

A simple example of the difference between objectives and goals would be that one of the consumer's goals is to have a job in one of several restaurants closer to home. One objective might be to pick-up, fill out and return one job application at a nearby restaurant each week for the next six weeks. Submitting the job applications will not ensure that the goal of getting a job closer to home is achieved, but it is a concrete and understandable step in the process, and is a reasonable objective.

- Additionally, planning team members make commitments to assign or undertake specific activities, within a set time frame, to assist the consumer in moving from one milestone, or objective, to the next. These are commitments made by the members of the planning team, to engage in specific activities within the times agreed to. This is the "who does what by when" information that helps the planning team to maintain its focus and ensure accountability for the agreements made.

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65. Welfare & Institutions Code Section 4512(b) & (f)

66. Welfare & Institutions Code Sections 4646.5(a)(3), 4648(a)(1) & 4685

67. Welfare & Institutions Code Section 4646.5(a)(2)



An example of a specific commitment for the objective above might be for one of the other members of the planning team to agree to meet the consumer every Tuesday after work for the next six weeks to walk around the neighborhood with him while he picks up applications and help him fill them out.

- In many instances, the achievement of goals and objectives will require some level of service or support. Some services and supports may be provided by friends, neighbors or a circle of support, at no cost, and as part of a natural relationship. Other services and supports are available through publicly funded agencies that serve all citizens. Services and supports that have been designed specifically to meet the needs of persons with developmental disabilities<sup>68</sup> are available through the regional center or developmental center.

*When discussing necessary services and supports, the team shall consider all appropriate options for meeting each IPP objective.*<sup>69</sup> Team members should consider how services and supports can be arranged to achieve the goals and objectives agreed to by the team. Discussion should also include which services and supports can be gained through natural and generic sources, as well as those which can be purchased by the regional center.

These service and support options may include, but are not limited to:<sup>70</sup>

- adaptive equipment and supplies
- advocacy
- advocacy assistance or facilitation
- assessment

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68. Welfare & Institutions Code Section 4512(b)

69. Welfare & Institutions Code Section 4512(b)

70. Welfare & Institutions Code Sections 4512(b), 4648, 4685, 4687, 4688 & 4689(c)

- assistance in finding, modifying and maintaining a home
- behavior modification
- behavior training
- camping
- childcare
- community integration services
- community residential placement
- community support facilitation
- counseling for the consumer's family
- counseling for the consumer
- daily living skills training
- day care
- development and provision of a 24-hour emergency response system
- development of unpaid natural supports
- diagnosis
- diapers
- domiciliary care
- education
- emergency and crisis intervention
- emergency housing
- emergency relief for personal care attendants
- evaluation

- facilitated circles of support
- facilitation with a facilitator of the consumer's choosing
- facilitation including outreach and education
- financial assistance
- follow-along services
- foster family placement
- habilitation
- home location assistance
- homemaker services
- identification of circles of support
- infant stimulation programs
- information and referral services
- mental health services
- occupational therapy
- paid neighbors
- paid roommates
- parent training
- peer advocates
- personal care or assistance
- physical therapy
- protection of civil, service and legal rights
- protective services

- provision of circles of support
- recreation
- recruiting, hiring and training personal care attendants
- respite
- respite for personal care attendants
- self-advocacy training
- sexuality training
- sheltered employment
- short term out-of-home care
- social services
- social skills training
- sociolegal services
- special living arrangements
- specialized dental care
- specialized medical care
- speech therapy
- support services for consumers in homes they own or lease
- supported employment
- supported living arrangements
- technical assistance
- training

- transportation services
- travel training
- treatment
- vouchered services
  
- services and supports that are necessary for families to maintain their children with developmental disabilities at home, when living at home is in the best interest of the child<sup>71</sup>
- If a child must live out of the family home, the regional center will make every effort to place the child in a living situation as near to the family home as possible, as well as discuss a plan to reunify the child with the family.<sup>72</sup>
- services and supports needed to maintain and strengthen the family unit, where one or both parents is an individual with developmental disabilities<sup>73</sup>
- other service and support options which would result in greater self-sufficiency for the consumer and cost-effectiveness to the state.<sup>74</sup>
- Team discussions are usually concluded with a discussion of when the next conference should be scheduled. While planning conferences must be held at least once every three years, it is up to the team to decide how often they must meet. The preferences and needs of the consumer and family should guide the team's choice of the appropriate time for the next meeting.

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71. Welfare & Institutions Code Section 4685(c)(2)

72. Welfare & Institutions Code Section 4685.1(a) & (b)

73. Welfare & Institutions Code Section 4687(f)

74. Welfare & Institutions Code Section 4648(a)(11)

## Content of the written IPP

After the team has completed its discussions, a written record of the decisions and choices made is prepared. This is the written form of the IPP that reflects the decisions and choices made during the planning conference. The written IPP should be viewed as a picture of the planning effort at a point in time. At a minimum, each written IPP must contain the ***bold, italicized*** components.

### ***Goals***

*A written IPP contains statements of goals based on the required assessment.*<sup>75</sup>

### ***Objectives***

*A written IPP also contains objectives for achieving the stated goals.*<sup>76</sup> IPP objectives must be specific, time-limited, stated in measurable terms, and related to the individual's goals and needs. An objective is measurable if it is written in a way that allows the planning team to determine if every service and/or support specified in the objective has been delivered in a manner that is satisfactory to the consumer<sup>77</sup>.

Objectives must be stated in terms of what benefit the consumer will derive, and not in terms of what procedures service providers will use.

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<sup>75</sup> Welfare & Institutions Code Sections 4646.5(a)(1) & (2)

<sup>76</sup> Welfare & Institutions Code Section 4646.5(a)(2)

<sup>77</sup> Welfare & Institutions Code Sections 4646.5(a)(2) & (5)

### ***Family plan component***

*A written IPP for a consumer who is a minor and is living at home must include a family plan component describing those services and supports necessary to successfully maintain the child with developmental disabilities at home.<sup>78</sup> Regional centers shall consider every possible way to assist families in maintaining their children at home (when living at home is in the best interest of the child) before considering out-of-home placement.<sup>79</sup> If an out-of-home placement is necessary, the regional center will make every effort to find a living situation as close to the family home as possible. If this is not possible the regional center will develop a plan to return the minor to, or in a living situation near, the family home.<sup>80</sup>*

### ***Schedule of Services and Supports***

*When the decisions and choices made during the planning conference include provision of services and supports, a summary, called a schedule of services and supports, is prepared.<sup>81</sup> The services and supports that are scheduled must be related to the achievement of the goals and objectives described in the IPP.*

*The written schedule of services and supports shall identify the provider (or providers) responsible for attaining each objective including, but not limited to<sup>82</sup>*

- natural supports
- generic service agencies
- contracted providers
- regional center vendors

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78. Welfare & Institutions Code Section 4685(c)(2)

79. Welfare & Institutions Code Section 4685(c)(2)

80. Welfare & Institutions Code Section 4685(c)(2)

81. Welfare & Institutions Code Section 4646.5(a)(4)

82. Welfare & Institutions Code Section 4646.5(a)(4)

At the end of the planning conference, each member of the planning team should be given an opportunity to review what was agreed to. While handwritten IPPs are permitted, they are usually typed some time after the planning conference to make them easier to read. When the written IPP is typed after the planning conference, the typed IPP should be distributed to the members of the planning conference within 45 days after the planning conference.

*Whether handwritten or typed, the final IPP must be prepared in a form that is understandable to the consumer and family.<sup>83</sup> If the consumer or family needs interpretation or translation services to fully participate in the development of the IPP, or to understand the written IPP, the regional center shall provide translation or interpretation services as appropriate.<sup>84</sup>*

*If the regional center administration decides at a later date (and without the consent of the consumer) to reduce, terminate, or change the services (currently being delivered) that are listed in this schedule, the regional center must notify the consumer by certified mail at least 30 days before taking the action.<sup>85</sup> If the consumer or family files an appeal of this decision within 10 days, the services will be continued during the appeal procedure.<sup>86</sup>*

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83. Welfare & Institutions Code Section 4502.1 and California Code of Regulations, Title 22, Sections 98210(a) & 98211(c)

84. California Code of Regulations, Title 22, Sections 98210(a), (c), (d) & 98211(c)

85. Welfare & Institutions Code Section 4710(a)

86. Welfare & Institutions Code Section 4715(a)



*If the regional center administration decides at a later date (and without the consent of the consumer) to reduce, terminate, or change the services that are listed in this schedule, but have not yet been purchased, the regional center must notify the consumer by certified mail at least 5 days before taking the action.<sup>87</sup> If the consumer believes that this action is illegal, discriminatory, or not in his or her best interest, the consumer may request a fair hearing.<sup>88</sup>*

### ***Review Schedule***

*The IPP shall contain a schedule of regular periodic review and reevaluation to find out whether planned services have been provided; objectives have been met within the times specified; and consumers and families are satisfied with the IPP and its implementation.<sup>89</sup>*

*When there is a plan to move a minor child into or near their family's home, the plan will be updated every six months, or as agreed to by the parents or guardians.<sup>90</sup>*

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87. Welfare & Institutions Code Section 4710(b)

88. Welfare & Institutions Code Section 4710.5

89. Welfare & Institutions Code Sections 4646.5(a)(5) & 4750

90. Welfare & Institutions Code Section 4685.1(b)

## ***IPP Implementation***

### ***The scope of services and supports purchased by regional centers***

*In order to achieve the stated objectives of a consumer's IPP, the regional center shall conduct a variety of activities.<sup>91</sup> These activities may include purchasing services and supports (through vendorization or a contract) for a consumer from any individual or agency which the regional center and consumer agree will best accomplish all or any part of the consumer's IPP.<sup>92</sup>*

*A regional center must identify and pursue all possible sources of funding for consumers receiving regional center services including:<sup>93</sup>*

- *Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplementary security income and the state supplementary program.<sup>94</sup>*
- *Private entities to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer.<sup>95</sup>*

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91. Welfare & Institutions Code Section 4648

92. Welfare & Institutions Code Section 4648(a)(3)

93. Welfare & Institutions Code Section 4659(a)

94. Welfare & Institutions Code Section 4659(a)(1)

95. Welfare & Institutions Code Section 4659(a)(2)

- *Parental support - regional centers shall not use purchase of service funds to purchase services for a minor child without first taking into account, when identifying the minor child's service needs, the family's responsibility for providing similar services to a minor child without disabilities.<sup>96</sup> For example, when purchasing or providing a voucher for day care services for parents who are caring for children at home, the regional center may pay only the cost of the day care services that exceeds the cost of providing services to a child without disabilities unless the family can demonstrate a financial need, or when doing so will enable the child to remain in the family home.<sup>97</sup>*

*Regional center funds shall not be used to supplant the budget of any agency which has a legal responsibility to serve all the members of the general public and is receiving public funds for providing those services.<sup>98</sup> Further, services selected by the regional center must reflect the cost-effective use of public resources.<sup>99</sup> As defined in regulation, cost-effectiveness means obtaining the optimum results for the expenditure.<sup>100</sup>*

*In implementing IPPs, regional centers shall first consider services and supports in natural community, home, work, and recreational settings. Services and supports shall be flexible and individually tailored to the consumer and, where appropriate, his or her family.<sup>101</sup>*

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96. Welfare & Institutions Code Section 4659(c) & California Code of Regulations, Title 17, Section 54326(c)(1). Note that in such instances, the regional center must provide for exceptions, based on family need or hardship.

97. Welfare & Institutions Code Section 4685(c)(6)

98. Welfare & Institutions Code Sections 4648(a)(8)

99. Welfare & Institutions Code Section 4646(a)

100. California Code of Regulations, Title 17, section 58501(a)(6)

101. Welfare & Institutions Code Section 4648(a)(2)

Regional centers are obligated to find innovative and economical methods of achieving the objectives in consumers' IPPs.<sup>102</sup> For example, a regional center may issue a voucher for services and supports provided to a consumer or family.<sup>103</sup> Community support may also be provided to assist consumers to fully participate in community and civic life. This support may include programs, services, work opportunities, business, and activities available to persons without disabilities. This shall include any of the following:<sup>104</sup>

- outreach and education programs and services within the community,<sup>105</sup> including assistance in identifying and building circles of support within the community<sup>106</sup>
- supports to consumers to enable them to more fully participate in the community<sup>107</sup>
- developing unpaid natural supports when possible<sup>108</sup>
- *if facilitation requiring the services of an individual is specified in the IPP, the facilitator shall be of the consumer's choosing*<sup>109</sup>

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102. Welfare & Institutions Code Section 4651

103. Welfare & Institutions Code Section 4648(a)(4)

104. Welfare & Institutions Code Section 4648(a)(13)

105. Welfare & Institutions Code Section 4648(a)(13)(A)

106. Welfare & Institutions Code Section 4648(c)

107. Welfare & Institutions Code Section 4648(a)(13)(B)

108. Welfare & Institutions Code Section 4648(a)(13)(C)

109. Welfare & Institutions Code Section 4648(a)(12)

## *Considerations for selecting providers*

*The regional center and consumer, and family, when appropriate, shall consider all of the following when selecting a provider of consumer services and supports:*<sup>110</sup>

- *the consumer's choice of providers*<sup>111</sup>
- *a provider's ability to deliver services and supports that can accomplish all or part of the consumer's IPP*<sup>112</sup>
- *a provider's success in achieving the objectives in the IPP*<sup>113</sup>
- *where appropriate, possession of a license permitting the provision of the services needed, or accreditation that assures the quality of the services, or professional certification*<sup>114</sup>
- *the cost of providing the services or supports of comparable quality by different providers, if available*<sup>115</sup>
- *the eligibility of the consumer for the same, or similar, services and supports from any publicly funded agency that has a legal responsibility to serve all members of the general public*<sup>116</sup>
- *the cost-effective use of public resources*<sup>117</sup>
- *the desire of the consumer to receive necessary services and supports without having to move elsewhere*<sup>118</sup>

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110. Welfare & Institutions Code Section 4648(a)(6)

111. Welfare & Institutions Code Section 4648(a)(6)(E)

112. Welfare & Institutions Code Sections 4648(a)(6)(A) & 4512(b)

113. Welfare & Institutions Code Section 4648(a)(6)(B)

114. Welfare & Institutions Code Section 4648(a)(6)(C)

115. Welfare & Institutions Code Section 4648(a)(6)(D)

116. Welfare & Institutions Code Section 4648(a)(8) & 4659

117. Welfare & Institutions Code Section 4646(a)

118. Welfare & Institutions Code Section 4689(a)(2)

- *If the team is considering the appropriateness of having the consumer move to a more restrictive environment, crisis services must be sought in an effort to prevent disrupting a person's living arrangement. If crisis intervention has been unsuccessful, emergency housing in the person's home community must be sought. If dislocation cannot be avoided, the consumer's goals and objectives must reflect that every effort is being made to return the person to the living arrangement he or she chooses, with all necessary supports, as soon as possible.<sup>119</sup>*
- *When the regional center first becomes aware that a family is considering out-of-home placement, the regional center shall meet with the family to discuss the situation and the family's current needs, solicit from the family what supports would be necessary to maintain the child in the home, and utilize creative and innovative ways of meeting the family's needs and providing adequate supports to keep the family together, if possible.<sup>120</sup>*

*When an existing IPP is being updated, the following shall be determined before a service or support previously selected is renewed or continued:<sup>121</sup>*

- *the consumer is satisfied with the service or support,*
- *the planning team agrees that the planned services and supports have been provided, and reasonable progress toward achievement of the planned objectives has been made, and*

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119. Welfare & Institutions Code Section 4648(a)(10)

120. Welfare & Institutions Code Section 4685(c)(2)

121. Welfare & Institutions Code Section 4648(a)(7)

- *when there is a plan to move a minor child into or near their family's home, the plan will be updated every six months, or as agreed to by the parents or guardians.*<sup>122</sup>

### ***Monitoring***

*Each consumer shall have a designated service coordinator who is responsible for providing or ensuring that needed services and supports are available to the consumer.*<sup>123</sup> *The consumer's service coordinator shall monitor the implementation of the IPP to ascertain that objectives are met.*<sup>124</sup>

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122. Welfare & Institutions Code Section 4685.1(b)

123. Welfare & Institutions Code Sections 4640.7(b) & 4689(e)

124. Welfare & Institutions Code Section 4647(a)

## **EXAMPLES OF PERSON-CENTERED PLANNING**

### **Annotated table of contents**

- 1. Personal Profile and Positive Futures Plan . . . . . Page 3**  
Provided by the Institute for Applied Behavior Analysis in Los Angeles, CA, The document is an example of how to develop a personal profile and positive futures plan. The format includes charts and graphics. Background information, current data, choices, dreams and plans are all addressed.
  
- 2. My Life . . . . . Page 23**  
Provided by NCI Affiliates, Inc. A simple and easy-to-use graphic outline of where a person is in regard to planning for their future. It includes likes and dislikes, important people in your life, preferences, fears, goals, as well as services and supports. Areas addressed include the job, home, health, money, activities and dreams.
  
- 3. Finding a Way Toward Everyday Lives . . . . . Page 41**  
With the permission of John O'Brien. A thorough examination of person-centered planning, including the foundations and values, limitations, controversies and different approaches.
  
- 4. Essential Lifestyle Planning . . . . . Page 69**  
With permission of Michael Smull. The document includes planning for the meeting, thinking about choices and supports, meeting preparation, conducting the meeting and development of the plan.



**5. Your IPP: It's Not Just a Piece of Paper . . . . . Page 91**

Provided by Capitol People First and Protection & Advocacy, Inc. Part of the Peer Advocacy Project, this guideline to the IPP (Individual Program Plan) is direct and in understandable language. It describes the Lanterman Act and the law, rights, what an IPP is and why it is important, the IPP meeting and how to prepare for it, the appeal process and an IPP planner. This is a consumer-driven and-directed document.

**6. Getting There from Here! . . . . . Page 112**

Alien, Shea & Associates developed this guide for Harbor Regional Center. It is directed toward training regional center personnel and provides tips on the person-centered planning process. It is also universally useful for consumers, families, and providers of service. The guide includes what person-centered planning is all about, families of young children, families of students, transitions and adult life. Samples of interviews and plans are included. There is also a section on circles of support.

## **PERSONAL PROFILE AND POSITIVE FUTURES PLAN**

Date of Report:

Locator:

### **IDENTIFYING INFORMATION**

Name:

Date of Birth:

ID#:

Address:

Referral Source:

CPC:

Submitted by:

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Los Angeles, CA 90045  
(310) 649-0499

Name \_\_\_\_\_

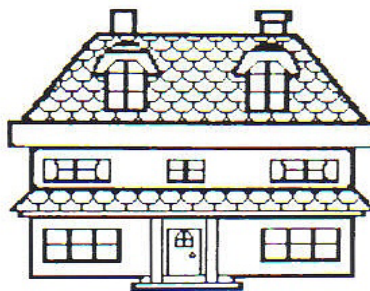
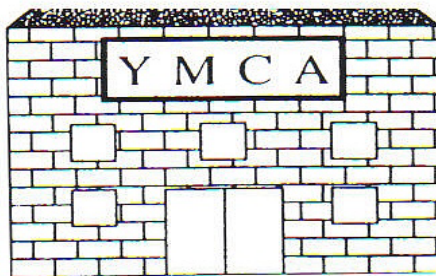
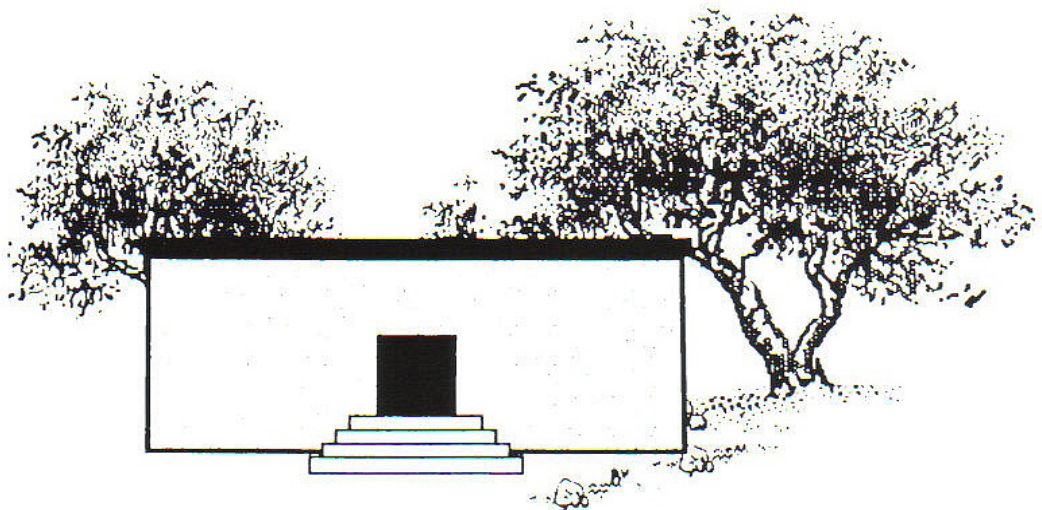
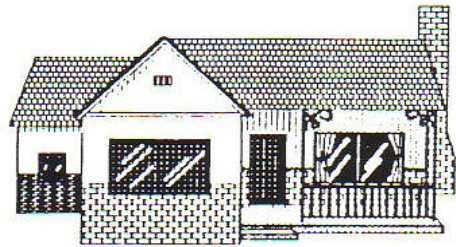
**Personal Profile and Positive Futures Plan**

A meeting was held on date using person-centered planning processes and group graphs to generate a personal profile. A second meeting was held on date to develop a futures plan. The following information is a transcription of the wall charts generated in those meetings.

<b>Name of Participant</b>	<b>First Meeting</b>	<b>Second Meeting</b>	<b>Title</b>	<b>Goals or Incentives for meetings</b>
Name	Date	Date	Title	<ul style="list-style-type: none"><li>• First goal</li></ul>

Name: \_\_\_\_\_ Personal Profile and  
Date: \_\_\_\_\_ Positive Futures Plan

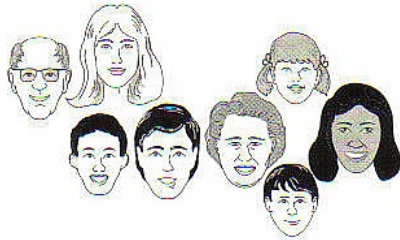
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Name: \_\_\_\_\_ Personal Profile and  
Date: \_\_\_\_\_ Positive Futures Plan

### CURRENT SITUATION

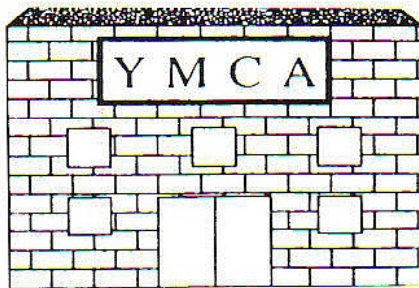
Community



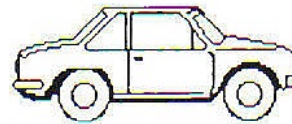
Home



Day Program



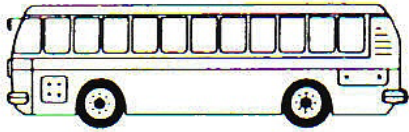
Transportation



Name: \_\_\_\_\_ Personal Profile and  
Date: \_\_\_\_\_ Positive Futures Plan

**PEOPLE IN NAME?'S LIFE**

Service Providers

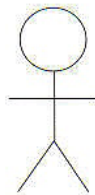
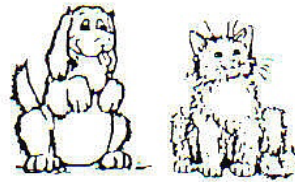


Family



Community

Friends



Name: \_\_\_\_\_ Personal Profile and  
Date: \_\_\_\_\_ Positive Futures Plan

<b>HEALTH</b>		
<b>Indicators of Good Health</b>	<b>Physical Limitations</b>	<b>Themes and Recommendations</b>
Item	Item	Item

Name: \_\_\_\_\_ Personal Profile and  
Date: \_\_\_\_\_ Positive Futures Plan

<b>RESPECT AND DIGNITY</b>		
<b>Characteristics Which Gain Respect</b>	<b>Characteristics Which Lose Respect</b>	<b>Themes</b>
<b>Item</b>	<b>Item</b>	<b>Item</b>



Name: \_\_\_\_\_ Personal Profile and  
Date: \_\_\_\_\_ Positive Futures Plan

<b>THINGS THAT WORK AND THINGS THAT DON'T WORK</b>		
<b>People, Settings and Activities Which Create Interest, Happiness and Engagement</b>	<b>People, Settings and Activities Which Create Upset, Boredom or Escape</b>	<b>Themes</b>
<b>Item</b>	<b>Item</b>	<b>Item</b>

Name: \_\_\_\_\_ Personal Profile and  
Date: \_\_\_\_\_ Positive Futures Plan

<b>CHOICES</b>		
<b>Choices Made by Name</b>	<b>Choices Made by Others</b>	<b>Themes</b>
Item	Item	Item

Name: \_\_\_\_\_ Personal Profile and  
Date: \_\_\_\_\_ Positive Futures Plan

**A VISION OF THE FUTURE FOR NAME?**

**Home**

**Work**

**Characteristics**

- text



- text

**Support Staff**

- text

**Pay**

- text

**Neighborhood**

- text

**Community**

**Transportation**

- text

**Recreation/Leisure**

- text

**Services**


- text

**Classes**

- text





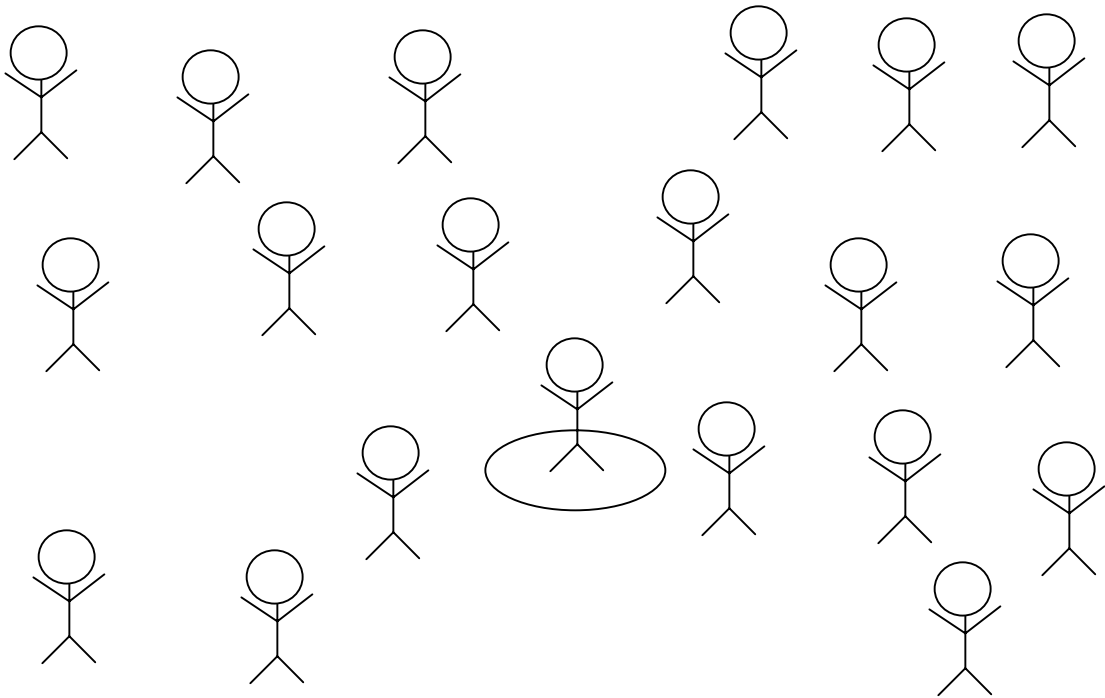
HISTORY	CURRENT SITUATION
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Date: \_\_\_\_\_

**PEOPLE IN NAME'S? LIFE**

Service Providers

Family



Community Supports

Friends



Date: \_\_\_\_\_

**HEALTH**

Indicators of Good Health	Physical Limitations	Themes and Recommendations
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*





Date: \_\_\_\_\_

**THINGS THAT WORK AND THINGS THAT DON'T WORK**

<b>Characteristics Which Gain Respect</b>	<b>Characteristics Which Lose Respect</b>	<b>Themes</b>
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
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*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*



Date: \_\_\_\_\_

## A VISION OF THE FUTURE



Neighborhood

Home

Support Staff

Work  
Type of Work



Day

Characteristics of Work Place

Supports



Community

Recreation/Leisure

Transportation

Shopping

Community Participation

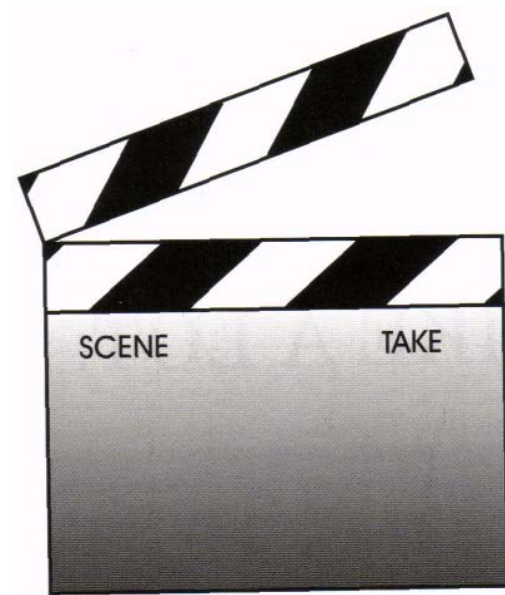
Services

Supports

Date: \_\_\_\_\_

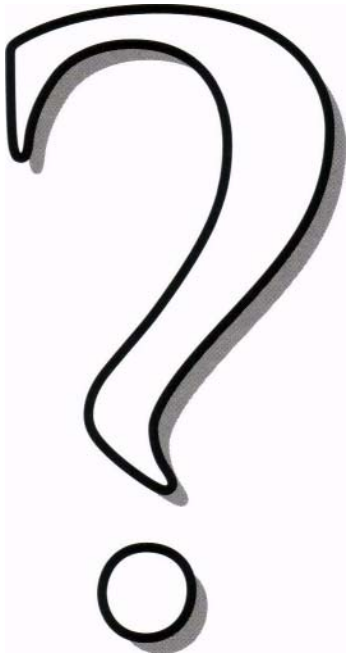
<b>TASKS</b>		
<b>Task</b>	<b>Person</b>	<b>Date</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

# MY LIFE . . .



BY

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**Who is**

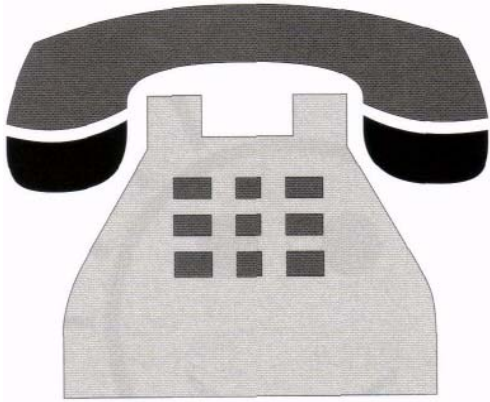
**Things I**



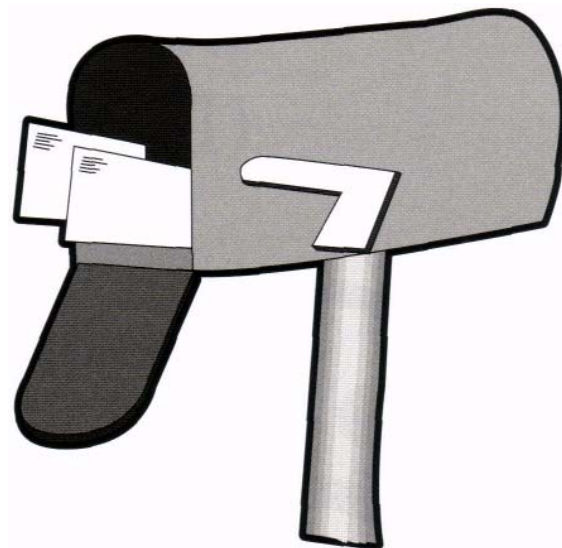
**Things I LIKE A LOT:**

**Things I DON'T LIKE:**

**Things I *REALLY* DON'T LIKE:**



**These people are important to me. I want to invite them to my futures planning meeting:**





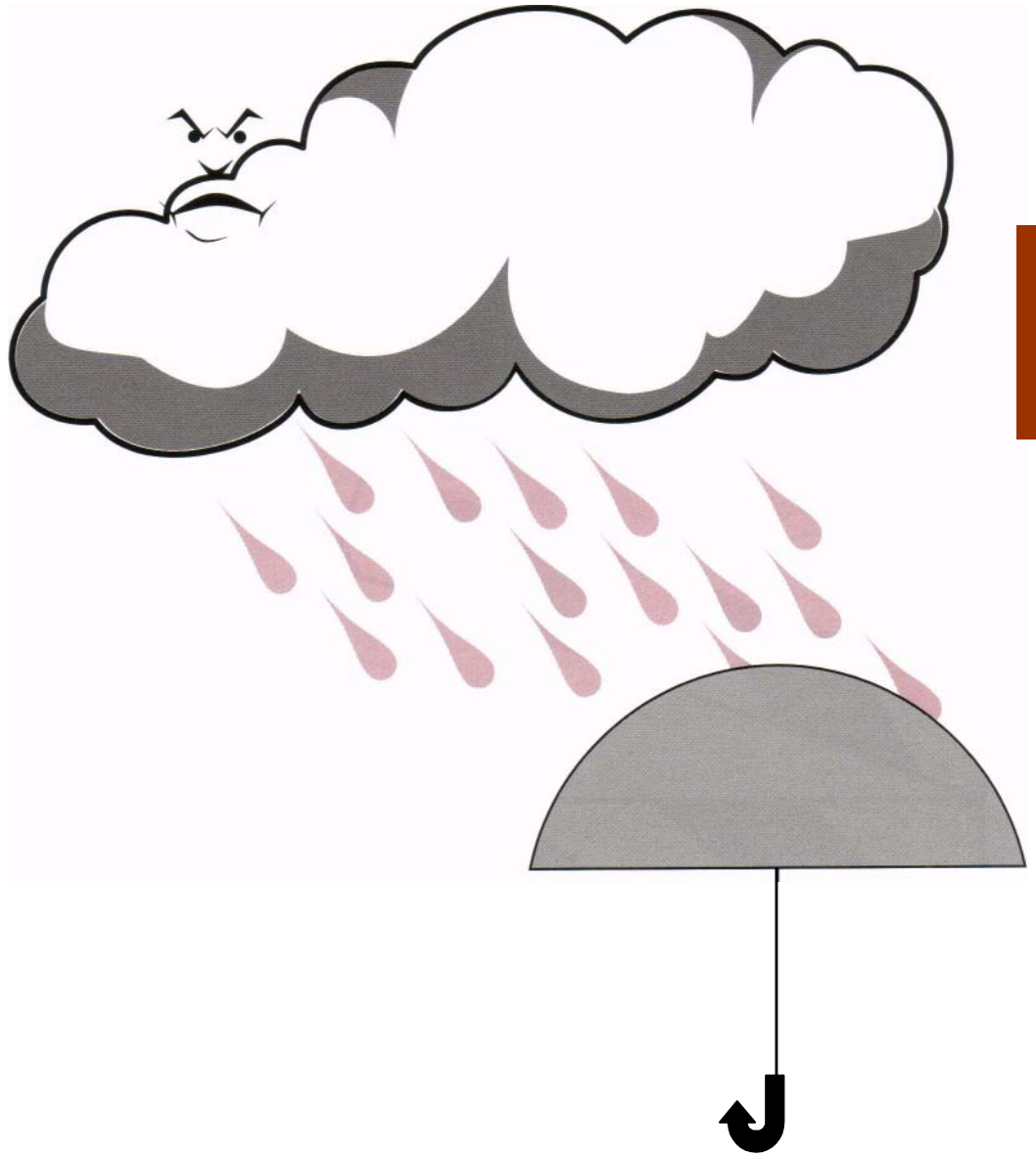
**Some things make  
me  
(List)**



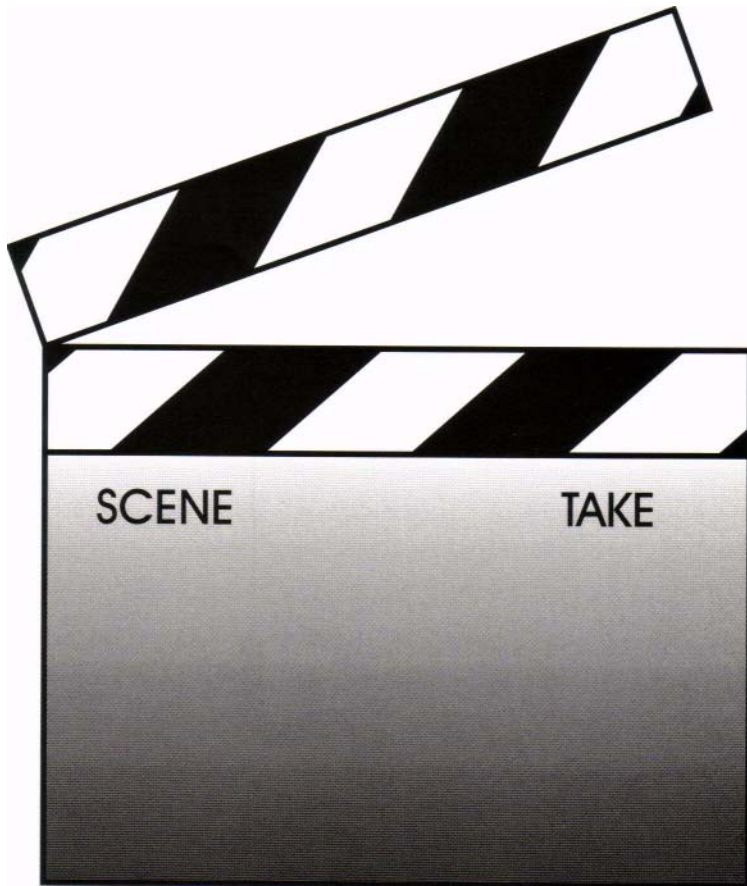
**And sometimes I get sad.  
(List)**

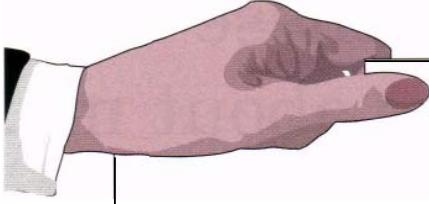


# These are my greatest **FEARS!**



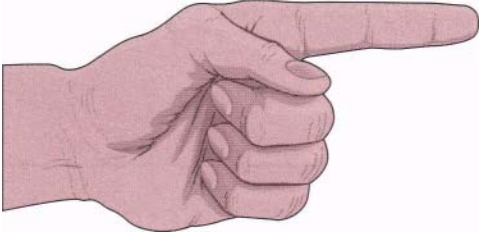
**These are NEW things I  
want to do and learn:**



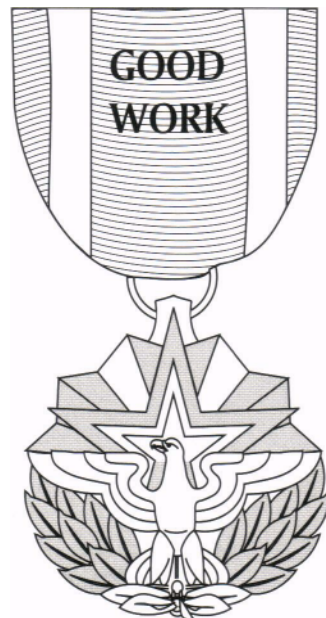


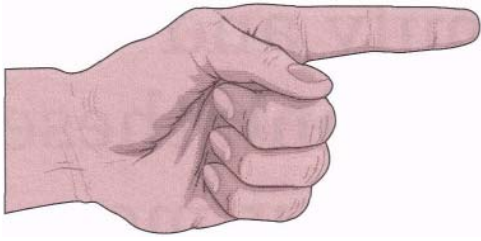
I currently get these services:



