



LEGISLATIVE AND PUBLIC POLICY COMMITTEE MEETING NOTICE/AGENDA

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DATE: Thursday, February 16, 2012
TIME: 10:30 a.m. – 3:30 p.m.
LOCATION: State Council on Developmental Disabilities
1507 21st Street, Suite 210
Sacramento, CA 95811
(916) 322-8481

Pursuant to Government Code Sections 11123.1 and 11125(f), individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in the meeting, should contact Michael Brett at (916) 322-8481 or michael.brett@scdd.ca.gov by 5:00 pm, February 13, 2012.

**Denotes action item.*

	<u>Page</u>
1. CALL TO ORDER	R. Ceragioli
2. ESTABLISHMENT OF QUORUM	R. Ceragioli
3. INTRODUCTIONS AND ANNOUNCEMENTS	R. Ceragioli
4. *APPROVAL OF 1/19/12 MINUTES	R. Ceragioli 3

5. PUBLIC COMMENTS

*This item is for members of the public only to provide comments and/or present information to the Committee on matters **not** on the agenda. Each person will be afforded up to three minutes to speak. Written requests, if any, will be considered first. The Committee will provide a public comment period, not to exceed a total of seven minutes, for public comment prior to action on each agenda item.*

6. LEGISLATIVE ISSUES

A. State Legislation

*i.	Assembly Bill 1554-Regional Centers	C. Arroyo	6
*ii.	Assembly Bill 171- PDD/Autism	M. Corral	11
*iii.	Assembly Bill 1553- Managed Care	C. Risley	25
*iv.	Assembly Bill 1525- Abuse	M. Corral	40
*v.	Assembly Bill 1244- Self-Determination	K. Alipourfard	46
*vi.	Employment First Legislation	C. Arroyo	74

B. Federal Legislation

*i.	HR 2295- Workforce Investment	K. Alipourfard	84
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C. Budget Update

*i.	2012-13 Governor's Budget Positions	C. Risley	87
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D. SCDD Legislative Update

i.	New Bill Introductions	C. Arroyo	95
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7. AREA BOARD LEGISLATIVE UPDATES

R. Smith

8. ADJOURNMENT

R. Ceragioli

For a additional information regarding this agenda, please contact Michael Brett,
1507 21st Street, Suite 210, Sacramento, CA 95811, (916) 322-8481

DRAFT
Legislative & Public Policy (LPPC) Committee Minutes
Thursday, January 19, 2012

Members Present

Ray Ceragioli, Chairperson
Jennifer Allen
Tho Vinh Banh
Marilyn Barraza
Dan Boomer
Connie Lapin
Leroy Shipp
Rocio Smith

Members Absent

Margaret Shipp
Lisa Cooley
Denise Filz
Bill Moore
David Mulvaney

Others Present

Karim Alipourfard
Christofer Arroyo
Carol Risley

1. CALL TO ORDER

Ray Ceragioli, Chairperson, called the meeting to order at 10:10 AM.

2. ESTABLISHMENT OF A QUORUM

A quorum was established.

3. INTRODUCTIONS AND ANNOUNCEMENTS

Members introduced themselves and announcements were made.

4. APPROVAL OF 10/27/11 MINUTES

It was moved, seconded (Smith/Shipp), and carried to approve the Committee minutes as written.

5. PUBLIC COMMENTS

No comments were provided.

6. LEGISLATIVE ISSUES

HR 3086 was reviewed. It was moved, seconded (Lapin/Boomer), and carried to support HR 3086.

S. 2020 was reviewed. It was moved, seconded (Lapin/Shipp), and carried to support S. 2020. (1 abstention)

HR 3356 was reviewed. It was moved, seconded (Boomer/Lapin), and carried to oppose HR 3356.

HR 3610 was reviewed. It was moved, seconded (Boomer/Shipp) and carried to watch HR 3610.

An update regarding AB 254 (Beall) was provided by staff who attended the Assembly Appropriations Committee while the LPPC met. During the meeting, emails were received indicating that AB 254 died in committee.

It was noted that amongst the bills introduced to date three trends were emerging: bills pertaining to child abuse reporting, Medi-Cal and Medicare alignment, and Medi-Cal to managed care. Bills with a significant impact will be brought to the LPPC's attention.

The Legislature's tentative calendar for this year was reviewed.

There was a review and discussion of the budget triggers for the 2011-2012 and the proposed 2012-13 state budgets. LPPC continued to support its opposition to cuts and agreed to the following principles:

- The system must seek and maximize all available income, including but not limited to increasing the number of people on various waivers that generate federal funds to support services and supports.
- Budget solutions must be as far away as possible from direct services and supports that increase independence, productivity, inclusion and self-determination.
- The system must identify and implement administrative efficiencies at all levels and venues.
- Protection of health and safety is paramount.

- The system must protect continuity and avoid developing gaps in lives and needed services and supports.
- Budget solutions must not undermine or violate the individual program planning process and outcomes.
- Budget solutions must not undermine due process protections.
- Budget solutions must not increase co-payments or application of income criteria to access services and supports beyond what exist currently.
- Budget solutions must score anticipated savings to be generated by the coverage of some autism related services by insurance, thus reducing costs to the developmental services system.
- Budget solutions should retain the current 4.25% payment reduction until July 1, 2013. While recognizing the burden this has placed on providers and regional centers, it is a known burden as opposed to the risk of shifting that burden on to consumers and families potentially resulting in permanent loss of access to needed services and supports.

It was moved, seconded (Shipp/Barraza), and carried to provide the above principles and the Council's Legislative Platform to those participating in the DDS Budget Workgroup meetings.

7. AREA BOARD LEGISLATIVE UPDATES

Updates were presented and discussed, including handouts regarding the impact of past budget cuts on families and self-advocates.

8. INFORMATION ITEMS

Tho Vinh Banh, DRC discussed the work being done to assure consumers access to voting and the role of the regional centers.

9. ADJOURNMENT

The meeting was adjourned at 2:45 PM.

LEGISLATIVE AGENDA ITEM DETAIL SHEET

BILL NUMBER/ISSUE: Assembly Bill (AB) 1554, Developmental services: regional centers.

BILL SUMMARY: Current law requires regional centers to post information on their websites to make information public and transparent. This bill requires additional information to be posted – the rates paid to vendors (except families and individuals with developmental disabilities) and how much money the regional center has paid to a nonprofit housing organization outside the request for proposals (RFP) process.

BACKGROUND: Bills have recently passed with the stated goal to increase transparency about how regional centers operate. This bill furthers this goal.

Many regional centers have identified housing as a problem which nonprofit housing organizations are well suited to address. Some regional centers have started up nonprofit housing organizations to address the housing needs of individuals with developmental disabilities within their catchment area. In some few cases, irregularities have been identified in how regional centers provided funding to them.

ANALYSIS/DISCUSSION: If regional centers are required to post the actual rates paid to vendors, families and individuals who receive regional center funded services will have information that may help them make more informed choices about which vendors provide services to them and which may be within their reach. It will be publicly known which vendors provide the least expensive services, which is a requirement under the 2009 changes to the Lanterman Act. However, with more than 80,000 vendors, some with set rates while others with negotiated rates, it is questionable, in this time of needing to focus on services to individuals, if this information would be reliable, timely and what impact it would have on centers' abilities to negotiate rates designed to meet consumers and families needs.