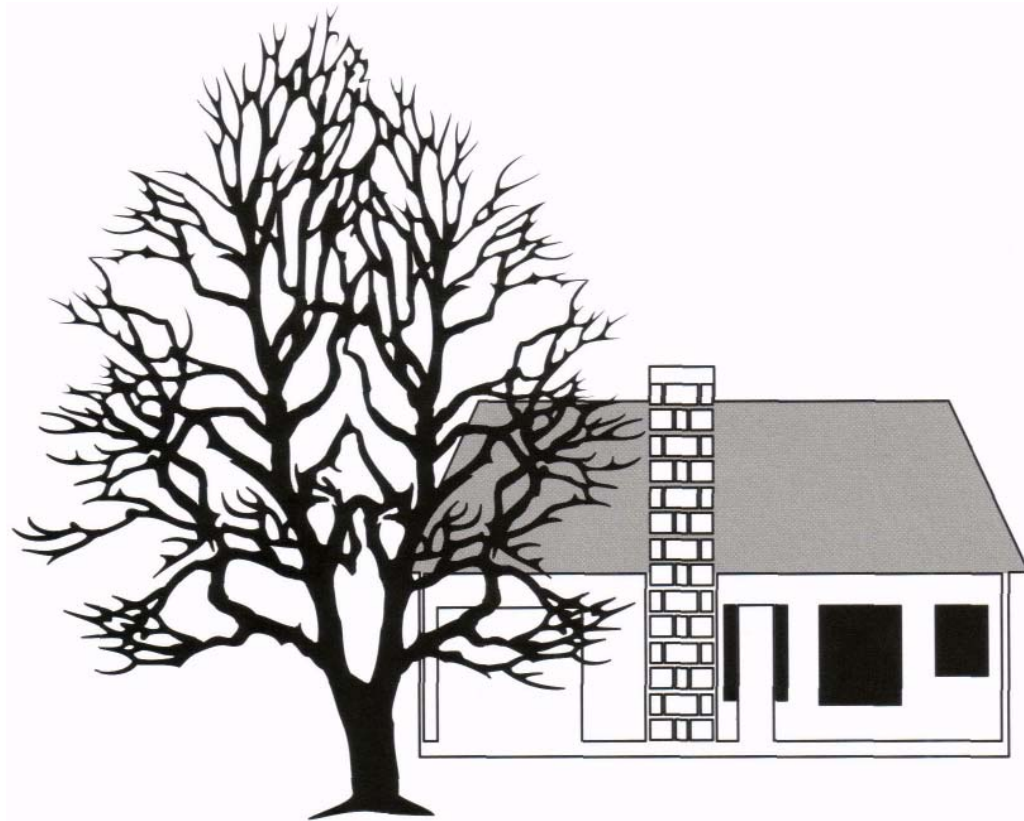


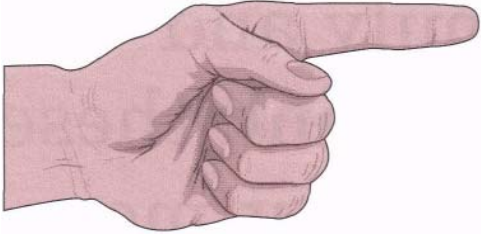
**People at work  
think these  
things about me**



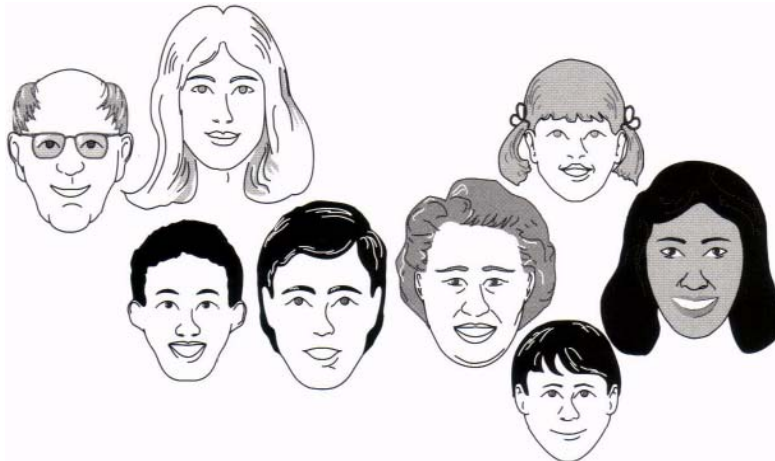


**People at home  
think these  
things about me:**





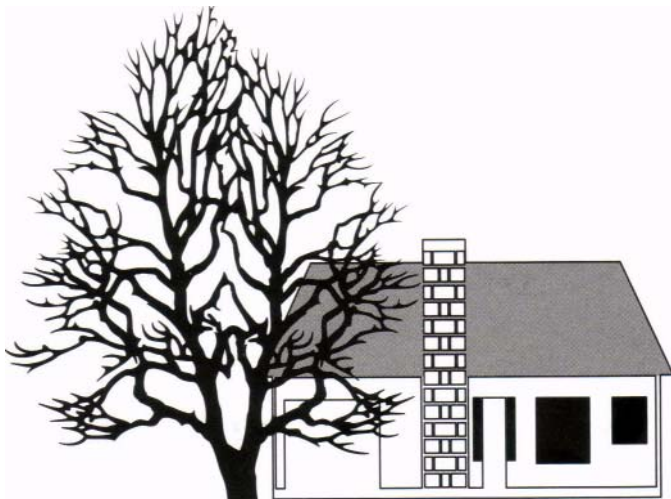
**My family and  
friends think these  
things about me:**



# These are the best things about my **JOB**:

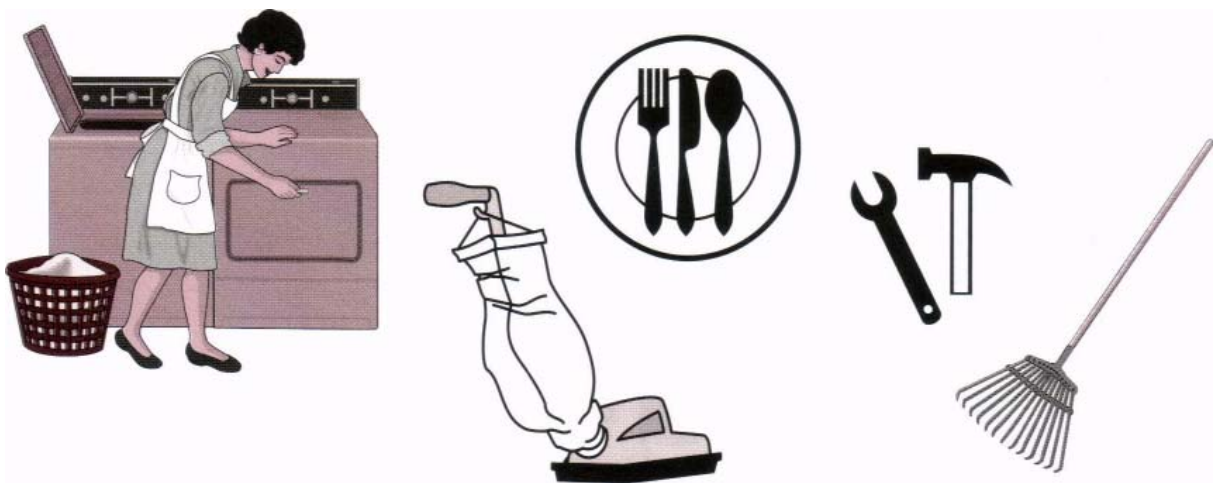


# About my **HOME**:



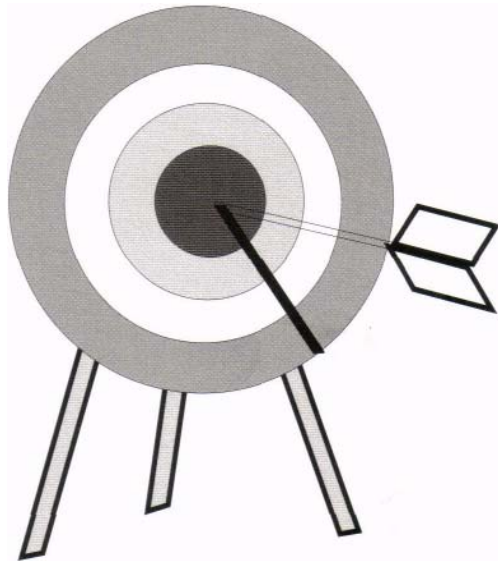


# The things I most often need help with at home and work are:



**My perfect job would be ...**  
**(explain why)**

**My perfect home would be .**  
**(explain why)**



# My health needs:

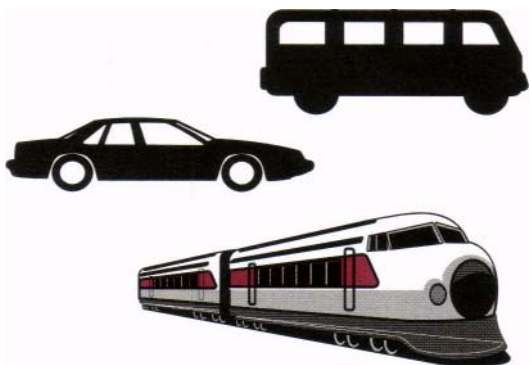
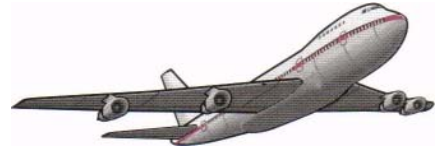




**I need this much  
money to live and  
this is where it  
comes from:**



# Places to go ...





**If my world were perfect, this is what I'd be doing:**

**At Home:**

**At Work:**

**In the Community:**

**With My Friends:**



# **FINDING A WAY TOWARD EVERYDAY LIVES**

## **The Contribution of Person-Centered Planning**

**John O'Brien and Herbert Lovett**

Pennsylvania Office of Mental Retardation

Harrisburg, Pennsylvania



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On 29-30 June 1992, the Pennsylvania Department of Public Welfare, Office of Mental Retardation, sponsored a conference that gathered people experienced in various approaches to person-centered planning and advocates and administrators interested in learning more about person-centered planning. The conference, which was coordinated by Pennsylvania Association of Resources for People with Mental Retardation (PAR), provided background information for this booklet (P.O. Box 11820, Harrisburg, PA 17108).

Preparation of this booklet was partially supported through a subcontract from The Center on Human Policy, Syracuse University for the Research & Training Center on Community Living. The Research and Training Center on Community Living is supported through a cooperative agreement (Number H133B80048) between the National Institute on Disability & Rehabilitation Research (NIDRR) and the University of Minnesota Institute on Community Integration. Members of the Center are encouraged to express their opinions; these do not necessarily represent the official position of NIDRR.

Publication of this booklet was supported by the Pennsylvania Department of Public Welfare, Office of Mental Retardation.

Since the publication of *Everyday Lives*, "the vision for our future," we have come to realize that each person has his or her own personal image of a desirable future. And so we have been looking for ways to discover what each person's image of a desirable future is and for the means to make that image a reality.

Person-centered planning in its many and varied forms, if approached in a thoughtful, sincere, and indeed, a moral manner, can help us. It can help us to listen, to understand, and most importantly, to act.

This publication, so thoughtfully prepared by John O'Brien and Herb Lovett, describes the foundation of person-centered planning and its potential for creating a better future for people and for influencing change. It also addresses controversies and fears associated with this new approach.

While person-centered planning is regarded as a new idea, it springs from our basic humanity, our eternal capacity for love, and our common desire to create a world that is safe and welcoming for every one of us.

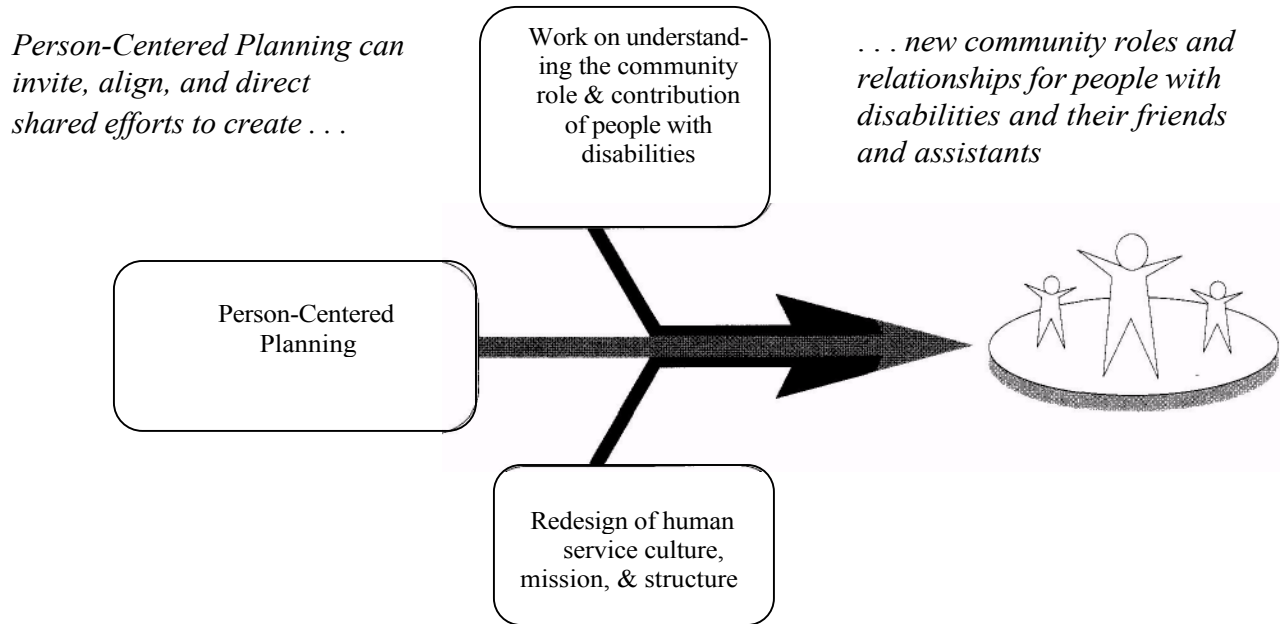
With the insight, advice and cautions of the people whose thoughts are contained in this booklet, let us move forward with our efforts to bring to reality the vision in *Everyday Lives*.

Nancy R. Thaler  
*Deputy Secretary for Mental Retardation*  
February, 1993

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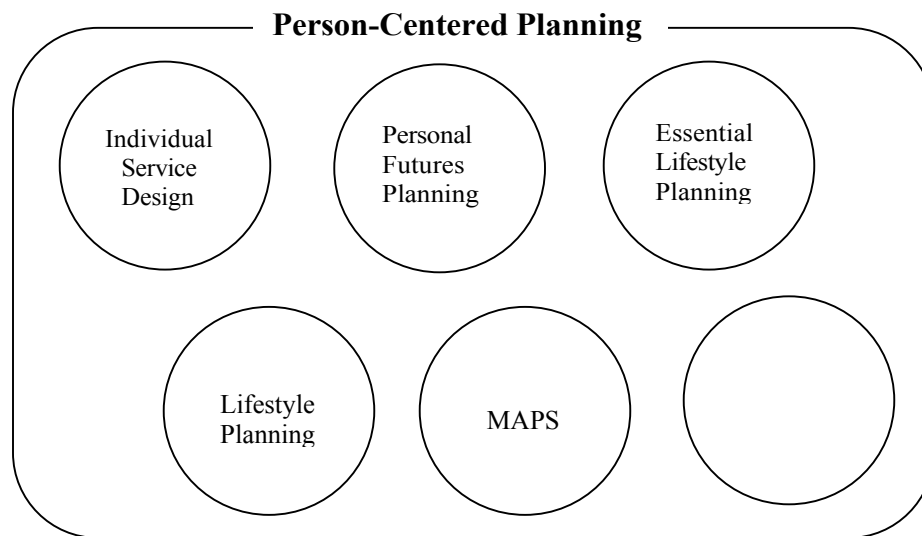
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## FINDING A WAY TOWARD EVERYDAY LIVES



## FOUNDATIONS OF PERSON-CENTERED PLANNING

The term, person-centered planning, refers to a family of approaches to organizing and guiding community change in alliance with people with disabilities and their families and friends.



Each approach to person-centered planning has distinctive practices, but all share a common foundation of beliefs:

- The person at the focus of planning, and those who love the person, are the primary authorities on the person's life direction. The essential questions are, *Who is this person?* and *What community opportunities will enable this person to pursue his or her interests in a positive way?*
- Knowledge gained from close, respectful, continuing relationships with the focus person is crucial in answering these questions.
- Information gained from technical assessments of the person can be helpful, but only in the context of a knowledgeable account of a person's history and desired future. Subordinating professional-technical information to personal knowledge turns the typical agency decision-making process on its head.
- The purpose of person-centered planning is learning through shared action. People who engage in person-centered planning may produce documentation of their meetings, proposals, contract specifications, or budgets. These are only footprints: the path is made by people walking together.
- The focus person and those who know the person best may be uncertain about what is possible or desirable for the person. One function of person-centered planning is to decrease such uncertainty by encouraging people to try new things together and to learn from them.
- The focus person and others the focus person relies on may disagree about what is possible or desirable for the person. Disagreements may be explicit and verbal or they may surface in the behavior of all of the people involved. One function of person-centered planning is to provide a forum for negotiating such conflicts.

- Person-centered planning aims to change common patterns of community life. Segregation and congregation of people with disabilities are common. Devaluing stereotypes and inappropriately low expectations are common. Denial of opportunity is common. These negative patterns do not necessarily signify mean-spiritedness so much as undesirable habit. If invited to assist a person to pursue a desirable future, some people may remain closed and rejecting, but others will respond generously, based on their sense of justice. Person-centered planning stimulates community hospitality and enlists community members in assisting focus people to define and to work toward a desirable future.
- In order to support the kinds of community changes necessary to improve people's chances for a desirable future, virtually all existing human service policies and agencies will have to change the ways they regard people, the ways they relate to communities, the ways they spend money, the ways they define staff roles and responsibilities, and the ways they exercise authority. Person-centered planning requires collaborative action and fundamentally challenges practices that separate people and perpetuate controlling relationships.
- Honest person-centered planning can only come from respect for the dignity and completeness of the focus person. This respect leads those involved in person-centered planning to work for . . .
  - . . . equal, non-coercive relationships with the people they plan with
  - . . . appreciation and celebration of each person's uniqueness, and constructive ways to understand one another's challenges and failings
  - . . . effective ways to communicate the importance of respect and equality to others involved with the focus person.

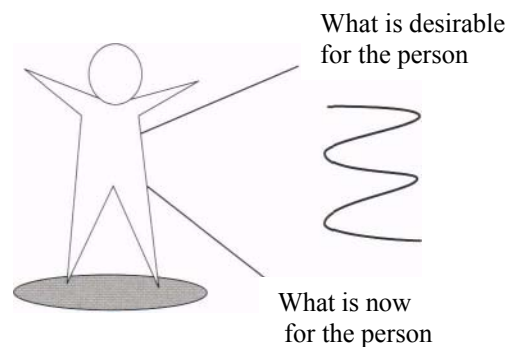
- Assisting people to define and pursue a desirable future tests one's clarity, commitment, and courage. Person-centered planning engages powerful emotional and ethical issues and calls for sustained search for effective ways to deal with difficult barriers and conflicting demands. Those who treat person-centered planning simply as a technique and those who fail to provide for their own development and support will offer little benefit to the people they plan with.

## **HOW DOES PERSON-CENTERED PLANNING INFLUENCE CHANGE?**

Person centered planning influences change by ...

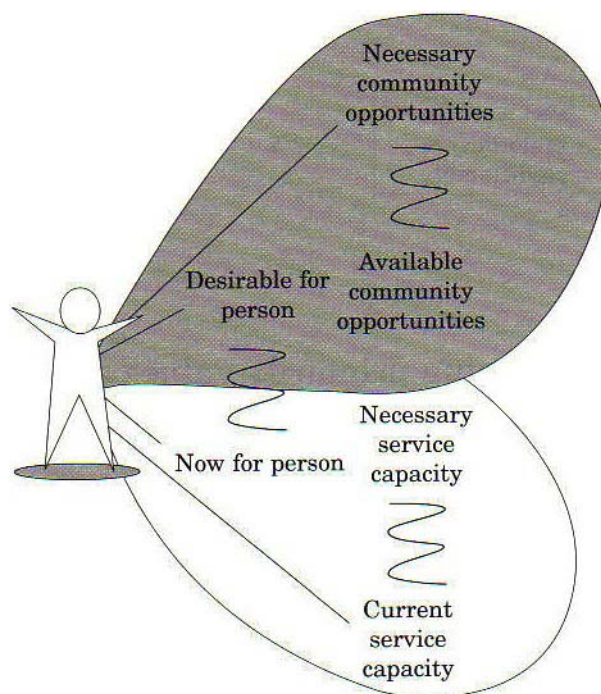
- ... creating a compelling image of a desirable future and inviting people to join with the focus person to make it happen
- ... strengthening personal relationships
- ... helping people plan, act, and learn by reflecting on their successes and failures

When successful, person-centered planning allows its participants to experience tension between what is desirable for a person and what exists now for the person. This tension can energize action for positive change.



Too often, however, the inertia of service systems couples with prejudice against people with disabilities to stifle hope and opportunity. For

change to happen, community opportunities must be opened and expanded and service systems must develop new capacities, both within themselves and in the wider communities they must be a part of.

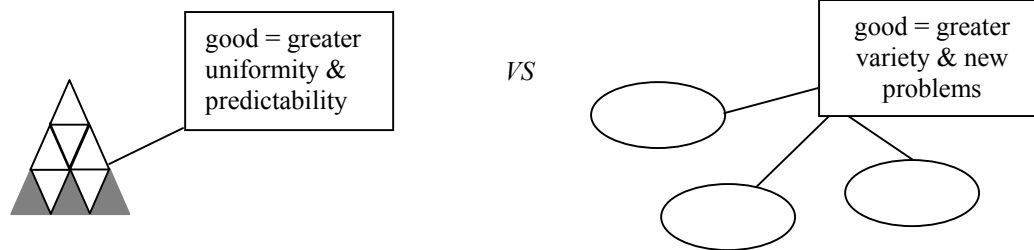


This development happens through a process of mutual adaptation: first, services change to create new supports for the person and then the person responds to the demands and the rewards of the new situation. This sequence contradicts the tradition that people with disabilities must change themselves as a condition of entry to new opportunities: environments effect change more powerfully than training can.

Person-centered planning influences change when people respond to the tension between what a community has to offer now and what the focus person needs to pursue a desirable future. Direct engagement with the focus person and the focus person's allies guides community development. Person-centered planning is a source of clear invitations to community members.

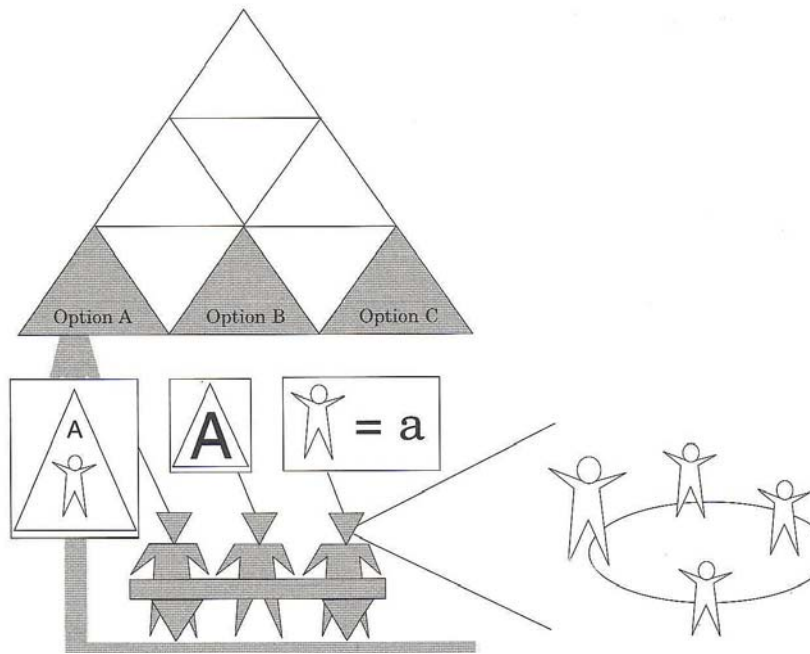


Person-centered planning frequently challenges the culture of most human service agencies. Despite many capable staff who care about what happens to the people they serve, service system culture typically values uniformity and predictability more than the needs of any single individual.



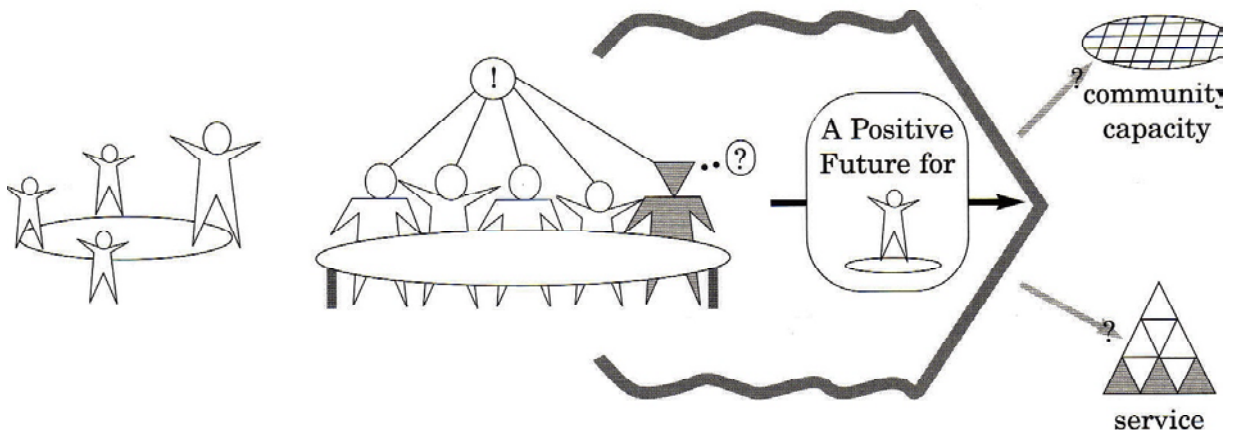
Person-centered planning primarily values accurate individual services. This greatly increases the required variety of service responses.

When uniformity and predictability are primary system values, "individual program planning" functions to decrease uncertainty and variety through a regulated, impersonal ("objective") process of judgment that specific people's daily routines in the pre-existing service option that best matches their disabling condition. The purpose and effect of individual program planning is to make the system more stable by drawing clear boundaries between staff and client and by teaching staff and families and people with disabilities a way to think about people's needs that matches the system's routines.



**Individual Program Planning:** Reduces system uncertainty by complying with rules governing . . .

- Measuring the person
- Assigning the person to an available option
- Prescribing and monitoring treatment



**Person-Centered Planning:** Increases system uncertainty by . . .

- Strengthening the person's alliances
- Clarifying individual interests and needs
- Energizing new demands on system and community

We have historically been more efficient in providing people for services than services for people. Person-centered planning reverses this tradition to create a personalized image of a desirable future and a problem solving process for moving toward that future. In effect,

effective person-centered planning destabilizes a system for individualized schedules and types of assistance. The questions of how best to understand this person and how best to refine this understanding in action are central to the process instead of being the givens of regulations and professional training. Boundaries between professional and client are dissolved in the search for equal, non-coercive relationships. Boundaries between service agency and community are redrawn as people seek to develop new opportunities. While some people will find these yet-to-be-charted areas of work exciting, others, understandably, will find this unsettling and threatening.

Those who want to can find many ways to avoid engaging the tension between current reality and a desirable personal future. They can compare the present to worse past conditions instead of comparing it to desirable future capacities. They can dismiss the image of a desirable future as unrealistic. They can say that they would like to help but that powerful outside forces forbid them. They can stay busy with activities that allow no time to listen to and learn from focus people.

Individual, community, and service development all happen through a learning process which builds on existing capacities and searches for ways to deal constructively with obstacles. Capacities and obstacles come from local relationships among people with disabilities, families, community members, and service agencies as much or more than they are imposed by uncontrollable outside forces. Person-centered planning provides a systematic way to learn from sustained action over the months and years necessary for development. If the process is successful, people's sense of a desirable future will evolve. One of the most common misunderstandings of person-centered planning is that it is a short series of meetings whose purpose is to produce a static plan. This misunderstanding leads people to underestimate the time, effort, uncertainty, anxiety and surprise necessary to accurately support people's lives over time.

## LIMITATIONS OF PERSON-CENTERED PLANNING

Done competently, person-centered planning focuses and directs the energy available to the focus person. Each effort uniquely contends with limits on effective action by the focus person and the focus person's allies.

Sometimes limitations come from the service system. Many administrators like to talk about paradigm shifts without investing in the hard work required to make basic change in the way an agency operates. At times one agency or part of an agency will want to make more change than the system that contains it wants to accommodate. Substantive change cannot happen when service workers are unclear in their commitment to change, and administrators offer lukewarm support. Some service systems are so incoherent or inert that person-centered planning contributes to good results only for people with very energetic and creative family and friends.

Sometimes limitations come from the focus person.

- The focus person provides some of the energy necessary for change.
  - Some people's interests and gifts are clear to others and so their ideas about a desirable future offer others definite ways to be involved; others' interests and gifts are more difficult to discern or support. Experience shows that people's apparent level of ability does not relate to the clarity with which they can communicate their interests or enlist other people they know to assist them. However, person-centered planning will usually move more slowly and have a narrower reach when a focus person's interests are not clear. It has also been our invariable experience that people's interests are unclear until they have people in their lives who combine their love with optimism.

## Page 54

- Some focus people welcome other people into their lives; others challenge those who would establish a relationship, sometimes because they have been repeatedly abandoned or abused. Many people with a reputation for being very challenging respond well to the attitudes implicit in person-centered planning, but person-centered planning often requires hard work to establish, and maintain, relationships when the focus person has a difficult or painful history of relating to others. Person-centered planning is not a remedy for people who are difficult to serve, but it can guide dysfunctional services to provide better contexts for people's growth.
- The focus person's family can make an important contribution, and person-centered planning often provides an effective vehicle for families to have the kind of influence they wish.
  - Family members often have connections to community life and can invite their friends to become involved.
  - Family members often hold the stories that define the focus person as a person rather than a "client." Where services often lose a person's history, or narrowly understand it in terms of professional assessments, families can hold the person's individuality in the foreground of discussions.

But family members can lose touch with a focus person, sometimes because of service practices that discourage family involvement.

- Family members and professionals alike can define people in clinical terms.
  - Both family members and professionals can have more influence over than involvement in a person's life. Sometimes professionals have advised family members not to get "over-involved." Similarly, professionals with the most power in people's lives often do not have much direct contact with them. Psychologists may write

influential assessments on the basis of very brief encounters, and administrators can make life-defining decisions based on service expediency rather than a compelling sense of the person's identity and needs.

- This atmosphere of remote control casts people in a negative light. This focuses planning on people's perceived deficits rather than their capacities; on what could go wrong rather than on what people need for things to go right. When power holders—whether professionals or family members—persist in seeing people in discouraging ways, desirable personal futures become difficult to achieve indeed.

Some limitations on person-centered planning come from the amount of learning necessary to create the opportunities and supports a person needs. Even with strong leadership from the focus person and family and commitment to change by service providers, some issues—such as helping people to make friends, or discovering positive daytime roles for people with high needs for assistance, or finding a constructive way to deal with offenses against the law—are complex and require commitment to the person, often over years.

Person-centered planning is not a "quick fix" for people's difficulties. When things do work well, the lessons don't necessarily generalize widely. What seems to be one person's dream could easily be another's nightmare. In this sense, person-centered planning accurately reflects ordinary life.

Some limitations come from the time it takes for things to happen. One focus person's dream, for example, was to live in a housing cooperative, but organizing the cooperative took several years.

These limitations make responsible facilitators of person-centered planning careful not to promise good outcomes from every effort or speedy delivery of personal or organizational change. Responsible policy

makers and administrators act cautiously and deliberately when they adopt person-centered planning as a means to attain agency objectives on bureaucratic timeliness.

## **CONTROVERSIES AMONG PEOPLE ENGAGED IN PERSON-CENTERED PLANNING**

Like any effort that attracts people with a strong desire to contribute to positive social change, person-centered planning has its share of controversies. These debates cut across the different approaches and identify critical areas for the development of person-centered planning.

- Involved people differ about the extent to which the focus person should control the direction of the process. Some people, emphasizing the history of services dominating people's lives "for their own good," want the process only to respond to what the focus person clearly communicates that he or she wants. They say that the process should be "person-driven planning," with the focus person unequivocally in the driver's seat. Others, emphasizing the history of services depriving people of opportunities for experiences and relationships, believe that other people must actively invite the focus person into new experiences and new relationships.
- Some people who facilitate person-centered planning would refuse to assist a person who clearly chooses to seek to live in a congregate, disability segregated setting. Others believe that alliance with the person is primary and believe that the process should serve whatever choice of living and daytime arrangements focus people or their families make.
- People who facilitate person-centered planning differ in the amount and kind of information they use. Some choose to enlist the focus person and others in making a broad profile of the person's history, present experiences, and ideas about desirable futures. Others focus

on a particular facet of a person's life, such as the necessary and desirable specifications for a person's next living arrangements.

Some people who facilitate person-centered planning are deeply concerned about working within organized service settings. They believe that service systems will inevitably pervert the possibilities of person-centered planning and choose to work at the very edge of the service system, encouraging people to get out of, or avoid moving into, the system. Others believe that person-centered planning can contribute to reforming services by stimulating, or even requiring, different kinds of service practices. They encourage adaptation of person-centered approaches to fit service system agendas like de-institutionalization or development of new programs.

Some people who facilitate person-centered planning believe that person-centered planning should focus on those people who now get the least service from the system: those living with family members. They see person-centered planning as a powerful support to families with disabled members at home and believe that focusing person-centered planning on people already in some kind of residential service is another case of ignoring the many people who have only a little share of system resources in favor of the relatively few in high cost, high visibility services. Others believe that person-centered planning is a particularly effective way to develop better alternatives for people in costly but restrictive and segregating settings.

People who facilitate person-centered planning disagree about how much a person's family, friends, neighbors, and co-workers or fellow students can do and should be expected to do. Some believe that natural supports (i.e., unpaid people) should and can be sufficient to assist people and that their contribution is blocked by the presence of human service workers. Others believe that, while natural supports make a vital and irreplaceable contribution, paid help is

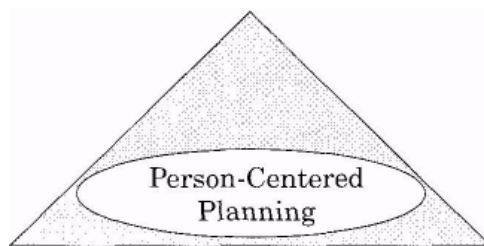


necessary and desirable. Still others are uncertain about whether unpaid people will respond on a sustained basis.

- People who facilitate person-centered planning differ about the importance of convening an identified, ongoing support group for the focus person. Some see person-centered planning as a means to the formation of a circle of support and believe that the circle matters much more than the planning process. Others believe that requiring a defined circle of support is somewhat contrived and could deprive some people who are isolated of the benefits that can come from a good plan. Some debate whether paid service providers can be full, effective members of support circles.

### **A COMMON FEAR: THE DEBASEMENT OF PERSON-CENTERED PLANNING**

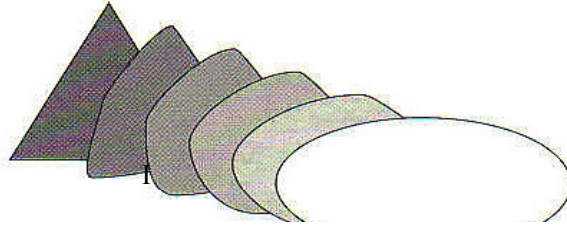
Regardless of these controversies, most people who facilitate person-centered planning worry that a system more interested in fads than in fundamental change will capture person-centered planning.



Rather than take on the hard work of learning new ways to assist people, service providers can more easily adopt the vocabulary and some of the techniques of person-centered planning. Often this process is not conscious: service providers simply assume that their current beliefs and practices exhaust all of the positive possibilities for the people they serve. It is not so much that they hear people's call for basic change and reject it, as that they listen to people in a way that confirms the Tightness of what the system is doing now.

Some signs that person-centered planning has become a system fad rather than a tool for change include:

- System boundaries remain intact. Most of the participants in person-centered planning are system workers. There are few efforts to engage community members. There is little reallocation of agency resources into community settings.
- Large numbers of people "get" person-centered plans, but there is little work on creating new kinds of relationships, new service approaches, and new community opportunities. Often this is justified as fairness because administrators believe it would be inequitable to provide something new for a few of the people they serve. This assumes that the system actually has the capacity to respond to everyone's needs. Otherwise, everyone gets a brightly colored bit of paper that describes a future that no one can assist them to pursue.
- The system gives people plans and meetings instead of necessary cash or needed and paid-for assistance.
- Most talk about person-centered planning focuses on how to improve facilitation of planning meetings rather than on how to change the agency's culture and strategy for investing in community opportunities.
- Administrators require person-centered planning without committing any flexible resources and without a procedure for changing regulations and timelines that create real barriers to necessary changes.



- Administrators, rather than the people involved, tinker with the procedures for person-centered planning in order to make it more efficient and more uniform. For example, administrators decide that person-centered plans take too long and must therefore be completed in a fixed amount of time.
- There is limited investment of time for reflection on what people are learning from person-centered planning.
- Person-centered planning is expected to produce "good stories" more than criticisms and questions about the culture and policies of the service system.

Person-centered planning can also be defeated by its enthusiasts. Practitioners can paralyze themselves by agonizing over the problems and ambiguities surfaced in the process instead of looking for small positive steps. Practitioners can disempower themselves by looking for high ground from which to observe and criticize rather than looking for common grounds for action.

### **Some Possible Safeguards for Person-Centered Planning Which Can Be Initiated by the People Involved**

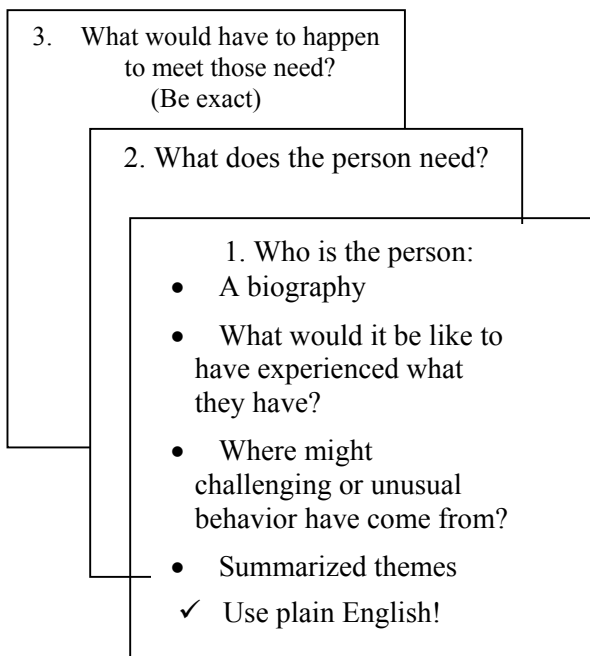
- Start small and grow slowly, perhaps with projects that are specifically resourced as development activities.
- Join and invest in building up a network of facilitators and other involved people who can offer mutual support and criticism. The network will grow as people ask for and give one another help.
- Identify and discuss conflicts, uncertainties, and poor outcomes.
- Take advantage of opportunities to learn such as reading and training related to human service values and group leadership.
- Seek advisors and mentors.

## **SOME DISTINCTIONS BETWEEN APPROACHES TO PERSON-CENTERED PLANNING**

From a common foundation of beliefs, each approach to person-centered planning builds a distinctive structure to assist people with disabilities and their allies to clarify direction and plan action.

### **Individual Service Design**

Individual service design developed as part of a long-term effort to assist service providers to understand the practical implications of the principle of normalization (social role valorization). It is often used to help service providers develop positive approaches to people who challenge their ability. The process builds understanding of, and identification with, the focus person by carefully reconstructing the focus person's history. The individual service design group attempts to "walk in the person's shoes," emphatically asking what it would be like to experience the events in the person's life. On the basis of key themes



derived from reconstructing the focus person's history, the group identifies the person's most important needs and specifies what would be necessary to meet these needs.

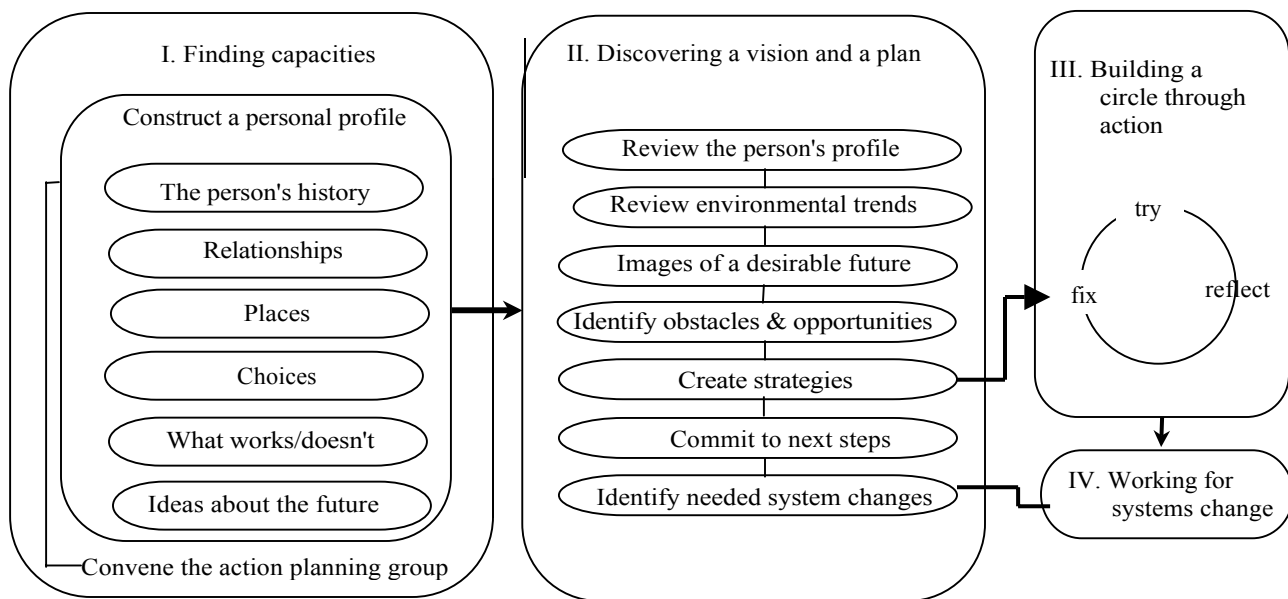
*Individualized Service Design*

**Personal Futures Planning**

Personal futures planning developed from efforts to apply some lessons from the fields of planning and community development to the situation of people with disabilities. Personal futures planning has evolved in two different contexts: support to people with disabilities and their families and friends who begin work with little effective cooperation from the service system; and, assistance to service providers who want to transform the system they work within. The process engages its participants in . . .