Posting information about funds provided outside of public RFP process would shed greater light on the use of public funds.

COUNCIL STRATEGIC PLAN OBJECTIVE: The Council will take a position on proposed state and federal legislation and proposed regulations that impact people with developmental disabilities, will communicate those positions to legislators and their staff, and will disseminate this information to all interested parties.

PRIOR COUNCIL ACTIVITY: The Council has previously supported similar bills, such as AB 862 and SB 382.

STAFF RECOMMENDATION: Support AB 1554 if amended to remove the requirement to post vendor rates because of the potential for lack of reliability and workload impact that will take away from services to consumers and families.

ATTACHMENT: AB 1554

PREPARED: Christofer Arroyo, February 2, 2012

ASSEMBLY BILL

No. 1554

Introduced by Assembly Members Jeffries and Silva

January 26, 2012

An act to amend Section 4629.5 of the Welfare and Institutions Code, relating to developmental services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1554, as introduced, Jeffries. Developmental services: regional centers.

Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide support and services to individuals with developmental disabilities. Existing law requires a regional center to include specified information on its Internet Web site for the purpose of promoting transparency and access to public information that includes specified information.

This bill would add prescribed information to this requirement.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 4629.5 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 4629.5. (a) In addition to the requirements set forth in Section
- 4 4629, the department's contract with a regional center shall require
- 5 the regional center to adopt, maintain, and post on its Internet Web
- 6 site a board-approved policy regarding transparency and access to

1 public information. The transparency and public information policy
2 shall provide for timely public access to information, including,
3 but not limited to, information regarding requests for proposals
4 and contract awards, service provider rates, documentation related
5 to establishment of negotiated rates, audits, and IRS Form 990.
6 The transparency and public information policy shall be in
7 compliance with applicable law relating to the confidentiality of
8 consumer service information and records, including, but not
9 limited to, Section 4514.

10 (b) To promote transparency, each regional center shall include
11 on its Internet Web site, as expeditiously as possible, at least all
12 of the following:

13 (1) Regional center annual independent audits.

14 (2) Biannual fiscal audits conducted by the department.

15 (3) Regional center annual reports pursuant to Section 4639.5.

16 (4) Contract awards, including the organization or entity
17 awarded the contract, and the amount and purpose of the award.

18 (5) *The actual rates paid to each vendor, updated annually,*
19 *except consumers or family members of consumers.*

20 (6) *Any regional center purchase of services or operations funds*
21 *provided to a nonprofit housing organization outside the request*
22 *for proposals process.*

23 ~~(5)~~

24 (7) Purchase of service policies.

25 ~~(6)~~

26 (8) The names, types of service, and *business* contact
27 information of all vendors, except consumers or family members
28 of consumers.

29 ~~(7)~~

30 (9) Board meeting agendas and approved minutes of open
31 meetings of the board and all committees of the board.

32 ~~(8)~~

33 (10) Bylaws of the regional center governing board.

34 ~~(9)~~

35 (11) The annual performance contract and ~~year-end~~ *yearend*
36 performance contract entered into with the department pursuant
37 to this division.

38 ~~(10)~~

1 (12) The biannual Home and Community-based Services Waiver
2 program ~~review~~ *reviews* conducted by the department and the State
3 Department of Health Care Services.

4 ~~(11)~~

5 (13) The board-approved transparency and public information
6 policy.

7 ~~(12)~~

8 (14) The board-approved conflict-of-interest policy.

9 ~~(13)~~

10 (15) Reports required pursuant to Section 4639.5.

11 (c) The department shall establish and maintain a transparency
12 portal on its Internet Web site that allows consumers, families,
13 advocates, and others to access provider and regional center
14 information. Posted information on the department's Internet Web
15 site transparency portal shall include, but need not be limited to,
16 all of the following:

17 (1) A link to each regional center's Internet Web site information
18 referenced in subdivision (b).

19 (2) Biannual fiscal audits conducted by the department.

20 (3) Vendor audits.

21 (4) Biannual Home and Community-based Services Waiver
22 program reviews conducted by the department and the State
23 Department of Health Care Services.

24 (5) Biannual targeted case management program and federal
25 nursing home reform program reviews conducted by the
26 department.

27 (6) Early Start ~~Program~~ *program* reviews conducted by the
28 department.

29 (7) Annual performance contract and ~~year-end~~ *yearend*
30 performance contract reports.

O

LEGISLATIVE AGENDA ITEM DETAIL SHEET

BILL NUMBER/ISSUE: AB 171- Beall – Pervasive Developmental Disorder and autism health coverage

BILL SUMMARY: This bill would require health care plans to provide coverage for the screening, diagnosis and treatment (other than behavioral health) of a pervasive developmental disorder or autism; however, no benefits are required to be provided that exceed the essential health benefits that will be required under specified federal law. Furthermore, the bill would prohibit health care plans from denying, terminating or refusing to renew coverage solely because the individual is diagnosed with or has received treatment for pervasive developmental disorder or autism.

BACKGROUND: According to the author, this bill is intended to confirm existing law and close perceived loopholes that health plans and insurers exploit to deny essential treatment to individuals with PDD/A. The author maintains that, by explicitly listing medically necessary health care services that must be covered for PDD/A, this bill confirms the coverage in the existing mental health parity law and basic health care service requirements and will significantly reduce the need for the DMHC and CDI to overturn continually erroneous coverage denials by plans and insurers. The author points out that requiring health plans and health insurers to cover screening, diagnosis, and treatment of PDD/A and to develop and maintain networks of qualified PDD/A service providers will force them to bear their fair share of the responsibility for providing essential and comprehensive treatment to the families in California impacted by these conditions.

The author adds that this bill is intended to complete the end of insurance discrimination against individuals with PDD/A that was started in 2011 with the enactment of Chapter 650, Statutes of 2011 (SB 946), which dealt with behavioral health treatment by addressing screening diagnosis and the remaining essential medical treatments for PDD/A, such as speech, physical and occupational therapy, which are routinely denied despite clear coverage requirements in existing law.

In 2011, the Legislature passed and the Governor signed SB 946 requiring health plans and health insurers to provide coverage for behavioral health treatment for PDD/A from July 1, 2012, through July 1, 2014, in a manner that is consistent with existing state mental health parity law. Current state law requires mental health parity benefits to include outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the health plan contract includes coverage for prescription drugs.

ANALYSIS/DISCUSSION: If this bill became law, many individuals with pervasive developmental disabilities would: 1) be eligible for private insurance coverage, 2) be better served by their current insurance coverage and, 3) may receive more provider options.

One area of concern is the bill's distinction between "pervasive developmental disorder" and "autism." It can be argued that the bill could be strengthened by eliminating that distinction and simply including "pervasive developmental disorders" since that would include all autism spectrum disorders, Rhett's syndrome and other disorders without singling out autism.

COUNCIL STRATEGIC PLAN OBJECTIVE: Goal #10- Individuals with developmental disabilities understand their options regarding health services and have access to a full range of coordinated health, dental and mental health services in their community.

PRIOR COUNCIL ACTIVITY: The Council currently has a support position on the bill; however, it has been amended significantly from its initial form.