- . . . seeking capacities in the focus person, among those who care about the focus person, and in the focus person's community
- . . . discovering a vision of a desirable future with the focus person and making an action plan
- . . . building stronger and more effective support for the person by joining people in a process of learning through making small positive changes

specifying and working for changes in the service system which would allow the system to offer more relevant assistance

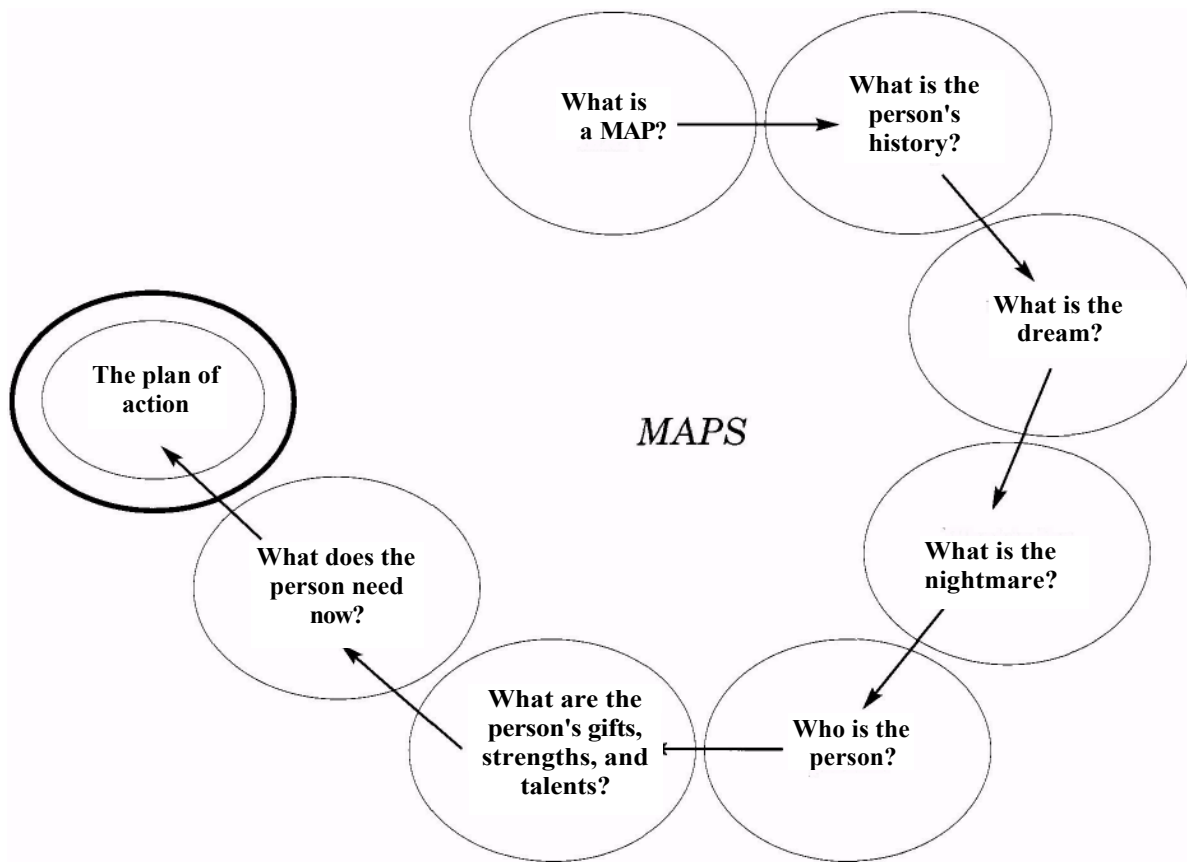


### *Personal Futures Planning*

Personal futures planning calls on all of its participants to work creatively together over time as equals across usual organizational and status boundaries.

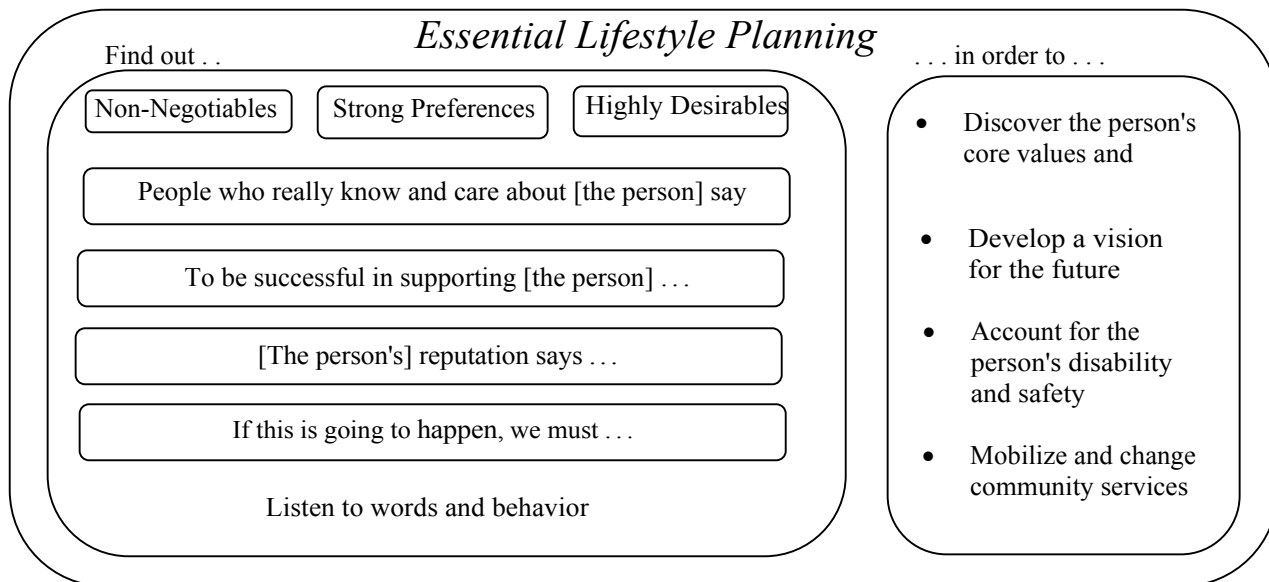
### **MAPS**

*MAPS* developed from efforts to assist families to include their children with disabilities in ordinary school classrooms. The process brings together students, school staff, and family members to create a shared understanding of the focus person and to clearly identify the focus person's gifts and needs. Based on this shared understanding, participants negotiate modifications to school, family, and individual routines. The *MAPS* process is closely linked to the creation and development of circles of support for the focus person and often for the family and sometimes for the staff involved. Circles carry on the day-to-day problem solving necessary to make and sustain change.



## Essential Lifestyle Planning

Essential Lifestyle Planning developed from efforts to assist people to move from institutions into community services. The process focuses on gathering information about the focus person's core values and preferences from the focus person and from those family members, friends, and institution staff who know the focus person well. This information becomes the basis for a request for proposals from service providers and is finally incorporated into a contract between the service system and the service provider who chooses to assist the person. An independent agent typically directs this process. Essential Lifestyle Planning aims to provide the focus person with a secure and effective base of service assistance.



## THE FUTURE OF PERSON-CENTERED PLANNING

Person-centered planning can invite, align, and direct shared efforts to create positive community roles for people with disabilities. It allows people to exercise their practical wisdom to work for more inclusive, more just communities.

To support their work and its improvement, people involved in person-centered planning need to extend their network of relationships across the different approaches to person-centered planning, community development, and service reform. The future of person-centered planning depends on their willingness and ability to improve their practice through critical reflection on the effects of their work in the lives of people with disabilities and their families.



## **RESOURCES**

### **Personal Futures Planning\***

Angela Novak Amado and Patrick Lyon (1992). *"Listen, lady, this is my life"*. A book of stories about personal futures planning in Minnesota. St Paul, Minn: Governor's Council of Developmental Disabilities.

Susannah Joyce (1992). *Gathering together: A collective approach to personal planning with people who have been labeled* (3d edition). London, Ont: Realizations.

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Beth Mount (1991). *Dare to dream: An analysis of the conditions leading to personal change for people with disabilities*. Manchester, Conn: Communitas.

Beth Mount (1992). *Personal futures planning: Promises and precautions*. New York, NY: Graphic Futures.

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\*Note: Some people call this approach "lifestyle planning," probably because copies of O'Brien's chapter by that name (1987) were widely circulated. This chapter was written about personal futures planning, which was renamed lifestyle planning by the book's editors in the context of its application to the activities catalog approach to school curriculum development.

Beth Mount and Kay Zwernick (1988). *It's never too early, It's never too late: An overview of personal futures planning*. St Paul, Minn: Governor's Council on Developmental Disabilities.

John O'Brien (1987). A guide to lifestyle planning. In B. Wilcox and T. Bellamy, Eds. *A comprehensive guide to the activities catalog*. Baltimore, Md: Paul Brookes Publishing Co.

John O'Brien and Beth Mount (1991). Telling new stories: The search for capacity among people with severe handicaps. In L. Meyer, C. Peck, and L. Brown, Eds. *Critical issues in the lives of people with severe disabilities*. Baltimore, Md: Paul Brookes Publishing Co.

John O'Brien, Beth Mount, and Connie Lyle O'Brien (1990). *The personal profile*. Lithonia, Ga: Responsive Systems Associates.

Jack Pealer and Sandra Landis (1990). *What have we noticed as we have tried to assist people one person at a time*. Chillicothe, Ohio: Ohio Safeguards.

Jack Pealer and Sandra Landis (1990). *Suggestions for exploring and recording the personal history of someone we're assisting to plan*. Chillicothe, Ohio: Ohio Safeguards.

Contact: Communitas • Box 374 • Manchester, CT 06040

Graphic Futures • 25 West 81st St, 16-B • New York, NY 10024

Minneapolis Governor's Planning Council on Developmental Disabilities • Centennial Office Building • St Paul, MN 55155

Ohio Safeguards • PO Box 1943 • Chillicothe, OH 45601

Realizations • PO Box 1430, Station B • London, ON N6A

5M2 Responsive Systems Associates • 58 Willowick Dr •

Lithonia, GA 30038

### **Individual Service Design**

Jack Yates (1980). *Program design sessions*. Stoughton, Mass: Author.

Contact: Jack Yates • Ralph Mann Dr • Stoughton, MA 02072

### **Essential Lifestyle Planning**

Michael Smull and Susan Burke Harrison (1992). *Supporting people with severe reputations in the community*. Alexandria, VA: NASMRPD.

Contact: NASMRPD • 113 Oronoco St • Alexandria, VA 22314

### **MAPS**

Marsha Forest and Evelyn Lusthaus (1989). Promoting educational equality for all students: Circles and MAPS. In S. Stainback, W. Stainback, and M. Forest. *Educating all students in the mainstream of regular education*. Baltimore,,Md: Paul Brookes Publishing Co., pp. 43-57

Marsha Forest and Jack Pearpoint (1992). Commonsense tools: MAPS and circles. In J. Pearpoint, M. Forest, and J. Snow, Eds. *The inclusion papers: Strategies to make inclusion work*. Toronto: Inclusion Press, pp. 52-57

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John O'Brien and Marsha Forest (1989). *Action for inclusion*. Toronto: Inclusion Press.

Jack Pearpoint (1990). *From behind the piano: The building of Judith Snow's unique circle of friends*. Toronto: Inclusion Press.

Contact: Inclusion Press • 24 Thome Cres. • Toronto, ON M6H 2S5

# ESSENTIAL LIFESTYLE PLANNING

Used with Permission of and Special Thanks to:  
Michael Smull, Baltimore, Maryland

## **The headings**

In "essential lifestyle planning," as in the other forms of person-centered planning, we conduct the meeting using "wall paper." A series of charts are placed on the wall with headings that help organize the information needed to implement community services for the individual. The headings for the charts are:

- Non-negotiables
- Strong preferences
- Highly desirables

People who really know and care about \_\_\_\_\_ say—

To be successful in supporting \_\_\_\_\_

\_\_\_\_\_ 's reputation says—

If this is going to happen we must—

The first three categories—non-negotiables, strong preferences, and highly desirables—ranks what people like and dislike. Keep in mind that while these distinctions can be very helpful they are artificial; good sense should prevail. The next set of headings serves a number of purposes. What people who really know and care say about you is your positive reputation. This begins to counter the reputation found in the record. The heading that says "to be successful in supporting \_\_\_\_\_" is where the issues of those people who are essential to success and the essential clinical issues are noted. The reputation heading serves two purposes. It gives those who are compelled to recite the past a place to do it, but it also insures that attention will be paid to issues that can be glossed over in the positive focus of the meeting. The last heading on the chart is where action steps are described. The "who, what, and when" are described in order to sustain the momentum of the planning process.

## Non-negotiables

Non-negotiables are those lifestyle choices which are essential to a reasonable quality of life for the individual. Positive non-negotiables are essential for a person's life to be tolerable and pleasant. Negative non-negotiables make life so unpleasant and intolerable that their presence will make people act out or withdraw. Non-negotiables represent the core values and characteristics of individuals. Examples of non-negotiables in plans that have been done are:

- not living with smokers
- having lots of friends
- living where I grew up
- living with people who do not mind clutter
- living with people who "love me the best"
- not living in the city
- control over my own space, my own possessions

All of these requests are modest. The non-negotiables we find for people with disabilities are rarely honored and yet readily available to typical citizens in our communities. We refer to these preferences as non-negotiables because they are essential to the individual's well-being. They are the choices that we must honor. Providers who cannot (or will not) meet these are not considered.

Most non-negotiables are stable over time but some of them do change. Where change occurs it typically reflects learning. We find that core values and the choices they reflect evolve over time. As we mature we find that what we value shifts. Often we want more stability and less change. We also make choices that do not have the anticipated results, that do not give us the increase in our quality of life we expected. The

cliche for this is "learning from experience." When ordinary people make a particularly bad choice we call it "learning from the school of hard knocks." In the disability field, when we are angry with someone and "let them fail," we call it "suffering the natural consequences."

### **Strong preferences**

Strong preferences are the middle ground between non-negotiables and highly-desirables. For example, there are people who simply cannot stand to be around cigarette smoke, those who have a strong dislike, and those who simply find it irritating—people with a non-negotiable, a strong preference, or a highly desirable. Strong preferences reflect those choices that make a major contribution to a reasonable quality of life but are not critical to it.

### **Highly desirables**

Choices that are the highly desirables represent those things we would like to have. We are not interested in a Christmas list of things that someone might like. We are seeking to discover those things that people know that they want in their lives. Most of us have lists with a pyramid shape—we have a few non-negotiables, more strong preferences, and lots of highly desirables. Where there is a short list of highly desirables we either do not know the individual very well or the individual is living a very impoverished life. Just as in the other areas, most highly desirables are typically quite modest. We should be able to support people in having many of their highly desirables met.

### **In thinking about choices and planning**

Where services that honor these choices do not exist, we need to plan further. Can we find the setting and then build supports around the individual? How long will it take to develop the setting that meets the

non-negotiables? If the answer is months then we need to see if there are interim efforts that will improve life while the individual waits. We must guard against having interim become permanent. Too often the interim efforts remove the pressure needed to develop the setting that meets the non-negotiables. We must ensure that the non-negotiables will be met.

Where we are planning for others we need to take into account that our understanding is always less than perfect. We are often trying to support people whose disability and circumstances preclude a clear vision of a desired future. Difficulties in speaking for themselves, impoverished life experiences and few connections with people who know and care about them increases our challenge. We need to see all of our lists as representing the understanding that we have at that moment. As our understanding changes we need to change our lists.

Quality of life is interactive and evolves over time. There are synergistic effects. The presence or absence of a reasonable quality of life is made up of a complex of interacting issues. The product of the interaction cannot be easily predicted. We need to pay attention to how people feel about their entire life. We need to continue to learn not only about the effects of single choices but the effects of their interactions. In looking at individuals' perceived quality of life we need to account for their personalities. Edgerton has noted that pessimists and optimists tend to stay that way. Assessments of how people report on their quality of life need to reflect the "baseline" of their personality style.

People who really know and care  
about her/him say

How would your mother describe you when bragging to her friends? The stereotype of a mother's description is how this section should be approached. All of the positive attributes of the individual that relate to



human interactions or valued skills would be listed here. Adjectives such as "charming" or "warm"; descriptors such as "loves to help others" or "makes me laugh"; skills such as being an "excellent baker" or plays a "great game of pool"; are all appropriate examples. Clinical descriptors such as "has all his ADLs" or "expresses anger appropriately" are not acceptable.

Few positive descriptors means that you have not invited (or interviewed) the right people or the person needs to move immediately. People who know and care about someone always have reasons why they care. Their stories carry the positive descriptors. If you have sought out these people and have not found them then the individual is living without people who care. Anyone living without people who care needs to leave as quickly as is possible.

### **To be successful in supporting her/him**

If we are to be successful in supporting people with severe reputations we must do more than honor their choices. We need to address their clinical needs. We need to address all of the prerequisites for the individuals to achieve their desired lifestyle in the community. We cannot assume that behavioral issues will simply cease to exist because people are getting the lifestyle that they are asking for. For an individual who throws and breaks things when he gets angry we cannot assume that he will no longer get angry. There need to be reasonable, positive practice behavioral plans to deal with predictable challenging behaviors. Other clinical support issues may be medical, psychiatric, or neurological. Any essential clinical supports needed should be listed.

This is also the area where the issues of other essential people are addressed. In one instance it was critical that an individual's mother be enlisted as an ally before the individual moved. This is an individual who has a close relationship with his mother and she has correctly perceived that we have not done well in supporting her son in the community. For

another individual, whose living arrangements crossed funding jurisdictions, officials from both county services boards had to agree before the individual could move.

### **His/her reputation says that he/she**

Reputation needs to be approached with caution and judgment. When you are planning with people whose reputations are the primary barrier to achieving their desired lifestyle, the reputation must be confronted. But you must also keep in mind how difficult this can be for the individuals who are experiencing this public-parade of past sins. Consider whether this section is needed. It can serve a number of purposes.

First it provides the facilitator a place to consign all of the negative attributes that some people have a compulsion to emphasize. Second, it can be used as a contrast with the positive attributes of the individual and demonstrates how we blame individuals for system problems. Finally, in the process of describing the reputation, we can be alerted to issues that we must account for. Occasionally people feel that the positive emphasis of this planning process precludes raising issues of real concern. For example, someone who has set fires presents a public safety issue that we be adequately prepared for.

The reputation listed in the preliminary plan needs to be shared with the individual and a strategy developed to assist the individual in coping with it. The terms used should be carefully considered to see if they impart the necessary information while they are as respectful of the individual as is possible. Alternatives can be considered as well. Where the planning is being done with people without severe reputations, you need to consider whether this section is needed at all.

**If this is to happen we must—**

As the planning meeting ends, the momentum that has been created must be sustained. A set of concrete action steps should be developed. They are listed under this heading with the action, the date by which it is to be accomplished, and who is to accomplish it. A list which includes everything up to the move of the individual is unusual. It is more important to establish realistic time frames for moving forward with the plan and to make the planning participants responsible for its execution. The last step is typically a date to get back together to report on progress and continue the planning.

**PREPARING FOR THE MEETING**

**Disputing the reputation—  
understanding the person**

Understanding the person is not a "Pollyanna" process where the difficulties are glossed over by denouncing the service system. Understanding the person suggests that all people are complicated and require more than simple assessments of splinter skills or isolated behaviors. Understanding the person also suggests that people with severe reputations have positive attributes. They have gifts, skills, and potential contributions. Understanding the person requires that we look beyond the reputation to the whole person.

First, we must get to know the whole person. We must move from traditional, deficit-oriented assessments to understanding the person as a real person. We must go beyond simply identifying strengths and needs and discover what the core values are for each person. It is not enough to focus on preferences, we must know each person's dreams and nightmares. We must remember that we can easily make someone's nightmares reality.

It is critical that we know what the values and hassles are for each person. There are few relationships, jobs or situations that are totally hassle-free. We choose to continue in these situations when the values outweigh the hassles. We choose to leave when the hassles outweigh the values. We must recognize that a major difference between ourselves and people with disabilities is that they do not get to "walk" when the hassles outweigh the values. They only get to leave when we allow them to leave.

### **Meeting the person—not the reputation**

We must meet the person rather than the reputation. Find a setting where the individual is comfortable, where the behavioral norms of the setting are not elicited. It can be private space where the individual lives but it might be a hillside where you can sit with a picnic. It might be a restaurant in the neighborhood. It may require that you go along with the person on an outing. We need to keep in mind that the norms of congregate settings are powerful and seek alternatives where the individual is relaxed and comfortable. We also need to keep in mind that many people are shy and will not let you get to know them until they get to know you.

Getting to "know" someone is a social skill more than it is a professional skill. Typical professional skills will elicit social histories or determine mental status but will not help you find out who the whole person is. You need to talk about the good times in the individual's life. When did things go well from the individual's point of view? What are their favorite activities? Who do they feel close to? Who would they like to have involved in their lives? What do they like, what do they really enjoy? What annoys them, what makes them angry?

How much people can share verbally depends on their abilities as well as the relationship you establish. Regardless of the verbal skills there is

much that can be shared and learned. We need to take the time to get to know them as individuals and not rely solely on informants. However, because many people with disabilities are poor historians and because we have given them extensive training in telling us what we want to hear, we also need to interview others.

### **Selecting "informants"—recruiting allies**

We typically find no shortage of professionals who can tell us what is wrong with an individual. To understand the person we need to be able to talk to people who know the person rather than their disabilities. We need to talk to the people who know what is right with the individual, who can tell us why they like the individual.

Find the people who enjoy spending time with the individual. There are no rules about who these allies can or cannot be. For individuals who live in institutions they may be from housekeeping or from the professional/management staff. The only rules for selection are that these people must like the individual and enjoy spending time with him (or her). Look for people who spend extra time with the individual. If there is no one at this moment, start going back in time. Where someone has lived in a facility for years there are almost always people who really know and care about the individual.

Look for family or friends who are available and interested in the individual. They are typically the best historians for the individual's likes and dislikes over time as well as for information about the times when things went well. Unless they appear to be a destructive force in the life of the individual, encourage their involvement in the planning for the person as well as the eventual supports. The key word is encourage. Do not coerce, use guilt, or otherwise manipulate family into promising involvement that they will not be able to sustain.

**Ask:**

- What do people generally like about the individual?
- What are the individual's gifts; what does he/she do well, what does he/she enjoy doing?
- What makes the individual unique; how is he/she different from other people; if we were to characterize the individual in two or three words what would they be?
- What does the individual find to be a hassle; what doesn't he/she like doing; what makes him/her angry; what does he/she find to be annoying?
- What motivates the individual; what is important to him (e.g., money, praise, personal appearance, family, church, friends)?
- When have things gone fairly well for the individual? Describe the circumstances, speculate on why things went well.
- Who is important to the individual and what is their relationship (e.g., mother, son, sister, friend, special member of the staff)?

The responses can be as short or as long as the informants would like to make them. These are areas to cover as much as they are questions to ask. Just a<sup>15</sup> much of this planning process is adapted from personal futures planning, interviewers should adapt these questions to their own style and circumstances.

**Using professional information—  
looking beneath the labels**

We need to look beneath the labels that the individual has acquired to determine if they contain any helpful information. Some labels tell us very little that is useful while others provide critical information. No

label tells us where people live or what work they should do. Where they are accurate, they can tell us where someone should not live or what situations we should avoid.

As many labels are not accurate, we need to start with skepticism. Some people with severe reputations seem to have acquired labels as if they were party favors. They got the labels by simply being at a facility where someone was passing them out. They did not get the label by meeting a set of criteria. They may have exhibited behaviors that were misinterpreted, not examined, or elicited by an atypical institutional environment. Some labels reflect behavior that was present in the past but which is no longer an issue.

People with severe reputations typically have psychiatric or behavioral labels. Some labels give us critical information. If we ignore or dismiss these labels, we can cause the very failures that we are seeking to avoid.

Someone with a bipolar (manic-depressive) disorder must have careful, competent psychiatric care. Someone with a history of severe depressions or psychosis will need careful monitoring so that prompt appropriate treatment is given for recurrences.

We need to be particularly careful with the labels that are "loaded." People with labels of pedophilia or arson are rarely welcomed. Where they do reflect a real condition, we need to take the precautions necessary to assure the safety of the community. Yet, these labels rarely reflect a compulsion on the part of the individual. Typically they were not correctly applied and have no current relevance. A number of people have labels relating to aggression, such as intermittent explosive disorder, whose real histories describe someone who is rarely listened to. Labels that are misapplied, or are no longer relevant, are simply another barrier to life in the community.

## **Mining the records**

While the typical record of an individual with a severe reputation is replete with accusations it can also be the source of significant information. Careful review can yield information about how to help the individual and who else to involve in helping. By reviewing the stories of repeated failures we can prevent errors in our responses to the individual. Reading the record from a "person-centered" orientation will tell us much of what the individual does not like or will not tolerate. There are often clues as to the characteristics of people that the individual does like and what the individual finds to be valued. Current and past social histories should be carefully reviewed for clues regarding family or significant others who may be available to provide supports in the future.

## **Developing preliminary lists**

As you are collecting information about the individual you should be organizing it. Is this a non-negotiable? Is it part of the reputation? Once all of the pre-meeting information has been collected it should be put on charts. Make charts with the various headings and begin to put the information on them. The most difficult part is deciding what is and is not a non-negotiable. Keep in mind that part of the purpose of the meeting is to review, revise, expand the information on the charts. Keep notes of your questions and uncertainties. Sharing your questions about what should go where is an excellent way to initiate and sustain discussion.

Information on the charts should be free of jargon and in everyday English. The only exception is listing clinical labels on the "reputations" chart. Do not worry about having complete information at this point. The purposes of developing preliminary charts are:



- To organize your thoughts;
- To discover what you know, what you do not know, and what you are not sure of; and
- To provide a place for people to start, to give them something to react to.

### **Inviting the right people—determining who is needed, who is essential**

The people who need to be invited are those who know the person the best and those who are essential in the implementation of the plan. People who really know the person can help sort out what is a non-negotiable and what is a highly desirable. You need not invite all who must approve the plan but you need the people who will be responsible for its implementation. They will be educated by the process. Many of them will meet the person (rather than the reputation) for the first time. If you can move the whole person to the foreground and the reputation to the background, skeptics can be changed to allies through their participation in a good planning meeting.

However, this is another area where common sense and good judgment must prevail. People who have profoundly negative feelings about the individual will adversely affect the meeting process and outcome. Do not invite them. Among those who know the individual there may be some whose schedules just do not allow them to come when all of the other key participants can come. You will then have to determine whether to rely on an interview to convey their information and insights or to delay the meeting.

Finally there are the key people who are really needed but are "burned out" on the individual and/or meetings about the individual. The first step

in convincing them that this process is different is to spend time listening to them. Most typically they will agree if they feel that you appreciate all of their past involvement with the individual. You do not need to convert them into enthusiasts prior to the meeting; you just need them to agree to participate in the meeting.

## CONDUCTING THE MEETING

### Setting the ground rules

Large, interdisciplinary team meetings are a frequent and familiar occurrence in human services. People gather to share their "clinical insights," assessments, and findings in an "objective" setting. Typically, these meetings focus on the individual's deficits (which are labeled as "needs"). The "team's" mission is to "fix" the person. All of the efforts are directed toward moving the individual towards "independence" and "community readiness."

There are several key elements that distinguish an Essential Lifestyle Planning meeting from a typical Interdisciplinary Team Meeting. One of the basic differences is the ground rules that are established and adhered to throughout the meeting. These ground rules should be clearly stated at the beginning of each planning meeting. They are:

#### *1. Use plain English.*

Avoid clinical jargon. If we want friends and relatives to participate on an equal footing we all have to use everyday English. Jargon can also serve to distance the individual from the rest of us. Using everyday descriptions, instead of clinical terms, helps to keep the individual's issues in the same realm as our own struggles. It is the job of the meeting facilitator to politely rephrase jargon-laden statements into everyday language.

Whatever is written on the lists at the meeting and incorporated into the final plan should be in language no more sophisticated than that of the local newspaper.

*2. The planning meeting should be conducted with, as well as for, the individual with a disability.*

The individuals who are the focus of the meeting are always invited to the meeting. If they are absent it should be their choice and not for our comfort or convenience. They should be spoken to directly and never talked about as if they were not at the meeting. The respectful inclusion of the individuals with disabilities during the meeting is a key ingredient to the overall success of the meeting. If people are unable to speak for themselves or if it is not clear what they want, a trusted friend or family member may, through the strength of their relationship, be able to speak on their behalf.

*3. Promises for further action are made to the group and not to the team.*

As responsibility for the action steps are divided among the participants they must understand that they are undertaking a collaborative process. They are making promises to the person with a disability and the other participants, but not the "team." It is not unusual in "team" plans to set completion dates that conform to expectations rather than reality. If these time lines "slide" the individual will see this as simply another empty exercise. Individuals who trusted the process will be disappointed and may regress in reaction. Realistic timetables and deadlines should be set and those with assignments should be held accountable to the planning group. It is usually more important that an action step be completed thoroughly rather than quickly. Be sure to avoid the seductive trap of over-commitment when setting up the time lines for the steps.

While these three simple ground rules appear to be quite easy to implement, they represent a major shift in "planning behavior." It is hard to break habits and easy to revert to "team meeting" behavior, lapsing

into jargon, ignoring the individual, and making unrealistic promises. The result can be a compromised process which produces a pale imitation of a person-centered plan.

### **Setting the tone**

In this meeting we are to listen to the individual with the disability. The facilitator conducts the meeting on the behalf of the individual with the disability. In this sense, it is the person with the disability who directs and propels the meeting. This is an opportunity for the person's essential lifestyle choices to be identified. Dramatic behavioral incidents of the past must be placed within the context of the person's whole life. Do not allow the meeting to degenerate into a series of professional "war stories." The reputation cannot become the focus of this meeting. Redirect excessive discussion of negative behavioral experiences. For a person with a disability, the negative experiences of the past can become a daily reminder of the most humiliating moments of their lives.

It is equally important that these difficult times not be ignored or glossed over. Rather they should be treated as holding important information for planning. What does the behavior tell us? The key is to learn from each experience and not to place too little or too much emphasis on any incident. One sign of a good facilitator is the capacity to reframe negative accusations into positive statements. A man who "isolates himself may "enjoy being alone." A woman who "resisted doing new and more complex tasks" was discovered to "want to do things that she is good at." Another woman, who was seen as a pest by some staff, was found to "want to have someone who loves me the best." Staff-centered institutions, group homes, and services necessarily cast everything from the perspective of the professional. In a person-centered process we can recast these statements. By seeing them from the view point of the individual we discover behaviors that are not remarkably different from our own.

### **Keeping it moving and on track**

Although the format of the person-centered plan is straightforward and easy to follow, the focus and momentum can be compromised or lost during the meeting. It is easy to become bogged down in excessive detail or psychodynamics. The challenge is to balance process and outcome. We need sufficient discussion to allow people to get past the reputation and focus on the individual. There needs to be enough interaction between the participants so that the synergy of a group process can be tapped. At the same time we need to have a reasonable plan at the end of the meeting and we need to insure that we do not revert to focusing on what is wrong with the individual.

Using the lists as a point of reference will help to keep the meeting focused on the individuals and their lifestyle choices while avoiding the lure of tangential journeys. The facilitator needs to tell people how long the meeting will last and the expected outcomes. Periodically note how the group is doing relative to the remaining time. It is a role of the facilitator to "bring the group back to task" if they get off track. If the group has significant unanswered questions these can be noted and the group can move on. Schedule another meeting to deal with them, where necessary. Typically these questions require additional information as well as additional discussion. The information will need to be collected before there is another meeting.

### **Building and sustaining momentum**

During the meeting the momentum for change and implementation is developed as the individual is seen as a whole person. As the modest requests of the individual are identified, they become the foreground and the reputation moves into the background. This can be exciting! A good planning meeting will energize people to support the individual. They will also need help.

The meeting ends with assignments being made to carry the plan forward as the first step in sustaining the momentum. However, without on-going efforts, implementation will cease. Unlike classical physics (where an object stays in motion unless acted on by an outside force), change in human services only occurs where people keep pushing. One of the goals needs to be to build a "personal network" or "circle of support" for the person. People who have others who care about them in their lives will not have to depend on paid staff to have their choices honored. This is hard to do for most people who have been socially isolated, but for some there are friends or family who only need permission. Where you find that opportunity, give permission.

### **Collecting additional information**

At the end of each planning meeting you need to ask yourself if you feel satisfied in your understanding of the individual. It is not uncommon to find that important questions remain unanswered. Sometimes these reflect the absence of someone that we should have invited or questions we did not ask in an interview. More frequently they reflect the process of discovery that goes on during the meeting. Ending a meeting with unanswered questions is not necessarily a sign of a poor meeting or poor preparation. It can be an indication of how misunderstood the individual has been. The questions arise when we begin to look past the reputation to the individual.

Experience can help the facilitator to have fewer unanswered questions. However, what is immediately at issue is getting the information. Where these questions remain, the first action steps are to find the answers. There are no rules for who is to obtain the information except those of common sense. People who know the individual are logical choices. The facilitator can be the one who gets the information but this may be an indication that there are too few people who are committed to making the plan work.

## **Writing up the plan**

Occasionally writing up the plan is simply a matter of transcribing the lists. More typically, additional information or additional reflection results in changes in the plan. This is the last opportunity to use simple declarative English in describing the individual or the supports. This is also an opportunity to make sure that everything is stated as positively as is possible without misstating who the individual is. This is also an opportunity for reflection. Does the plan capture what we know about the individual? Do the non-negotiables make sense? Include the uncertainties in the written plan. The plan should be seen as a guide rather than revealed wisdom. Remember that it will be implemented by people who were not at the meeting as well as those who were there.

Have the plan typed and distributed within a week of the meeting. If one of the action steps is to get information that is to be included in the plan then the preparation and distribution of the plan becomes an action step with a date by which it is to be accomplished. A key element in sustaining momentum is to put the written plan in the hands of all of the people responsible for its implementation. If they do not get it until several weeks after the meeting it will simply be more paper in an in-basket.

## **THE PLAN IS AT THE BEGINNING NOT THE END**

A successful planning meeting can be the beginning of exciting change for the individual. It is when we stop talking and start doing. Putting person-centered plans to work in a program environment is a challenge. It is also an opportunity. System change is easier when done one person at a time. By focusing on the individual's issues you side-step interminable debates over the number of people who should live together and the rules they should abide by. What remains central is meeting the essential lifestyle choices of the individual. Can these choices be met in existing settings? Then the individual should move to that setting. If it requires something new, we need to create it.

It is essential that we not move from trapping people in a program mentality to trapping them in a plan. The plan cannot be frozen in time and never change. Today's plans reflect our present understanding and knowledge. If the plans are accurate, they are a snapshot of what is important now. As the person changes, as our understanding deepens, the plan should change. We need to make certain that we do not tell people that we will plan carefully once and never again. We have to get into the habit of listening to people with disabilities and acting on what they tell us.





# **YOUR IPP**

*(Individual Program Plan)*

**It's Not Just a Piece of Paper!**



**A Self-Advocacy Manual for  
People Who Get Services from Regional Centers**

**Capitol People First and Protection & Advocacy, Inc.  
Peer Advocacy Project  
1998**

Used with Permission of and Special Thanks to:  
Capitol People First, and Protection & Advocacy, Inc.

## THE LAW—THE LANTERMAN ACT



In California, people with developmental disabilities have the right to help and services. The law says that people who get services from regional centers have the right to decide what kind of help they want and need and to make choices about their lives.

**The law says that people have the right to make choices about:**



Where to live

Where to work



Who to live with

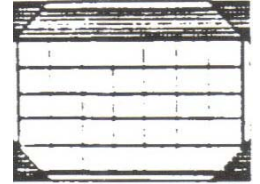
Who to have for friends





What to do for fun

What to do in the years ahead

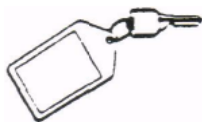


**THE LAW SAYS THAT YOU HAVE A RIGHT TO:**



Your own written individual program plan (IPP) that lists your goals and the services you need. This is also called a person centered plan. Sometimes, this Manual will use the term individual program plan (IPP) because that is the phrase the law uses.

Services and help that are provided to you in places that are as normal as possible—not in institutions or places only for people labeled "retarded," but in natural community places, and



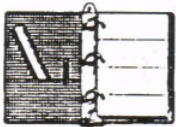
Services that really help you to be a member of your community

**The law says that:**



Your own written individual program plan (IPP) must list your goals and the services you need to live more independently in the community. ^

You have the right to be a big part of making your plan.



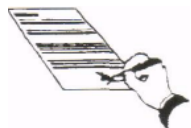
The regional center and other agencies that provide services to you, like group homes and workshops, must help you choose what services you want.

The information you need to choose the services you want must be given to you in a way you understand. This is called "informed choice".



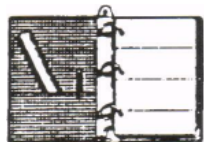
## WHAT IS YOUR IPP?

Your IPP is *your* individual program plan. It is *your* own action plan about the *help you need* to live the way you want.



It is a written agreement or contract between *you* and your regional center.

It is made by *you* and your regional center service coordinator (case managers or social workers are now generally called service coordinators) and other people you invite to the meeting. The regional center may also have people it thinks will be helpful to you attend the meeting.



It lists the services that you need and want to be more independent and to live the way you like.

## WHY IS YOUR IPP IMPORTANT?



Your IPP is important because it tells about what services and help the regional center will get for you.



Your regional center must provide the services listed in *your* IPP—that is the law (the Lanterman Act).



If something is written in *your* IPP, the regional center must give it to *you*. You are entitled to it. Usually the regional center must buy services for you from another agency.



If something is not written in your IPP, you cannot count on getting it.



Your regional center cannot change what is in your IPP without having a meeting with you. That is in the law too.

## WHY IS YOUR IPP *MEETING* IMPORTANT?



*Your IPP meeting* is important because that is the only time and place where *your* IPP can be officially talked about and written up.



You have a right to be at your IPP meeting and tell people what kind of help and services you need the regional center to get for you.



The regional center cannot write an IPP about you without you being at the meeting.



The regional center must have a person at your IPP meeting who can say yes or no to your requests for services. This may be your service coordinator or it may be a person in addition to your service coordinator. This means that regional centers cannot make decisions outside your IPP meeting about the services you need. The decision must be made in your IPP meeting so that you have a chance to talk with a person who can say yes or no to services you ask for.



If a person who can agree to your request for a service is not at your IPP meeting, the regional center must set up another meeting within 15 days that the right person will be at.





You and the regional center person must agree on and sign the IPP before the services can be given. If you only agree to part of your IPP, you should ask your service coordinator to prepare a statement that says something like: "I agree to the parts of my IPP of (date) Numbered (--,-,--, etc), but not to the part(s) numbered (—,—). Please start or continue the services I agree to right away." If the regional center says no to any of your requests, the regional center must send you a letter within 5 days telling you why they are not giving you the service you want and telling you how to file for a hearing.



The law doesn't require that you have an IPP meeting more than one time every three years. But, if you want to have one sooner to talk about changes in your life, you can ask your service coordinator to set one up. The meeting must be held within 30 days of your request.



You can ask to have your case manager changed.



You can ask to change programs you are in.

## WHAT SHOULD YOU DO TO GET READY FOR YOUR IPP MEETING?



Be positive. You are good at lots of things and have good ideas about what you want for your life.

Before the meeting, make sure you take time to think about the dreams or goals you have for the future and the help you need to reach your goals.



Before you go to *your* meeting, talk to people you trust about what you want to say at your meeting. Practice being clear about what *you* want.



There is a special IPP meeting planner at the end of this manual to help you plan for your meeting.

Write down what you want to say about *your* dreams and the services *you* want. If you need help writing it down, ask a friend to help you.



If you have trouble writing or get nervous and forget things at your meeting, you can also make a tape recording of the things you want and bring the tape to play at the meeting.



Before the meeting, if you want, you can ask the regional center to test you—to learn the things you can do and the things you still need help with.



You can invite anyone to *your* IPP meeting. It's *your* meeting so if you want a friend, family member or advocate there to support you, ask them to come.

It is important that you strongly ask for the services you want—but don't get mad. It is always better to try to work together. But, it is *your* IPP and you have a right to ask for the services you think you need. Nobody else can do that as well as you can.



At the meeting, give your case manager or social worker the written list (or the tape) of your dreams and the services and help you want from the regional center. What you have written will help your case manager write your IPP.

## WHAT ARE SOME OF THE SERVICES AND HELP YOU CAN ASK TO HAVE IN YOUR IPP?

(At the very end of this booklet, there is a detailed list of services you may request in your IPP. This list is taken from the Lanterman Act, but the law does not limit you simply to the listed services — that is, you may ask for any other services that will help you be more independent or productive.



Help to get a job, including supported employment services.



Help to get into a school or training program.



Transportation and help to learn how to use buses.