STAFF RECOMMENDATION: Support AB 171 as amended

ATTACHMENT: AB 171

PREPARED: Melissa C. Corral – February 1, 2012

AMENDED IN ASSEMBLY JANUARY 23, 2012

AMENDED IN ASSEMBLY MAY 3, 2011

AMENDED IN ASSEMBLY APRIL 6, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 171

Introduced by Assembly Member Beall

(Coauthors: Assembly Members Ammiano, Blumenfield, Brownley, Carter, Chesbro, Eng, Huffman, Mitchell, Swanson, Wieckowski, Williams, and Yamada)

January 20, 2011

An act to add Section ~~1374.73~~ 1374.745 to the Health and Safety Code, and to add Section ~~10144.51~~ 10144.53 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 171, as amended, Beall. ~~Autism spectrum disorder. Pervasive developmental disorder or autism.~~

(1) Existing law provides for licensing and regulation of health care service plans by the Department of Managed Health Care. A willful violation of these provisions is a crime. Existing law provides for ~~licensing and~~ the regulation of health insurers by the Insurance Commissioner. Existing law requires health care service plan contracts and health insurance policies to provide ~~benefits for specified conditions, including certain mental health conditions.~~ *coverage for the diagnosis and treatment of severe mental illnesses, including pervasive developmental disorder or autism, under the same terms and conditions applied to other medical conditions, as specified. Commencing July 1, 2012, and until July 1, 2014, existing law requires health care service*

plan contracts and health insurance policies to provide coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism.

This bill would require health care service plan contracts and health insurance policies to provide coverage for the screening, diagnosis, and treatment, *other than behavioral health treatment, of autism spectrum disorders pervasive developmental disorder or autism.* The bill would, however, provide that no benefits are required to be provided by a health benefit plan offered through the California Health Benefit Exchange ~~that exceed the essential health benefits required~~ *that exceed the essential health benefits that will be required under specified federal law.* The bill would prohibit ~~coverage from being denied for specified reasons~~ *health care service plans and health insurers from denying, terminating, or refusing to renew coverage solely because the individual is diagnosed with or has received treatment for pervasive developmental disorder or autism.* Because the bill would change the definition of a crime with respect to health care service plans, it would thereby impose a state-mandated local program.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section ~~1374.73~~ 1374.745 is added to the Health
2 and Safety Code, to read:
3 ~~1374.73.~~
4 1374.745. (a) Every health care service plan contract issued,
5 amended, or renewed on or after January 1, ~~2012~~ 2013, that
6 provides hospital, medical, or surgical coverage shall provide
7 coverage for the screening, diagnosis, and treatment of ~~autism~~
8 ~~spectrum disorders.~~ *pervasive developmental disorder or autism.*
9 (b) A health care service plan shall not terminate coverage, or
10 refuse to deliver, execute, issue, amend, adjust, or renew coverage,
11 to an enrollee solely because the individual is diagnosed with, or

1 has received treatment for, ~~an autism spectrum disorder~~ *pervasive*
2 *developmental disorder or autism.*

3 (c) Coverage required to be provided under this section shall
4 extend to all medically necessary services and shall not be subject
5 to any limits regarding age, number of visits, or dollar amounts.
6 Coverage required to be provided under this section shall not be
7 subject to provisions relating to lifetime maximums, deductibles,
8 copayments, or coinsurance or other terms and conditions that are
9 less favorable to an enrollee than lifetime maximums, deductibles,
10 copayments, or coinsurance or other terms and conditions that
11 apply to physical illness generally under the plan contract.

12 (d) Coverage required to be provided under this section is a
13 health care service and a covered health care benefit for purposes
14 of this chapter. Coverage shall not be denied *on the basis of the*
15 *location of delivery of the treatment or on the basis that the*
16 *treatment is habilitative, nonrestorative, educational, academic, or*
17 *custodial in nature.*

18 (e) A health care service plan may request, no more than once
19 annually, a review of treatment provided to an enrollee for ~~autism~~
20 ~~spectrum disorders~~ *pervasive developmental disorder or autism.*
21 The cost of obtaining the review shall be borne by the plan. This
22 subdivision does not apply to inpatient services.

23 (f) A health care service plan shall establish and maintain an
24 adequate network of ~~qualified autism~~ service providers with
25 appropriate training and experience in ~~autism spectrum disorders~~
26 *pervasive developmental disorder or autism* to ensure that enrollees
27 have a choice of providers, and have timely access, continuity of
28 care, and ready referral to all services required to be provided by
29 this section consistent with Sections 1367 and 1367.03 and the
30 regulations adopted pursuant thereto.

31 (g) (1) This section shall not be construed as reducing any
32 obligation to provide services to an enrollee under an individualized
33 family service plan, an individualized program plan, a prevention
34 program plan, an individualized education program, or an
35 individualized service plan.

36 (2) This section shall not be construed as limiting *or excluding*
37 *benefits that are otherwise available to an enrollee under a health*
38 *care service plan, plan, including, but not limited to, benefits that*
39 *are required to be covered pursuant to Sections 1374.72 and*
40 *1374.73.*

1 (3) *This section shall not be construed to mean that the services*
2 *required to be covered pursuant to this section are not required*
3 *to be covered under other provisions of this chapter.*

4 ~~(3)~~

5 (4) *This section shall not be construed as affecting litigation*
6 *that is pending on January 1, 2012.*

7 ~~(h) On and after January 1, 2014, to the extent that this section~~
8 ~~requires health benefits to be provided that exceed the essential~~
9 ~~health benefits required to be provided under Section 1302(b) of~~
10 ~~the federal Patient Protection and Affordable Care Act (Public~~
11 ~~Law 111-148), as amended by the federal Health Care and~~
12 ~~Education Reconciliation Act of 2010 (Public Law 111-152) by~~
13 ~~qualified health plans offering those benefits in the California~~
14 ~~Health Benefit Exchange pursuant to Title 22 (commencing with~~
15 ~~Section 100500) of the Government Code, the specific benefits~~
16 ~~that exceed the federally required essential health benefits are not~~
17 ~~required to be provided when offered by a health care service plan~~
18 ~~contract through the Exchange. However, those specific benefits~~
19 ~~are required to be provided if offered by a health care service plan~~
20 ~~contract outside of the Exchange.~~

21 ~~(h) Notwithstanding subdivision (a), on and after January 1,~~
22 ~~2014, this section does not require any benefits to be provided that~~
23 ~~exceed the essential health benefits that all health plans will be~~
24 ~~required by federal regulations to provide under Section 1302(b)~~
25 ~~of the federal Patient Protection and Affordable Care Act (Public~~
26 ~~Law 111-148), as amended by the federal Health Care and~~
27 ~~Education Reconciliation Act of 2010 (Public Law 111-152).~~

28 (i) *As used in this section, the following terms shall have the*
29 *following meanings:*

30 (1) ~~“Autism spectrum disorder” means a neurobiological~~
31 ~~condition that includes autistic disorder, Asperger’s disorder, Rett’s~~
32 ~~disorder, childhood disintegrative disorder, and pervasive~~
33 ~~developmental disorder not otherwise specified.~~

34 (2) ~~“Behavioral health treatment” means professional services~~
35 ~~and treatment programs, including behavioral intervention therapy,~~
36 ~~applied behavioral analysis, and other intensive behavioral~~
37 ~~programs, that have demonstrated efficacy to develop, maintain,~~
38 ~~or restore, to the maximum extent practicable, the functioning or~~
39 ~~quality of life of an individual and that have been demonstrated~~

1 to treat the core symptoms associated with autism spectrum
2 disorder.