Instruction and support so that you can live in your own place.



Training in how to advocate for yourself better.



Help to get involved in fun things going on in the community.



Someone to assist you if you want to be on a committee or a member of a board of directors and need help.



Help to get equipment like wheelchairs or computers that talk.



Other services you need to live a better life.

## WHAT DO YOU DO IF THE REGIONAL CENTER SAYS "NO" TO WHAT YOU WANT OR MAKES A CHANGE IN YOUR SERVICES THAT YOU DON'T LIKE?



If you are unhappy about a decision the regional center has made about services you want, you have a right to appeal the regional center's decision.

You should get people to help you with all the things involved with the appeal. It's not easy but it is your right to try to change the regional center's decision. It's in the law.



Within 5 days of making its decision, the regional center must send you a written letter about anything they are changing in your IPP services and tell you why.

If you don't understand the letter, get a friend or advocate to help you.



The regional center is supposed to tell you how to appeal in the letter. If they don't, you will have to ask them. Then you have to fill out a form and send it back.



If you send in a request for appeal within 10 days of the regional center's decision, the regional center cannot stop giving you a service while the appeal is going on. That is the law.

After you send in the appeal form, a meeting will be scheduled so you can again tell the regional center what you want and why you don't like what they decided.



After this meeting, if the regional center still doesn't agree to what you think should be in your IPP, you can ask for a fair hearing. At a fair hearing, you will have a chance to put your case before a hearing officer from the state. The hearing officer will decide if you get the service.

Remember, all this is complicated and everyone should get help with an appeal. Talk with your area board or Protection and Advocacy (telephone 1-800-776-5746) or People First for help.



## WHAT ARE YOUR RIGHTS IF YOU LIVE IN A BOARD AND CARE HOME?

**Board and care homes must let you make decisions in your  
day-to-day life like:**



When you go to bed



When you eat



Whether you want to have friends over, and



What you do in your free time.

**If you live in a board and care home you also have a right to:**



Wear your own clothes



Have your own things & use them



Keep and spend a reasonable amount of your own money



See visitors each day



Have a place to keep your own things



Talk on the phone



Mail and receive unopened letters and have letter writing materials including stamps

**Rights can be taken away only if you would hurt yourself, another person or the home. Rights cannot be taken away to punish you.**



If a right has been taken away, it must be reviewed every 30 days.



You can appeal the fact that a right has been taken away.



You start by calling the regional center's client's rights advocate.



You can also call the area board, Protection and Advocacy (1-800-776-5746) or People First for help.



# IPP MEETING PLANNER

**This worksheet is to help you plan for the services you want to ask for from the regional center. Use it to help you think about the services you need to help you do all of the things you want to do.**

## *A PLACE TO LIVE*

*Where do you live now?*

- |   |  |
|---|--|
| <input type="checkbox"/> My own place                   | <input type="checkbox"/> A group home          |
| <input type="checkbox"/> My own place with<br>roommates | <input type="checkbox"/> A large care facility |
| <input type="checkbox"/> My parent's place              | <input type="checkbox"/> Other _____           |

*Where do you want to live?*

- |   |  |
|---|--|
| <input type="checkbox"/> Stay where I am                | <input type="checkbox"/> My parent's place     |
| <input type="checkbox"/> My own place                   | <input type="checkbox"/> A group home          |
| <input type="checkbox"/> My own place with<br>roommates | <input type="checkbox"/> A large care facility |
|   | <input type="checkbox"/> Other _____           |

*What services do you need to help you live where you want?*

- |   |   |
|---|---|
| <input type="checkbox"/> More training                                  | <input type="checkbox"/> More money                   |
| <input type="checkbox"/> An attendant                                   | <input type="checkbox"/> Help finding a place to live |
| <input type="checkbox"/> Someone to give me regular<br>support and help | <input type="checkbox"/> Other _____                  |
|   | <input type="checkbox"/>                              |

**A PLACE TO WORK*****Where do you work now?***

- In the community without extra help
- In the community with a trainer or aid
- In a workshop or center  
go to school
- Don't work or go to school
- Other \_\_\_\_\_

***Where do you want to work?***

- In the community
- In a workshop or center
- I want to go to school
- I don't want to work
- Other \_\_\_\_\_

***What services do you need to help you work?***

- A trainer or aid at the job
- Training in a workshop
- Other training
- More education
- Access to workplace—ramps, etc.
- Transportation
- Other \_\_\_\_\_

***Where do you want to work?***

- Doctor Services
- Dentist Services
- Counseling

**FUN AND LEISURE**

*What do you do for fun or with your free time?*

- |  |  |
|--|--|
| <input type="checkbox"/> Visit friends         | <input type="checkbox"/> Read            |
| <input type="checkbox"/> Shop                  | <input type="checkbox"/> Take classes    |
| <input type="checkbox"/> Go to movies or plays | <input type="checkbox"/> Volunteer work  |
| <input type="checkbox"/> Play sports           | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Hobby                 | <input type="checkbox"/> Dating          |
| <input type="checkbox"/> Watch TV              | <input type="checkbox"/> Other _____     |

*What new things do you want to do?*

- |  |  |
|--|--|
| <input type="checkbox"/> Visit friends         | <input type="checkbox"/> Read            |
| <input type="checkbox"/> Shop                  | <input type="checkbox"/> Take classes    |
| <input type="checkbox"/> Go to movies or plays | <input type="checkbox"/> Volunteer work  |
| <input type="checkbox"/> Play sports           | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Hobby                 | <input type="checkbox"/> Dating          |
| <input type="checkbox"/> Watch TV              | <input type="checkbox"/> Other _____     |

*What services do you need to help you do the things you want to do?*

- |   |
|---|
| <input type="checkbox"/> Training                   |
| <input type="checkbox"/> Attendant                  |
| <input type="checkbox"/> Facilitator                |
| <input type="checkbox"/> Transportation             |
| <input type="checkbox"/> Set up a circle of friends |
| <input type="checkbox"/> Other _____                |

**OTHER THINGS**

*What other things do you think you need help with?*

- Cooking for myself
- Shopping for things I need
- Personal care
- Cleaning my place
- Managing my money
- Getting medical care
- Meeting more people/making friends
- Riding the bus or other transportation
- Learning about personal relationships
- Learning about sexual relationships and safe sex
- Self advocacy and knowing my legal rights
- Problems with social security, SSI or other money assistance programs
- Other \_\_\_\_\_

*What other services do you need to help with these things?*

- Training (what type ? \_\_\_\_\_)
- An attendant
- A chore worker
- Just someone to ask questions to
- Help setting up a circle of friends
- An advocate or lawyer
- A service coordinator to help me plan for and get services I need
- Other \_\_\_\_\_

## **REGIONAL CENTER SERVICES**

Services and supports listed in the individual program plan may include, but are not limited to:

diagnosis;

evaluation;

treatment;

personal care;

day care;

domiciliary care;

special living arrangements;

physical, occupational, and speech therapy;

training;

education;

supported and sheltered employment;

mental health services;

recreation;

counseling of the individual with a developmental disability and of his or her family;

protective and other social and sociolegal services;

information and referral services;

follow-along services;

adaptive equipment and supplies;

advocacy assistance, including self-advocacy training, facilitation and peer advocates;

assessment;

assistance in locating a home;

childcare;

behavior training and behavior modification programs;  
camping;  
community integration services;  
community support;  
daily living skills training;  
emergency and crisis intervention;  
facilitating circles of support;  
habilitation;  
homemaker services;  
infant stimulation programs;  
paid roommates;  
paid neighbors;  
respite;  
short term out-of-home care;  
social skills training;  
specialized medical and dental care;  
supported living arrangements;  
technical and financial assistance;  
travel training;  
training for parents of children with developmental disabilities;  
training for parents with developmental disabilities;  
vouchers;  
transportation services necessary to ensure delivery of services to persons with developmental disabilities.

# **GETTING THERE FROM HERE!**

Tips on the Person-Centered  
Planning Process  
Used by HRC Counselors

Harbor Regional Center  
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11/92

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## Tips on the Person-Centered Planning Process

### Introduction

Over the last five years or so, there's been a shift in services for people with developmental disabilities and their families (Bradley & Knoll, 1990). It used to be that services helped separate people from their communities. These days, we're all working hard to find ways to support people in the places where they already live, work and play. This means that as a regional center we need to support people with developmental disabilities and their families in ways that lead to:

- Community membership;
- A person-centered plan;
- Choice and self-determination;
- A commitment to community and family; and,
- Social relationships.

That's what this planning process is all about, helping people look at their hopes and dreams for the future, figuring out the support they need (from family, friends, community and agencies) to get there, and then writing down some first steps to take to move towards that plan right now.

In this guide you'll find some background information on person-centered planning and tips on using all three of the interview formats (*Families of Young Children, Families of Students, Looking at Adult Life*).

## Tips on the Person-Centered Planning Process

### An Excerpt from *The Challenger* ARC-Napa Newsletter October 1991

Frustrated by traditional IEP or IPP meetings? Concerned with overemphasis on deficiencies? Wonder why many professionals don't want to talk about the things most important to you and your family? Feel there must be a better way?

Well, you're not alone! And, you are right. There is a better way. Person-centered planning involves a new way of thinking about a person with a disability, and helping that person lead a more fulfilling life. Person-centered planning is a variant of personal futures planning (Beth Mount), lifestyle planning (John O'Brien and Connie Lyle), and MAPS (Marsha Forest).

The approach is to develop a vision of a desired future, based on who the person with a disability wants to be and to do, and then to marshal resources to support the person in achieving his or her goals. The circle-of-support or person-centered team seeks to develop community connections, to invent and experiment with novel courses of action, and to stand by the person as any close friend would do.

The traditional way of planning services relies on (1) assessments that look at 'deficits' rather than gifts and strengths; (2) using professional judgment in the place of what the individual and his or her family know about themselves; (3) efforts to 'fix' people, to get ready (often indefinitely) for life; and (4) opportunities, defined by what exists rather than what is wanted. This is service-centered planning, and combined with high case loads, budget constraints, and restricted service menus, often produces mismatches.

## Tips on the Person-Centered Planning Process

*An analogy may help. Mr. Jones has a leaky faucet, calls a plumber, and she comes to his house to install a water heater. At first, he passes it off as a misunderstanding. The water heater didn't cost him anything, and although he had to fix the faucet himself, he ends up with a sparkling new water heater. Sometime later, Mr. Jones has a leaky toilet, and again calls the plumber. She decides that he really needs another water heater, and installs it. Finally, Mr. Jones throws up his hands, and turns elsewhere for help.*

*We recently compared the plans generated for a young woman we support. In 1989, Mary's IPP listed four objectives, as follows:*

- *With supervision, increase her work skills and productivity;*
- *With monitoring, Mary completes household responsibilities on a regular basis;*
- *Following a budget, Mary pays her bills and buys personal items with money allocated on a weekly basis; and*
- *With support services, Mary socializes in the community with peers at least once a month.*

*Mary's person-centered plan, worked out at about the same time, listed Mary's objectives as follows:*

- *A job at Mervyns;*
- *Learning communication and problem-solving skills that will help in her relationship with Stan;*
- *The chance to spend time with Stan, so they can find out more about each other as they move towards marriage;*

## Tips on the Person-Centered Planning Process

- *Learn about pregnancy and raising a child;*
- *Change her relationship with her mother from adult I child to adult / adult; and*
- *Make sure she keeps her apartment.*

*Wouldn't it be more fun to approach life this way<sup>1</sup>? And, wouldn't we contribute more to the well-being of those we care about? We think so!*

### **Selected Excerpts from**

#### ***It's Never Too Early***

#### ***It's Never Too Late***

Written by Beth Mount and Kay Zwernick

#### *New Possibilities*

Human services should provide a bridge to the community for people with disabilities. Building on people's capacities and opportunities in networks and communities allows desirable futures to be created and supported. This is the aim of *Personal Futures Planning*.

#### *A New Way to Plan Together*

Implementing these new values and accomplishing new outcomes means letting go of service practices that support the old assumptions. For example, the traditional approach to planning for people with disabilities is focused on deficit-finding. This deficit-finding is cumulative as it continues year after year. For each skill a person acquires and each objective a person meets, new deficits are identified and new goals developed. The traditional Individual (Service) Plan process often ends up justifying the continuance of deficit-finding and devaluation in the lives of people with handicaps.

## Tips on the Person-Centered Planning Process

There are at least three major problems with the traditional approach to planning:

1. It begins with an assessment process that often highlights the person's deficits. When the person is defined in terms of deficits, then the person is in constant need of services and "fixing." In this situation, the person is never ready for community life.
2. It tends to establish goals that are already part of existing programs. The plan is designed to fit the person into a particular program, even if that program is not exactly what that person needs.
3. It relies solely on professional judgment and decision-making. People with disabilities are prevented from taking initiative or directing action to affect their own lives.

The shortcomings of the ISP can be counterbalanced with a *Personal Futures Plan* developed for the focus person. The ultimate goal of both planning strategies is to improve the quality of life for the person with a disability.

### What's person-centered planning all about?

*"Personal Futures Planning provides strategies to increase the likelihood that people with disabilities will develop relationships, be part of community life, increase their control over their lives, acquire increasingly positive roles in community life and develop competencies to help them accomplish these goals. Futures planning helps to clarify and implement these ideals, one person at a time."*

*Beth Mount*

*Kay Zwernik*

It's Never Too Early

It's Never Too Late

## Tips on the Person-Centered Planning Process

Person-centered planning (adapted from *Personal Futures Planning*) is a process which complements and enhances traditional service planning.

Traditional approaches and plans are often restricted by:

- The service options that a particular agency offers; and,
- The current bureaucratic categories, laws and/or state politics.

This planning tool, like any other, is only as good as the people who use it to take action. It will have a greater chance for success when:

- The group focuses on strengths, preferences and opportunity;
- The picture of the future is detailed and specific;
- People commit to meet on a regular basis and stick to their commitments of support when they make them;
- Someone agrees to facilitate the meeting to keep the group focused;
- People participating are well connected to their community; and,
- Family members and advocates are in the group.

In using the process, it's important to ask questions in a way that doesn't limit thinking about individual options. This strategy is built on the following assumptions:

1. All things are possible with the right types of support;
2. Support can come from all parts of the community, e.g., parents, family, friends, generic services;
3. Presenting a 'fixed' menu of service options will produce 'fixed' outcomes, not necessarily based on individual preferences;
4. Given lead time, support services can adapt to individual preferences or new support service options can be created; and,

## Tips on the Person-Centered Planning Process

5. Most important, that we will not know how to plan for the future unless we ask people with disabilities and their families what it will look like.

The value basis for person-centered planning includes:

- Service options that are based on choices, strengths and needs (rather than a predetermined 'menu');
- Service delivery (type and intensity) that varies from time to time as do strengths and needs (rather than providing more than what is needed or something that is not needed);
- Access to resources that are readily available in the community (not developing new services for persons with disabilities only);
- Services that are coordinated around individual needs (rather than the needs of staff and services); and
- Recognizing the abilities of friends, families, co-workers to teach new skills, participate with, model social behavior and to develop relationships.

The complete set of questions used in Personal Futures Planning (originally developed by Beth Mount and adapted by Alien, Shea & Associates for Harbor Regional Center) is as follows:

*Personal Profile:*

1. Who is this about?
2. Who helped make this plan?
3. What services do I get now from agencies?
4. How do they describe me?

## Tips on the Person-Centered Planning Process

5. What is my health status?
  - A. What health supports do I use now?
6. What are the highlights of my life?
7. Who are the people I know?
8. What do people think of me? (things that are good and bad)
9. What places do I go?
10. What things make me happy and sad?
11. What new people would I like to meet?
12. What things have I learned recently?
13. What new things would I like to do and learn? (What new places would I like to go?)
14. What scares me most about my future?
15. What jobs have I had?
16. What jobs would I like to try?
17. What other things do I know?
18. What is fun about the jobs I have had or would like to try?
19. What would I like about these jobs?

### *Personal Vision:*

20. If I could do anything I wanted, what would my best possible future be?
21. What would I need to know, or what would need to happen to make this possible? People? Community? Systems?



## Tips on the Person-Centered Planning Process

*Person-Centered Plan:*

22. Moving toward that vision, what do I want to work on during the next year?
23. What would I need to know, or what would need to happen to make this possible? People? Community? Systems?

**Families of Young Children**

**HOW TO GET THERE FROM HERE!**  
**Families of Young Children**

1.

What's this all about? This is a chance for families and friends of young children with disabilities to sit down and think about where they're going in the future and the support that they might need to get there. The map will help you to start working towards your hopes and dreams right now. It will also help us at Harbor Regional Center get an idea of where we fit into your lives. It was written to be used in several ways: (1) you can fill it out by yourself; or (2) you can work on it with your counselor or case manager. This is not something you have to do, it's voluntary. However, we think that you'll find it useful as well as fun!

**1** What is your son's or daughter's name? 2.

3.

**2** Who's in your son's or daughter's circle of support? Mom and dad? Family? Others? Who supports you and your son or daughter when you need it?

4.

**3** What are some of the great things about your son or daughter? 5.

6.

Adapted from *Personal Futures Planning* (Mount) and *Parent Assessment of Needs* (Chen, Friedman, Calvello) (or R.C.E.B. and H.R.C. by Alien, Shea & Associates; revised 4/92).

**Notes and Tips**

1. All three of the interview formats have been written in accessible

## Families of Young Children

language. This allows for a lot of variation in use: you can send out the interview format ahead of time; people can fill it out on their own and go over it with you later; or, you can meet and go through the interview together. Deciding when to use this interview is really up to you and the people you are working with at the time. You might decide to use it at a transition time (e.g., leaving school, going to school, leaving home, moving from one place to another). You can choose to review it each year or wait until the triannual IPP review.

2. The focus person of the interview.
3. Who sits in on this interview and where the interview is held are very important. The most ideal situation is to include everyone who can help support someone in looking ahead. This may mean family, friends or other professionals and it may not. The only way to find out is to ask! The interview should be held wherever it's most comfortable for the person interviewed. This could mean a restaurant or someone's house.
4. This will help you get a picture of someone's circle of support.
5. This is an opportunity to set the positive tone for this interview.
6. The *rule of thumb* is to ask the question of the focus person first and then ask others to contribute. It's a good idea to mark the comments of the focus person (e.g., with an asterisk). It's also a good idea to have a focus person in attendance even if he/she cannot communicate. This helps everyone keep thinking positively and of the person first, their disability second.

It's suggested that you use this interview format (*Families of Young Children*) for children under 5 years of age. For families of very young children, especially those who are very new to the service system or for

**Families of Young Children**

**HOW TO GET THERE FROM HERE!  
Families of Young Children**

**What kinds of things does your child do on his or her own or with your support? at home? around town? for fun?**

7.

**5** **What new things would you like your child to learn to do on his or her own or with your support? at home? around town? for fun?**

8.

**6** **What makes your son or daughter happy?**

9.

**7** **What makes your son or daughter mad or sad or frustrated?**

10.

whom major life crises are occurring, this may not seem to be appropriate. As counselors, you know the families that you work with the best and can make a decision as to when such an interview would be helpful.

7. This is a chance to find out a little more about a child's and family's community boundaries.

## Families of Young Children

8. At this point in the interview, you're getting everyone ready to start thinking about the future. Try to keep this discussion going as long as possible!

These are not questions that people with disabilities are often asked by anyone. So, don't be surprised if you don't get a lot of information the first couple of times that you ask. It's okay! You may need to remind people that it's okay to have dreams and hopes about the future. Sometimes, it's what keeps us going.

9. This question helps keep the interview fun and light. If you're not having fun, it's not likely anyone else is enjoying themselves. Take a minute to just talk if needed.
10. This can help clarify *barriers* in current and future living, social and working environments, e.g., skill needs, attitudes, fear of the unknown.

**Families of Young Children**

**HOW TO GET THERE FROM HERE!**

**8** What activities do you or other family members like to do with your son or daughter?

11.

**9** Are there some things that your child could do to make a difference in your family life?

12.

**10** Are there questions or concerns that you have that haven't been answered?

13.

What scares you or other family members the most—right now, and in the future for your son or daughter?

**12** What kinds of support does your son or daughter, and your family need?

14.

**13** Who can help support you? How?

**14** Who helped work on this? 15.

11. We're still focusing on preferences and strengths, which will help people think positively about the future.

12. Now the interview starts to focus both on planning for the future and thinking about things that will help right now.

## Families of Young Children

13. This is a time to find out what worries families about the future. This is very important to know when you're working with persons who are about ready to make a major life change (like from home to preschool).

14. This starts bringing things back to right now and leads to developing some first steps towards implementing a person-centered plan.

Remember that support here is not just a service from the regional center, it could mean support from family or friends or services that don't even exist at this time!

15. Who helped provide the information for this interview.

**Families of Young Children**

<b>Name of Person:</b>	<i>Harbor Regional Center Brinaina It All Together!</i>	<b>UCI Number:</b>
<b>Moving towards the future, what do you hope will happen next for your son or daughter?</b>	<b>What kinds of support will you need from:</b>	
	<b>Family, friends and community</b>	<b>Support service agencies</b>
16.	17.	
<b>How will you know if your plan has worked?</b>  18.		

16. At this time, the discussion turns to developing next step plans in moving towards the future. Plans can include activities, information, advocacy, skill building and support services.
17. Everyone can be a part of the plan. In fact, this is a good time to start thinking about natural supports. The regional center is just one of many support service agencies in the community.
18. Asking families and friends to develop an evaluation plan helps everyone take some responsibility for it. Everyone has a different criteria for success and it's important to find out what that is early on in the planning process.



**Families of Young Children**

**HOW TO GET THERE FROM HERE!**  
Other Notes

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**Notes and Tips**

This page can be used as an insert for your additional notes on any one item during the inter

**Families of Students**

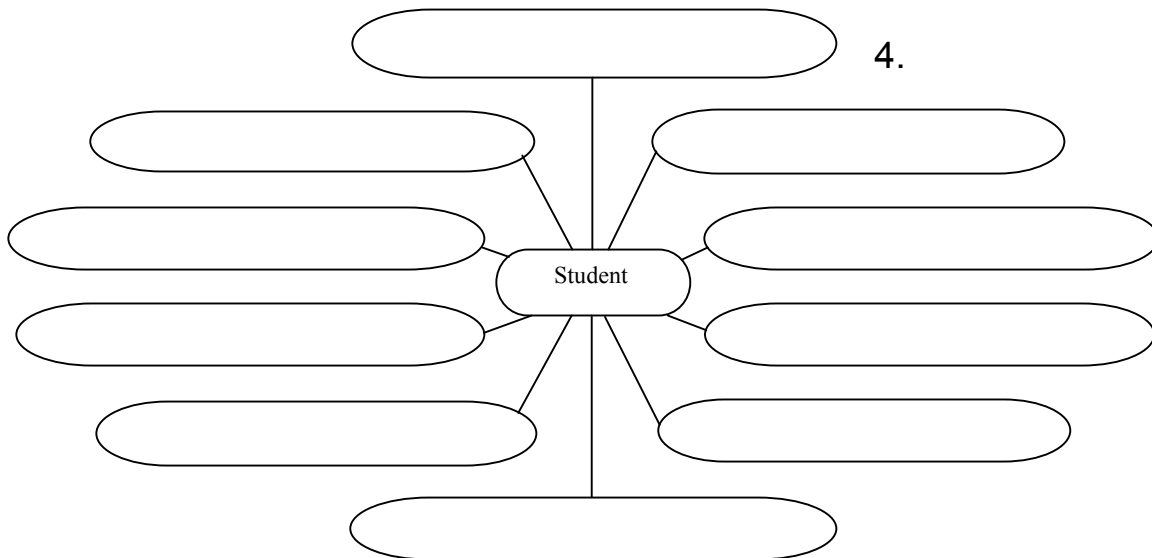
**HOW TO GET THERE FROM HERE!**

1. **Families of Students**

What's this all about? This is a chance for students with disabilities and their families and friends to sit down and think about where they're going in the future and the support that they might need to get there. This *map* will help you to start working towards your hopes and dreams right now. It will also help us at Harbor Regional Center get an idea of where we fit into your lives. It was written to be used in several ways: (1) you can fill it out by yourself; (2) someone can ask you the questions and write down your answers; (3) you can work on it with your counselor or case manager; or (4) family and friends can fill it out if you need help in answering. This is not something you have to do, it's *voluntary*. However, we think that you'll find it useful as well as fun!

- 1 Who is this about? 2. 3.

2 Who's on your team? Who helps or supports you? Who are your friends? Who do you turn to for help when you need it?



- 3 What are some of the *great things* about you? 5.
- 6.

## Families of Students

### Notes and Tips

1. All three of the interview formats have been written in accessible language. This allows for a lot of variation in use: you can send out the interview format ahead of time; people can fill it out on their own and go over it with you later; or, you can meet and go through the interview together. Deciding when to use this interview is really up to you and the people you are working with at the time. You might decide to use it at a transition time (e.g., leaving school, going to school, leaving home, moving from one place to another). You can choose to review it each year or wait until the triannual IPP review.
2. The focus person of the interview.
3. Who sits in on this interview and where the interview is held are very important. The most ideal situation is to include everyone who can help support someone in looking ahead. This may mean family, friends or other professionals and it may not. The only way to find out is to ask! The interview should be held wherever it's most comfortable for the person interviewed. This could mean a restaurant or someone's house.
4. This will help you get a picture of someone's circle of support.
5. This is an opportunity to set the positive tone for this interview.
6. The *rule of thumb* is to ask the question of the focus person first and then ask others to contribute. It's a good idea to mark the comments of the focus person (e.g., with an asterisk). It's also a good idea to have a focus person in attendance even if he/she cannot communicate. This helps everyone keep thinking positively and of the person first, their disability second.

It's suggested that you use this interview format (*Families of Students*) for children and young adults who are school students.

## Families of Students

### HOW TO GET THERE FROM HERE!

4

What things do you like to do? at home? around town? for fun?

7.

5

What new things would you like to learn how to do? at home? around town? for fun?

8.

6

What makes you happy?

9

7

What makes you mad or sad or frustrated?

10.

7. This is a chance to find out a little more about someone's community boundaries, likes and dislikes and could help in looking at places to live and work. You might also ask how people get where they go and who goes with them.

If you feel that someone has trouble talking in a group or that it will add to your information base, consider interviewing him/her apart from family, friends or other professionals.

## Families of Students

8. At this point in the interview, you're getting everyone ready to start thinking about the future. Try to keep this discussion going as long as possible!

These are not questions that people with disabilities are often asked by anyone. So, don't be surprised if you don't get a lot of information the first couple of times that you ask. It's okay! You may need to remind people that it's okay to have dreams and hopes about the future. Sometimes, it's what keeps us going.

9. This question helps keep the interview fun and light. If you're not having fun, it's not likely anyone else is enjoying themselves. Take a minute to just talk if needed.
10. This can help clarify *barriers* in current and future living, social and working environments, e.g., skill needs, attitudes, fear of the unknown.

## Families of Students

### HOW TO GET THERE FROM HERE! At School

8

What new things have you learned at school in the last year?

11.

9

What new things would you like to learn at school?

10

If you're learning about work, what jobs have you had?

12.

11

If you're learning about work, what jobs would you like to try?

12

What's the best part about your Individual Education Plan and your school for you?

13.

13

What could be better about your Individual Education Plan and your school for you?

## Families of Students

11. These questions will help you continue building to dreams and hopes for the future. They will also give everyone ideas about future goals and objectives for the Individual Education Plan (IEP). Offer to provide a copy of your notes on this interview to whomever is interested with permission from the person you're interviewing.
12. These two questions could give you some leads about current and future employment preferences, goals and objectives.
13. These two questions can provide a basis for support of the education plan as well as prompts regarding potential areas for educational advocacy.

**Families of Students**

**HOW TO GET THERE FROM HERE!**  
Looking Ahead

**14** What are your dreams and hopes for the future?

14.

**15** What scares you the most about your future?

15.

**16** What do you see yourself doing in 3-5 years?

16.

**17** What support would you need to get there?

17.

**18** Who can help you with that support? How?

18.

**19** Who helped work on this?

19.

- 14. What would be the best future? There are no right or wrong answers! You may need to remind people that everything is possible and that this is a chance to dream about what could be!
- 15. This is a time to find out what worries people with disabilities and their families and friends about the future. This is very important to



## Families of Students

know when you're working with persons who are about ready to make a major life change (like moving out of their family home).

16. This starts bringing things back to right now and leads to developing some first steps towards implementing a person-centered plan.
17. Remember that support here is not just a service from the regional center, it could mean support from family or friends or services that don't even exist at this time!

You may need to remind people that everything is possible and that this is a chance to dream about what could be! Let this part of the interview go as long as you can! It will provide everyone with a lot of ideas about the future and about what they might just do right now!

18. This helps reinforce everyone working together as a team when support is needed.

If you're working with a circle of support, you might want to suggest that you all get together again soon to start moving towards the best possible future.

19. Who helped provide the information for this interview.

## Families of Students

<b>20</b>	<b>Name of Person</b>	<i>Harbor Regional Center Bringing It All Together!</i>	<b>UCI Number</b>
<b>Moving towards your plan for the future, what do you hope will happen next?</b>	<b>What kinds of support will you need from</b>		
	<b>Family, friends and community</b>	<b>Support service agencies</b>	
20.		21.	
<b>How will you know if your plan has worked?</b>			
22.			

20. At this time, the discussion turns to developing next step plans in moving towards the future. Plans can include activities, information, advocacy, skill building and support services.
21. Everyone can be a part of the plan. In fact, this is a good time to start thinking about natural supports. The regional center is just one of many support service agencies in the community.
22. Asking people with disabilities and their families and friends to develop an evaluation plan helps everyone take some responsibility for it. Everyone has a different criteria for success and it's important to find out what that is early on in the planning process.

**Families of Students**

**HOW TO GET THERE FROM HERE!**

Other Notes

This page can be used as an insert for your additional notes on any one item during the interview.

## Families of Students

### HOW TO GET THERE FROM HERE! Things About How You Live and Would Like to Live

<p><b>How do you live now?</b></p> <p>Alone? <input type="checkbox"/></p> <p>With a roommate? <input type="checkbox"/></p> <p>With your parents? <input type="checkbox"/></p> <p>With other relatives? <input type="checkbox"/></p> <p>In a group home? <input type="checkbox"/></p> <p>Other? <input type="checkbox"/></p>	<p><b>What do you see as the best <i>things</i> about where you live right now?</b></p>
<p><b>What do you see as the <i>biggest</i> challenges of where you live right now</b></p>	<p><b>All things possible, where would you like to live and with whom?</b></p>
<p><b>Are you living where you want to live and with whom you want to live?</b></p> <p><b>If you're living where you want to live for now, please go to question #19.</b></p>	<p><b>What kinds of support do you need where you live right now?</b></p>

This page can be used as insert for individuals who are school-aged and living in other than the home of their parents. These questions will help you to continue building dreams and hopes for the future. They will also give everyone ideas about support needs for living and new options to explore.

**Families of Students**

**HOW TO GET THERE FROM HERE!  
Looking Forward to Your Next Transition**

The questions on these two pages are designed to help you bring together your thoughts about a transition strategy for your son and daughter and some first steps to take towards realizing the *best possible future* after that transition. Remember, this is your plan and it may not be the plan that your son or daughter has in mind so you need to have a family discussion about it as soon as you can. This strategy planning process is built on the following values: 1) all things are possible with the right types of support; 2) support can come from all parts of the community, e.g., parents, family, friends, community services; 3) given lead time, support services can adapt to individual preferences or new support service options can be created; and, 4) most important, that we won't know how to plan for the future unless we ask people with disabilities and their families what it will look like.

**4** What kinds of support do you think your son or daughter and family would need to make that transition a smooth one?

**1** Who is this about?

**2** What's the next transition for your son or daughter and family?

**3** All things possible, what would life look like for your son or daughter after that transition?

**5** What worries you the most about that next transition?

**6** What are some first steps that you could take to start moving your son or daughter and family towards that next transition?

## Families of Students

This is a two-page focus interview on transition which can be used as an insert for families of young children and families of students or when talking to adults who will be experiencing some sort of transition within the next year. The transition might be from school to school, from home to home, from school to adult services and so on. It really helps focus activities and information on things that will help make for a smooth transition for everyone involved.

**Looking at Adult Life**

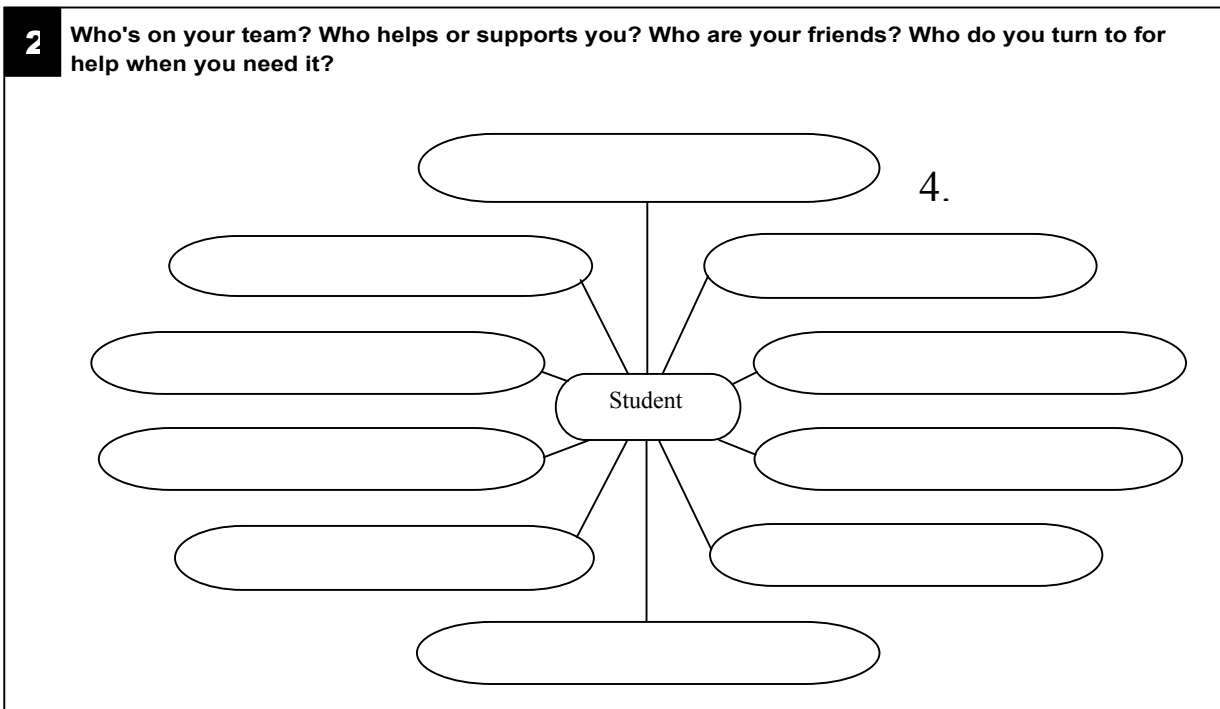
**HOW TO GET THERE FROM HERE!**

**1. Looking at Adult Life**

**What's this all about?** This is a chance for people with disabilities and their families and friends to sit down and think about where they're going in the future and the support that they might need to get there. This *map* will help you to start working towards your hopes and dreams right now. It will also help us at Harbor Regional Center get an idea of where we fit into your lives. It was written to be used in several ways: (1) you can fill it out by yourself; (2) someone can ask you the questions and write down your answers; (3) you can work on it with your counselor or case manager; or (4) family and friends can fill it out if you need help in answering. This is not something you have to do, it's *voluntary*. However, we think that you'll find it useful as well as fun!

**1** Who is this about? 2

3.



**3** What are some *great things* about you?

5.

6

Adapted from *Personal Futures Planning* (Mount) for R.C.E.B. and H.R.C. by Alien, Shea & Associates; revised 4/92.

**Notes and Tips**

1. All three of the interview formats have been written in accessible

## Looking at Adult Life

language. This allows for a lot of variation in use: you can send out the interview format ahead of time; people can fill it out on their own and go over it with you later; or, you can meet and go through the interview together. Deciding when to use this interview is really up to you and the people you are working with at the time. You might decide to use it at a transition time (e.g., leaving school, going to school, leaving home, moving from one place to another). You can choose to review it each year or wait until the triannual IPP review.

2. The focus person of the interview.
3. Who sits in on this interview and where the interview is held are very important. The most ideal situation is to include everyone who can help support someone in looking ahead. This may mean family, friends or other professionals and it may not. The only way to find out is to ask! The interview should be held wherever it's most comfortable for the person interviewed. This could mean a restaurant or someone's house.
4. This will help you get a picture of someone's circle of support.
5. This is an opportunity to set the positive tone for this interview.
6. The *rule of thumb* is to ask the question of the focus person first and then ask others to contribute. It's a good idea to mark the comments of the focus person (e.g., with an asterisk). It's also a good idea to have a focus person in attendance even if he/she cannot communicate. This helps everyone keep thinking positively and of the person first, their disability second. It's suggested that you use this interview format (*Looking at Adult Life*) for anyone who is no longer a student.



**Looking at Adult Life**

**HOW TO GET THERE FROM HERE!**

**4** What things do you like to do? around town? at home? for fun?

7.

**5** What new things would you like to do? around town? at home? for fun?

8.

**6** What makes you happy?

9

**7** What makes you mad or sad or frustrated?

10.

7. This is a chance to find out a little more about someone's community boundaries, likes and dislikes and could help in looking at places to live and work. You might also ask how people get where they go and who goes with them.

If you feel that someone has trouble talking in a group or that it will add to your information base, consider interviewing him/her apart from family, friends or other professionals.

## Looking at Adult Life

8. At this point in the interview, you're getting everyone ready to start thinking about the future. Try to keep this discussion going as long as possible!

These are not questions that people with disabilities are often asked by anyone. So, don't be surprised if you don't get a lot of information the first couple of times that you ask. It's okay! You may need to remind people that it's okay to have dreams and hopes about the future. Sometimes, it's what keeps us going.

9. This question helps keep the interview fun and light. If you're not having fun, it's not likely anyone else is enjoying themselves. Take a minute to just talk if needed.
10. This can help clarify barriers in current and future living, social and working environments, e.g., skill needs, attitudes, fear of the unknown.

**Looking at Adult Life**

**HOW TO GET THERE FROM HERE!**  
**About Work**

**9** **If you're not working right now, what do you do during the day?**

12.

**9** **If you're interested in working, what jobs have you had?**

If you're not interested in working, please turn to the page called *Things About How You Live and Would Like to Live*. If you're already working, please go to question #12.

**10** **If you're interested in working, what kinds of jobs interest you?**

**11** **Do you need support in getting a job?**

Are you looking for your first job?  Yes  No

Does it take you a long time to learn a job?  Yes  No

Do you get social security benefits?  Yes  No

Do you need support in things like using money or getting to work?  Yes  No

If you answered yes to any of these questions, you could probably use some support in getting and keeping a job.

**Already Working, How's Your Job?**

Is it the kind of job you like?  Yes  No

Are the hours and days okay?  Yes  No

Do you get the support you need?  Yes  No

Does the pay cover your bills?  Yes  No

Do you get benefits?  Yes  No

How do you get along with people at work?

great  
 okay  
 not very well

**13.** When you think about your job (check the one that shows how you feel most of the time)

Are you glad you got it?   
 It's okay that you got it  
 You're sorry that you got it

## Looking at Adult Life

11. These questions will help you continue building dreams and hopes for the future. They will also give everyone ideas about support needs for working and new options to explore.

Offer to provide a copy of your notes on this interview to whomever is interested, with permission from the person you're interviewing.

12. These two questions could give you some leads about supported employment options.
13. If you get some **no** answers, this information could be used to facilitate employment advocacy.

## Looking at Adult Life

### HOW TO GET THERE FROM HERE! Things About How You Live and Would Like to Live

<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">13</div> <p><b>How do you live now?</b></p> <p style="text-align: center; margin-top: 20px;">14.</p>	<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">14</div> <p><b>What do you see as the <i>best things</i> about where you live right now?</b></p> <p style="text-align: center; margin-top: 20px;">15.</p>
<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">15</div> <p><b>What do you see as the <i>biggest challenges</i> of where you live right now?</b></p>	<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">16</div> <p><b>What kinds of support do you need where you live right now?</b></p>
<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">17</div> <p><b>Are you living where you want to live and with whom you want to live?</b></p> <p style="margin-top: 20px;">If you're living where you want to live for now, please go to question #19.</p>	<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">18</div> <p><b>All things possible, where would you like to live and with whom?</b></p>

14. These questions will help you continue building to dreams and hopes for the future. They will also give everyone ideas about support needs for living and new options to explore.

15. This page is also available with no interview question numbers. In this way, it can be used as an insert for individuals who are school-aged and living in other than the home of their parents.

## Looking at Adult Life

### HOW TO GET THERE FROM HERE! Looking Ahead

19

What are your dreams and hopes for the future?

16.

20

What scares you the most about your future?

17.

16. What would be the best future? There are no right or wrong answers!

You may need to remind people that everything is possible and that this is a chance to dream about what could be!

## Looking at Adult Life

17. This is a time to find out what worries people with disabilities and their families and friends about the future. This is very important to know when you're working with persons who are about ready to make a major life change (like moving out of their family home).

### HOW TO GET THERE FROM HERE! Looking Ahead

**21** What do you see yourself doing in 3-5 years?

18.

**22** What support would you need to get there?

19.

**23** Who can help you with that support? How?

20.

**24** Who worked on this plan?

21.

## Looking at Adult Life

18. This starts bringing things back to right now and leads to developing some first steps towards implementing a person-centered plan.
19. Remember that support here is not just a service from the regional center, it could mean support from family or friends or services that don't even exist at this time!

You may need to remind people that everything is possible and that this is a chance to dream about what could be! Let this part of the interview go as long as you can! It will provide everyone with a lot of ideas about the future and about what they might just do right now!

20. This helps reinforce everyone working together as a team when support is needed.

If you're working with a circle of support, you might want to suggest that you all get together again soon to start moving towards the best possible future.

21. Who helped provide the information for this interview.



**Looking at Adult Life**

<b>25</b>	<b>Name of Person</b>	Harbor Regional Center Bringing It All Together!	<b>UCI Number</b>
<b>Moving towards your plan for the future, what do you hope will happen next?</b>		<b>What kinds of support will you need from</b>	
		<b>Family, friends and community</b>	<b>Support service agencies</b>
22.		23.	
<b>How will you know if your plan has worked?</b>			
24.			

22. At this time, the discussion turns to developing next step plans in moving towards the future. Plans can include activities, information, advocacy, skill building and support services.

## Looking at Adult Life

23. Everyone can be a part of the plan. In fact, this is a good time to start thinking about natural supports. The regional center is just one of many support service agencies in the community.
24. Asking people with disabilities and their families and friends to develop an evaluation plan helps everyone take some responsibility for it. Everyone has different criteria for success and it's important to find out what that is early on in the planning process.



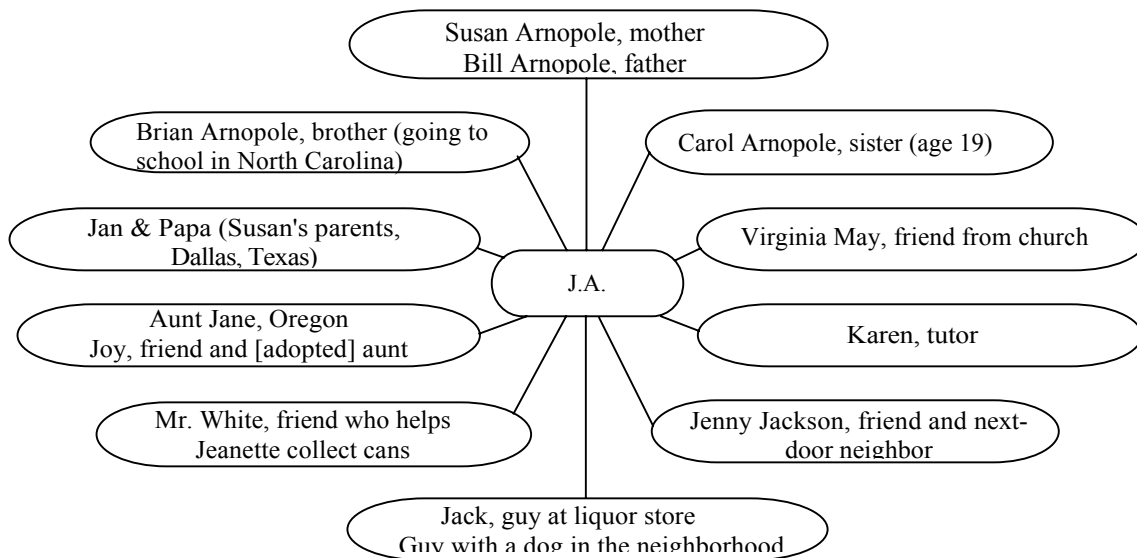
# A Sample Interview

## HOW TO GET THERE FROM HERE! Looking at Adult Life

What's this all about? This is a chance for people with disabilities and their families and friends to sit down and think about where they're going in the future and the support that they might need to get there. This *map* will help you to start working towards your hopes and dreams right now. It will also help us at Harbor Regional Center get an idea of where we fit into your lives. It was written to be used in several ways: (1) you can fill it out by yourself; (2) someone can ask you the questions and write down your answers; (3) you can work on it with your counselor or case manager; or (4) family and friends can fill it out if you need help in answering. This is not something you have to do, it's *voluntary*. However, we think that you'll find it useful as well as fun!

**1** Whose plan is this? *Jeanette Arnopole, age 22*

**2** Who's on your team? Who helps or supports you? Who are your friends? Who do you turn to for help when you need it?



**1** What are some great things about you? *Jeanette mentioned things she does, but not characteristics of her personality. Others, including parents, shared the following observations:*

- Outgoing
- Almost always happy
- Plans ahead/likes to schedule things
- Hard worker
- Very independent
- Concern for others/animals
- Makes people feel comfortable
- Good with John, a neighbor's child (e.g., organized Easter Egg Hunt)

- Honest
- Dependable—If Rebecca says she will do something, she will follow through
- Brave (taken airplane trips on own; learned buses)
- Plans activities
- Talks things through till comfortable
- Thoughtful (e.g., gifts, cards for friends)

## A Sample Interview

### HOW TO GET THERE FROM HERE! Things About You

4

**What things do you like to do? around town? at home? for fun?**

*Jeanette said:*

Crush cans to make money (and later it was learned that this relaxes neck muscles and relieves tension)  
Going for walk with dog in neighborhood

*Others said:*

Going out to eat  
Talking with people  
Talking with pets, and taking care of them (sister mentioned chasing bird in the bathroom, and getting it back in its cage)

Making pizza and other items  
Games, such as parcheesi, Hearts, Jenga  
Planning parties and giving them  
Holidays (decorating, shopping, etc.)  
Using coupons and shopping for groceries

5

**What new things would you like to do? around town? at home? for fun?**

*Jeanette said:*

A job, such as handing out coupons at a store

*Others said:*

Learn how to type/use computer  
Doing crafts with sister  
Helping at Humane Society as volunteer (this is in the works, currently)

6

**What makes you happy?**

*Jeanette said:*

Parties  
Listening to music

*Others said:*

See old friends, etc.  
Going out to eat  
Jan, Papa, Brian coming to visit  
Walking to store on own  
Planning trips, parties, etc.

7

**What makes you mad or sad or frustrated?**

*Jeanette said:* Sometimes angry with sister  
Dad telling her to be quiet, if he's watching TV

*Others said:* Sometimes loses cool Brother and sister doing things that she cannot do  
Seeing a dog in neighborhood chained and not being petted

The family dog (Toby) died When treated like a child  
If people say she is 'little'  
If things are not ready on time; if people are late  
If change is unanticipated, or not scheduled, or not announced  
If she doesn't understand directions  
If she really wants to do something, and it is interrupted

## A Sample Interview

### HOW TO GET THERE FROM HERE!

#### About Work

8

#### If you're not working right now, what do you do during the day?

*Jeanette said:*

Crushing cans (about \$8 per week)

*Others said:*

Takes up offerings at church  
Folds bulletins for Lutheran Church (pastor lives up the street)

9

#### If you're interested in working, what jobs have you had?

*Jeanette said:* See #8, above

*Others said:* See #8, above. Red Cross (volunteer couple of hours per week: rolling pennies; tidying paper; labels; ink stamps); Humane Society (volunteer couple hours per week: feeding, groom-ing, etc.); Convalescent Hospital (quit; couldn't understand what was wanted; staff not helping enough); Eden Express in San Pedro (dishes, ironing, folding napkins, etc.); JTPA/ROP job at Vet's Hospital (swept, napkins, towels, aprons, etc.; didn't like yard work); Work experience job (addressing at Special Services); Dollar Saver (delivering papers; stuffing envelopes); and, Pet Store (volunteer work: too confusing; too many different types of birds and of birdseed that needed to be matched, etc.)

10

#### If you're interested in working, what kinds of jobs interest you?

*Jeanette said:*

Animal care (feeding, watering, grooming, cleaning cages)

*Others said:*

In general, Jeanette likes working around people and animals, and her mother feels that Jeanette is best if there are breaks interspersed with more focused work.  
Being a greeter at a party  
Restaurant work is probably out (doesn't like it)  
Messenger (e.g., delivering mail between offices in a complex)

11

#### Do you need support in getting a job?

Are you looking for your first job?  Yes  
Does it take you a long time to learn a job?  Yes  
Do you get social security benefits?  Yes  
Do you need support in things like using money or getting to work?  No

*Others said:* Making change is sometimes difficult. Jeanette did well rolling pennies and didn't need close supervision. There was a discussion about whether supervisors/co-workers provide accurate, candid feedback as to their experience with Jeanette as a worker/volunteer. Julie, at ARC-Long Beach, is said to see a need for a lot of supervision. Others, including Jeanette's tutor, don't see it this way. Perhaps different supervisors report different things to family and Julie.

12

#### Already Working, How's Your Job?

Is it the kind of job you like?  Yes  
Are the hours and days okay?  Yes  
Do you get the support you need?  Yes  
Does the pay cover your bills?  Yes  
Do you get benefits?  Yes

How do you get along with people at work?

—great  okay  not very well

— No When you think about your job (check the one that — No shows how you feel most of the time)

Are you glad you got it?  
 It's okay that you got it  
 You're sorry that you got it

## A Sample Interview

### HOW TO GET THERE FROM HERE! Things About How You Live and Would Like to Live

13

**How do you live now?**

Alone?  
With a roommate?  
With your parents?  
With other relatives?  
In a group home? Other?

14

**What do you see as the best things about where you live right now?**

*Jeanette said:*  
Having a tutor to do things with

15

**What do you see as the biggest challenges of where you live right now?**

*Jeanette said:*  
Cleaning up the house (shares vacuuming, dusting, and other responsibilities with sister)

16

**What kinds of support do you need where you live right now?**

*Others said:*  
Jeanette is fine at home, without anyone around for substantial periods of time, and can keep herself appropriately occupied. If away for a few days, mother suggests having friend over, and would not be comfortable with either daughter being home alone.

17

**Are you living where you want to live and with whom you want to live?**

*Jeanette said:*  
Would like to live somewhere else, with a roommate  
Doesn't know who or how Would like to live with one or two other people

If you're living where you want to live for now, please go to question #19.

18

**All things possible, where would you like to live and with whom?**

*Jeanette said:* A place that is 'affordable'  
Jeanette has friend Lee Ann, who stayed over and was 'bossy' and 'nosey'<sup>5</sup>

*Others said:*  
Close to friends/family

## A Sample Interview

### HOW TO GET THERE FROM HERE! Looking Ahead

19

What are your dreams and hopes for the future?

*Jeanette said:* Not sure

20

What scares you the most about your future?

*Jeanette said:*

She can take her own meds (oral, 2x per day)

*Others said:*

Sister fears that if Jeanette is not more independent, she could come live with her but would likely be disgruntled

Jeanette may fear loss of health/function (e.g., some possible progressive hearing loss, etc.) Jeanette is probably fearful of not having enough money for food, etc., if she moves away from home



## A Sample Interview

### HOW TO GET THERE FROM HERE! Looking Ahead

**21**

**What do you see yourself doing in 3-5 years?**

*Jeanette said:*

Getting a job

Leaving home

*Others said:*

These are the two things Jeanette talks about often

**22**

**What support would you need to get there?**

*Jeanette said:*

Need help from Julie at ARC-Alameda County in finding and learning a job

Regarding living on own, I need help cooking (e.g., using the oven, etc.) and how would I shop for groceries? Jeanette can shop for groceries, but would need getting groceries home. There was discussion of getting a cart, and living near a grocery store where there are curb cuts.

*Others said:*

Is there any way to get information and work with others to help find and develop a job for Jeanette?

Others asked Jeanette if she would need help (training/assistance) in changing sheets, getting oriented to use of public transit, getting to the doctor's office for appointments, going to places not on bus routes, doing own laundry, keeping her place clean? In many of these areas, she may need prompts or assistance.

**23**

**Who can help you with that support? How?**

Carol will look into getting Jeanette a cart to haul groceries from the store.

Susan and Karen can help by asking supervisors: "What can Jeanette work on to improve her job performance?" and asking people to be candid.

Family/friends will see about putting marks on oven dial, so that Jeanette can use oven properly. Susan would like information on conservatorship. Carolyn is seeking information/support on special needs trust, and has had person from Los Angeles

(Estate Planning for the Disabled) out to talk about it. John Shea was asked, and agreed to share results of meeting with Julie at ABC-Long Beach, because (a)

there may be ways to collaborate, and (b) some of the ideas/information shared might be useful to Julie.

Looking at alternative living arrangements was identified as a likely area of interest.

**24**

**Who worked on this plan?**

Susan Arnopole, mother; Carol Arnopole, sister (age 19); Virginia May, friend from church; Joy, friend and (adopted) aunt; Jenny Jackson, friend and next-door neighbor; and Karen, tutor.

## Sample Plans

<b>25</b>	<b>Name of Person:</b> Jeanette Arnopole	<b>Harbor Regional Center Bringing It All Together!</b>	<b>UCI Number:</b>
<b>Moving towards the future, what are some first steps that you could take over the next six months to a year?</b>		<b>What kinds of support will you need from:</b>	
		<b>Family, friends and community</b>	<b>Support service agencies</b>
<p><i>For fun:</i></p> <ul style="list-style-type: none"> <li>• Start a crafts project with sister</li> <li>• Learn how to type and use a computer</li> </ul> <p><i>For Work:</i> Get a job</p> <p><i>For living:</i></p> <ul style="list-style-type: none"> <li>• Look at different types of places to live</li> <li>• Learn more about living on my own or with others</li> </ul> <p><i>For the future:</i> My parents want to learn more about special needs trusts</p>		<ul style="list-style-type: none"> <li>• Go to the hobby store with my sister to see what kind of craft might be interesting</li> <li>• Look at the adult education catalog to see if there are any interesting hobby or craft classes we could take together</li> <li>• Make an appointment at the computer center in Santa Monica</li> <li>• Ask Karen to go with me to try out a computer and if I'm interested in it to see what computer would be best for me</li> <li>• If I can't get a job right away, I'll keep volunteering at the church</li> <li>• Mom can help me apply to be a volunteer at the Humane Society</li> <li>• Ask my sister, mom and dad or Jenny to look at different types of places to live with me</li> <li>• Work on a plan at home with my parents to learn more about things like cooking and shopping for groceries</li> </ul>	<ul style="list-style-type: none"> <li>• Talk with ARC/Long Beach about supported employment</li> <li>• See if they can help me find a job that's about working around people and animals</li> <li>• Ask the regional center for names of people and places I could look at that would give me an idea of what's out there</li> <li>• Ask the regional center for support in learning more about living skills that will help me be more independent, like grocery shopping and cooking</li> <li>• Ask ARC/Long Beach for information about special needs trusts</li> </ul>
<p><b>How will you know if your plan for the next year has worked?</b></p> <ul style="list-style-type: none"> <li>• I'll be working and doing more things for fun and with my sister</li> </ul>			

## Sample Plans

<b>25</b>	<b>Name of Person:</b> John Thompson	<b>Harbor Regional Center</b> <b>Bringing It All Together!</b>	<b>UCI Number:</b>
<b>Moving towards the future, what are some first steps that you could take over the next six months to a year?</b>		<b>What kinds of support will you need from:</b>	
		<b>Family, friends and community</b>	<b>Support service agencies</b>
	<ul style="list-style-type: none"> <li>• I'll get a job</li> <li>• I'll be able to buy things for myself at the store</li> </ul>	<ul style="list-style-type: none"> <li>• My dad's got a friend who works at the Marriott who might be able to help me find a job</li> <li>• Mom and dad can help make sure I get to work</li> <li>• My parents can take me to the store</li> <li>• My day program can give me more chances to buy things in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Help in interviewing for a job</li> <li>• Help in learning how to do the job</li> <li>• Help in learning how to get to and from work</li> <li>• Norm can assist me by calling the Department of Rehabilitation and talking to my dad about possible jobs at the Marriott</li> <li>• Learn how to use money at my day program</li> </ul>
<b>How will you know if your plan for the next year has worked?</b>			
<ul style="list-style-type: none"> <li>• I'll be working Monday through Friday and making \$600 a month</li> <li>• I'll be able to take some of my money and buy clothes and a television</li> </ul>			

## Sample Plans

<b>25</b>	<b>Name of Person:</b> Jessica Holmes	<b>Harbor Regional Center</b> <b>Bringing It All Together!</b>	<b>UCI Number:</b>
<b>Moving towards the future, what are some first steps that you could take over the next six months to a year?</b>		<b>What kinds of support will you need from:</b>	
		<b>Family, friends and community</b>	<b>Support service agencies</b>
<ul style="list-style-type: none"> <li>• An after-school program</li> <li>• Behavior will improve</li> </ul>		<ul style="list-style-type: none"> <li>• Help from other parents to advocate for an after-school program</li> <li>• Cooperation from schools and child care operators to start a program</li> <li>• Go to a parenting class at the community college</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy from the regional center</li> <li>• Flexibility in using respite hours in a different way</li> <li>• Respite agency willing to work with a day care center to provide training and supervision</li> <li>• Regional center can provide respite to support our efforts at home</li> <li>• Regional center could provide some extra respite while we attend the college class</li> <li>• Regional center could provide behavior assistance to support what we learn in the class</li> </ul>
<b>How will you know if your plan for the next year has worked?</b>			
<ul style="list-style-type: none"> <li>• We'll have an after-school program that Jessica can go to and I'll feel safe</li> <li>• Her behavior will improve</li> </ul>			

## Circles of Support

### INTRODUCTION

One of the outcomes of person-centered planning can be a circle of people who are interested in making a positive difference for and with a particular person. This group consists of the focal person and might include neighbors, friends, extended family, employers, service providers, regional center counselors, as well as any other interested persons.

### CIRCLES OF SUPPORT

Although regional center counselors will not likely be active members of circles of support (most people feel that you can only fully participate in 1-2 circles), people with disabilities and their families will want more information on how to start and keep a circle going.

#### **What are Circles-of-Support?**

Around each person are people who live, work, or play with that person. Some are close relatives; some are neighbors and friends; some are paid service providers. These people—loosely or tightly, formally or informally—constitute what some call a circle-of-support. Others use the term personal team, circle-of-friends, Joshua Committee, or a similar name.

#### **How do Circles come into existence?**

There is no one way. Some individuals—because of personality, verbal skills, vulnerability, the efforts of others (e.g., parents), or for yet other reasons—have larger numbers than others of close family members and friends constructively involved in their lives.

## Circles of Support

Some Circles—of widely varying sizes and degrees of organization—are put together by the individual, family, or friends, simply because of shared interests, mutual commitments and caring, and the joy of being aligned with each other. Other Circles, especially if the center of attention (often called the focus person) is a youth or adult with severe disabilities, are consciously created in an organized way.

These latter Circles may evolve from a process called personal futures planning—that is, a process known by a variety of names, in which a group of people agree to come together at least once or twice (1) to learn more about the individual and the people in that person's life; (2) to listen to that person's hopes and dreams for the future; and (3) to see what support each person may want to offer to move the focus person in the direction of a 'desired future.'

A personal team seeks to develop community connections, to invent and experiment with novel courses of action, and to stand by the person as any close friend would do. The essence of person-centered planning is having the person with a disability (along with family and friends) create a vision of a desired future, identify the support needed to get there, and determine what steps to take, here and now, in pursuit of that desired future.

### **Some tips on organizing and nurturing a circle-of-support:**

1. Interview the focus person (and family, friends), and get names, addresses, the telephone numbers of people to invite (e.g., parents, siblings, other family, friends, neighbors, teachers or therapists, pastor, physician, etc.). Note: If the purpose of developing a circle-of-support is clear (e.g., helping the person decide where to live and with whom), be sure to invite people who can make a difference.

## Circles of Support

2. Set convenient time and place for initial meeting. (This should be the focus person's home or other comfortable, non-agency place.) Suggest that the focus person (or family) prepare or bring cookies, cheese and wine, or whatever.
3. Send a letter inviting people to come to an initial meeting. (See Figure A, for sample letter of invitation to first meeting.) The person with a disability may wish to follow-up by telephone.

**Figure A**

Friends of Bonnie Jean McLaughlin  
 c/o John Shea  
 1571 McKinley Road  
 Napa, CA 94558  
 (707) 255-5871

May 15, 1991

Bill and Gretchen Oertel  
 1234 Lawrence Napa, CA  
 94559

Dear Friends of Bonnie Jean:

Bonnie Jean has asked me to invite you to her house, 3912 Stover Street, on Monday, June 3rd, at 7:30 pm. You will be joined by several of her other friends, and family, to talk about how we can all support Bonnie. This will be a chance (1) to share with Bonnie the things that make her a friend; (2) to learn what she wants to do (and become) in the future; and (3) to 'brain-storm' how she can move toward her goals. The meeting should last for about two hours.

Bonnie Jean has asked me to help her get a circle-of-support started. No one is under any obligation to offer anything (e.g., advice, assistance, an occasional telephone call). We simply ask that everyone agree to come back at least once to see how Bonnie Jean is doing.

If you have any questions, please feel free to call me, or Bonnie Jean, or her mom and dad.  
 Hope to see you soon!

Cordially,

John Shea

4. Typical ground rules are (1) to ask people to come to first and at least one follow-up meeting; (2) no one should feel obligated to offer support (advice, information, personal assistance, etc.); and (3) keep it light and have fun.

## Circles of Support

5. A facilitator should be recruited in advance, have an easel, flip-chart, marking pens, and be good at writing things down and keeping the conversation moving along. Note: If possible, someone other than a parent should do this, so that it is a community (rather than an exclusively family) affair.
6. After introductions, you can agree on additional ground rules, which might include:
  - Take turns.
  - Listen to one another, and probe only to clarify.
  - Be respectful of each other's ideas and information.
  - Keep all things [or certain things] in the room.
  - If you say you will do something, follow through.
  - Support one another.
7. Go through a set of questions that will provide information and direction for the future. Ask the focus person first. Then, family. Then, friends. Note what people say. Move to next question. Summarize consensus, and wrap-up with three or four 'bottom-line' questions.
8. Set date (and time) for follow-up meeting (say, in 4 weeks), write up what was learned, vision of what is wanted, steps to get there, and what people offered to do. Send out . . . , perhaps with second letter.



## Circles of Support

### Some lessons learned

The following factors are often critical or very important in maintaining a personal team, constructively involved in supporting the person:

1. *Communication*—One person agrees to write up the results of get-togethers, and to send out notices of upcoming get-togethers.
2. *Trust*, trying to respond to what the person wants, and consensus—Teams which listen carefully to the focus person and each other, who respect each person's views, and who base offers of assistance on what the person wants or on what the group perceives as in the person's 'best interests,' do best.
3. *Facilitation*—Someone may need to facilitate meetings, keeping track of time, identifying issues and offers of assistance, and seeing that each person has an opportunity to contribute.
4. *Having fun*—Teams whose members enjoy each other and have fun together, often stay together longer, and are eager to continue to be involved with the focus person within the context of a circle-of-support.

## Circles of Support

5. *There is no single, best way*—One needs to be adaptable and responsive to the needs and desires of the focus person. One person may not like (or do well) with large, formal get-togethers. If so, try strictly social meetings. One person may wish to keep friends at some distance from one another; let this person direct the group. One person may want a full-blown personal futures plan; another may have a more limited need (e.g., to access disabled and non-disabled peers at school). The circle and its processes should reflect these differences.



## STORIES

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## PLANNING: A ROSE BY ANY OTHER NAME

*by Phylinda Clark, Connie Saverino*

Although Hazel and Dick are neighbors, they barely know each other. Their apartments are a block apart. Age, race, culture, and personalities would suggest that they were different. At first glance they would appear to be a study in contrasts. We met them in much the same way, in similar places - Skilled Nursing Facilities (SNFs). Although they came because of different circumstances, both were placed in SNF as a result of having no one to fight for them.

Over the years, Hazel and Dick have learned a great deal about fighting for themselves. We often wonder what is most important about these two; what they learned or what they have taught? They have taught us about the elusive and unpredictable qualities of person-centered planning. Dick and Hazel are into reality, and their reality has taught us that planning is really hard work. Sometimes it pays off, even when the planning doesn't go as well as we'd hope. It can be textbook, picture-perfect and be worthless.

Dick, age 44, had been in the geriatric skilled nursing home for over 22 years. Planning for Dick met with obstacles. He had friends, fellow patients that he would miss. Plans to continue relationships were met with refusal by staff. Dick would be able to visit them, but they could not visit him. The staff concentrated on readiness skills that Dick had yet to master; they tried getting rid of his guilt, but Dick was a kind and sensitive guy who didn't want to hurt anyone. His actual planning and mapping meeting turned into a three-ringed circus by SNF staff. The social worker looked at the drawings on butcher-paper from felt-tipped markers, and said "this is a very nice guy". In a video, that was taken during a party, she's seen patting Dick's friend on the back to reassure him "no one is coming to rip you away". It was difficult to elicit cooperation, even with the most basic preparations for Dick's move. The

process of finding a roommate and finding a place went quickly, perhaps too quickly. When the "match" between Dick and his first roommate didn't materialize; and the apartment's bathroom wasn't made more accessible to wheelchairs, Dick remained optimistic. Soon we were back to the drawing board, but instead of finding a roommate - two roommates materialized, that are now Dick's closest friends. We located another apartment that was large, roomy, and with only minor alterations to the width of the bathroom door, it became accessible to wheelchairs. To look at, Dick's busy life - filled with friends, hobbies, and outside activities— one would not know that the initial planning for this long awaited move to the community fell through. It all went the way we hoped it would.

Hazel too was anxious to move from a skilled nursing facility. After her mother's death, her supports had slowly fizzled away. We provided support for Hazel for a year, while she lived in a facility. This put us in a position to become acquainted with her, and evaluate what her needs would be once she placed in her own apartment. The recruitment of finding a roommate hit every road block imaginable in spite of picture-perfect planning. When one was found, within days it would fall through, these things would happen even before an apartment search was underway. Cindy came, a roommate for Hazel; the road began to look smooth. We made acquisitions for an electric wheelchair to improve Hazel's mobility. It didn't fit. Hazel didn't want to start over, she was exasperated with the process. Cindy and Hazel got along famously. Hazel was getting out of the apartment, got involved in her church, she took classes in the local recreation center for seniors, and was on the advisory committee at the agency.

Over the next few months events began to occur that gave concern about longevity of this living arrangement. Cindy began to complain of back pain. Hazel's care grew more demanding as her health began to deteriorate. Cindy became engaged; planning gone awry! We were committed to Hazel, so we pieced things together. Cindy transferred to

another job within the agency but lived with Hazel until a roommate could be found. This process was lengthy. Hazel was specific about her personal needs and the qualifications and characteristics her roommate must possess. During all this Hazel's health got worse; she had to be hospitalized. Because she was now had to be placed on a catheter and a oxygen tank, a home nurse was assigned to come in weekly. Still supports were not in place. We continued to have regular, daytime support during the week, but sleep over support was rotated. There was no one to share expenses with Hazel, now that she had no roommate. The agency had to pay the rent. Hazel made a living will, in it she stipulated that no life support, even the ventilator that the doctor had recommended, was to be used. Meeting and planning sessions took a grim turn. Since Hazel was adamant about remaining in her own place, we were committed to helping. Her struggles continue, a fair hearing for additional needs is pending. Never have we planned so much. Planning, listening, and making commitments are all good, but doesn't guarantee anything.

What we do know about planning with people around their own unique capacities and needs is that nothing that makes sense will ever happen. It is elusive and unpredictable because it reflects the hopes and needs of real people; people like Hazel and Dick.



## **ROCK BOTTOM AND IN THE CORNER**

*by Andre Shaw, Sacramento Vocational Services*

Jake was born with Cerebral Palsy (CP). The CP, however, was only one strike in a life that almost struck out. He had enough money set aside to take care of him for the rest of his life. He had other plans. He was an angry man with a hankering for a rough crowd; a biker crowd. Even though in a wheelchair, he rode a motorcycle (with the assistance of his "friends"). After his recovery from a crash, Jake rented a house. He was "taken care of by the same "friends". "Taking care" of Jake consisted of pumping him full of drugs, stealing his money, and neglecting to feed or dress him. When Jake was rescued by the State, he was found in the corner of the house with no clothes on, and flat broke. With the help of his county conservator, he was able to slowly piece together his shattered life.

After seven years of strict supervision and little control of his life, Jake and his conservator agreed it was time to take another big step forward. He chose and began to receive Supported Living Services, the heart of which is person-centered planning. This gave him the opportunity to begin making choices in a monitored environment. His long-termed goal was to become un-conserved and independent. With the help of his circle of support, in the context of developing a Personal Futures Plan, he talked about his problem with drugs and his bad choice of friends. He talked about his desire to exhibit his artwork. Also, he would like to tutor other disabled adults on how to use communication devices and electric wheelchairs.

He has thought about living in his own apartment; he knows the exact apartment complex he wants to live in, and who he wants to be his roommate. Jake is now seeking help in collecting furniture and utensils. His plans are to attend the community college. In his Individual Support

Plan (a vision-based planning tool), he has made clear the need for adaptations to aid him in his apartment. Jake also knows that if he blows it, the opportunity to live on his own and gain independence, may not come around for a long time.

Jake has a long way to go, but he has begun the journey. With the supports available to him and backed by the belief of his friends, it will be a journey that Jake will accomplish.

## **DOING IT ON HER OWN**

*by Nikki Seid, Sacramento Vocational Services*

Joanne was living in a skilled nursing facility and was miserable with the living conditions. She felt she had no freedom and little control of her life. Her friends couldn't visit whenever they wanted; they were even asked to leave a few times. Joanne realized that there had to be a better way to live. Her parents wanted to keep her in the nursing home because they knew she would get the care she needed. They may have felt that they were helping her, but they actually were holding her back and making her very unhappy.

Joanne was introduced to Community Supported Living Arrangements (CSLA) and it seemed like a way out. She knew that this was the solution to her misery. She was on the CSLA list and hoped her number would come up soon. Her parents were totally against the idea, and threatened to take her to court to become her conservators. It was hard but Joanne had to go against her own parent's wishes and think of herself first.

Joanne realized that she could get her own apartment, and began thinking about what she needed to do. She talked to friends about roommates and aides; she found them to be a great deal of support. When she began looking for apartments, her parents realized that she was serious. They decided that they were not going to stand in the way of her happiness, and began to support Joanne. The pieces of Joanne's life were now starting to pull together.

Things got so bad with her living arrangements, Joanne decided she would not wait for CSLA. She and her roommate found an apartment and began setting up a thorough system to make the move successful. Her parents even helped to furnish the apartment. They were very impressed with how well planned things were. Joanne knew that one mistake would turn her parents against the whole idea.

Now, Joanne lives in her own apartment. She has hired three aides, and gets support from her roommate. She made some difficult decisions in order to take control of her life. She is now very confident and also proud of her accomplishments. Joanne attends the local community college and wants to share her success story with preschoolers. A person is not limited because of their physical disabilities, and anything can be accomplished if you try hard enough.

## **MATT KNOWS**

*by Scott Donant*

I first met Matt a little over two years ago. It was at a Interdisciplinary Team meeting, at the Intermediate Care Facility (ICF) that he was living in. He stayed to himself. Matt didn't care about what was going on in the meeting or who I was. He just wanted to spend some time with his dad. After about five minutes of sitting in the meeting, he got up and left. He was the smart one.

The Recreational Therapist did not know what to do, Matt was not interested in playing any games; the Speech Therapist did not know what to do, he did not want to communicate; nor did the ICF staff, because he kept trying to escape. It took about ten minutes before I realized what they meant by "he went for walks whenever he wanted to". The ICF board described Matt as stubborn, lazy, bull-headed, and wanting to do only what he wanted to do. Matt thought of these as pretty admirable qualities.

During the next two years, I heard stories about Matt escaping. One time, he took the lock off the gate, went out of it, and then re-locked it. The staff's concern was that he had left but I was amazed at how creative Matt was. What else was Matt capable of and not showing us?

Matt perceived me as being the person that got him out of ICF meetings. Whenever I arrived, Matt would immediately grab me by the hand and drag me out the front door. If I had to talk to someone else, it would have to get postponed. Once we got outside the door, he would never be specific about what he wanted to do; but it was clear that he didn't want to be there. When our time had ended, Matt didn't want to get out of the car. It seemed as if I had to drag him back inside. The ICF staff often commented that it was obvious I was important to Matt. I was the only person, outside his family, that he was excited to see.

Through the use of person-centered planning, Matt has a completely different life. He did not verbally indicate what his desires were, but to his circle of support, it was clearly obvious what Matt did not want. Instead of trying to plug Matt into available services that were not always appropriate, we started to look for services for what we thought he wanted. Sometimes we were right, but if not, Matt would let us know.

Things are different for Matt now. Matt is living in his own home, he rents with two other people. When he first moved in, staff was concerned that he might leave without letting someone know. We considered putting alarms and bells on the doors, but later decided not to. In the last nine months, Matt has not left his house without taking someone else with him. It appears that he likes where he lives. He no longer pulls me out the door; he pulls me over the threshold of his new home. Unfortunately for me, Matt does not think I am special anymore, there are many people in his life that are special to him now.

## **MAKING MY OWN DECISIONS**

*by Orange Redmond*

Living at United Cerebral Palsy, 105th Street, wasn't as easy or fun as it is now. I couldn't make any choices, about the food I ate, the places I would go, or how late I stayed up. I didn't have my own money, to pay rent or spend the way I wanted to.

Now, through Supported Living Program, I am involved in planning my own future. I have the freedom to my own decisions about my life. My friends and I have the freedom to do what we want. My life is better because I'm independent and in control of my life.

## CHAIRS ARE OVERRATED

*by Diane Turnball, Sacramento Vocational Services*

Karen has been living in her own apartment for three months now. Prior to that time, she had lived in a Skilled Nursing Facility for approximately 15 years. While she was there she lost contact with her family, became more isolated, and consequently, began to exhibit more "behavior problems". Because Karen communicates mainly through eye contact and moaning, it was difficult for staff at the nursing facility to take the time necessary to figure out what she needed. As a result, she began to slap herself and scream when she needed something. This was clearly "inappropriate behavior", and the people at the nursing facility felt they could no longer serve her. Fortunately, through an innovative independent living program, Karen was given the opportunity to move into her own apartment, with a 24-hour support staff.

Now, Karen always has someone to "talk" to when she needs them and take care of her personal care needs as they happen. She is slowly becoming confident in her support people, and the care they gave her. Karen is much more successful at communicating her needs; through eye contact and positive response. As part of living in her own apartment, her staff conducts a house meeting twice a week. The first couple of weeks, they tried to sit around the table for meetings, but Karen chose not to participate, choosing to retire to her room.

The third week of the house meeting, the staff tried something new. They all sat around on the floor and talked about how things were going. Karen loved the idea that they were all sitting together on the floor. The staff *talked* to Karen, and she enjoyed being the center of attention.

At her first Circle Meeting, in her new apartment, Karen's sister came to take part in the planning process. They had not seen each other in eight years. Cindy, Karen' sister, said she could not bring herself to visit Karen



in the nursing home (because Karen was so unhappy there). It was a beautiful reunion, Karen smiled from ear to ear. Once all the members of the meeting were together, they all sat in the floor of the living room. Karen greeted each person, and the meeting started. It went a little long for Karen and she left to spend more time in her room listening to music. But, the important thing was that she did join the group, and felt like a part of it. Her staff anticipates that the more comfortable she gets with the support gatherings, the more likely she will be to participate in the planning process.

Things may not ever be perfect for Karen. She still gets frustrated when her staff don't understand her, and at times resorts to her old behavior. What's different is that the people consider her preferences, in facilitating her success in her new apartment and her new life. As a result, Karen is more confident and much happier.

## "IT'S JUST LIKE CHRISTMAS": MAKING DREAMS COME TRUE THROUGH PERSON-CENTERED PLANNING

*Christine Dixon, Mary Ellen Sousa & Deborah Tweit-Hull*

### **Author's Note:**

The following story was written for several reasons. Perhaps most importantly, we feel it's critical to take time out to celebrate the "victories" that touch all of us. Secondly, our collective struggles create a need to try to make sense out of the sometimes frustrating maze known as "the system." (In other words, writing this story was therapeutic for the authors!) Thirdly, we believe that sharing stories with others helps us to better understand and continue the work, which enables all of us to fulfill the basic dream of a real home. One final, but important note: Chris is clearly the "star" of this story. True we have formed a partnership and friendship, but without Chris' shared courage and sense of justice, we would still be at the proverbial "Square One." We're still learning, as writers, how to capture Chris' thoughts on paper using her exact words. We struggle with the reality that people who use labor-intensive communication systems learn quickly to speak very succinctly to facilitate conversations. This same skill, however, can make it difficult for the reader to follow the story.

With all of that said, we dedicate this piece to all the dreamers who are willing to do whatever it takes to make those dreams come true.

### **The Journey Begins**

When we met for the first time, forty-six year old Chris was lying in a bed at a local hospital. Too weak to use her communication board, she gazed up to indicate "yes" and down for "no". She appeared frail, having lost more than twenty pounds from her normally petite frame. Extended hospitalization is difficult for anyone, but it becomes even more so when

one has significant cerebral palsy and relies on alternate forms of communication that hospital staff frequently misunderstand.

Approaching her one-month "anniversary" of being admitted via the hospital emergency room, Chris had already endured numerous invasive and frightening medical procedures and a discharge date was nowhere in sight.

We learned that Chris had lived with her family until she was forty-four years old. Following her father's passing and mother's subsequent health problems, Chris had no other choice but to move to a group home to obtain the support she needed.

Chris' understanding of the realities of her situation didn't help her "adjust" to group home living. She expressed this frustration, as well as her continuing grief over loss of her father, through her behavior.

Prior to her sudden hospitalization, Chris had spoken to Tom, her case manager/social worker, about her unhappiness; she wanted to move from the group home. But Chris was scared to make a change and fear of the unknown ran high. She lost her temper frequently and became frustrated easily. Chris and Tom worked out a plan. With Chris' permission, Tom referred her for Regional Center's CSLA "supported living" services. Bureaucracy being slow by definition, months elapsed. Then, Chris was hospitalized. Finally, we were "officially" invited to the hospital to meet Chris.

*"Who is this Mary Ellen, anyway?!?" Chris thought to herself.*

Our young agency, Creative Support Alternatives, assists people who have disabilities to live in homes of their choosing, secure employment, and establish a valued presence in their neighborhoods and communities.

Pretty basic stuff, really. Definitely not rocket science, as they say. But for people with disabilities and their families who have been surrounded—and sometimes consumed—by "special" services and programs, what we

do can sound somewhat unorthodox. And sometimes scary. So, as we met Chris for that very first time, we were struck by her quiet and gutsy determination.

*"I thought I would go back to the group home, anyway. I did not think it would happen. But I was wrong."*

We relied on a type of "Twenty Questions" to communicate, with Chris using her eye gaze to respond to yes/no questions. Tom was in the hospital room along with Chris' mother, brother, group home worker, the Regional Center nurse consultant, and of course, Chris. Due to a hospital-acquired infection, Chris was in isolation and we were all required to wear surgical gowns and masks.

Meeting us, two strangers with faces hidden by hospital garb, Chris was assertive despite her obvious pain and discomfort. She wanted to move out of the group home and she wanted our help to do it. (We couldn't help but feel honored. Chris had, in one short meeting, impressed the hell out of us. This was one persistent individual). And the irony didn't escape us; because of a newly implanted gastrostomy tube, Chris couldn't return to the group home even if she had **wanted** to...the home wasn't "licensed" to provide the type of assistance that Chris now required. Yet, she could move to her own (unlicensed) place!

## **Making Plans**

We have learned that "Person-Centered Planning" doesn't—and shouldn't—look the same twice. More than just a different type of meeting, person-centered planning is a continually evolving process because that's what constitutes **life**. In other words, when the process is over, so is life. We know it to be a process of building trust, communication, commitment, and relationships. Person-centered planning represents opportunities to plan together, tackle challenges

head-on, celebrate triumphs, and re-group when necessary. Person-centered planning puts the individual in control, and others supporting versus supplanting that control. On that first day with Chris, we embarked on the journey together.

Over the next month, we visited with Chris at the hospital three or four times each week. We thought of ourselves as "running interference" between Chris and the hospital staff. At every opportunity, we modeled what we were learning about how to communicate with Chris. We explained her yes/no response. We tried to protect her from the day-to-day, unintentional insults that often characterize hospital life. We participated in physical therapy sessions. We assured the nurses that Chris was very much interested in communicating with them. And Chris continued to amaze us with her determined approach to regain what she had lost because of her illness.

We began to piece together a sort of composite picture of what Chris thought she wanted in her new living situation: one or two female housemates, a San Diego location, nearby stores and services and bus line access. We learned a lot about each other. We learned that there is absolutely no replacement for spending time together. Chris shared her fears with us:

*"I did not know where I was going to live. I was scared".*

Our continuing reliance on Twenty Questions sometimes proved frustrating. We felt uncomfortable knowing Chris' yes/no eye gaze response limited her only to choices we presented to her. She was restricted by our ability to creatively—and consistently—think of the "right" questions to ask. We continued to talk with Tom and Chris' family, asking questions about Chris' preference, experiences, important relationships, anything we could think of. We met with the group home service provider. She seemed genuinely interested in Chris.

She offered lots of practical information about Chris' routines, mealtime support techniques, and the difficulties Chris had with group home "adjustment." (To us, these "adjustment" difficulties served to further confirm her tenacity and sense of self).

## Getting Down to Specifics

Together, we devised a housemate flyer: "I'm looking for a person who would like to: share a home (San Diego area, exact location flexible); make a friend (I'm 47, female, enjoy meeting people and going places); earn some money (I use a wheelchair and communication system—I need some help at home and other places, pay negotiable!) Interested? Call Creative Support Alternatives at \_\_\_\_\_ and they'll connect us!"