3 (3) ~~“Behavioral intervention therapy” means the design,~~
4 ~~implementation, and evaluation of environmental modifications,~~
5 ~~using behavioral stimuli and consequences, to produce socially~~
6 ~~significant improvement in behaviors, including the use of direct~~
7 ~~observation, measurement, and functional analyses of the~~
8 ~~relationship between environment and behavior.~~

9 (4)

10 (1) ~~“Diagnosis of autism spectrum disorders”~~ *pervasive*
11 *developmental disorder or autism*” means medically necessary
12 assessment, evaluations, or tests to diagnose whether an individual
13 has one of the autism spectrum disorders *pervasive developmental*
14 *disorder or autism*.

15 (5) ~~“Evidence-based research” means research that applies~~
16 ~~rigorous, systematic, and objective procedures to obtain valid~~
17 ~~knowledge relevant to autism spectrum disorders.~~

18 (2) *“Pervasive developmental disorder or autism” shall have*
19 *the same meaning and interpretation as used in Section 1374.72.*

20 (6)

21 (3) “Pharmacy care” means medications prescribed by a licensed
22 physician and surgeon or other appropriately licensed or certified
23 provider and any health-related services deemed medically
24 necessary to determine the need or effectiveness of the medications.

25 (7)

26 (4) “Psychiatric care” means direct or consultative psychiatric
27 services provided by a psychiatrist ~~or any other appropriately~~
28 ~~licensed or certified provider~~ *licensed in the state in which he or*
29 *she practices.*

30 (8)

31 (5) “Psychological care” means direct or consultative
32 psychological services provided by a psychologist ~~or any other~~
33 ~~appropriately licensed or certified provider~~ *licensed in the state in*
34 *which he or she practices.*

35 (9) ~~“Qualified autism service provider” shall include any~~
36 ~~nationally or state licensed or certified person, entity, or group that~~
37 ~~designs, supervises, or provides treatment of autism spectrum~~
38 ~~disorders and the unlicensed personnel supervised by the licensed~~
39 ~~or certified person, entity, or group, provided the services are~~
40 ~~within the experience and scope of practice of the licensed or~~

1 certified person, entity, or group. ~~“Qualified autism service~~
 2 ~~provider” shall also include any service provider that is vendorized~~
 3 ~~by a regional center to provide those same services for autism~~
 4 ~~spectrum disorders under Division 4.5 (commencing with Section~~
 5 ~~4500) of the Welfare and Institutions Code or Title 14~~
 6 ~~(commencing with Section 95000) of the Government Code and~~
 7 ~~the unlicensed personnel supervised by that provider, or a State~~
 8 ~~Department of Education nonpublic, nonsectarian agency as~~
 9 ~~defined in Section 56035 of the Education Code approved to~~
 10 ~~provide those same services for autism spectrum disorders and the~~
 11 ~~unlicensed personnel supervised by that agency. A qualified autism~~
 12 ~~service provider shall ensure criminal background screening and~~
 13 ~~fingerprinting, and adequate training and supervision of all~~
 14 ~~personnel utilized to implement services. Any national license or~~
 15 ~~certification recognized by this section shall be accredited by the~~
 16 ~~National Commission for Certifying Agencies (NCCA):~~

17 (10)

18 (6) ~~“Therapeutic care” means services provided by a licensed~~
 19 ~~or certified speech therapists *therapist, an occupational therapists*~~
 20 ~~*therapist, or a physical therapists or any other appropriately*~~
 21 ~~licensed or certified provider. *therapist.*~~

22 (11)

23 (7) ~~“Treatment for autism spectrum disorders”~~ *pervasive*
 24 *developmental disorder or autism”* means all of the following
 25 care, including necessary equipment, *that develops, maintains, or*
 26 *restores to the maximum extent practicable the functioning or*
 27 *quality of life of an individual with pervasive developmental*
 28 *disorder or autism and is prescribed or ordered for an individual*
 29 *diagnosed with one of the autism spectrum disorders* *pervasive*
 30 *developmental disorder or autism* by a licensed physician and
 31 surgeon or a licensed psychologist ~~or any other appropriately~~
 32 ~~licensed or certified provider~~ who determines the care to be
 33 medically necessary:

34 (A) ~~Behavioral health treatment.~~

35 (B)

36 (A) *Pharmacy care, if the plan contract includes coverage for*
 37 *prescription drugs.*

38 (C)

39 (B) *Psychiatric care.*

40 (D)

1 (C) Psychological care.

2 ~~(E)~~

3 (D) Therapeutic care.

4 ~~(F) Any care for individuals with autism spectrum disorders~~
5 ~~that is demonstrated, based upon best practices or evidence-based~~
6 ~~research, to be medically necessary.~~

7 (8) *“Treatment for pervasive developmental disorder or autism”*
8 *does not include behavioral health treatment, as defined in Section*
9 *1374.73.*

10 (j) This section, with the exception of subdivision (b), shall not
11 apply to dental-only or vision-only health care service plan
12 contracts.

13 SEC. 2. Section ~~10144.51~~ 10144.53 is added to the Insurance
14 Code, to read:

15 ~~10144.51.~~

16 10144.53. (a) Every health insurance policy issued, amended,
17 or renewed on or after January 1, ~~2012~~, 2013, that provides
18 hospital, medical, or surgical coverage shall provide coverage for
19 the screening, diagnosis, and treatment of ~~autism spectrum~~
20 ~~disorders~~ *pervasive developmental disorder or autism.*

21 (b) A health insurer shall not terminate coverage, or refuse to
22 deliver, execute, issue, amend, adjust, or renew coverage, to an
23 insured solely because the individual is diagnosed with, or has
24 received treatment for, ~~an autism spectrum disorder~~ *pervasive*
25 *developmental disorder or autism.*

26 (c) Coverage required to be provided under this section shall
27 extend to all medically necessary services and shall not be subject
28 to any limits regarding age, number of visits, or dollar amounts.
29 Coverage required to be provided under this section shall not be
30 subject to provisions relating to lifetime maximums, deductibles,
31 copayments, or coinsurance or other terms and conditions that are
32 less favorable to an insured than lifetime maximums, deductibles,
33 copayments, or coinsurance or other terms and conditions that
34 apply to physical illness generally under the policy.

35 (d) Coverage required to be provided under this section is a
36 health care service and a covered health care benefit for purposes
37 of this part. Coverage shall not be denied *on the basis of the*
38 *location of delivery of the treatment or on the basis that the*
39 *treatment is habilitative, nonrestorative, educational, academic, or*
40 *custodial in nature.*

1 (e) A health insurer may request, no more than once annually,
2 a review of treatment provided to an insured for ~~autism spectrum~~
3 ~~disorders~~ *pervasive developmental disorder or autism*. The cost
4 of obtaining the review shall be borne by the insurer. This
5 subdivision does not apply to inpatient services.

6 (f) A health insurer shall establish and maintain an adequate
7 network of ~~qualified autism~~ service providers with appropriate
8 training and experience in ~~autism spectrum disorders~~ *pervasive*
9 *developmental disorder or autism* to ensure that insureds have a
10 choice of providers, and have timely access, continuity of care,
11 and ready referral to all services required to be provided by this
12 section consistent with Sections 10133.5 and 10133.55 and the
13 regulations adopted pursuant thereto.