Chris chose bright red paper. We began putting the flyers up in several neighborhoods that met Chris' qualifications. Sometimes, we were forced to make what we called "educated guesses." For example, growing up in Chula Vista, Chris was unfamiliar with most of San Diego, yet because she was hospitalized we couldn't tour neighborhoods together. We talked to her about specific neighborhoods, looked at maps, shared insights...and listened. We put an ad in the Reader, a San Diego newspaper with a somewhat "alternative" slant. (The Reader ads also utilized a voice-mail message system, enabling us to explain beyond the actual print ad what Chris was looking for).

We also placed an ad in the San Diego Union-Tribune. The ad read: San Diego Area: Lkg. for F. to jointly rent apt./house, I use a wheelchair, nd. some assistance, pay negotiable. Lv msg. at \_\_\_\_\_. (The high cost of the ad forced us to be succinct!)

One day, while talking with Chris in her hospital room, she kept glancing at the shelf near her bed. After a few attempts, we understood: she wanted to try to use her communication board again. With her health improving, Chris had the strength to use her board. With a pen as her

"pointer", she slowly spelled out words. After nearly two months of "Twenty Questions", Chris excitedly talked □ via the communication board—for 1 ½ hours! Following the conversation, we said good-bye to an exhausted, but satisfied, Chris. Our spirits soared.

*"It was great!! I could express myself!"*

Chris' doctor let all of us know she was getting better. The physical therapists continued to help her gain strength and exercise her weakened arms and legs. We pushed the nurses to re-introduce foods to Chris. The doctor's orders said she could begin to try eating again, but the nurses were afraid that Chris would choke easily because of her strong tongue thrust. And their fast-paced schedules didn't allow much time for assisting Chris with eating. We began bringing in yogurt, ice-cream, anything Chris wanted to try (provided it was fattening—she had twenty pounds to gain!) We too were somewhat nervous about helping Chris to eat. Still, we made a point of letting the hospital staff see how we assisted Chris. We shared what we learned and dubbed it "subversive in-service training" for the staff.

Chris' sense of humor and wit increasingly came through via her communication board. The "Discharge Planner" informed us of the hospital's plans to transfer Chris to a county-run rehabilitation hospital (an old geriatric facility, really).

We gently tried to break the news to Chris. We feared that the transfer and additional weeks or months of institutional life would cause Chris' depression to return. After listening to us ramble on for several minutes, Chris used her communication board to interrupt. She had heard the Discharge Planner talking to some of her nurses. "It's a dump!," she said with a smile. So much for breaking it to her gently. (We learned that Chris had a friend who had lived at the facility for 23 years and she was quite familiar with it).

*"I thought I might have to stay there. I thought they might keep me there."*

## Being There

Chris' fierce independence continued to unfold. In her group home, this strength came to be viewed as a behavior problem. In fact, Chris' Individual Program Plan (IPP) contained the following goal:

Chris will communicate her needs appropriately without tantrums by reducing tantrums to one or fewer per month.

Medication had been prescribed by a psychiatrist to decrease her anger and frustration. Everyone knew, however, that the medication merely addressed the symptoms, which Chris' real needs (i.e., a longing for control over her life and living situation) went unfulfilled.

On the day that Chris was transferred to the county facility, we met her at the door as she was taken out of the ambulance and wheeled in. We had promised her that we would be there.

*"I was scared. I was glad you were there."*

Our mission was clear: make sure the facility staff understood that Chris was there for physical therapy and rehabilitation purposes—in other words, this was a **short-term** admission. It was incredibly important to Chris that this be understood. Within moments, facility staff were taking charge, physically examining Chris, talking about her as if she didn't understand them, asking simultaneous questions without yet learning how she communicated. We had the sense of watching a movie and not being a part of what was happening. We tried to stay close to Chris, answering questions, assuring the staff that Chris was *only* going to be with them for a little while.

Chris' mom and a long-time family friend arrived to visit. We used the opportunity to chat, adding their comments and insights to the ever-



evolving picture of Chris. Facility staff kept coming in and out of the room, asking questions, signing forms. We found ourselves answering the same questions repeatedly. When it was finally time to go, everyone was exhausted. We were frustrated and tired. This was going to be more difficult than we thought.

On the third day after Chris' admission to the facility, we stopped by near dinnertime. A nurse's aide told me Chris would have to eat in her room because "the way she eats upsets the other patients." We flipped...and firmly told the aide that, "Chris eats the best way she can and if anybody has a problem with that, then *they* could eat in *their* room." We stayed through dinner, and it was never mentioned again.

## **Housemates and Houses**

Weeks passed as we helped to screen potential housemates responding to Chris' flyers and ads. If the person calling sounded like she met the criteria set forth by Chris, we arranged to meet her. Generally, we would meet at a coffeehouse or restaurant. During these initial conversations, we shared things we had learned about Chris, what she was interested in, and the types of assistance she needed.

We listened—often between the lines—to learn everything we could about the potential housemate.

We avoided meeting in offices or other "official"-looking places, striving for relaxed and informal conversations. If, at the end of the conversation, the prospective housemate expressed a continuing interest and we felt comfortable with pursuing it further, we helped to set up a meeting with Chris.

Chris' health continued to improve. She made friends with the physical therapists and worked hard to regain her strength. It was tough and demanding work for her. She also resumed her employment program.

While we had mixed feelings about this because of the segregated nature of the program, we knew that the Chris' spirits would be lifted by seeing her old friends. We also knew that the agency was in the process of converting its service delivery to integrated, community employment.

Tom continued to be a helpful and supportive guide. He shared information on resources, advocated for services for Chris, and encouraged all of us by recognizing and reinforcing the progress being made. In turn, we made an extra effort to let Tom know just how much we appreciated him. His presence helped to personalize a large bureaucracy and make it more "user-friendly." We spent a lot of time together with Chris: going out to eat, supporting her involvement in the annual Self-Advocacy Conference, visiting with her family, meeting potential housemates, talking with the staff who worked at her employment program. Spending time together helped us to build a solid foundation for what we hoped would become a long-term relationship with Chris.

We tried to avoid an "us/them" attitude with the facility. Several people at the facility had, in fact, become quite supportive of Chris and her plans to move. Still, others there pushed the limits of our patience by their adherence to facility procedures and policies that made no sense for Chris. We forged ahead anyway, with Chris' sense of humor getting us over the rough spots.

After a number of meetings and conversations, Chris selected a housemate. Unfortunately, the housemate's family personal problems necessitated her backing out several weeks after the decision had been made. While we fretted over this setback, Chris had this to say,

*"It's a part of life...it's OK."*

We smiled at her philosophical approach and resumed conversations with potential housemates. We were learning a lot from Chris.

Two weeks later, Chris was introduced to another woman who captured her interest. She was a few years older than Chris, with her own business and an Old English Sheepdog. We talked at length about our approach: helping Chris to establish a living situation and housemate relationship based on equality and mutual interest, while identifying her support needs/schedules, what the housemate would like to do in terms of support, available compensation, etc. Simultaneously, we tried to keep the facility staff informed of our progress.

While a seemingly simple task, we were overwhelmed by the facility's inability to comprehend our efforts. We marveled at the collective ineffectiveness of having *too many* professionals. It appeared that they operated in total isolation from one another, even though they all worked at the same facility. The result was a frustrating web of rules and procedures, phone calls and requirements, none of which seemed to have any relevance to Chris or her plans.

In spite of those difficulties, we dove into the time consuming task of identifying an affordable apartment or house that met the requirements set forth by Chris and the prospective housemate. It became apparent that the prospective housemate was a busy woman, with more time commitments than we had initially believed. Still, we thought it would simply be necessary to involve additional supports to accommodate Chris' needs at home.

We used the Union-Tribune and Reader again, this time for available housing. We also tapped into personal connections and put the word out about what we were searching for. We realized one of the most difficult "requirements" was finding a landlord that would allow a friendly and personable Old English Sheepdog!

Finally, we located two strong housing possibilities. We arranged for Chris to see them and called the new housemate so that she might do the same. We were devastated when she informed us that her current living

situation had become unbearable. The previous night, she had made hurried plans and was moving in with a family she had met. The arrangement was cheap and relatively permanent. Chris had just lost housemate #2 and hadn't even moved yet! We wondered how long this was going to take.

*"I wondered if it would work out. I thought I still might have to go back to the group home."*

We re-grouped again and tried to keep our spirits up. We continued spending time with Chris and kept her family and staff from her employment program updated. They, in turn, encouraged us. They also provided much-needed emotional support for Chris during moments of self-doubt.

There were days when Chris seriously questioned her ability to make it "on her own." We thought it was a healthy and positive sign that Chris was sharing her fears, rather than turning them inward and becoming depressed or angry. We tried to be supportive, sharing our own stories of transitions: changing jobs, leaving home for the first time, moving cross-country.

Unfortunately, Chris later realized that she had made a mistake when she shared her fears with the facility's social worker. Rather than provide emotional support (as one would do for a friend who was questioning her ability to succeed in a new situation) the social worker told Chris that perhaps she really *wasn't* ready to be on her own.

The facility social worker had neither experience with, nor understanding of, supported living. She told other facility staff that Chris was not sure she wanted to move and, therefore, in need of "counseling".

We were furious with the facility social worker's response to Chris. We reasoned that if Chris didn't have what we considered to be very natural concerns over her impending move, we would have wondered if she fully

understood what we were trying to do. And, once again, Tom stepped in with a rational approach. He talked to Chris. He talked to a "neutral person" Chris trusted at her employment program. He asked questions and listened thoughtfully between the lines. And finally, he let us know that he felt confident Chris wanted to move into her own place and needed support to *believe* she could do it.

*"I was sure. But I could not go back. I had to go on."*

### **Meeting Mickey**

While Chris wondered if she could really make it on her own, we wondered how long it would take to get things in place. We continued the housemate search, this time also looking under ads placed in the "roommates" section, rather than placing an ad. We thought it was somewhat of a long-shot: finding a person who wanted a housemate, who might also like to provide some assistance/support **and** had a reasonably accessible apartment or house.

We left messages with five different people who had placed ads. Of those five, we talked with a woman named Mickey. She sounded interesting and we liked her ad: "Clairmont Area, off I-5, near beach. Quiet college student seeks non-transient housemate. 2BR, 2BA. Laundry, Pool, Call \_\_\_\_\_."

After a brief phone conversation, we arranged to meet at her apartment. The irony of our "connecting" made us all feel fate was at work. Mickey was living in the same apartment complex where another woman we knew lived. That woman, who utilized the supported living services of another local agency, also had cerebral palsy and used an Epson communicator. Further, we had looked at the same apartment complex two weeks earlier—actually, the apartment right next door to Mickey's—as a possibility for Chris and prospective housemate #2.

The apartment was conveniently located near stores, banks, the bus line, a bowling alley, and even a nightclub called the "Volcano Club" (complete with two life-size dinosaurs perched on the roof!). Chris also had a long-time family friend whose name was, you guessed it, "Mikki." If it wasn't fate at work, perhaps it was at least a good sign! We liked Mickey and thought she met a lot of Chris' preferences.

We met with Chris again and arranged a time to meet with Mickey. We shared what we had learned about Mickey, the apartment, and the neighborhood. Chris anticipated the meeting with reserved excitement.

Several days later, we arrived at Mickey's apartment. She was friendly, a serious student pursuing a new career in animal health. She had a colorful past and her dry sense of humor reminded us of Chris. We talked about what Chris was looking for, as well as what Mickey hoped to find. As the conversation headed towards an end, we suggested that both women think it over and we'd touch base the following day. Mickey said that wasn't necessary from her point of view, she wanted to live with Chris! (Secretly, we were ecstatic. We liked her and thought she'd be a great housemate). Still, we sensed hesitation in Chris.

Via her Epon, Chris said,

*"Go for it"*

...but then slowly added,

*"I'm not sure."*

We feared that Chris' self-doubt was returning. But, at the same time, we didn't want to push her into anything. We agreed to talk again with Mickey on the following day. As we drove Chris back to the facility (we always joked that we'd never refer to it as "home"!) we talked about Mickey and the conversation we had just had. We tried to point out important aspects for Chris to think about, such as, compatibility, bus access, the neighborhood.

We dropped Chris off, leaving with a sense of uneasiness. We wondered if Chris would choose Mickey. And if she didn't, would it be because of Mickey, or simply her overall fears of being on her own?

We went to see Chris the following day at the facility. We chatted about a number of things until we couldn't stand it anymore and finally blurted out, "Well??" Chris was not-so-secretly enjoying keeping us in suspense. She then smiled and spelled out the following:

*"Let's go for it."*

"Are you sure? What *exactly* are you saying?", we asked. Chris' response confirmed that she did, indeed, want to go forward with Mickey. We were excited at the prospect of things moving ahead. To ourselves, we hoped it would all work out for Chris. We were optimistic, but we had been let down twice before.

We proceeded with plans: talking with Mickey and Chris, meeting with Chris' family, relying on Tom for negotiating funding and paperwork details. We joked about Chris' room having a view...of a Tyrannosaurus Rex! We continued to be buoyed by Chris' gusty determination. With the decision finally made and a move-in date set for two weeks away, Chris seemed genuinely happy.

## **The Final Days**

Meanwhile, we learned that the facility had held what they referred to as a team conference. Chris was not invited, nor was Tom or anyone from our supported living agency. Still, the "team" had decided that Chris was not ready to leave and needed to stay at the facility for another month.

Once again, we felt we were watching a movie unfold which we had no control over. We still tried not to adopt an "us/them" attitude, but knew we felt that way in spite of it all. We could hardly believe that they were

making decisions, which greatly affected Chris without her input.

At issue was Chris' weight and gastrostomy tube. We met again with Tom and the nurse consultant from the Regional Center. Their support proved invaluable to Chris, as well as those of us trying to assist her. We reluctantly postponed the move-in for one week.

While we were committed to supporting Chris with or without the gastrostomy tube in place, the facility wanted her to gain more weight. We wanted her to be discharged with the physician's approval versus AMA ("against medical advice"). According to the staff, she had lost two pounds since the supplemental gastrostomy tube feedings were discontinued a week earlier. Chris did her part by eating full meals and snacks three times per day, even when she wasn't really hungry. And we continued planning with Mickey and Chris for the move.

A week passed. Our relationship with the facility social worker and physician became increasingly strained. We resolved to get Chris out of the facility by the targeted date anyway. Simultaneously, we were gathering up Chris' belongings from storage at her mother's house.

Together with Mickey, we helped Chris to set up her new room; we organized the closet and hung pictures on the wall. We looked forward to the Big Move with increasing excitement.

Two days before Chris was to move, we spent nearly five hours on the telephone advocating on her behalf. We were amazed at how many professionals - some who had barely met Chris!—wanted us to "jump through hoops" before officially discharging Chris. We were frustrated because facilities are not designed, sensitive to such issues as the planning and timing involved with a move (e.g., Chris was paying rent and had support people lined up...and waiting).

Finally, the big day arrived. We arrived at the facility. The physician discharged her with the stipulation that Chris be followed up by a to-be-



determined community physician. We had already lined up a home health agency to monitor our support for Chris' gastrostomy tube. We loaded up the car, said good-bye to some of the folks ("residents"), Chris had come to know, filled her prescriptions, and drove away.

We all sighed with relief. It had been a stressful week.

## **Home Sweet Home**

Together with Mickey and Chris, we finished setting up Chris' room. By the time we finished, it was after 10:00 p.m. We helped Chris into bed and pulled the blankets up over her. She was exhausted, but as we said good-night she broke into a huge smile that clearly said, "we did it".

Chris' move was actually the beginning, rather than the end, of the story. We know that every life had many endings and many beginnings. Chris and Mickey have lived together for nearly two months now. They are developing a terrific relationship. Her gastrostomy tube has been removed and the scar has healed. She has gained over ten pounds and, according to her brother, looks healthier than she ever has before.

With our support, Chris has joined a self-advocacy group and is on the steering committee for the annual self advocacy conference. She is attending the monthly Regional Center Board of Directors meetings and has applied for a seat on the Board. Plans for getting a job and taking a community college class are in-the-works. Her relationships with her family members have deepened, along with her new self-confidence. She's meeting her neighbors at the apartment complex and making new friends. Chris has a new life and has taught us many things.

We look forward to continuing the journey together. When asked what it was like to finally have her own place, Chris said, "It's just like Christmas."

## Chris

Hello. My name is Chris. I am really happy to be here today. I am going to share some things with you about my living situations. And then, if you like, you can ask me any questions.

I grew up in a home with my mom, dad, my brother Tim and a day-time housekeeper. (A real wholesome Andersons-type family like the one from "Father Knows Best.") After high school Tim moved out on his own. I continued living with my mother and father.

In March of 1989, my mother had a stroke. She continued to live at home but needed assistance with daily living. She lost her speech. (Though, I am happy to say, as time went by, she regained it.)

In October of 1989, my father got ill and passed away. Then I just lived with my mom. Due to my mother's stroke, she needed assistance with living, which made it difficult for her to take care of my needs, too.

I had to leave my home though not by my choice. I was placed into a group home. It was a very uncomfortable situation. I was so used to my lifestyle, with my biological family and my home.

And there I was, living with a houseful of strangers with a whole new set of rules. I was afraid. The way my needs were being met, the expectation of my abilities, my privacy, and the personalities of the people in my home were all different. It was a very rough time. As time passed, I became more accustomed to the routine and adjusted. It was my first taste of being on my own (or so I thought).

Still, I was having a hard time. I was frustrated and very unhappy. I know the people at the group home cared about me. But I felt like I was being worked to death...lots of goals and plans and such. They even had a "class" to teach me how to drink...that made me feel bad. I just wanted a home of my own.

In late 1992, my case manager, Tom, referred me for supported living services (CSLA funding). I was scared but wanted to make a change. But in early February 1993, I became very ill and was hospitalized for 2 1/2 months. I lost 25 pounds and a lot of my strength was gone. I couldn't even use my old communication board. After recovering from my illness, I had to be placed in a nursing home because of medical reasons (with another whole set of rules). Again, this was not by choice. I was afraid when I first went there. Again, I became accustomed. Overall the people there were nice. They really took good care of me, but I knew I didn't want to spend my life there. It was a very old place with lots of old people and it made me sad.

Then a very special person came into my life, Mary Ellen. She reassured me that I wouldn't have to spend my life there. She helped me with the opportunity to live in my own apartment with a roommate. I chose the person that I wanted to live with, we made the rules together, I can go wherever I want, whenever I want. (I can use the elevator to get to my apartment on the third floor by myself!) I eat what I want, when I want. I do my own shopping and banking, and I have my privacy when I want it. I enjoy old movie classics on cable. I have fun with my roommate Mickey's pets -- Pinto, Shakespeare, Aldo, and occasionally, "rescued orphans." I should add something here. I've been on my own for nearly six months. I'm starting community college part-time in late January. I went to visit the people at the group home for the first time last month. It was neat to see that they are proud of me. I'm also getting involved in self-advocacy meetings. And I have interviewed for a seat on the San Diego Regional Center's Board of Directors. I have lots of plans and lots to do.

## TWO WAYS TO DESCRIBE MARY AND TWO WAYS TO PROVIDE SERVICES FOR MARY

*Margaret Kane*

### **The Traditional Way:**

Mary is a 34 year old woman with a diagnosis of moderate mental retardation with moderate neurological deficits, depression and congenital hemiatrophy. Mary has a history of a) "behavioral outbursts" (i.e. yelling, screaming, cursing, self abuse, and threats of physical aggression) occurring at a rate of at least once per month; and b) bossing and threatening peers (in the group home and community) occurring at a rate of 5 times per month. The behaviors identified above can lead to AWOL behavior and/or "physically intrusive behavior" (i.e., hitting, scratching (self and others) and throwing objects). Mary also has a history of crying and screaming several times per day and several hours at night. Mary has tantrumming behavior as well (throwing herself on her bed and throwing objects in her room). The tantrumming occurs at least daily. Mary is on both Mellaril and Klonopin.

Mary tends to move from group home to group home either because she can no longer tolerate the staff and peers, or because neither the group home staff or peers can tolerate her. Mary has also moved from sheltered workshop to sheltered workshop, these moves have been generated by both being demitted for "behavioral outbursts" and by moving out of the area.

Key to Mary's success will be concerted effort to reduce her "behavioral outbursts". Mary will benefit from living in a group home with a staffing ration of 1:3 or possibly 1:2, and with the implementation of a behavioral plan designed to reduce her "outbursts".

Mary will also benefit from working at a day program with a similar staffing ratio, and with a behavioral component. Stabilizing Mary's environment will hopefully create more independence for Mary and will eventually expand her options in the future. A service plan will be developed to reflect Mary's needs.

### **The Person Centered Way:**

I am Mary. I can't remember how old I am. I like people and I like to help people. I want to help handicapped children. I want them to feel loved and not be so lonely. I want a volunteer job at Children's Hospital. I want to live in my own apartment. I don't want to live in a group home all of my life. I am not a baby and I feel bad when I am treated like a baby.

I want to go out whenever I want to and I want to sing in the Church Choir. I don't want to work in a workshop because they make too much noise and everyone is always yelling. I sometimes do bad things and say bad things. I don't want to do that. I should be treated like an adult and not like a baby. I need to learn how to take care of myself. I want to learn how to cook. I want to learn how to wash my own clothes.

Key to Mary's wishes is the opportunity to live much more independently than she currently lives. Mary will be assessed for Independent Living and will either receive ILS Training or will be referred to Supported Living. Possibilities for a volunteer position at either a Hospital or a Child Development Program, with natural supports, will be explored and secured. Supported Work possibilities will be explored and secured. Hopefully, as Mary's wish for independence is encouraged and enhanced, Mary will experience a reduction in her frustration level, and she will be less hampered by "doing and saying 'bad things'". A service plan will be developed to reflect Mary's wishes.

## LAUREN'S STORY

*Susan Ferrell*

At age 22, Lauren faced a major life change. She would no longer be eligible to attend the County Office of Education Special Education program at Shasta College. This was a totally integrated, individualized program in which Lauren worked in the cafeteria and in the laundry, took adaptive physical education and cooking classes, rode the public bus to go on shopping outings and ate lunch with her friends in the college cafeteria. These activities sound fairly run-of-the-mill but, given the extent of Lauren's handicaps, it was anything but ordinary for Lauren to be participating in so many "normal" activities.

Lauren was brain damaged at birth. She has a diagnosis of spastic diplegia (cerebral palsy with no functional use of her legs), severe mental retardation (the last formal test she had put her mental quotient at 18 months) and epilepsy, which is totally controlled with medication three times daily. She does not speak except to say, "hi!, all done, and mom". She appears to have the receptive vocabulary of a 2-3 year old. She is not toilet trained, and she needs assistance with all daily living functions. She is in a manual wheelchair which, when motivated, she can move from point A to point B.

Lauren is also a real charmer. She has a wonderful sense of humor and an infectious laugh. She has a strong sense of self-worth, and she likes being in situations where she can be in control. She has learned over the years how to manipulate people and situations to get her way, and she has learned ways of communicating her basic needs to her care providers.

I am Lauren's mother. Her step-father and I saw a lot of positive changes in Lauren in the two years that she participated in the Shasta College program, and we were anxious for her to continue to grow and develop in the new adult day program that she would be attending. We had par-

anticipated in (in fact, initiated) transition planning meetings with staff of the adult day program with the hopes that her new program could replicate to some degree the community-based model that Lauren would be leaving behind.

Unfortunately, after six months of meetings, phone calls, notes, observations, anger, frustration and tears, it was obvious that Lauren had taken, from our perspective, a giant step backward. She was in a center-based program and only got out into the community for short outings two times a week. She had no job assignment, and her days were filled with activities such as current events discussions and bead stringing. The heartbreaking aspect of this to me was knowing that this was all that Lauren's future would hold.

This was not a transition program or a temporary assignment that was a "filler" before the next exciting opportunity came along. This was the only program in town for low functioning adults, so it appeared that Lauren's future would be a succession of useless strings of beads and non-verbal discussion groups.

It was about this time that I met Ann Turnbull of the Beach Center for Families and Disabilities at the University of Kansas. She spoke at a conference that I attended about how she and her husband and a group that she called an Action Group had turned her autistic son's life around or, in her words, because of the Action Group her son "got a life". In so many ways her son's story paralleled that of Lauren's that when I left the conference I was determined that Lauren too could "get a life" in the community doing meaningful activities.

Within three weeks Lauren's first Action Group meeting was held. There weren't a lot of people, but they were the people who knew Lauren best and could help with planning her future. Those attending included the Director of the County School's program at Shasta College and an aide from that program who had worked with Lauren during her two years at

the College, her Regional Center Service Coordinator who would be instrumental in getting Regional Center funding for this program, a past teach of Lauren's, and a close family friend. Over the past year and a half as Lauren's horizons have expanded, other people have joined her Action Group, but generally the core group has remained consistent.

The Group met every other week for the first two months. Each meeting had a formal agenda, and members left each session with an assignment. In two months, we mapped out what a day program could be for Lauren, got Regional Center approval for funding (I am vendored as a family day care provider), hired staff, and on January 21, 1993, began Lauren's adventure.

What types of things can someone with Lauren's limitations do? She does mobility practice at the mall with the seniors and others who use the mall for exercise before it opens in the morning. Her attendant does not push her but does offer verbal prompts. Initially, she would sit just inside the doorway and complain; now she cruises the mall saying hi to her new friends there and sometimes taking a break with them at the donut shop if she can push herself that far!

She attends Shasta College for adaptive physical education twice a week. She tried adaptive art, but was bored and gave that up before the semester was out. She attends a handicapped horseback riding program in another town. She loves music, so she now takes a private music lesson once a week with a young gal who teaches fiddle.

I must have spoken to ten different music teachers before I came across Tricia, who has never worked with anyone with a handicap before but was willing to give it a try. She has been teaching Lauren basic rhythm (clapping and using a tambourine) and also encouraging her to sing, which she enjoys doing (she now sings "alllll done!"). Once a week Lauren goes bowling with a friend who is also in a wheelchair. They use a ramp to get the ball down the lane, and Lauren has actually broken 100! Todd,



her bowling friend, recently turned 30 and Lauren received the first birthday party invitation in her life for his big 3-0 celebration.

Lauren also shops for all of her own personal items and special food items from the grocery store. Lauren's generally good disposition would often turn sour and she would very loudly tantrum when she went in the grocery store. Now she generally enjoys her short jaunts in the store. She has to carry the items to the check out stand, give the clerk her money and carry the bag to the van. It was wonderful when I went to the store after work one day and was told by the check-out clerk how much improvement he had seen in Lauren's behavior when she's in the store!

Lauren also has a few jobs in the community. At the college, she had learned to hand towels for folding to a co-worker. I approached a local exercise club and even though I was not a member and I didn't know the owner, he was willing to have Lauren do the same thing with the towels that they wash and dry for their clients. Sometimes Lauren has to be removed for a short time-out when she doesn't want to do the job but since it is a job, she must go back in and finish. She is generally there for 15 minutes twice a week, which is about the limit of Lauren's tolerance for that type of activity.

Another job that a member of her Action Group found for Lauren was being an aide in a pre-school class at the YMCA. Lauren went for music and story time (her favorite) and she would do things like hold up a felt board in her lap for the class to see while the teacher attached items depicting the story. The 3 and 4 year olds were told about Lauren by a member of her Action Group who visited the class before Lauren started attending. Although some of the children were a little uncertain about this strange visitor in a wheelchair when she first started attending, she soon became a favorite of the children and they each wanted to be the one that got to sit next to Lauren! I think Lauren wasn't the only one learning something from her being in that classroom! Unfortunately, the

class had to move to a non-wheelchair accessible room, so that assignment came to an end. However, she has been assured of a volunteer slot at a new integrated day care center that will be operated by the Easter Seal Society when it opens in about a month's time.

Lauren's program lasts 6-1/2 hours a day, and they are days that are full of normal activities. At home Lauren is learning to use a duster to wipe her dresser in her room and to operate an adaptive switch to use the blender to make her orange juice. She participates in putting her laundry in the washer and hands it to her attendant for folding. She stirs the pot when they make simple food items like Jell-O or pudding.

I feel I can confidently say that Lauren has a rich and fulfilling life. I do not want to underestimate the work that it takes to keep this type of program operating. One of the major problems in doing our own program has been keeping both attendants (one works three days a week and the other, two). One has been with us since before we started the day program; she was Lauren's after school attendant since 1990. We have had six people in the other slot, however, which has been trying for Lauren as well as her father and me. The current new person seems to be working out great, so we're keeping our fingers crossed!! The other major problem has been back-up on days when an attendant can't make it. It generally falls to her father or me to stay home from work on those occasions. I also now have to handle payroll for the attendants and deal with all of the reporting requirements that go along with being an employer. And finally, there are the constant schedule changes and the challenge involved in finding activities that Lauren can participate in and find meaningful. This however, is one problem that her father and I don't have to deal with alone; her Action Group is there to share that responsibility. Although they do not meet as often as at the beginning of the program, they do come together to help brain storm new activities for Lauren to try. We also, as a group, write her Individual Service Plan and semi-annual reports that I have to submit to the Regional Center. Clearly

this group is instrumental in keeping her program current and adaptable to Lauren's changing needs.

There is no question that, even with all of the negatives that I outlined above, I feel the program is well worth doing. I could not imagine Lauren back at a center with little contact with the "outside world". Lauren has taken on a new air of independence at home which is wonderful to see. Her temper tantrums are much less frequent, and I can take her into a public setting without worrying about how she will behave.

I hope someday I'll be able to turn Lauren's program over to a professional organization that is committed to full inclusion for all people, even those with severe mental retardation. Until that day, we will keep plugging along, doing our own thing, seeing to it that Lauren's life is a good life.

## TRAINING GUIDELINES

Person-centered planning is both mandatory and value-based. This training is designed to help planners to strike the delicate balance between doing what is required, and being creative and flexible enough to meet the needs of each individual consumer. For many, this will require rethinking their role in the service delivery system and their approach to services and supports.

The training outlined in this section provides hands-on experience in person-centered planning for all those involved, including: consumers, families, service coordinators, service providers, and advocates. Anyone who is involved in the development of person-centered IPPs should be included in this training. Training should be scheduled in places that are easily accessible and at times that allow for the full participation of everyone.

Facilitators, interpreters, and translators may be necessary to ensure that everyone who wants to participate is able to. Those facilitators, interpreters, and translators who will be directly involved in the person-centered IPP process should attend this training, so that they have an appropriate frame of reference while working with consumers and families. Facilitators, interpreters, and translators should also have basic training in developmental disabilities so that they are familiar with the necessary concepts and vocabulary.

These training guidelines are to be used by the teams of instructors who train those involved in person-centered IPPs. The teams of trainers who conduct this training should reflect the diversity in lifestyle, language, and culture of the groups they are training. The emphasis of the training is on exercises that give experience in person-centered planning. Lecture is kept to a minimum.

## **Training Objectives**

The objectives of this training are to expose participants to:

- person-centered planning values
- a variety of person-centered planning practices
- the requirements related to person-centered planning in the Lanterman Developmental Disabilities Services Act<sup>11</sup>
- a structured opportunity to apply the values and requirements related to person-centered planning in the California developmental service and support system.

## **Training Description**

This training is conducted as a workshop. The minimum duration for this workshop is one day. The times seen in *italics* under the title of each exercise are the suggested times and durations of the exercises for a one-day workshop. Participants in this workshop will engage in discussion and simulated planning exercises. Participants are arranged in teams of 3-7 members for the simulated planning exercises. Instruction is given by a team consisting of at least one consumer or family member and one person with service coordination experience.

## **Training Methods**

Simulated planning sessions are conducted in stages, with discussion between each stage. Participants are expected to gain hands-on experience in person-centered planning by participating in these simulations. Discussions will cover a variety of topics from how to help consumers make meaningful choices in their lives to barriers to achieving

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1. Welfare & Institutions Code Sections 4500, et seq.

the goals and objectives selected at the planning conference. The team discussions result in notes which are compiled into a written IPP by the end of the session.

### **Training Materials**

Each team is provided with an IPP Resource Manual and a presentation easel for note-taking. These teams will also be provided with examples of person-centered planning for the simulation exercises. Each participant is provided with a personal guide to person-centered IPPs. Sample forms and checklists will also be available.

### **Evaluation Methods**

Evaluation is done by groups. If a group engages in productive discussion, completes each exercise, and submits the results of these discussions in the form of a written IPP, the group will have met the objectives of the workshop.

### **Exercise 1 – Introductions**

*8:00 AM-8:30 AM*

Participants enter the training room, fill out the registration forms, and are seated at tables in groups of 3-7. Instructors distribute copies of the Resource Manual and other training materials and introduce themselves. The workshop objectives are reviewed along with general guidelines for discussion. Break times and location of facilities are discussed.

Participants introduce themselves, giving their names, and their usual roles in developing IPPs. Participants are also asked to discuss their expectations of the workshop. These expectations will be recorded and referred to at the end of the workshop.

## **Page 4**

The instructors review introduction, values, and instruction sections of the Resource Manual. Questions and comments are solicited after each major heading within the sections being reviewed.

### **Exercise 2 - Person-centered planning values and roles**

*8:30 AM-9:30 AM*

The instructors introduce the concepts of person-centered planning by paraphrasing Section 1 of the Resource Manual. Then the instructors review the values and roles from Section 2 of the Resource Manual. Instructors illustrate these values and roles with examples as they review. Instructors solicit questions and comments after presenting each value statement and role.

### **Exercise 3 - IPP requirements**

*9:30 AM-10:00 AM*

The instructors do a brief review of the required format and instructions for person-centered IPPs from Section 3 of the Resource Manual. Each major heading is discussed briefly with some time provided for questions and comments. The instructors emphasize that this is an introduction to the requirements, and that future exercises will give the participants experience in applying the requirements.

### **Morning Break**

*10:00 AM-10:15 AM*

### **Exercise 4 - Introduction to person-centered planning methods**

*10:15 AM-11:15 AM*

The instructors review the examples of person-centered planning methods found in Section 4 of the Resource Manual. Participants are

encouraged to discuss these methods, and relate them to the methods they currently use. The instructors will guide a discussion of the similarities and differences between current practices and person-centered planning.

Instructors then review some of the stories illustrating different aspects of person-centered planning found in Section 5 of the Resource Manual. Participants are then asked to relate some of their own experiences in developing IPPs and how those experiences relate to the values and methods of person-centered planning.

### **Exercise 5 - Developing a person-centered planning team**

*11:15 AM-Noon*

Each participant in a discussion group will assume a role for the simulation exercises. The roles include:

- the consumer who is the focus of the planning effort
- the service coordinator
- one or more family members (or an authorized representative)
- a friend or neighbor
- a provider of services or supports
- an advocate

The instructors will provide a range of examples from which groups can choose for their simulations. These examples will provide a brief description of a consumer with a cursory history and description of the current situation. Each discussion group will choose an example, and use it to develop complete roles for the simulation. The groups will be encouraged to expand on these examples to meet the needs of the training exercises.



**Lunch Hour**

*Noon-1:00 PM*

**Exercise 6 - Developing a person-centered IPP**

*1:00 PM-3.00 PM*

Instructors will review Section 3 of the Resource Manual regarding the development of person-centered IPPs. Participants will conduct a simulated planning conference based on the examples they have chosen and the instructions in Section 3. Instructors will circulate from group to group to provide assistance as needed.

**Afternoon Break**

*3:00 PM-3:15 PM*

**Exercise 7 - Summary and evaluation**

*3:15 PM-5:00 PM*

Each group will present a summary of the simulated conference it has just completed. The instructors will guide these discussions and provide time for a group summary at the end. A written evaluation of the training will be completed by each participant.

## Glossary

### Area Board

Area boards are independent, regional agencies, which protect and advocate the rights of all persons with developmental disabilities who live in their areas. Area board responsibilities are defined in Sections 4570-4613 of the California Welfare & Institutions Code.

### Client Program Coordinator

*See Service Coordinator.*

### Consumer

An individual with developmental disabilities who is eligible for regional center services. The term consumer has replaced the prior term "client".

The term consumer denotes not only the individual, but the individual's authorized representative. Authorized representatives include parents, guardians, and conservators.

### CPC

Client Program Coordinator. *See Service Coordinator*

### Generic Service

Service or support that is provided by an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.

### ID Team or Interdisciplinary Team

*See Planning Team*

**Individual Program Plan**

A planning document. The Individual Program Plan is prepared in a standard format according to specific instructions. An Individual Program Plan is developed through a process of individualized needs determination and embodies an approach centered on the person and family.

**IPP**

*See Individual Program Plan.*

**Planning Conference**

A planning conference is a meeting of a planning team. The team may be used synonymously with “team meeting”, “ID team meeting”, “program plan meetings”, “IPP meetings, or any other meeting with the purpose a needs assessment centered on the consumer and family, and make the choices and decisions recorded in an Individual Program Plan.

**Planning Team**

The planning team members are participants in a planning conference that results in an Individual Program Plan. The planning team is defined as the consumer, the parents of a minor or conservator or legally appointed guardian of an adult, one or more regional center representatives, including the regional center representative who has the authority to make decisions on behalf of the regional center, and anyone invited by the consumer or representative, including a service provider. The planning team shall also include developmental center staff knowledgeable about the service and support needs of the consumer when the consumer resides in a developmental center.

## **Regional Center**

A regional center is a private, non-profit, agency that is under contract with the Department of Developmental Services to coordinate services and supports for persons with developmental disabilities. Regional center roles and responsibilities are defined in Sections 4620-4696 of the California Welfare and Institutions Code.

## **Service Coordinator**

An individual who is responsible for implementing, overseeing, and monitoring a consumer's IPP. The service coordinator may be an employee of the regional center or may be a qualified individual or employee of an agency with whom the regional center has contracted to provide service coordination services (Welfare & Institutions Code Section 4647(b)). Where appropriate, a consumer or the consumer's parents or other family members, legal guardian or conservator, may perform all or part of the duties of the service coordinator if the regional center director agrees and it is feasible (Welfare & Institutions Code Section 4647(c)).

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Capitol People First & Protection & Advocacy, Inc. (1994) *Your IPP; its not just a piece of paper. A self advocacy manual for people who get services from Regional Centers*. Capitol People First c/o Tom Hopkins, 2870 Black Hills Way, Sacramento, CA 95827. 10 pages, unpublished draft

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California Department of Developmental Services



## Supported Living Services (SLS)

Consumer Numbers and Purchase of Service Costs  
through Fiscal Year 2015/16

Community Living Section  
Programs and Policy Branch  
Community Services Division

This report is available at [www.dds.ca.gov](http://www.dds.ca.gov)





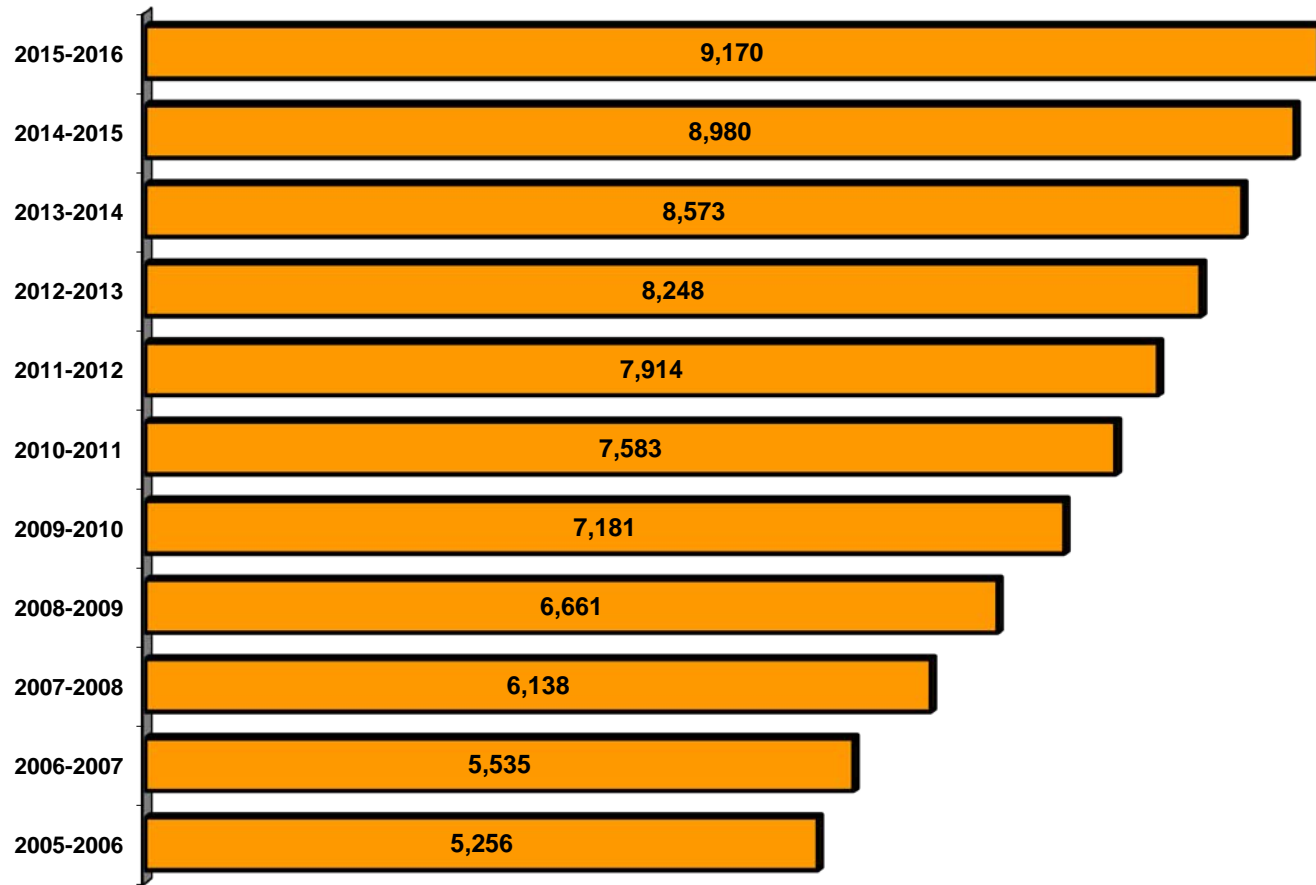
# **SLS Consumer Numbers and Purchase of Service Costs Fiscal Year 2015-2016**

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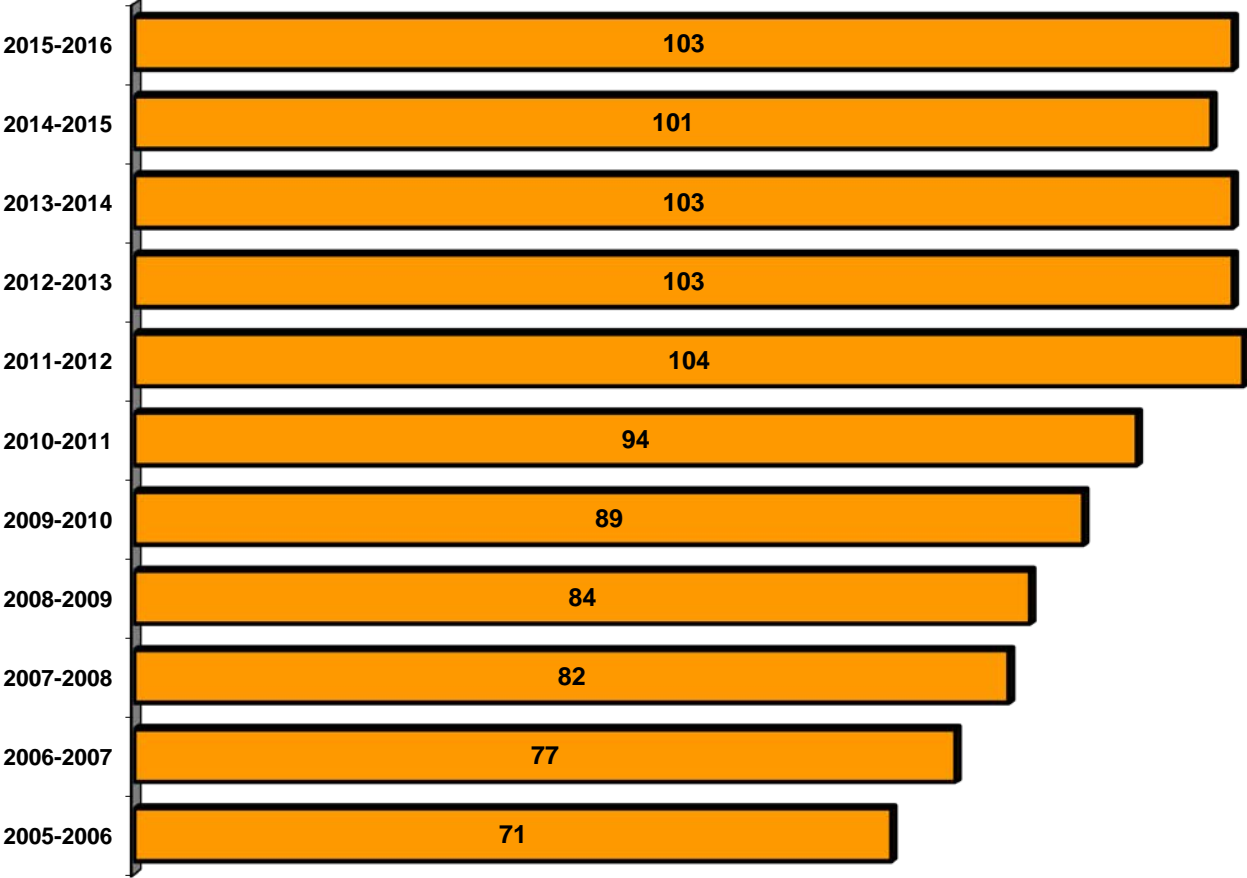
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## Growth in SLS Consumers



# Trend in Number of Supported Living Agencies



**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
FISCAL YEAR 2015/16**

Regional Center	Number of Individuals		Purchase of Service						
	SLS Svc. Codes	Other Svc. Codes	Total SLS Service	Other Service Codes	Total SLA Cost	Maximum SLS	Mean SLS	Median SLS	Minimum SLS
Alta	476	461	\$45,437,620	\$6,708,887	\$52,146,507	\$263,350	\$95,457	\$94,503	\$16,162
Central Valley	144	141	\$10,318,152	\$2,572,552	\$12,890,704	\$257,335	\$71,654	\$81,117	\$2,367
East Bay	405	379	\$34,884,371	\$5,874,987	\$40,759,357	\$251,557	\$86,134	\$77,306	\$14,729
Eastern Los Angeles	264	244	\$18,788,154	\$3,561,777	\$22,349,931	\$349,811	\$71,167	\$53,970	\$2,614
Far Northern	215	209	\$13,725,313	\$4,328,735	\$18,054,048	\$206,588	\$63,839	\$56,994	\$291
Golden Gate	523	487	\$27,297,935	\$9,147,631	\$36,445,566	\$287,678	\$52,195	\$18,843	\$757
Harbor	547	490	\$5,387,633	\$2,464,363	\$7,851,995	\$204,351	\$9,849	\$6,261	\$403
Inland	851	766	\$8,746,708	\$2,719,839	\$11,466,547	\$321,066	\$10,278	\$7,669	\$789
Kern	506	476	\$15,621,462	\$4,378,404	\$19,999,866	\$279,123	\$30,872	\$16,239	\$422
Frank D. Lanterman	103	96	\$7,057,603	\$1,164,984	\$8,222,586	\$351,400	\$68,520	\$29,608	\$4,313
North Bay	703	675	\$35,401,258	\$10,818,266	\$46,219,524	\$354,239	\$50,357	\$36,652	\$662
North Los Angeles County	382	356	\$32,387,798	\$3,463,319	\$35,851,117	\$242,431	\$84,785	\$79,968	\$4,081
Orange County	428	349	\$29,052,164	\$3,429,610	\$32,481,774	\$299,348	\$67,879	\$48,618	\$4,612
Redwood Coast	518	508	\$26,304,604	\$8,472,471	\$34,777,076	\$226,926	\$50,781	\$16,696	\$604
San Andreas	464	397	\$43,510,047	\$5,886,438	\$49,396,485	\$270,791	\$93,772	\$98,147	\$1,128
San Diego	230	220	\$15,902,559	\$3,714,303	\$19,616,862	\$294,599	\$69,142	\$63,889	\$10,850
San Gab/Pomona	103	82	\$5,059,037	\$765,298	\$5,824,335	<b>\$620,474</b>	\$49,117	\$18,859	\$1,382
South Central LA	492	458	\$8,366,585	\$3,780,184	\$12,146,770	\$339,926	\$17,005	\$15,491	<b>\$214 *</b>
Tri-Counties	607	578	\$36,747,487	\$7,242,161	\$43,989,648	\$385,019	\$60,540	\$41,486	\$3,195
Valley Mountain	503	489	\$7,764,421	\$3,308,961	\$11,073,382	\$417,817	\$15,436	\$6,927	\$479
Westside	745	672	\$28,994,291	\$8,287,467	\$37,281,759	\$297,876	\$38,919	\$14,981	\$938
<b>Statewide</b>	<b>9,170</b>	<b>8,509</b>	<b>\$456,755,201</b>	<b>\$102,090,638</b>	<b>\$558,845,839</b>	<b>\$620,474</b>	<b>\$49,810</b>	<b>\$26,195</b>	<b>\$403 *</b>

Note: This table presents data for consumers receiving SLS through the entire fiscal year (FY) 2015/16 which were billed to service codes 894 and 896. Only consumers for whom such costs were reported in the first and last months of FY 2015/16 were included in our analysis, under the presumption that these consumers received SLS for the full year. Since costs are reported in arrears, some data variance may occur due to when the data is collected. Data collection occurs within the first quarter of the calendar year, allowing costs reported 6 months after the end of the fiscal year to be represented. This table also included data for consumers who received services in addition to SLS (i.e., transportation, day program, etc., represented in the "Other Service Codes" column). The combination of SLS and Other Service codes represents a consumer's Supported Living Arrangement (SLA). Statewide numbers reflect SLS and SLA POS expenditures and consumer numbers regardless of consumer catchment area movement. Regional center numbers reflect only SLS and SLA POS expenditures and consumer numbers that are regional center specific and do not capture total SLS and SLA POS expenditures for consumers who received services in more than one catchment area. The total number of consumers reported by regional center may slightly exceed the total number of consumers reported on the statewide line due to this variance in data collection. For FY 2015/16, the calculation for the SLS mean is an arithmetic mean. \*Note: The Statewide minimum of \$403 is correct. This is based upon the consumer, not the regional center. The consumer that received the \$214 Minimum SLS at South Central LA also received services at another regional center. As such, the Statewide Minimum SLS per consumer is correct at \$403.

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
COMPARISON OF FISCAL YEARS 2014/15 & 2015/16**

Regional Center	Number of Individuals		Purchase of Service							
	SLS Svc. Codes	Other Svc. Codes	Total SLS Service Codes	Other Service Codes	Total SLA Cost	Maximum SLS	Mean SLS	Median SLS	Minimum SLS	
<b>Alta</b>										
2015-2016	476	461	\$45,437,620	\$6,708,887	\$52,146,507	\$263,350	\$95,457	\$94,503	\$16,162	
2014-2015	448	430	\$43,222,021	\$6,378,697	\$49,600,718	\$286,588	\$96,478	\$96,281	\$16,709	
Difference	28	31	\$2,215,600	\$330,190	\$2,545,790	<b>-\$23,238</b>	<b>-\$1,021</b>	<b>-\$1,778</b>	<b>-\$547</b>	
<b>Central Valley</b>										
2015-2016	144	141	\$10,318,152	\$2,572,552	\$12,890,704	\$257,335	\$71,654	\$81,117	\$2,367	
2014-2015	137	134	\$8,721,784	\$2,201,167	\$10,922,952	\$212,438	\$63,663	\$61,094	\$2,197	
Difference	7	7	\$1,596,367	\$371,385	\$1,967,752	\$44,897	\$7,991	\$20,023	\$170	
<b>East Bay</b>										
2015-2016	405	379	\$34,884,371	\$5,874,987	\$40,759,357	\$251,557	\$86,134	\$77,306	\$14,729	
2014-2015	404	381	\$33,029,933	\$5,813,393	\$38,843,325	\$258,718	\$81,757	\$74,235	\$14,365	
Difference	1	-2	\$1,854,438	\$61,594	\$1,916,032	<b>-\$7,161</b>	\$4,377	\$3,071	\$363	
<b>Eastern Los Angeles</b>										
2015-2016	264	244	\$18,788,154	\$3,561,777	\$22,349,931	\$349,811	\$71,167	\$53,970	\$2,614	
2014-2015	256	242	\$17,274,928	\$3,362,908	\$20,637,836	\$305,880	\$67,480	\$50,818	\$1,052	
Difference	8	2	\$1,513,225	\$198,869	\$1,712,095	\$43,931	\$3,687	\$3,152	\$1,562	
<b>Far Northern</b>										
2015-2016	215	209	\$13,725,313	\$4,328,735	\$18,054,048	\$206,588	\$63,839	\$56,994	\$291	
2014-2015	212	213	\$13,149,489	\$3,995,127	\$17,144,615	\$199,164	\$62,026	\$55,899	\$304	
Difference	3	-4	\$575,824	\$333,609	\$909,433	\$7,424	\$1,813	\$1,095	<b>-\$13</b>	
<b>Golden Gate</b>										
2015-2016	523	487	\$27,297,935	\$9,147,631	\$36,445,566	\$287,678	\$52,195	\$18,843	\$757	
2014-2015	523	485	\$24,808,641	\$9,041,658	\$33,850,299	\$275,437	\$47,435	\$16,524	\$405	
Difference	0	2	\$2,489,295	\$105,972	\$2,595,267	\$12,241	\$4,760	\$2,319	\$351	
<b>Harbor</b>										
2015-2016	547	490	\$5,387,633	\$2,464,363	\$7,851,995	\$204,351	\$9,849	\$6,261	\$403	
2014-2015	540	487	\$5,473,770	\$2,369,796	\$7,843,566	\$165,802	\$10,137	\$5,986	\$386	
Difference	7	3	<b>-\$86,138</b>	\$94,567	\$8,430	\$38,549	<b>-\$287</b>	\$274	\$17	
<b>Inland</b>										
2015-2016	851	766	\$8,746,708	\$2,719,839	\$11,466,547	\$321,066	\$10,278	\$7,669	\$789	
2014-2015	827	745	\$7,589,532	\$2,469,331	\$10,058,863	\$172,456	\$9,177	\$7,458	\$770	
Difference	24	21	\$1,157,176	\$250,508	\$1,407,684	\$148,610	\$1,101	\$211	\$19	
<b>Kern</b>										
2015-2016	506	476	\$15,621,462	\$4,378,404	\$19,999,866	\$279,123	\$30,872	\$16,239	\$422	
2014-2015	519	488	\$15,816,823	\$4,611,869	\$20,428,691	\$257,124	\$30,476	\$15,214	\$634	
Difference	<b>-13</b>	<b>-12</b>	<b>-\$195,361</b>	<b>-\$233,465</b>	<b>-\$428,826</b>	\$21,999	\$397	\$1,025	<b>-\$211</b>	

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
COMPARISON OF FISCAL YEARS 2014/15 & 2015/16**

Regional Center	Number of Individuals		Purchase of Service							
	SLS Svc. Codes	Other Svc. Codes	Total SLS Service Codes	Other Service Codes	Total SLA Cost	Maximum SLS	Mean SLS	Median SLS	Minimum SLS	
<b>Frank D. Lanterman</b>										
2015-2016	103	96	\$7,057,603	\$1,164,984	\$8,222,586	\$351,400	\$68,520	\$29,608	\$4,313	
2014-2015	97	95	\$6,015,202	\$1,188,802	\$7,204,004	\$233,808	\$62,012	\$22,858	\$3,933	
Difference	6	1	\$1,042,401	<b>-\$23,819</b>	\$1,018,582	\$117,592	\$6,508	\$6,750	\$380	
<b>North Bay</b>										
2015-2016	703	675	\$35,401,258	\$10,818,266	\$46,219,524	\$354,239	\$50,357	\$36,652	\$662	
2014-2015	714	674	\$33,215,055	\$8,484,313	\$41,699,367	\$303,798	\$46,520	\$34,908	\$129	
Difference	<b>-11</b>	1	\$2,186,203	\$2,333,953	\$4,520,157	\$50,441	\$3,838	\$1,744	\$533	
<b>North Los Angeles County</b>										
2015-2016	382	356	\$32,387,798	\$3,463,319	\$35,851,117	\$242,431	\$84,785	\$79,968	\$4,081	
2014-2015	361	342	\$28,854,891	\$3,269,539	\$32,124,430	\$214,007	\$79,930	\$71,304	\$4,725	
Difference	21	14	\$3,532,907	\$193,780	\$3,726,687	\$28,425	\$4,854	\$8,665	<b>-\$643</b>	
<b>Orange County</b>										
2015-2016	428	349	\$29,052,164	\$3,429,610	\$32,481,774	\$299,348	\$67,879	\$48,618	\$4,612	
2014-2015	421	369	\$27,076,112	\$3,521,388	\$30,597,500	\$302,720	\$64,314	\$47,023	\$2,175	
Difference	7	<b>-20</b>	\$1,976,052	<b>-\$91,778</b>	\$1,884,275	<b>-\$3,372</b>	\$3,565	\$1,594	\$2,438	
<b>Redwood Coast</b>										
2015-2016	518	508	\$26,304,604	\$8,472,471	\$34,777,076	\$226,926	\$50,781	\$16,696	\$604	
2014-2015	504	492	\$23,807,676	\$6,853,576	\$30,661,252	\$246,407	\$47,237	\$14,087	\$505	
Difference	14	16	\$2,496,928	\$1,618,896	\$4,115,824	<b>-\$19,481</b>	\$3,544	\$2,609	\$99	
<b>San Andreas</b>										
2015-2016	464	397	\$43,510,047	\$5,886,438	\$49,396,485	\$270,791	\$93,772	\$98,147	\$1,128	
2014-2015	441	388	\$40,275,787	\$5,279,041	\$45,554,828	\$275,358	\$91,328	\$93,537	\$1,307	
Difference	23	9	\$3,234,260	\$607,397	\$3,841,657	<b>-\$4,567</b>	\$2,443	\$4,609	<b>-\$179</b>	
<b>San Diego</b>										
2015-2016	230	220	\$15,902,559	\$3,714,303	\$19,616,862	\$294,599	\$69,142	\$63,889	\$10,850	
2014-2015	219	210	\$14,640,335	\$3,179,507	\$17,819,842	\$279,775	\$66,851	\$60,996	\$10,654	
Difference	11	10	\$1,262,224	\$534,796	\$1,797,020	\$14,824	\$2,291	\$2,893	\$196	
<b>San Gab/Pomona</b>										
2015-2016	103	82	\$5,059,037	\$765,298	\$5,824,335	\$620,474	\$49,117	\$18,859	\$1,382	
2014-2015	89	70	\$4,363,160	\$713,487	\$5,076,646	\$535,363	\$49,024	\$22,012	\$1,826	
Difference	14	12	\$695,878	\$51,812	\$747,689	\$85,111	\$93	<b>-\$3,154</b>	<b>-\$445</b>	
<b>South Central LA</b>										
2015-2016	492	458	\$8,366,585	\$3,780,184	\$12,146,770	\$339,926	\$17,005	\$15,491	\$214	
2014-2015	498	455	\$8,003,485	\$3,752,284	\$11,755,769	\$307,365	\$16,071	\$14,980	\$438	
Difference	<b>-6</b>	3	\$363,101	\$27,900	\$391,001	\$32,562	\$934	\$512	<b>-\$224</b>	

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
COMPARISON OF FISCAL YEARS 2014/15 & 2015/16**

Regional Center	Number of Individuals		Purchase of Service							
	SLS Svc. Codes	Other Svc. Codes	Total SLS Service Codes	Other Service Codes	Total SLA Cost	Maximum SLS	Mean SLS	Median SLS	Minimum SLS	
<b>Tri-Counties</b>										
2015-2016	607	578	\$36,747,487	\$7,242,161	\$43,989,648	\$385,019	\$60,540	\$41,486	\$3,195	
2014-2015	599	569	\$33,884,034	\$6,834,812	\$40,718,846	\$363,295	\$56,568	\$39,531	\$3,034	
Difference	8	9	\$2,863,453	\$407,350	\$3,270,802	\$21,723	\$3,972	\$1,955	\$161	
<b>Valley Mountain</b>										
2015-2016	503	489	\$7,764,421	\$3,308,961	\$11,073,382	\$417,817	\$15,436	\$6,927	\$479	
2014-2015	518	510	\$8,029,097	\$3,600,621	\$11,629,718	\$429,853	\$15,500	\$6,678	\$292	
Difference	-15	-21	-\$264,676	-\$291,660	-\$556,336	-\$12,036	-\$64	\$249	\$187	
<b>Westside</b>										
2015-2016	745	672	\$28,994,291	\$8,287,467	\$37,281,759	\$297,876	\$38,919	\$14,981	\$938	
2014-2015	697	641	\$26,346,857	\$7,844,637	\$34,191,493	\$289,688	\$37,800	\$14,400	\$1,200	
Difference	48	31	\$2,647,435	\$442,830	\$3,090,265	\$8,188	\$1,118	\$581	-\$262	
<b>Statewide</b>										
2015-2016	9,170	8,509	\$456,755,201	\$102,090,638	\$558,845,839	\$620,474	\$49,810	\$26,195	\$403	
2014-2015	8,980	8,386	\$423,598,609	\$94,765,951	\$518,364,560	\$535,363	\$47,171	\$24,300	\$292	
Difference	190	123	\$33,156,592	\$7,324,687	\$40,481,279	\$85,111	\$2,638	\$1,895	\$111	

Note: This table compares the number of SLS consumers and the cost of their services billed to service codes 894 and 896, during FY 2014/15 to those billed in FY 2015/16. This table also includes data for consumers who received services in addition to SLS (i.e., transportation, day program, etc., represented in the "Other Service Codes" column). The combination of SLS Service and Other Service codes represents a consumer's SLA. Only consumers for whom such costs were reported in the first and last months of either, or both, fiscal years were included in our analysis, under the presumption that these consumers received SLS services for the full year. Statewide numbers reflect SLS and SLA POS expenditures and consumer numbers regardless of consumer catchment area movement. Regional center numbers reflect only SLS and SLA POS expenditures and consumer numbers that are regional center specific and do not capture total SLS and SLA POS expenditures for consumers who received services in more than one catchment area. The total number of consumers reported by regional center may slightly exceed the total number of consumers reported on the statewide line due to this variance in data collection. Since costs are reported in arrears, some data variance may occur due to when the data is collected. Data collection occurs within the first quarter of the calendar year; allowing costs reported 6 months after the end of the fiscal year to be represented. For FY 2015/16 the calculation for the SLS mean is an arithmetic mean.

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
COMPARISON OF FISCAL YEARS 2005/06 THROUGH 2015/16**

Regional Center	Number of Individuals		Purchase of Service							
	SLS Service Codes	Percentage Growth in Consumer #s	SLS Service Codes	Percentage Growth of SLS Costs	Total Cost of SLA*	Percentage Growth of SLA Costs	SLS Costs as Percentage of SLA Costs	Mean SLA	Percentage Change in SLA Mean Costs	Difference from Statewide SLA Mean
<b>Alta</b>										
2015-2016	476	6.25%	\$45,437,620	5.13%	\$52,146,507	5.13%	87.13%	\$109,551	-1.05%	\$48,609
2014-2015	448	14.58%	\$43,222,021	15.42%	\$49,600,718	15.74%	87.14%	\$110,716	1.01%	\$52,992
2013-2014	391	-5.33%	\$37,448,650	-2.97%	\$42,856,543	-2.24%	87.38%	\$109,608	3.26%	\$53,980
2012-2013	413	3.51%	\$38,594,007	1.65%	\$43,840,182	1.51%	88.03%	\$106,151	-1.93%	\$52,263
2011-2012	399	0.76%	\$37,965,833	-0.04%	\$43,189,255	0.08%	87.91%	\$108,244	-0.67%	\$55,762
2010-2011	396	3.94%	\$37,982,224	-4.14%	\$43,153,757	-2.77%	88.02%	\$108,974	-6.45%	\$56,276
2009-2010	381	4.38%	\$39,623,540	-7.73%	\$44,381,155	-6.07%	89.28%	\$116,486	-10.02%	\$63,197
2008-2009	365	7.04%	\$42,942,222	0.30%	\$47,250,031	1.30%	90.88%	\$129,452	-5.36%	\$74,555
2007-2008	341	12.54%	\$42,812,461	13.91%	\$46,642,500	12.90%	91.79%	\$136,782	0.32%	\$83,783
2006-2007	303	10.18%	\$37,583,385	17.84%	\$41,311,627	15.76%	90.98%	\$136,342	5.06%	\$86,370
2005-2006	275	10.89%	\$31,893,676	9.91%	\$35,686,700	8.81%	89.37%	\$129,770	-1.87%	\$85,976
<b>Central Valley</b>										
2015-2016	144	5.11%	\$10,318,152	18.30%	\$12,890,704	18.01%	80.04%	\$89,519	12.28%	\$28,576
2014-2015	137	11.38%	\$8,721,784	12.58%	\$10,922,952	11.57%	79.85%	\$79,730	0.17%	\$22,005
2013-2014	123	24.24%	\$7,747,182	47.79%	\$9,790,546	44.67%	79.13%	\$79,598	16.44%	\$23,970
2012-2013	99	16.47%	\$5,242,024	25.71%	\$6,767,355	27.40%	77.46%	\$68,357	9.38%	\$14,470
2011-2012	85	-13.27%	\$4,170,085	4.04%	\$5,312,023	1.19%	78.50%	\$62,494	16.67%	\$9,796
2010-2011	98	5.38%	\$4,008,249	18.53%	\$5,249,557	17.61%	76.35%	\$53,567	11.61%	\$868
2009-2010	93	20.78%	\$3,381,620	-1.95%	\$4,463,534	5.06%	75.76%	\$47,995	-13.01%	-\$5,294
2008-2009	77	10.00%	\$3,448,927	6.12%	\$4,248,366	7.79%	81.18%	\$55,174	-2.01%	\$276
2007-2008	70	12.90%	\$3,250,172	20.84%	\$3,941,281	19.42%	82.46%	\$56,304	5.77%	\$3,306
2006-2007	62	8.77%	\$2,689,627	27.69%	\$3,300,267	24.05%	81.50%	\$53,230	14.04%	\$3,259
2005-2006	57	-27.85%	\$2,106,340	3.82%	\$2,660,500	-2.22%	79.17%	\$46,675	35.52%	\$2,882
<b>East Bay</b>										
2015-2016	405	0.25%	\$34,884,371	5.61%	\$40,759,357	4.93%	85.59%	\$100,640	4.67%	\$39,698
2014-2015	404	1.51%	\$33,029,933	6.73%	\$38,843,325	6.88%	85.03%	\$96,147	5.29%	\$38,423
2013-2014	398	2.31%	\$30,946,422	4.15%	\$36,344,595	3.84%	85.15%	\$91,318	1.49%	\$35,690
2012-2013	389	0.78%	\$29,712,405	2.62%	\$35,000,201	3.35%	84.89%	\$89,975	2.56%	\$36,087
2011-2012	386	0.26%	\$28,953,605	-0.11%	\$33,864,115	-0.79%	85.50%	\$87,731	-1.05%	\$35,032
2010-2011	385	6.35%	\$28,986,835	5.95%	\$34,134,282	6.26%	84.92%	\$88,660	-0.09%	\$35,962
2009-2010	362	8.71%	\$27,358,155	7.72%	\$32,124,355	7.35%	85.16%	\$88,741	-1.25%	\$35,452
2008-2009	333	13.65%	\$25,396,864	13.82%	\$29,926,215	14.44%	84.86%	\$89,869	0.69%	\$34,971
2007-2008	293	14.45%	\$22,314,143	25.15%	\$26,151,040	23.65%	85.33%	\$89,253	8.03%	\$36,254
2006-2007	256	14.29%	\$17,829,921	33.45%	\$21,149,733	30.94%	84.30%	\$82,616	14.57%	\$32,645
2005-2006	224	10.89%	\$13,360,388	17.95%	\$16,152,562	17.81%	82.71%	\$72,110	6.24%	\$28,316

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
COMPARISON OF FISCAL YEARS 2005/06 THROUGH 2015/16**

Regional Center	Number of Individuals		Purchase of Service							
	SLS Service Codes	Percentage Growth in Consumer #s	SLS Service Codes	Percentage Growth of SLS Costs	Total Cost of SLA*	Percentage Growth of SLA Costs	SLS Costs as Percentage of SLA Costs	Mean SLA	Percentage Change in SLA Mean Costs	Difference from Statewide SLA Mean
<b>Eastern Los Angeles</b>										
2015-2016	264	3.13%	\$18,788,154	8.76%	\$22,349,931	8.30%	84.06%	\$84,659	5.01%	\$23,716
2014-2015	256	6.67%	\$17,274,928	5.38%	\$20,637,836	6.60%	83.71%	\$80,617	-0.06%	\$22,892
2013-2014	240	0.84%	\$16,392,405	3.53%	\$19,359,620	2.20%	84.67%	\$80,665	1.35%	\$25,037
2012-2013	238	9.68%	\$15,833,739	13.67%	\$18,942,801	15.81%	83.59%	\$79,592	5.59%	\$25,704
2011-2012	217	25.43%	\$13,929,273	37.40%	\$16,357,119	36.56%	85.16%	\$75,378	8.87%	\$22,680
2010-2011	173	6.13%	\$10,137,904	10.65%	\$11,978,238	7.89%	84.64%	\$69,238	1.65%	\$16,540
2009-2010	163	10.88%	\$9,162,074	14.02%	\$11,102,713	14.33%	82.52%	\$68,115	3.11%	\$14,826
2008-2009	147	9.70%	\$8,035,830	14.09%	\$9,710,792	14.13%	82.75%	\$66,060	4.04%	\$11,163
2007-2008	134	1.52%	\$7,043,205	8.86%	\$8,508,420	6.49%	82.78%	\$63,496	4.90%	\$10,497
2006-2007	132	12.82%	\$6,470,187	19.83%	\$7,989,667	23.94%	80.98%	\$60,528	9.86%	\$10,556
2005-2006	117	8.33%	\$5,399,422	14.90%	\$6,446,204	15.99%	83.76%	\$55,096	7.06%	\$11,302
<b>Far Northern</b>										
2015-2016	215	1.42%	\$13,725,313	4.38%	\$18,054,048	5.30%	76.02%	\$83,972	3.84%	\$23,029
2014-2015	212	10.99%	\$13,149,489	11.01%	\$17,144,615	10.64%	76.70%	\$80,871	-0.32%	\$23,146
2013-2014	191	3.80%	\$11,845,819	6.09%	\$15,495,198	7.04%	76.45%	\$81,127	3.11%	\$25,499
2012-2013	184	-3.16%	\$11,165,408	-4.30%	\$14,476,486	-3.12%	77.13%	\$78,677	0.04%	\$24,789
2011-2012	190	0.53%	\$11,667,132	1.80%	\$14,942,326	4.45%	78.08%	\$78,644	3.90%	\$25,945
2010-2011	189	12.50%	\$11,460,710	21.22%	\$14,305,348	21.07%	80.11%	\$75,690	7.62%	\$22,991
2009-2010	168	12.00%	\$9,454,314	7.49%	\$11,815,921	7.53%	80.01%	\$70,333	-3.99%	\$17,044
2008-2009	150	7.91%	\$8,795,844	12.41%	\$10,988,172	11.19%	80.05%	\$73,254	3.03%	\$18,357
2007-2008	139	13.01%	\$7,824,879	19.64%	\$9,882,466	20.80%	79.18%	\$71,097	6.89%	\$18,099
2006-2007	123	6.03%	\$6,540,429	17.93%	\$8,181,137	19.62%	79.95%	\$66,513	12.81%	\$16,542
2005-2006	116	9.43%	\$5,546,117	10.49%	\$6,839,468	9.43%	81.09%	\$58,961	-0.00%	\$15,167
<b>Golden Gate</b>										
2015-2016	523	0.00%	\$27,297,935	10.03%	\$36,445,566	7.67%	74.90%	\$69,686	7.67%	\$8,743
2014-2015	523	0.19%	\$24,808,641	8.78%	\$33,850,299	6.78%	73.29%	\$64,723	6.57%	\$6,999
2013-2014	522	1.75%	\$22,805,353	6.59%	\$31,701,490	7.59%	71.94%	\$60,731	5.74%	\$5,103
2012-2013	513	2.60%	\$21,395,043	6.47%	\$29,464,998	5.19%	72.61%	\$57,437	2.52%	\$3,549
2011-2012	500	2.04%	\$20,095,024	5.16%	\$28,011,532	8.95%	71.74%	\$56,023	6.77%	\$3,324
2010-2011	490	1.24%	\$19,108,467	6.14%	\$25,709,575	5.23%	74.32%	\$52,469	3.94%	-\$230
2009-2010	484	-0.82%	\$18,002,893	-2.79%	\$24,432,060	-2.27%	73.69%	\$50,479	-1.46%	-\$2,810
2008-2009	488	5.63%	\$18,520,110	21.81%	\$24,999,063	21.23%	74.08%	\$51,228	14.77%	-\$3,670
2007-2008	462	32.76%	\$15,203,634	35.86%	\$20,620,548	36.35%	73.73%	\$44,633	2.71%	-\$8,365
2006-2007	348	-16.95%	\$11,190,646	16.04%	\$15,122,732	12.69%	74.00%	\$43,456	35.68%	-\$6,515
2005-2006	419	6.08%	\$9,643,845	21.61%	\$13,420,033	20.75%	71.86%	\$32,029	13.83%	-\$11,765



**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
COMPARISON OF FISCAL YEARS 2005/06 THROUGH 2015/16**

Regional Center	Number of Individuals		Purchase of Service							
	SLS Service Codes	Percentage Growth in Consumer #s	SLS Service Codes	Percentage Growth of SLS Costs	Total Cost of SLA*	Percentage Growth of SLA Costs	SLS Costs as Percentage of SLA Costs	Mean SLA	Percentage Change in SLA Mean Costs	Difference from Statewide SLA Mean
<b>Harbor</b>										
2015-2016	547	1.30%	\$5,387,633	-1.57%	\$7,851,995	0.11%	68.61%	\$14,355	-1.17%	-\$46,588
2014-2015	540	3.25%	\$5,473,770	10.19%	\$7,843,566	8.68%	69.79%	\$14,525	5.26%	-\$43,199
2013-2014	523	1.95%	\$4,967,768	-0.33%	\$7,217,044	2.23%	68.83%	\$13,799	0.27%	-\$41,828
2012-2013	513	4.06%	\$4,984,296	24.89%	\$7,059,647	26.13%	70.60%	\$13,761	21.22%	-\$40,126
2011-2012	493	2.71%	\$3,991,083	6.53%	\$5,597,004	4.60%	71.31%	\$11,353	1.84%	-\$41,346
2010-2011	480	-2.24%	\$3,746,288	-4.45%	\$5,351,067	-4.00%	70.01%	\$11,148	-1.80%	-\$41,551
2009-2010	491	0.61%	\$3,920,813	1.39%	\$5,574,142	-4.87%	70.34%	\$11,353	-5.45%	-\$41,937
2008-2009	488	9.17%	\$3,866,897	12.48%	\$5,859,641	10.74%	65.99%	\$12,007	1.44%	-\$42,890
2007-2008	447	3.00%	\$3,437,836	10.11%	\$5,291,287	7.37%	64.97%	\$11,837	4.25%	-\$41,161
2006-2007	434	2.36%	\$3,122,146	5.40%	\$4,927,914	6.44%	63.36%	\$11,355	3.98%	-\$38,617
2005-2006	424	8.16%	\$2,962,316	8.16%	\$4,629,909	11.30%	63.98%	\$10,920	2.90%	-\$32,874
<b>Inland</b>										
2015-2016	851	2.90%	\$8,746,708	15.25%	\$11,466,547	13.99%	76.28%	\$13,474	10.78%	-\$47,469
2014-2015	827	1.60%	\$7,589,532	2.76%	\$10,058,863	4.95%	75.45%	\$12,163	3.30%	-\$45,561
2013-2014	814	-0.85%	\$7,385,785	2.57%	\$9,584,306	4.21%	77.06%	\$11,774	5.10%	-\$43,853
2012-2013	821	-1.44%	\$7,200,702	0.84%	\$9,197,529	1.55%	78.29%	\$11,203	3.03%	-\$42,685
2011-2012	833	1.71%	\$7,140,813	-3.93%	\$9,057,565	-2.10%	78.84%	\$10,873	-3.74%	-\$41,825
2010-2011	819	0.37%	\$7,432,624	-3.93%	\$9,251,722	-4.07%	80.34%	\$11,296	-4.43%	-\$41,402
2009-2010	816	5.97%	\$7,736,429	-8.54%	\$9,644,611	-6.71%	80.22%	\$11,819	-11.97%	-\$41,470
2008-2009	770	5.48%	\$8,458,571	3.25%	\$10,338,312	2.14%	81.82%	\$13,426	-3.17%	-\$41,471
2007-2008	730	7.04%	\$8,192,239	7.31%	\$10,122,106	6.49%	80.93%	\$13,866	-0.51%	-\$39,132
2006-2007	682	7.40%	\$7,634,233	12.86%	\$9,505,117	15.23%	80.32%	\$13,937	7.28%	-\$36,034
2005-2006	635	2.25%	\$6,764,595	6.50%	\$8,249,161	5.71%	82.00%	\$12,991	3.37%	-\$30,803
<b>Kern</b>										
2015-2016	506	-2.50%	\$15,621,462	-1.24%	\$19,999,866	-2.10%	78.11%	\$39,525	0.42%	-\$21,417
2014-2015	519	3.80%	\$15,816,823	1.01%	\$20,428,691	1.04%	77.42%	\$39,362	-2.66%	-\$18,363
2013-2014	500	2.25%	\$15,658,683	-2.49%	\$20,218,614	-1.98%	77.45%	\$40,437	-4.14%	-\$15,191
2012-2013	489	0.41%	\$16,057,954	1.29%	\$20,627,016	2.16%	77.85%	\$42,182	1.75%	-\$11,705
2011-2012	487	2.10%	\$15,853,646	-3.95%	\$20,190,251	-3.67%	78.52%	\$41,458	-5.64%	-\$11,240
2010-2011	477	9.15%	\$16,505,949	9.20%	\$20,958,556	8.92%	78.76%	\$43,938	-0.21%	-\$8,760
2009-2010	437	0.92%	\$15,115,077	0.39%	\$19,241,728	2.76%	78.55%	\$44,031	1.82%	-\$9,258
2008-2009	433	0.23%	\$15,057,084	-0.01%	\$18,725,664	0.91%	80.41%	\$43,246	0.68%	-\$11,651
2007-2008	432	11.34%	\$15,058,334	14.37%	\$18,556,368	14.47%	81.15%	\$42,955	2.81%	-\$10,044
2006-2007	388	-1.52%	\$13,166,393	9.65%	\$16,210,385	11.51%	81.22%	\$41,779	13.23%	-\$8,192
2005-2006	394	5.35%	\$12,007,838	-1.49%	\$14,537,275	-2.71%	82.60%	\$36,897	-7.65%	-\$6,897

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
COMPARISON OF FISCAL YEARS 2005/06 THROUGH 2015/16**

Regional Center	Number of Individuals		Purchase of Service							
	SLS Service Codes	Percentage Growth in Consumer #s	SLS Service Codes	Percentage Growth of SLS Costs	Total Cost of SLA*	Percentage Growth of SLA Costs	SLS Costs as Percentage of SLA Costs	Mean SLA	Percentage Change in SLA Mean Costs	Difference from Statewide SLA Mean
<b>Frank D. Lanterman</b>										
2015-2016	103	6.19%	\$7,057,603	17.33%	\$8,222,586	14.14%	85.83%	\$79,831	7.49%	\$18,888
2014-2015	97	7.78%	\$6,015,202	18.71%	\$7,204,004	15.13%	83.50%	\$74,268	6.82%	\$16,544
2013-2014	90	1.12%	\$5,066,955	8.55%	\$6,257,493	10.44%	80.97%	\$69,528	9.21%	\$13,900
2012-2013	89	-6.32%	\$4,667,797	-9.25%	\$5,665,990	-8.24%	82.38%	\$63,663	-2.05%	\$9,775
2011-2012	95	10.47%	\$5,143,758	-6.50%	\$6,174,767	-7.18%	83.30%	\$64,998	-15.97%	\$12,299
2010-2011	86	22.86%	\$5,501,618	-4.25%	\$6,652,297	-3.40%	82.70%	\$77,352	-21.38%	\$24,654
2009-2010	70	2.94%	\$5,745,962	10.68%	\$6,886,765	9.07%	83.43%	\$98,382	5.96%	\$45,093
2008-2009	68	0.00%	\$5,191,316	5.42%	\$6,313,916	-0.49%	82.22%	\$92,852	-0.49%	\$37,955
2007-2008	68	30.77%	\$4,924,345	35.22%	\$6,344,705	36.11%	77.61%	\$93,304	4.08%	\$40,306
2006-2007	52	44.44%	\$3,641,633	61.77%	\$4,661,438	62.69%	78.12%	\$89,643	12.63%	\$39,671
2005-2006	36	38.46%	\$2,251,176	56.32%	\$2,865,297	79.72%	78.57%	\$79,592	29.80%	\$35,798
<b>North Bay</b>										
2015-2016	703	-1.54%	\$35,401,258	6.58%	\$46,219,524	10.84%	76.59%	\$65,746	12.57%	\$4,803
2014-2015	714	-0.14%	\$33,215,055	7.82%	\$41,699,367	9.03%	79.65%	\$58,402	9.18%	\$678
2013-2014	715	9.66%	\$30,805,095	20.04%	\$38,246,931	18.22%	80.54%	\$53,492	7.80%	-\$2,136
2012-2013	652	9.95%	\$25,662,406	20.04%	\$32,352,143	20.21%	79.32%	\$49,620	9.33%	-\$4,268
2011-2012	593	6.46%	\$21,377,963	13.67%	\$26,913,856	13.39%	79.43%	\$45,386	6.51%	-\$7,313
2010-2011	557	7.95%	\$18,806,704	12.65%	\$23,735,083	11.21%	79.24%	\$42,612	3.03%	-\$10,086
2009-2010	516	10.97%	\$16,694,636	13.21%	\$21,341,849	12.19%	78.22%	\$41,360	1.10%	-\$11,929
2008-2009	465	5.68%	\$14,746,328	37.25%	\$19,022,786	33.05%	77.52%	\$40,909	25.89%	-\$13,988
2007-2008	440	6.28%	\$10,744,164	38.51%	\$14,297,810	29.82%	75.15%	\$32,495	22.15%	-\$20,503
2006-2007	414	5.61%	\$7,756,776	25.53%	\$11,013,395	24.78%	70.43%	\$26,602	18.15%	-\$23,369
2005-2006	392	-5.08%	\$6,179,171	-0.82%	\$8,826,195	-0.38%	70.01%	\$22,516	4.96%	-\$21,278
<b>North Los Angeles County</b>										
2015-2016	382	5.82%	\$32,387,798	12.24%	\$35,851,117	11.60%	90.34%	\$93,851	5.47%	\$32,908
2014-2015	361	7.12%	\$28,854,891	12.51%	\$32,124,430	12.41%	89.82%	\$88,987	4.94%	\$31,263
2013-2014	337	5.97%	\$25,646,787	9.28%	\$28,578,077	7.96%	89.74%	\$84,801	1.87%	\$29,174
2012-2013	318	2.91%	\$23,468,687	11.35%	\$26,470,922	11.32%	88.66%	\$83,242	8.17%	\$29,354
2011-2012	309	8.42%	\$21,076,245	8.01%	\$23,779,853	7.01%	88.63%	\$76,957	-1.30%	\$24,259
2010-2011	285	1.79%	\$19,512,619	1.77%	\$22,221,537	1.89%	87.81%	\$77,970	0.10%	\$25,272
2009-2010	280	8.53%	\$19,173,785	2.49%	\$21,809,807	2.77%	87.91%	\$77,892	-5.30%	\$24,603
2008-2009	258	4.03%	\$18,708,166	9.55%	\$21,221,218	8.00%	88.16%	\$82,253	3.81%	\$27,356
2007-2008	248	6.90%	\$17,076,860	14.16%	\$19,650,061	12.61%	86.90%	\$79,234	5.35%	\$26,236
2006-2007	232	-2.52%	\$14,958,083	6.16%	\$17,449,189	5.34%	85.72%	\$75,212	8.07%	\$25,240
2005-2006	238	6.25%	\$14,089,742	10.14%	\$16,564,099	9.41%	85.06%	\$69,597	2.97%	\$25,803