14 (g) (1) This section shall not be construed as reducing any
15 obligation to provide services to an insured under an individualized
16 family service plan, an individualized program plan, a prevention
17 program plan, an individualized education program, or an
18 individualized service plan.

19 (2) This section shall not be construed as limiting *or excluding*
20 benefits that are otherwise available to an enrollee under a health
21 insurance policy, *including, but not limited to, benefits that are*
22 *required to be covered under Sections 10144.5 and 10144.51.*

23 (3) *This section shall not be construed to mean that the services*
24 *required to be covered pursuant to this section are not required*
25 *to be covered under other provisions of this chapter.*

26 ~~(3)~~

27 (4) This section shall not be construed as affecting litigation
28 that is pending on January 1, 2012.

29 ~~(h) On and after January 1, 2014, to the extent that this section~~
30 ~~requires health benefits to be provided that exceed the essential~~
31 ~~health benefits required to be provided under Section 1302(b) of~~
32 ~~the federal Patient Protection and Affordable Care Act (Public~~
33 ~~Law 111-148), as amended by the federal Health Care and~~
34 ~~Education Reconciliation Act of 2010 (Public Law 111-152) by~~
35 ~~qualified health plans offering those benefits in the California~~
36 ~~Health Benefit Exchange pursuant to Title 22 (commencing with~~
37 ~~Section 100500) of the Government Code, the specific benefits~~
38 ~~that exceed the federally required essential health benefits are not~~
39 ~~required to be provided when offered by a health insurance policy~~
40 ~~through the Exchange. However, those specific benefits are~~

1 ~~required to be provided if offered by a health insurance policy~~
2 ~~outside of the Exchange.~~

3 *(h) Notwithstanding subdivision (a), on and after January 1,*
4 *2014, this section does not require any benefits to be provided that*
5 *exceed the essential health benefits that all health plans will be*
6 *required by federal regulations to provide under Section 1302(b)*
7 *of the federal Patient Protection and Affordable Care Act (Public*
8 *Law 111-148), as amended by the federal Health Care and*
9 *Education Reconciliation Act of 2010 (Public Law 111-152).*

10 (i) As used in this section, the following terms shall have the
11 following meanings:

12 ~~(1) “Autism spectrum disorder” means a neurobiological~~
13 ~~condition that includes autistic disorder, Asperger’s disorder, Rett’s~~
14 ~~disorder, childhood disintegrative disorder, and pervasive~~
15 ~~developmental disorder not otherwise specified.~~

16 ~~(2) “Behavioral health treatment” means professional services~~
17 ~~and treatment programs, including behavioral intervention therapy,~~
18 ~~applied behavioral analysis, and other intensive behavioral~~
19 ~~programs, that have demonstrated efficacy to develop, maintain,~~
20 ~~or restore, to the maximum extent practicable, the functioning or~~
21 ~~quality of life of an individual and that have been demonstrated~~
22 ~~to treat the core symptoms associated with autism spectrum~~
23 ~~disorder.~~

24 ~~(3) “Behavioral intervention therapy” means the design,~~
25 ~~implementation, and evaluation of environmental modifications,~~
26 ~~using behavioral stimuli and consequences, to produce socially~~
27 ~~significant improvement in behaviors, including the use of direct~~
28 ~~observation, measurement, and functional analyses of the~~
29 ~~relationship between environment and behavior.~~

30 ~~(4)~~

31 ~~(1) “Diagnosis of autism spectrum disorders”~~ *pervasive*
32 *developmental disorder or autism” means medically necessary*
33 *assessment, evaluations, or tests to diagnose whether an individual*
34 *has one of the autism spectrum disorders* *pervasive developmental*
35 *disorder or autism.*

36 ~~(5) “Evidence-based research” means research that applies~~
37 ~~rigorous, systematic, and objective procedures to obtain valid~~
38 ~~knowledge relevant to autism spectrum disorders.~~

39 ~~(2) “Pervasive developmental disorder or autism” shall have~~
40 ~~the same meaning and interpretation as used in Section 1374.72.~~

1 ~~(6)~~

2 ~~(3) “Pharmacy care” means medications prescribed by a licensed~~
3 ~~physician and surgeon or other appropriately licensed or certified~~
4 ~~provider and any health-related services deemed medically~~
5 ~~necessary to determine the need or effectiveness of the medications.~~

6 ~~(7)~~

7 ~~(4) “Psychiatric care” means direct or consultative psychiatric~~
8 ~~services provided by a psychiatrist or any other appropriately~~
9 ~~licensed or certified provider licensed in the state in which he or~~
10 ~~she practices.~~

11 ~~(8)~~

12 ~~(5) “Psychological care” means direct or consultative~~
13 ~~psychological services provided by a psychologist or any other~~
14 ~~appropriately licensed or certified provider licensed in the state in~~
15 ~~which he or she practices.~~

16 ~~(9) “Qualified autism service provider” shall include any~~
17 ~~nationally or state licensed or certified person, entity, or group that~~
18 ~~designs, supervises, or provides treatment of autism spectrum~~
19 ~~disorders and the unlicensed personnel supervised by the licensed~~
20 ~~or certified person, entity, or group, provided the services are~~
21 ~~within the experience and scope of practice of the licensed or~~
22 ~~certified person, entity, or group. “Qualified autism service~~
23 ~~provider” shall also include any service provider that is vendorized~~
24 ~~by a regional center to provide those same services for autism~~
25 ~~spectrum disorders under Division 4.5 (commencing with Section~~
26 ~~4500) of the Welfare and Institutions Code or Title 14~~
27 ~~(commencing with Section 95000) of the Government Code and~~
28 ~~the unlicensed personnel supervised by that provider, or a State~~
29 ~~Department of Education nonpublic, nonsectarian agency as~~
30 ~~defined in Section 56035 of the Education Code approved to~~
31 ~~provide those same services for autism spectrum disorders and the~~
32 ~~unlicensed personnel supervised by that agency. A qualified autism~~
33 ~~service provider shall ensure criminal background screening and~~
34 ~~fingerprinting, and adequate training and supervision of all~~
35 ~~personnel utilized to implement services. Any national license or~~
36 ~~certification recognized by this section shall be accredited by the~~
37 ~~National Commission for Certifying Agencies (NCCA).~~

38 ~~(10)~~

39 ~~(6) “Therapeutic care” means services provided by a licensed~~
40 ~~or certified speech therapists therapist, an occupational therapists~~

1 ~~therapist, or a physical therapists or any other appropriately~~
2 ~~licensed or certified provider therapist.~~

3 ~~(H)~~

4 (7) “Treatment for ~~autism spectrum disorders~~² *pervasive*
5 *developmental disorder or autism*” means all of the following
6 care, including necessary equipment, *that develops, maintains, or*
7 *restores to the maximum extent practicable the functioning or*
8 *quality of life of an individual with pervasive developmental*
9 *disorder or autism and is prescribed or ordered for an individual*
10 *diagnosed with one of the autism spectrum disorders* *pervasive*
11 *developmental disorder or autism* by a licensed physician and
12 surgeon or a licensed psychologist ~~or any other appropriately~~
13 ~~licensed or certified provider~~ who determines the care to be
14 medically necessary:

15 ~~(A) Behavioral health treatment.~~

16 ~~(B)~~

17 (A) Pharmacy care, *if the policy includes coverage for*
18 *prescription drugs.*

19 ~~(C)~~

20 (B) Psychiatric care.

21 ~~(D)~~

22 (C) Psychological care.

23 ~~(E)~~

24 (D) Therapeutic care.

25 ~~(F) Any care for individuals with autism spectrum disorders~~
26 ~~that is demonstrated, based upon best practices or evidence-based~~
27 ~~research, to be medically necessary.~~

28 (8) “*Treatment for pervasive developmental disorder or autism*”
29 *does not include behavioral health treatment, as defined in Section*
30 *10144.51.*

31 (j) This section, with the exception of subdivision (b), shall not
32 apply to dental-only or vision-only health insurance policies.

33 SEC. 3. No reimbursement is required by this act pursuant to
34 Section 6 of Article XIII B of the California Constitution because
35 the only costs that may be incurred by a local agency or school
36 district will be incurred because this act creates a new crime or
37 infraction, eliminates a crime or infraction, or changes the penalty
38 for a crime or infraction, within the meaning of Section 17556 of
39 the Government Code, or changes the definition of a crime within

- 1 the meaning of Section 6 of Article XIII B of the California
- 2 Constitution.

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LEGISLATIVE AND PUBLIC POLICY AGENDA ITEM DETAIL SHEET

Bill NUMBER/ISSUE: Assembly Bill (AB) 1553- Medi-Cal Managed Care (MCMC)

BILL SUMMARY: This bill would establish a process that would permit an eligible Medi-Cal beneficiary to receive fee-for-service (FFS) Medi-Cal, if available, as an alternative to plan enrollment if the beneficiary meets specified criteria. This process already exists via regulations; therefore this bill would place the criteria and process into law.

BACKGROUND: According to the author's office, California has adopted the national trend to use various models of managed care in place of FFS in Medi-Cal. In MCMC, as in commercial managed care, the enrollee's choice of providers may be limited to those in the plan's network, but the plan is required to ensure timely access to care. As of August 2011, MCMC in California served about 4.4 million enrollees in 30 counties, or about 60% of the total Medi-Cal population. California employs three models of managed care. In two of these models, the Two-Plan and Geographic Managed Care, FFS Medi-Cal is also still available. Fourteen counties are part of the Two-Plan model. In most two-plan model counties, there is a "local initiative" (LI) and a "commercial plan" (CP). The Two-Plan model serves about three million beneficiaries in 14 counties: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare. Two-counties employ the GMC model: Sacramento and San Diego serving about 450,000 beneficiaries. In a GMC county, the Department of Health Care Services (DHCS) contracts with several commercial plans. The third model is a County Organized Health Plan (COHS) and everyone is in the same plan and there is no FFS alternative. COHS serve about 885,000 beneficiaries through six health plans in 14 counties: Marin, Mendocino, Merced, Monterey, Napa, Orange, San Mateo, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Ventura, and Yolo

Children, families and pregnant women have been required to enroll in MCMC since the 1990s. On November 2, 2010, the federal Secretary of Health and Human Services approved a new five year "Bridge to Reform" Section 1115 Medicaid Demonstration Waiver for California which makes up to \$10 billion in federal matching funds available over a five-year period. The new waiver continued much of the hospital funding from a 2005 waiver and included three significant new initiatives that are considered to be a model for transition to health reform in 2014. One of the initiatives in the 2010 waiver is the mandatory enrollment of seniors and people with disabilities (SPDs) into managed care plans. The savings from managed care enrollment is intended to offset the cost of the other initiatives. Implementation began

on June 1, 2011 and is being implemented in all Two-Plan and GMC counties over a 12-month period.

Medical Exemption Request (MER). Existing regulations provide that a person who is receiving Medi-Cal FFS treatment or services for a complex medical condition from a physician, a certified nurse midwife, or a licensed midwife who is participating in the Medi-Cal program but does not contract with one of the plans available through mandatory enrollment may request a medical exemption to continue FFS Medi-Cal for the purposes of continuity of care up to 12 months or until the medical condition has stabilized to a level that would enable the individual to change physicians without deleterious medical effects. A form is included with the enrollment packet and must be filled out by the physician and submitted to the enrollment contractor. A MER is an option for a limited number of conditions, such as cancer, HIV, or dialysis. The original mandatory population was a relatively healthy population of parents and children. When mandatory enrollment was extended to SPDs, including children, it was agreed that a more expansive continuity of care should also be available for this population which was more likely to have chronic conditions and an existing relationship with a Medi-Cal FFS provider. However, the number of MERs also increased and the interaction with the new continuity of care provisions has led to some confusion. As a result, DHCS is in the process of clarifying the MERS policy and process and is circulating a draft Provider Bulletin. According to this draft, a patient receiving maintenance care or being seen for routine follow-up of their complex medical conditions will not be granted an exemption from plan enrollment. In addition, as dictated by the current regulations, a MER will not be granted if the person had been in the plan more than 90 days, has a current provider who is in the plan network or has begun or was scheduled to begin treatment after the date of enrollment.

The Assembly and Senate Health Committees held an informational hearing in December 2011 on the implementation of mandatory enrollment of the SPD population. At that hearing, various stakeholders reported that the standards for obtaining a MER were being applied in an inconsistent fashion and that the regulations were vague and subject to varying interpretations. Furthermore, there was widespread ignorance and misunderstanding of the actual policy. In view of the testimony at the hearing, there is a need for legislation to clarify the policy and make it more widely known.

ANALYSIS/DISCUSSION: This issue will soon impact even more people who have dual eligibility for Medicare and Medi-Cal as California implements the Duals Demonstration Project over the next year. As reflected in the attached letter from DHCS, all duals in the demonstration counties will be passively enrolled into manage care with a process that allows them to “opt-out”. It is expected that process will be the same or similar to the current MER process for SPDs, although it is not yet clear what

the opt out criteria will encompass, thus it is likely there will be a need for additional legislation in the future that addresses that population.

COUNCIL STRATEGIC PLAN OBJECTIVE: Goal #10-Individuals with developmental disabilities understand their options regarding health services and have access to a full range of coordinated health, dental and mental health services in their community.

PRIOR COUNCIL ACTIVITY: Council staff has been actively involved in meetings and activities related to the transition to managed care for SPDs and duals, consistently raising concerns about the ability for consumers to control who provides their care. A preferred approach is an “opt-in” rather than an “opt-out” process, however that has been rejected by DHCS because an opt-out process “is most likely to achieve the enrollment levels needed to make these new organized delivery systems successful” and save the State money.

STAFF RECOMMENDATION: Support AB 1553

ATTACHMENT(S): AB 1553, AB 1553 Fact Sheet, Release of Request for Solutions for the Duals Demonstration (DHCS, January 27, 2012)

PREPARED: Carol Risley January 30, 2012

ASSEMBLY BILL

No. 1553

Introduced by Assembly Member Monning

January 26, 2012

An act to add Section 14103.9 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1553, as introduced, Monning. Medi-Cal: managed care: exemption from plan enrollment.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. One of the methods by which these services are provided is pursuant to contracts with various types of managed care plans.