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
COMPARISON OF FISCAL YEARS 2005/06 THROUGH 2015/16**

Regional Center	Number of Individuals		Purchase of Service							
	SLS Service Codes	Percentage Growth in Consumer #s	SLS Service Codes	Percentage Growth of SLS Costs	Total Cost of SLA*	Percentage Growth of SLA Costs	SLS Costs as Percentage of SLA Costs	Mean SLA	Percentage Change in SLA Mean Costs	Difference from Statewide SLA Mean
<b>Orange County</b>										
2015-2016	428	1.66%	\$29,052,164	7.30%	\$32,481,774	6.16%	89.44%	\$75,892	4.42%	\$14,949
2014-2015	421	4.73%	\$27,076,112	3.27%	\$30,597,500	2.69%	88.49%	\$72,678	-1.95%	\$14,954
2013-2014	402	8.65%	\$26,219,318	9.91%	\$29,796,278	10.31%	88.00%	\$74,120	1.53%	\$18,492
2012-2013	370	0.82%	\$23,855,194	-0.90%	\$27,011,046	0.18%	88.32%	\$73,003	-0.63%	\$19,115
2011-2012	367	-2.65%	\$24,070,815	-4.23%	\$26,961,625	-3.64%	89.28%	\$73,465	-1.01%	\$20,766
2010-2011	377	3.86%	\$25,132,800	-0.00%	\$27,979,482	0.07%	89.83%	\$74,216	-3.65%	\$21,518
2009-2010	363	17.10%	\$25,134,014	10.86%	\$27,960,461	10.54%	89.89%	\$77,026	-5.60%	\$23,737
2008-2009	310	42.20%	\$22,672,030	51.23%	\$25,294,551	49.98%	89.63%	\$81,595	5.47%	\$26,698
2007-2008	218	31.33%	\$14,992,145	38.93%	\$16,865,775	38.95%	88.89%	\$77,366	5.81%	\$24,368
2006-2007	166	16.08%	\$10,791,037	37.15%	\$12,138,015	36.13%	88.90%	\$73,121	17.27%	\$23,149
2005-2006	143	16.26%	\$7,868,161	24.29%	\$8,916,167	24.31%	88.25%	\$62,351	6.92%	\$18,557
<b>Redwood Coast</b>										
2015-2016	518	2.78%	\$26,304,604	10.49%	\$34,777,076	13.42%	75.64%	\$67,137	10.36%	\$6,194
2014-2015	504	0.60%	\$23,807,676	5.28%	\$30,661,252	5.81%	77.65%	\$60,836	5.18%	\$3,111
2013-2014	501	2.24%	\$22,613,281	4.08%	\$28,977,707	4.36%	78.04%	\$57,840	2.06%	\$2,212
2012-2013	490	4.03%	\$21,725,787	7.19%	\$27,768,244	6.01%	78.24%	\$56,670	1.90%	\$2,782
2011-2012	471	1.07%	\$20,269,102	10.15%	\$26,193,555	7.43%	77.38%	\$55,613	6.29%	\$2,914
2010-2011	466	8.12%	\$18,401,894	1.08%	\$24,382,306	1.02%	75.47%	\$52,323	-6.57%	-\$376
2009-2010	431	2.86%	\$18,205,041	6.91%	\$24,136,030	5.17%	75.43%	\$56,000	2.24%	\$2,711
2008-2009	419	6.08%	\$17,028,474	15.52%	\$22,949,348	14.32%	74.20%	\$54,772	7.78%	-\$125
2007-2008	395	9.42%	\$14,740,641	20.10%	\$20,073,926	20.71%	73.43%	\$50,820	10.32%	-\$2,178
2006-2007	361	14.60%	\$12,274,114	25.25%	\$16,629,664	29.42%	73.81%	\$46,066	12.93%	-\$3,906
2005-2006	315	5.00%	\$9,799,413	20.52%	\$12,849,019	16.24%	76.27%	\$40,791	10.70%	-\$3,003
<b>San Andreas</b>										
2015-2016	464	5.22%	\$43,510,047	8.03%	\$49,396,485	8.43%	88.08%	\$106,458	3.06%	\$45,515
2014-2015	441	5.50%	\$40,275,787	6.42%	\$45,554,828	8.30%	88.41%	\$103,299	2.65%	\$45,575
2013-2014	418	6.36%	\$37,847,011	7.36%	\$42,063,928	7.25%	89.97%	\$100,631	0.83%	\$45,004
2012-2013	393	7.67%	\$35,252,187	10.92%	\$39,220,694	11.54%	89.88%	\$99,798	3.59%	\$45,911
2011-2012	365	5.80%	\$31,782,573	9.17%	\$35,163,340	8.87%	90.39%	\$96,338	2.90%	\$43,639
2010-2011	345	7.81%	\$29,114,204	11.14%	\$32,299,612	10.34%	90.14%	\$93,622	2.35%	\$40,923
2009-2010	320	9.59%	\$26,195,978	10.98%	\$29,272,328	10.50%	89.49%	\$91,476	0.83%	\$38,187
2008-2009	292	7.75%	\$23,604,107	18.27%	\$26,490,651	17.33%	89.10%	\$90,721	8.89%	\$35,824
2007-2008	271	11.07%	\$19,957,640	15.64%	\$22,578,782	15.99%	88.39%	\$83,317	4.43%	\$30,318
2006-2007	244	11.42%	\$17,258,138	22.19%	\$19,466,905	21.97%	88.65%	\$79,782	9.47%	\$29,811
2005-2006	219	11.73%	\$14,123,955	21.33%	\$15,960,238	21.30%	88.49%	\$72,878	8.56%	\$29,084

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Regional Center	Number of Individuals		Purchase of Service							
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<b>San Diego</b>										
2015-2016	230	5.02%	\$15,902,559	8.62%	\$19,616,862	10.08%	81.07%	\$85,291	4.82%	\$24,348
2014-2015	219	4.78%	\$14,640,335	7.67%	\$17,819,842	12.05%	82.16%	\$81,369	6.93%	\$23,645
2013-2014	209	12.97%	\$13,597,720	12.97%	\$15,903,959	16.16%	85.50%	\$76,095	2.82%	\$20,468
2012-2013	185	8.19%	\$12,036,174	10.17%	\$13,691,789	9.90%	87.91%	\$74,010	1.58%	\$20,122
2011-2012	171	1.18%	\$10,924,762	-0.01%	\$12,458,245	0.96%	87.69%	\$72,855	-0.23%	\$20,157
2010-2011	169	7.64%	\$10,926,232	6.34%	\$12,340,338	7.18%	88.54%	\$73,020	-0.43%	\$20,321
2009-2010	157	5.37%	\$10,274,941	4.08%	\$11,513,782	4.94%	89.24%	\$73,336	-0.41%	\$20,047
2008-2009	149	5.67%	\$9,872,023	4.46%	\$10,971,598	4.53%	89.98%	\$73,635	-1.09%	\$18,738
2007-2008	141	6.82%	\$9,450,334	23.54%	\$10,496,470	19.89%	90.03%	\$74,443	12.24%	\$21,445
2006-2007	132	9.09%	\$7,649,745	21.95%	\$8,755,153	19.99%	87.37%	\$66,327	9.99%	\$16,355
2005-2006	121	-0.82%	\$6,272,813	0.87%	\$7,296,421	1.32%	85.97%	\$60,301	2.16%	\$16,507
<b>San Gab/Pomona</b>										
2015-2016	103	15.73%	\$5,059,037	15.95%	\$5,824,335	14.73%	86.86%	\$56,547	-0.87%	-\$4,396
2014-2015	89	9.88%	\$4,363,160	22.78%	\$5,076,646	22.83%	85.95%	\$57,041	11.79%	-\$683
2013-2014	81	10.96%	\$3,553,736	13.27%	\$4,132,918	11.97%	85.99%	\$51,024	0.91%	-\$4,604
2012-2013	73	4.29%	\$3,137,451	16.12%	\$3,691,141	15.35%	85.00%	\$50,564	10.61%	-\$3,324
2011-2012	70	-13.58%	\$2,701,818	-3.72%	\$3,199,965	-3.43%	84.43%	\$45,714	11.74%	-\$6,985
2010-2011	81	-8.99%	\$2,806,085	-7.27%	\$3,313,729	-7.58%	84.68%	\$40,910	1.55%	-\$11,788
2009-2010	89	1.14%	\$3,026,145	9.00%	\$3,585,383	7.48%	84.40%	\$40,285	6.27%	-\$13,004
2008-2009	88	-3.30%	\$2,776,399	4.48%	\$3,335,891	3.81%	83.23%	\$37,908	7.35%	-\$16,989
2007-2008	91	-4.21%	\$2,657,401	2.64%	\$3,213,314	-0.70%	82.70%	\$35,311	3.67%	-\$17,687
2006-2007	95	7.95%	\$2,589,071	15.16%	\$3,235,916	25.91%	80.01%	\$34,062	16.63%	-\$15,909
2005-2006	88	-11.11%	\$2,248,325	-16.91%	\$2,570,118	-16.01%	87.48%	\$29,206	-5.52%	-\$14,588
<b>South Central LA</b>										
2015-2016	492	-1.20%	\$8,366,585	4.54%	\$12,146,770	3.33%	68.88%	\$24,689	4.59%	-\$36,254
2014-2015	498	13.18%	\$8,003,485	19.14%	\$11,755,769	20.50%	68.08%	\$23,606	6.46%	-\$34,118
2013-2014	440	13.70%	\$6,717,800	14.09%	\$9,756,004	18.84%	68.86%	\$22,173	4.52%	-\$33,455
2012-2013	387	28.57%	\$5,888,313	24.06%	\$8,209,605	25.02%	71.72%	\$21,213	-2.76%	-\$32,674
2011-2012	301	56.77%	\$4,746,385	34.52%	\$6,566,382	36.50%	72.28%	\$21,815	-12.93%	-\$30,883
2010-2011	192	35.21%	\$3,528,335	15.53%	\$4,810,576	20.14%	73.35%	\$25,055	-11.15%	-\$27,644
2009-2010	142	56.04%	\$3,054,022	56.38%	\$4,004,126	49.01%	76.27%	\$28,198	-4.51%	-\$25,091
2008-2009	91	9.64%	\$1,952,897	18.10%	\$2,687,196	15.99%	72.67%	\$29,530	5.80%	-\$25,367
2007-2008	83	16.90%	\$1,653,577	6.84%	\$2,316,669	10.74%	71.38%	\$27,912	-5.27%	-\$25,087
2006-2007	71	5.97%	\$1,547,731	-5.33%	\$2,091,977	-3.14%	73.98%	\$29,464	-8.59%	-\$20,507
2005-2006	67	-2.90%	\$1,634,905	-7.00%	\$2,159,730	-7.05%	75.70%	\$32,235	-4.27%	-\$11,559

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<b>Tri-Counties</b>										
2015-2016	607	1.34%	\$36,747,487	8.45%	\$43,989,648	8.03%	83.54%	\$72,471	6.61%	\$11,528
2014-2015	599	-0.99%	\$33,884,034	0.34%	\$40,718,846	-0.19%	83.21%	\$67,978	0.81%	\$10,254
2013-2014	605	-0.82%	\$33,768,123	0.81%	\$40,795,026	0.88%	82.78%	\$67,430	1.72%	\$11,802
2012-2013	610	0.49%	\$33,496,099	1.29%	\$40,437,687	1.39%	82.83%	\$66,291	0.89%	\$12,404
2011-2012	607	1.51%	\$33,070,679	-4.23%	\$39,882,280	-2.90%	82.92%	\$65,704	-4.34%	\$13,005
2010-2011	598	3.64%	\$34,530,410	3.73%	\$41,072,950	5.26%	84.07%	\$68,684	1.56%	\$15,985
2009-2010	577	6.85%	\$33,287,238	7.84%	\$39,020,046	5.89%	85.31%	\$67,626	-0.90%	\$14,336
2008-2009	540	9.31%	\$30,866,690	9.07%	\$36,849,562	9.30%	83.76%	\$68,240	-0.01%	\$13,343
2007-2008	494	9.05%	\$28,299,902	12.26%	\$33,715,130	11.91%	83.94%	\$68,249	2.62%	\$15,251
2006-2007	453	13.82%	\$25,209,034	33.97%	\$30,127,404	31.54%	83.67%	\$66,506	15.57%	\$16,535
2005-2006	398	15.70%	\$18,817,081	31.28%	\$22,903,860	28.23%	82.16%	\$57,547	10.84%	\$13,754
<b>Valley Mountain</b>										
2015-2016	503	-2.90%	\$7,764,421	-3.30%	\$11,073,382	-4.78%	70.12%	\$22,015	-1.94%	-\$38,928
2014-2015	518	1.17%	\$8,029,097	22.15%	\$11,629,718	14.01%	69.04%	\$22,451	12.69%	-\$35,273
2013-2014	512	0.39%	\$6,573,109	10.01%	\$10,200,790	8.14%	64.44%	\$19,923	7.72%	-\$35,704
2012-2013	510	-0.58%	\$5,974,843	-2.16%	\$9,432,834	-0.70%	63.34%	\$18,496	-0.12%	-\$35,392
2011-2012	513	-0.58%	\$6,106,976	-13.69%	\$9,499,736	-9.38%	64.29%	\$18,518	-8.85%	-\$34,181
2010-2011	516	0.58%	\$7,075,913	-8.13%	\$10,483,449	-7.55%	67.50%	\$20,317	-8.09%	-\$32,382
2009-2010	513	7.32%	\$7,702,068	-1.79%	\$11,339,994	1.93%	67.92%	\$22,105	-5.02%	-\$31,184
2008-2009	478	5.75%	\$7,842,717	-3.23%	\$11,125,337	-1.47%	70.49%	\$23,275	-6.83%	-\$31,622
2007-2008	452	3.43%	\$8,104,492	-6.34%	\$11,291,028	-3.62%	71.78%	\$24,980	-6.82%	-\$28,018
2006-2007	437	-0.68%	\$8,653,252	5.47%	\$11,714,813	4.61%	73.87%	\$26,807	5.33%	-\$23,164
2005-2006	440	1.62%	\$8,204,086	20.38%	\$11,198,552	14.98%	73.26%	\$25,451	13.15%	-\$18,342
<b>Westside</b>										
2015-2016	745	6.89%	\$28,994,291	10.05%	\$37,281,759	9.04%	77.77%	\$50,043	2.01%	-\$10,900
2014-2015	697	13.89%	\$26,346,857	15.25%	\$34,191,493	15.43%	77.06%	\$49,055	1.36%	-\$8,669
2013-2014	612	11.68%	\$22,860,107	17.45%	\$29,619,896	17.84%	77.18%	\$48,399	5.52%	-\$7,229
2012-2013	548	10.93%	\$19,463,289	13.15%	\$25,135,975	14.11%	77.43%	\$45,869	2.86%	-\$8,019
2011-2012	494	12.79%	\$17,200,559	7.68%	\$22,028,805	8.89%	78.08%	\$44,593	-3.45%	-\$8,106
2010-2011	438	19.67%	\$15,974,328	5.62%	\$20,230,019	6.37%	78.96%	\$46,187	-11.12%	-\$6,511
2009-2010	366	20.79%	\$15,124,323	8.82%	\$19,019,293	8.43%	79.52%	\$51,965	-10.23%	-\$1,324
2008-2009	303	33.48%	\$13,897,939	14.96%	\$17,540,300	18.97%	79.23%	\$57,889	-10.87%	\$2,992
2007-2008	227	26.11%	\$12,089,525	32.31%	\$14,743,655	26.99%	82.00%	\$64,950	0.70%	\$11,952
2006-2007	180	12.50%	\$9,137,118	23.20%	\$11,610,234	22.89%	78.70%	\$64,501	9.23%	\$14,530
2005-2006	160	29.03%	\$7,416,353	48.73%	\$9,447,822	46.44%	78.50%	\$59,049	13.49%	\$15,255

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<b>Statewide</b>										
2015-2016	9,170	2.12%	\$456,755,201	7.83%	\$558,845,839	7.81%	81.73%	\$60,943	5.58%	N/A
2014-2015	8,980	4.75%	\$423,598,609	8.49%	\$518,364,560	8.70%	81.72%	\$57,724	3.77%	N/A
2013-2014	8,573	3.94%	\$390,467,108	7.03%	\$476,896,966	7.30%	81.88%	\$55,628	3.23%	N/A
2012-2013	8,248	4.22%	\$364,813,806	6.60%	\$444,464,286	7.01%	82.08%	\$53,888	2.68%	N/A
2011-2012	7,914	4.37%	\$342,238,127	3.50%	\$415,343,599	3.94%	82.40%	\$52,482	-0.41%	N/A
2010-2011	7,583	5.60%	\$330,680,392	4.19%	\$399,613,556	4.43%	82.75%	\$52,699	-1.11%	N/A
2009-2010	7,181	7.81%	\$317,373,079	4.56%	\$382,670,092	4.65%	82.94%	\$53,289	-2.93%	N/A
2008-2009	6,661	8.52%	\$303,526,137	12.49%	\$365,669,510	12.41%	83.01%	\$54,897	3.58%	N/A
2007-2008	6,138	10.89%	\$269,827,940	18.51%	\$325,303,347	17.61%	82.95%	\$52,998	6.06%	N/A
2006-2007	5,535	5.31%	\$227,692,710	20.73%	\$276,592,693	20.16%	82.32%	\$49,972	14.11%	N/A
2005-2006	5,256	5.65%	\$188,589,727	14.52%	\$230,179,336	13.57%	81.93%	\$43,794	7.50%	N/A

Note: This table compares the number of SLS consumers and service costs for FY 2005/06 through FY 2015/16. Only consumers for whom such costs were reported in the first and last months of the fiscal year were included in our analysis, under the presumption that these consumers received SLS for the full year. The count excludes consumers who received SLS from an agency that was paid through a contract including more than 1 individual. This report will now address 10 years of historical data plus the most recent fiscal year. The report is now fully automated this fiscal year. All previous reports can be found at <http://www.dds.ca.gov/SLS/SLSReports.cfm>. Regional center numbers reflect only SLA POS expenditures and consumer numbers that are regional center specific and do not capture total SLS and SLA POS expenditures for consumers who received services in more than one catchment area. The total number of consumers reported by regional center may slightly exceed the total number of consumers reported on the statewide line due to this variance in data collection. Since costs are reported in arrears, some data variance may occur due to when the data is collected. Data collection occurs within the first quarter of the calendar year, allowing costs reported 6 months after the end of the fiscal year to be represented. For FY 2015/16 the calculation for the SLA mean is an arithmetic mean.

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
FISCAL YEAR 2015/16 BY AGE GROUP**

Regional Center	Number of Individuals		Purchase of Service						
	SLS Svc. Codes	Other Svc. Codes	Total SLS Service	Other Service Codes	Total SLA Cost	Maximum SLS	Mean SLS	Median SLS	Minimum SLS
<b>Alta</b>	<b>476</b>	<b>461</b>	<b>\$45,437,620</b>	<b>\$6,708,887</b>	<b>\$52,146,507</b>	<b>\$263,350</b>	<b>\$95,457</b>	<b>\$94,503</b>	<b>\$16,162</b>
18-21 Yrs	3	3	\$255,666	\$2,203	\$257,869	\$89,003	\$85,222	\$87,026	\$79,637
22-40 Yrs	166	160	\$15,940,883	\$2,778,295	\$18,719,177	\$263,350	\$96,029	\$94,327	\$25,129
41-64 Yrs	268	262	\$24,954,457	\$3,793,407	\$28,747,864	\$198,393	\$93,114	\$93,729	\$16,162
65 Yrs & Up	39	36	\$4,286,616	\$134,982	\$4,421,597	\$177,282	\$109,913	\$122,506	\$23,144
<b>Central Valley</b>	<b>144</b>	<b>141</b>	<b>\$10,318,152</b>	<b>\$2,572,552</b>	<b>\$12,890,704</b>	<b>\$257,335</b>	<b>\$71,654</b>	<b>\$81,117</b>	<b>\$2,367</b>
18-21 Yrs	0	0							
22-40 Yrs	55	55	\$4,444,402	\$1,002,654	\$5,447,056	\$257,335	\$80,807	\$89,155	\$4,180
41-64 Yrs	71	69	\$4,571,659	\$1,383,563	\$5,955,222	\$222,642	\$64,390	\$60,280	\$2,367
65 Yrs & Up	18	17	\$1,302,090	\$186,335	\$1,488,426	\$173,125	\$72,338	\$94,652	\$6,709
<b>East Bay</b>	<b>405</b>	<b>379</b>	<b>\$34,884,371</b>	<b>\$5,874,987</b>	<b>\$40,759,357</b>	<b>\$251,557</b>	<b>\$86,134</b>	<b>\$77,306</b>	<b>\$14,729</b>
18-21 Yrs	1	1	\$239,041	\$20,644	\$259,685	\$239,041	\$239,041	\$239,041	\$239,041
22-40 Yrs	145	136	\$13,343,543	\$2,634,180	\$15,977,722	\$251,557	\$92,024	\$83,751	\$17,630
41-64 Yrs	208	199	\$16,680,596	\$2,784,181	\$19,464,777	\$226,657	\$80,195	\$72,674	\$14,729
65 Yrs & Up	51	43	\$4,621,191	\$435,982	\$5,057,173	\$192,928	\$90,612	\$85,467	\$24,543
<b>Eastern Los Angeles</b>	<b>264</b>	<b>244</b>	<b>\$18,788,154</b>	<b>\$3,561,777</b>	<b>\$22,349,931</b>	<b>\$349,811</b>	<b>\$71,167</b>	<b>\$53,970</b>	<b>\$2,614</b>
18-21 Yrs	1	1	\$57,174	\$2,853	\$60,027	\$57,174	\$57,174	\$57,174	\$57,174
22-40 Yrs	104	98	\$9,157,705	\$1,220,799	\$10,378,505	\$349,811	\$88,055	\$76,048	\$2,614
41-64 Yrs	136	124	\$8,471,119	\$1,951,727	\$10,422,846	\$240,573	\$62,288	\$42,399	\$3,010
65 Yrs & Up	23	21	\$1,102,155	\$386,398	\$1,488,554	\$154,382	\$47,920	\$26,574	\$9,217
<b>Far Northern</b>	<b>215</b>	<b>209</b>	<b>\$13,725,313</b>	<b>\$4,328,735</b>	<b>\$18,054,048</b>	<b>\$206,588</b>	<b>\$63,839</b>	<b>\$56,994</b>	<b>\$291</b>
18-21 Yrs	1	1	\$53,398	\$16,747	\$70,145	\$53,398	\$53,398	\$53,398	\$53,398
22-40 Yrs	82	81	\$5,277,112	\$1,850,785	\$7,127,897	\$206,588	\$64,355	\$58,617	\$291
41-64 Yrs	112	108	\$6,997,617	\$2,050,239	\$9,047,857	\$161,011	\$62,479	\$55,257	\$13,566
65 Yrs & Up	20	19	\$1,397,186	\$410,964	\$1,808,150	\$111,648	\$69,859	\$72,392	\$20,817
<b>Golden Gate</b>	<b>523</b>	<b>487</b>	<b>\$27,297,935</b>	<b>\$9,147,631</b>	<b>\$36,445,566</b>	<b>\$287,678</b>	<b>\$52,195</b>	<b>\$18,843</b>	<b>\$757</b>
18-21 Yrs	3	2	\$228,942	\$3,632	\$232,574	\$128,780	\$76,314	\$53,848	\$46,314
22-40 Yrs	172	159	\$10,941,032	\$3,166,208	\$14,107,239	\$238,402	\$63,611	\$45,973	\$757
41-64 Yrs	281	265	\$13,338,338	\$4,282,111	\$17,620,449	\$287,678	\$47,467	\$15,882	\$898
65 Yrs & Up	67	61	\$2,789,623	\$1,695,680	\$4,485,304	\$249,566	\$41,636	\$16,775	\$2,168
<b>Harbor</b>	<b>547</b>	<b>490</b>	<b>\$5,387,633</b>	<b>\$2,464,363</b>	<b>\$7,851,995</b>	<b>\$204,351</b>	<b>\$9,849</b>	<b>\$6,261</b>	<b>\$403</b>
18-21 Yrs	11	10	\$347,333	\$183,265	\$530,598	\$57,078	\$31,576	\$27,516	\$2,871
22-40 Yrs	209	186	\$2,319,319	\$873,708	\$3,193,027	\$204,351	\$11,097	\$6,390	\$403
41-64 Yrs	286	258	\$2,055,663	\$1,230,491	\$3,286,154	\$140,304	\$7,188	\$5,597	\$597
65 Yrs & Up	41	36	\$665,318	\$176,899	\$842,217	\$152,338	\$16,227	\$6,706	\$2,745

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
FISCAL YEAR 2015/16 BY AGE GROUP**

Regional Center	Number of Individuals		Purchase of Service						
	SLS Svc. Codes	Other Svc. Codes	Total SLS Service	Other Service Codes	Total SLA Cost	Maximum SLS	Mean SLS	Median SLS	Minimum SLS
<b>Inland</b>	<b>851</b>	<b>766</b>	<b>\$8,746,708</b>	<b>\$2,719,839</b>	<b>\$11,466,547</b>	<b>\$321,066</b>	<b>\$10,278</b>	<b>\$7,669</b>	<b>\$789</b>
18-21 Yrs	5	5	\$40,366	\$4,846	\$45,212	\$17,672	\$8,073	\$6,439	\$4,130
22-40 Yrs	313	289	\$2,860,595	\$1,241,098	\$4,101,694	\$93,096	\$9,139	\$7,497	\$789
41-64 Yrs	452	408	\$4,563,344	\$1,313,956	\$5,877,300	\$321,066	\$10,096	\$7,554	\$1,846
65 Yrs & Up	81	64	\$1,282,402	\$159,939	\$1,442,341	\$149,063	\$15,832	\$9,843	\$2,082
<b>Kern</b>	<b>506</b>	<b>476</b>	<b>\$15,621,462</b>	<b>\$4,378,404</b>	<b>\$19,999,866</b>	<b>\$279,123</b>	<b>\$30,872</b>	<b>\$16,239</b>	<b>\$422</b>
18-21 Yrs	3	3	\$173,346	\$40,221	\$213,567	\$144,497	\$57,782	\$16,793	\$12,056
22-40 Yrs	194	186	\$4,813,092	\$1,957,028	\$6,770,120	\$242,187	\$24,810	\$15,180	\$787
41-64 Yrs	257	239	\$8,526,113	\$2,051,230	\$10,577,343	\$241,630	\$33,176	\$16,007	\$422
65 Yrs & Up	52	48	\$2,108,911	\$329,925	\$2,438,836	\$279,123	\$40,556	\$20,929	\$4,576
<b>Frank D. Lanterman</b>	<b>103</b>	<b>96</b>	<b>\$7,057,603</b>	<b>\$1,164,984</b>	<b>\$8,222,586</b>	<b>\$351,400</b>	<b>\$68,520</b>	<b>\$29,608</b>	<b>\$4,313</b>
18-21 Yrs	0	0							
22-40 Yrs	44	41	\$3,231,351	\$389,265	\$3,620,616	\$351,400	\$73,440	\$19,805	\$4,796
41-64 Yrs	51	47	\$2,992,087	\$752,475	\$3,744,561	\$238,264	\$58,668	\$37,825	\$4,313
65 Yrs & Up	8	8	\$834,165	\$23,244	\$857,408	\$225,379	\$104,271	\$70,394	\$17,720
<b>North Bay</b>	<b>703</b>	<b>675</b>	<b>\$35,401,258</b>	<b>\$10,818,266</b>	<b>\$46,219,524</b>	<b>\$354,239</b>	<b>\$50,357</b>	<b>\$36,652</b>	<b>\$662</b>
18-21 Yrs	8	8	\$667,136	\$320,307	\$987,443	\$211,380	\$83,392	\$78,406	\$11,428
22-40 Yrs	321	307	\$18,746,799	\$5,646,456	\$24,393,255	\$354,239	\$58,401	\$52,645	\$662
41-64 Yrs	309	296	\$13,299,596	\$4,163,943	\$17,463,539	\$262,341	\$43,041	\$36,093	\$847
65 Yrs & Up	65	64	\$2,687,727	\$687,560	\$3,375,288	\$262,651	\$41,350	\$25,438	\$2,531
<b>North Los Angeles County</b>	<b>382</b>	<b>356</b>	<b>\$32,387,798</b>	<b>\$3,463,319</b>	<b>\$35,851,117</b>	<b>\$242,431</b>	<b>\$84,785</b>	<b>\$79,968</b>	<b>\$4,081</b>
18-21 Yrs	3	2	\$132,277	\$22,529	\$154,807	\$55,200	\$44,092	\$45,823	\$31,255
22-40 Yrs	125	116	\$11,035,588	\$1,022,553	\$12,058,140	\$213,736	\$88,285	\$89,841	\$4,081
41-64 Yrs	212	202	\$18,371,827	\$2,146,295	\$20,518,122	\$242,431	\$86,660	\$80,886	\$5,049
65 Yrs & Up	42	36	\$2,848,106	\$271,942	\$3,120,048	\$176,164	\$67,812	\$53,655	\$12,333
<b>Orange County</b>	<b>428</b>	<b>349</b>	<b>\$29,052,164</b>	<b>\$3,429,610</b>	<b>\$32,481,774</b>	<b>\$299,348</b>	<b>\$67,879</b>	<b>\$48,618</b>	<b>\$4,612</b>
18-21 Yrs	5	4	\$285,343	\$2,573	\$287,916	\$84,206	\$57,069	\$56,220	\$27,732
22-40 Yrs	193	160	\$12,339,821	\$1,668,999	\$14,008,819	\$290,356	\$63,937	\$40,818	\$4,612
41-64 Yrs	192	152	\$13,447,531	\$1,584,640	\$15,032,171	\$299,348	\$70,039	\$53,106	\$8,235
65 Yrs & Up	38	33	\$2,979,470	\$173,398	\$3,152,868	\$263,427	\$78,407	\$63,442	\$11,972
<b>Redwood Coast</b>	<b>518</b>	<b>508</b>	<b>\$26,304,604</b>	<b>\$8,472,471</b>	<b>\$34,777,076</b>	<b>\$226,926</b>	<b>\$50,781</b>	<b>\$16,696</b>	<b>\$604</b>
18-21 Yrs	3	3	\$360,042	\$75,355	\$435,397	\$190,561	\$120,014	\$96,075	\$73,405
22-40 Yrs	168	165	\$9,184,421	\$3,606,948	\$12,791,370	\$225,044	\$54,669	\$14,639	\$604
41-64 Yrs	275	271	\$12,915,842	\$4,029,303	\$16,945,145	\$226,926	\$46,967	\$14,881	\$718
65 Yrs & Up	72	69	\$3,844,299	\$760,866	\$4,605,165	\$204,114	\$53,393	\$24,365	\$1,235



**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
FISCAL YEAR 2015/16 BY AGE GROUP**

Regional Center	Number of Individuals		Purchase of Service						
	SLS Svc. Codes	Other Svc. Codes	Total SLS Service	Other Service Codes	Total SLA Cost	Maximum SLS	Mean SLS	Median SLS	Minimum SLS
<b>San Andreas</b>	<b>464</b>	<b>397</b>	<b>\$43,510,047</b>	<b>\$5,886,438</b>	<b>\$49,396,485</b>	<b>\$270,791</b>	<b>\$93,772</b>	<b>\$98,147</b>	<b>\$1,128</b>
18-21 Yrs	9	9	\$849,917	\$176,481	\$1,026,398	\$148,558	\$94,435	\$112,822	\$22,256
22-40 Yrs	201	181	\$17,489,312	\$2,786,847	\$20,276,159	\$270,791	\$87,012	\$87,440	\$1,192
41-64 Yrs	203	170	\$19,642,103	\$2,437,696	\$22,079,799	\$258,485	\$96,759	\$98,470	\$1,128
65 Yrs & Up	51	37	\$5,528,715	\$485,414	\$6,014,128	\$234,680	\$108,406	\$114,193	\$9,866
<b>San Diego</b>	<b>230</b>	<b>220</b>	<b>\$15,902,559</b>	<b>\$3,714,303</b>	<b>\$19,616,862</b>	<b>\$294,599</b>	<b>\$69,142</b>	<b>\$63,889</b>	<b>\$10,850</b>
18-21 Yrs	0	0							
22-40 Yrs	90	88	\$6,056,168	\$1,720,714	\$7,776,883	\$190,330	\$67,291	\$61,375	\$10,850
41-64 Yrs	115	107	\$8,162,249	\$1,770,423	\$9,932,672	\$294,599	\$70,976	\$66,292	\$45,631
65 Yrs & Up	25	25	\$1,684,141	\$223,166	\$1,907,307	\$99,913	\$67,366	\$62,943	\$50,811
<b>San Gab/Pomona</b>	<b>103</b>	<b>82</b>	<b>\$5,059,037</b>	<b>\$765,298</b>	<b>\$5,824,335</b>	<b>\$620,474</b>	<b>\$49,117</b>	<b>\$18,859</b>	<b>\$1,382</b>
18-21 Yrs	0	0							
22-40 Yrs	36	29	\$2,288,025	\$355,787	\$2,643,812	\$620,474	\$63,556	\$17,014	\$1,382
41-64 Yrs	50	43	\$2,194,639	\$345,115	\$2,539,755	\$165,583	\$43,893	\$26,404	\$4,235
65 Yrs & Up	17	10	\$576,373	\$64,396	\$640,769	\$138,643	\$33,904	\$16,439	\$6,161
<b>South Central LA</b>	<b>492</b>	<b>458</b>	<b>\$8,366,585</b>	<b>\$3,780,184</b>	<b>\$12,146,770</b>	<b>\$339,926</b>	<b>\$17,005</b>	<b>\$15,491</b>	<b>\$214</b>
18-21 Yrs	5	3	\$61,208	\$6,909	\$68,117	\$17,926	\$12,242	\$14,492	\$3,942
22-40 Yrs	249	228	\$4,351,075	\$1,849,975	\$6,201,050	\$339,926	\$17,474	\$15,777	\$1,834
41-64 Yrs	221	210	\$3,585,634	\$1,776,126	\$5,361,759	\$237,505	\$16,225	\$14,724	\$214
65 Yrs & Up	17	17	\$368,669	\$147,174	\$515,843	\$129,725	\$21,686	\$16,714	\$6,419
<b>Tri-Counties</b>	<b>607</b>	<b>578</b>	<b>\$36,747,487</b>	<b>\$7,242,161</b>	<b>\$43,989,648</b>	<b>\$385,019</b>	<b>\$60,540</b>	<b>\$41,486</b>	<b>\$3,195</b>
18-21 Yrs	3	3	\$410,025	\$34,270	\$444,295	\$309,685	\$136,675	\$89,618	\$10,722
22-40 Yrs	216	207	\$13,828,799	\$3,052,420	\$16,881,219	\$385,019	\$64,022	\$46,379	\$4,254
41-64 Yrs	327	312	\$18,504,846	\$3,738,812	\$22,243,657	\$260,978	\$56,590	\$36,930	\$3,195
65 Yrs & Up	61	56	\$4,003,817	\$416,659	\$4,420,477	\$151,931	\$65,636	\$49,158	\$8,173
<b>Valley Mountain</b>	<b>503</b>	<b>489</b>	<b>\$7,764,421</b>	<b>\$3,308,961</b>	<b>\$11,073,382</b>	<b>\$417,817</b>	<b>\$15,436</b>	<b>\$6,927</b>	<b>\$479</b>
18-21 Yrs	4	4	\$121,177	\$14,132	\$135,309	\$97,930	\$30,294	\$8,798	\$5,652
22-40 Yrs	151	145	\$3,000,691	\$1,152,862	\$4,153,552	\$417,817	\$19,872	\$6,315	\$479
41-64 Yrs	292	285	\$3,768,286	\$1,690,638	\$5,458,924	\$242,776	\$12,905	\$6,821	\$559
65 Yrs & Up	56	55	\$874,266	\$451,330	\$1,325,596	\$81,262	\$15,612	\$10,184	\$2,570
<b>Westside</b>	<b>745</b>	<b>672</b>	<b>\$28,994,291</b>	<b>\$8,287,467</b>	<b>\$37,281,759</b>	<b>\$297,876</b>	<b>\$38,919</b>	<b>\$14,981</b>	<b>\$938</b>
18-21 Yrs	24	17	\$507,426	\$211,265	\$718,691	\$84,069	\$21,143	\$13,149	\$4,850
22-40 Yrs	373	340	\$12,686,956	\$4,449,551	\$17,136,507	\$297,876	\$34,013	\$14,796	\$938
41-64 Yrs	305	279	\$13,617,736	\$3,321,660	\$16,939,396	\$223,861	\$44,648	\$22,333	\$2,735
65 Yrs & Up	43	36	\$2,182,173	\$304,992	\$2,487,164	\$158,894	\$50,748	\$48,806	\$3,348

**INDIVIDUALS RECEIVING SUPPORTED LIVING SERVICES (SLS) PURCHASE OF SERVICE (POS) COSTS STATEWIDE AND BY REGIONAL CENTER  
FISCAL YEAR 2015/16 BY AGE GROUP**

Regional Center	Number of Individuals		Purchase of Service						
	SLS Svc. Codes	Other Svc. Codes	Total SLS Service	Other Service Codes	Total SLA Cost	Maximum SLS	Mean SLS	Median SLS	Minimum SLS
<b>Statewide</b>	<b>9,170</b>	<b>8,509</b>	<b>\$456,755,201</b>	<b>\$102,090,638</b>	<b>\$558,845,839</b>	<b>\$620,474</b>	<b>\$49,810</b>	<b>\$26,195</b>	<b>\$403</b>
18-21 Yrs	92	79	\$4,789,817	\$1,138,232	\$5,928,049	\$309,685	\$52,063	\$30,493	\$2,871
22-40 Yrs	3,577	3,336	\$183,336,689	\$44,427,131	\$227,763,820	\$620,474	\$51,254	\$26,430	\$403
41-64 Yrs	4,615	4,303	\$220,661,282	\$48,598,030	\$269,259,312	\$321,066	\$47,814	\$25,125	\$559
65 Yrs & Up	886	791	\$47,967,414	\$7,927,245	\$55,894,659	\$279,123	\$54,139	\$34,910	\$1,235

Note: This table compares the number of SLS consumers by age and the costs of their services during FY 2015/16 which were billed to servicecodes 894 and 896. This table also includes consumers who received services in addition to SLS (i.e., transportation, day program, etc., represented in the "Other Service Codes" column.) The combination of SLS Service and Other Service codes represents a consumer's SLA. Only consumers for whom such costs were reported in the first and last months of either, or both, fiscal years were included in our analysis, under the presumption that these consumers received SLS services for the full year. Statewide numbers reflect SLS and SLA Purchase of Service (POS) expenditures and consumer numbers regardless of consumer catchment area movement. Regional center numbers reflect only SLS and SLA POS expenditures and consumer numbers that are regional center specific and do not capture total SLS and SLA POS expenditures for consumers who received services in more than one catchment area. The total number of consumers reported by regional center may slightly exceed the total number of consumers reported on the statewide line due to this variance in data collection. Since costs are reported in arrears, some data variance may occur due to when the data is collected. Data collection occurs within the first quarter of the calendar year, allowing costs reported 6 months after the end of the fiscal year to be represented. For FY 2015/16 the calculation for SLA mean is an arithmetic mean.