This bill would establish a process that would permit an eligible Medi-Cal beneficiary to receive fee-for-service Medi-Cal, if available, as an alternative to plan enrollment if the beneficiary meets specified criteria.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14103.9 is added to the Welfare and
- 2 Institutions Code, to read:

1 14103.9. (a) An eligible Medi-Cal beneficiary who satisfies
2 the requirements in paragraph (1) or (2) may request fee-for-service
3 Medi-Cal, if available, as an alternative to plan enrollment by
4 submitting a request for exemption from plan enrollment to the
5 Health Care Options Program as specified in subdivision (c).

6 (1) The eligible beneficiary is an American Indian, a member
7 of an American Indian household, or chooses to receive health
8 care services through an Indian Health Service facility and has
9 written acceptance from an Indian Health Service facility for care
10 on a fee-for-service basis.

11 (2) An eligible beneficiary who is receiving fee-for-service
12 Medi-Cal treatment or services for a complex medical condition,
13 from a physician, a certified nurse midwife, or a licensed midwife
14 who is participating in the Medi-Cal program but is not a
15 contracting provider of either plan in the eligible beneficiary's
16 county of residence, may request a medical exemption to continue
17 fee-for-service Medi-Cal for purposes of continuity of care.

18 (A) For purposes of this section, conditions meeting the criteria
19 for a complex medical condition include, and are similar to, the
20 following:

21 (i) An eligible beneficiary is pregnant.

22 (ii) An eligible beneficiary is under evaluation for the need for
23 an organ transplant, has been approved for and is awaiting an organ
24 transplant, or has received a transplant and is currently either
25 immediately postoperative or exhibiting significant medical
26 problems related to the transplant. Beneficiaries who are medically
27 stable on posttransplant therapy are not eligible for exemption
28 under this section.

29 (iii) An eligible beneficiary is receiving chronic renal dialysis
30 treatment.

31 (iv) An eligible beneficiary has tested positive for human
32 immunodeficiency virus (HIV) or has received a diagnosis of
33 acquired immune deficiency syndrome (AIDS).

34 (v) An eligible beneficiary has been diagnosed with cancer and
35 is currently receiving chemotherapy or radiation therapy or another
36 course of accepted therapy for cancer that will continue for up to
37 12 months or has been approved for the therapy.

38 (vi) An eligible beneficiary has been approved for a major
39 surgical procedure by the Medi-Cal fee-for-service program and
40 is awaiting surgery or is immediately postoperative.

1 (vii) An eligible beneficiary has a complex neurological
2 disorder, such as multiple sclerosis, a complex hematological
3 disorder, such as hemophilia or a sickle cell disease, or a complex
4 or progressive disorder not covered in clauses (i) through (vi),
5 inclusive, such as cardiomyopathy or amyotrophic lateral sclerosis,
6 which requires ongoing medical supervision, or has been approved
7 for or is receiving complex medical treatment for the disorder, the
8 administration of which cannot be interrupted.

9 (viii) An eligible beneficiary is enrolled in a Medi-Cal waiver
10 program that allows the individual to receive subacute, acute,
11 intermediate, or skilled nursing care at home rather than in a
12 subacute care facility, an acute care hospital, an intermediate care
13 facility, or a skilled nursing facility.

14 (ix) An eligible beneficiary is participating in a pilot project
15 organized and operated pursuant to Section 14087.3, 14094.3, or
16 14490.

17 (B) A request for exemption from plan enrollment based on
18 complex medical conditions shall not be approved for an eligible
19 beneficiary to whom any of the following apply:

20 (i) He or she has been a member of any plan on a combined
21 basis for more than 90 calendar days.

22 (ii) He or she has a current Medi-Cal provider who is contracting
23 with a plan.

24 (iii) He or she is begun or has scheduled to begin treatment after
25 the date of plan enrollment.

26 (b) Except for pregnancy, an eligible beneficiary granted a
27 medical exemption from plan enrollment shall remain with the
28 fee-for-service provider only until the medical condition has
29 stabilized to a level that would enable him or her to change
30 physicians and begin receiving care from a plan provider without
31 deleterious medical effects, as determined by the beneficiary's
32 treating physician in the Medi-Cal fee-for-service program. A
33 beneficiary granted a medical exemption due to pregnancy may
34 remain with the fee-for-service Medi-Cal provider through delivery
35 and the end of the month in which 90 days postpartum occurs.

36 (c) Exemption from plan enrollment due to a complex medical
37 condition, as specified in clauses (i) to (vii), inclusive, and clause
38 (ix) of subparagraph (A) of paragraph (2) of subdivision (a), shall
39 be requested on a request for medical exemption from plan
40 enrollment form approved by the department. Exemption from

1 plan enrollment due to a beneficiary's enrollment in a Medi-Cal
2 waiver program, as specified in clause (viii) of subparagraph (A)
3 of paragraph (2) of subdivision (a), or a beneficiary's acceptance
4 for care at an Indian Health Service facility, as specified in
5 paragraph (1) of subdivision (a), shall be requested on a request
6 for non-medical exemption from plan enrollment form. The
7 completed request for exemption shall be submitted to the Health
8 Care Options Program by the Medi-Cal fee-for-service provider
9 or the Indian Health Service facility treating the beneficiary and
10 shall be submitted by mail or facsimile. A request for exemption
11 from plan enrollment shall not be submitted by the plan.

12 (d) The Health Care Options Program, as authorized by the
13 department, shall approve each request for exemption from plan
14 enrollment that meets the requirements of this section. At any time,
15 the department may, at its discretion, verify the complexity,
16 validity, and status of the medical condition and treatment plan
17 and verify that the provider is not contracted or otherwise affiliated
18 with a plan. The Health Care Options Program, as authorized by
19 the department, or the department may deny a request for
20 exemption from plan enrollment or revoke an approved request
21 for exemption if a provider fails to fully cooperate with verification
22 by the department.

23 (e) Approval of requests for exemption from plan enrollment
24 shall be subject to the same processing times and effective dates
25 for the processing of enrollment and disenrollment requests.

26 (f) The Health Care Options Program, as authorized by the
27 department, or the department may revoke an approved request
28 for exemption from plan enrollment at any time if the department
29 determines that the approval was based on false or misleading
30 information, the medical condition was not complex, treatment
31 has been completed, or the requesting provider is not or has not
32 been providing services to the beneficiary. The department shall
33 provide written notice to the beneficiary that the approved request
34 for exemption from plan enrollment has been revoked and shall
35 advise the beneficiary that he or she shall enroll in a Medi-Cal
36 plan and how that enrollment shall occur. The revocation of an
37 approved request for exemption from plan enrollment shall not

- 1 otherwise affect an eligible beneficiary's eligibility or ability to
- 2 receive covered services as a plan member.

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ASSEMBLYMEMBER WILLIAM MONNING

State Capitol Room 6005, Sacramento, CA 95814, (916) 319-2027, Fax (916) 319-2127

FACT SHEET

Assembly Bill 1553 (Monning)-Medical Exemption from Medi-Cal Managed Care

Summary: AB 1553 codifies existing regulations, developed by the Department of Health Care Services (DHCS), specifying the circumstances and process for a Medi-Cal enrollee to be exempted from mandatory enrollment in a Medi-Cal managed care plan.

Existing Law: The Medicaid program (Medi-Cal in California) provides health care coverage to low-income families, seniors, long-term care residents, pregnant women and people with disabilities. It is a joint federal and state program. Each state has discretion to structure benefits, eligibility, service delivery, and payment rates under requirements established by federal law. Medi-Cal currently covers nearly 7 million Californians. Of this 7 million, approximately 3.5 million in sixteen counties are required to choose a Medi-Cal managed care (MCMC) plan. If they do not choose they are enrolled by default into one of the plans in the county. This population includes families, children, pregnant women, seniors and people with disabilities (SPDs). DHCS has established, by regulation, policies and procedures for certain enrollees to be exempt from mandatory managed care and to be able to disenroll into fee for service (FFS) Medi-Cal. However, there are no statutory standards or authority.

Background: California has adopted the national trend to use various models of managed care in place of FFS in Medi-Cal. In MCMC, as in commercial managed care, the enrollee's choice of providers may be limited to those in the plan's network, but the plan is required to ensure timely access to care. As of August 2011, MCMC in California served about 4.4 million enrollees in 30 counties, or about 60% of the total Medi-Cal population. California employs three models of managed care. In two of these models, the Two-Plan and Geographic Managed Care, FFS Medi-Cal is also still available. Fourteen counties are part of the Two-Plan model. In most two-plan model counties, there is a "Local Initiative" (LI) and a "commercial plan" (CP). The Two-Plan model serves about three million beneficiaries in 14 counties: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare. Two-counties employ the GMC model: Sacramento and San Diego serving about 450,000 beneficiaries. In a GMC county, DHCS contracts with several commercial plans. The third model is a County Organized Health Plan (COHS) and everyone is in the same plan and there is no FFS alternative. COHS serve about 885,000 beneficiaries through six health plans in 14 counties: Marin, Mendocino, Merced, Monterey, Napa, Orange, San Mateo, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Ventura, and Yolo

Children, families and pregnant women have been required to enroll in MCMC since the 1990s. On November 2, 2010, the federal Secretary of Health and Human Services approved a new five year "Bridge to Reform" Section 1115 Medicaid Demonstration Waiver for California which makes up to \$10 billion in federal matching funds available over a five-year period. The new waiver continued much of the hospital funding from a 2005 waiver and included three significant new initiatives that are considered to be a model for transition to health reform in 2014. One of the initiatives in the 2010 waiver is the mandatory enrollment of SPDs into managed care plans. The savings from managed care enrollment is intended to offset the cost of the other initiatives. Implementation began on June 1, 2011 and is being implemented in all Two-Plan and GMC counties over a 12-month period.

FACT SHEET
Assembly Bill 1553 (Monning)
Medical Exemption from Medi-Cal Managed Care

(continued)

Medical Exemption Request (MER). Existing regulations provide that a person who is receiving Medi-Cal FFS treatment or services for a complex medical condition from a physician, a certified nurse midwife, or a licensed midwife who is participating in the Medi-Cal program but does not contract with one of the plans available through mandatory enrollment may request a medical exemption to continue FFS Medi-Cal for the purposes of continuity of care up to 12 months or until the medical condition has stabilized to a level that would enable the individual to change physicians without deleterious medical effects. A form is included with the enrollment packet and must be filled out by the physician and submitted to the enrollment contractor. A MER is an option for a limited number of conditions, such as cancer, HIV, or dialysis. The original mandatory population was a relatively healthy population of parents and children. When mandatory enrollment was extended to SPDs, including children, it was agreed that a more expansive continuity of care should also be available for this population which was more likely to have chronic conditions and an existing relationship with a Medi-Cal FFS provider. However, the number of MERs also increased and the interaction with the new continuity of care provisions has led to some confusion. As a result, DHCS is in the process of clarifying the MERS policy and process and is circulating a draft Provider Bulletin. According to this draft, a patient receiving maintenance care or being seen for routine follow-up of their complex medical conditions will not be granted an exemption from plan enrollment. In addition, as dictated by the current regulations, a MER will not be granted if the person had been in the plan more than 90 days, has a current provider who is in the plan network or has begun or was scheduled to begin treatment after the date of enrollment.

Need for the Legislation: The Assembly and Senate Health Committees held an informational hearing in December 2011 on the implementation of mandatory enrollment of the SPD population. At that hearing, various stakeholders reported that the standards for obtaining a MER were being applied in an inconsistent fashion and that the regulations were vague and subject to varying interpretations. Furthermore, there was widespread ignorance and misunderstanding of the actual policy. In view of the testimony at the hearing, there is a need for legislation to clarify the policy and make it more widely known.

Contact: Marjorie Swartz, Assembly Health Committee
01/30/2012

(916) 319-2097



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: January 27, 2012
TO: Interested Parties
FROM: Toby Douglas 
Director
SUBJECT: Release of Request for Solutions for the Duals Demonstration

DHCS is pleased to release the final Request for Solutions (RFS) for California's Dual Eligibles Demonstration Project. The final RFS addresses the need to develop coordinated care models that provide seamless access to the full continuum of medical, social, long-term, and behavioral supports and services needed by Medicare-Medicaid beneficiaries. In doing so, DHCS hopes to improve health status, promote a more efficient health care system, and allow more beneficiaries to stay in their homes and communities for as long as possible.

The RFS document reflects input provided by a wide array of consumers and stakeholders during numerous conversations and public meetings over the past six months. I want to personally thank every organization and individual who commented on our draft RFS. DHCS received comments from 55 organizations or individuals. We reviewed them all in detail, and as you can see by the edits in the attached document, we took those comments to heart. Many of the comments we were able to accept, some we were not, and still others need additional analysis before they can be fully addressed.

Indeed, most of the comments received are focused on proposal development, which we intend to do in concert with stakeholders over the next year. To continue the collaborative efforts around the Duals Demonstration, DHCS will soon announce a draft workgroup structure that

Release of Request for Solutions for the Duals Demonstration
Page Two
January 27, 2012

will allow for the interactive development of policy analysis among the Administration, stakeholders, and beneficiaries. The RFS is a critical part of the policy development process in that it allows health plans to engage in an iterative process on the Demonstration with the State and stakeholders.

In the attached, we highlight some of the key comments made to the RFS. To achieve maximum transparency, we are releasing the RFS both in redline and in a clean version so that stakeholders can easily identify the exact changes made to the document.

In terms of next steps, consistent with our published timeline, submissions to the RFS are due Friday, February 24, 2012. Thereafter, DHCS will select sites and incorporate those into its Demonstration Proposal. Development of the Proposal will involve an ongoing conversation on policy development among stakeholders. The Demonstration Proposal will then be posted for public comment. Following any needed changes, the Proposal will be submitted to CMS for additional public comment in late April or early May. With the proposal approved, DHCS will work with CMS to develop a Memorandum of Understanding, and then the selected sites will undergo rigorous site readiness reviews. Finally, DHCS and CMS will work with sites to develop contracts.

Again, thank you for your input. I look forward to working with you in the weeks and months ahead on these important issues. For additional information, please visit www.CalDuals.org and follow us at Twitter @CalDuals.

Attachment DHCS Response to the Request for Solutions

While the RFS document itself shows all the changes made in red-line edits, the following discusses some of the key issues raised during the comment process. DHCS made every effort to consider all comments made. Those comments are displayed as submitted at www.CalDuals.org, and the comments were then broken down in to a nearly 200-page document also posted to that site. The following briefly addresses some comments that received the greatest interest.

1. **Carve-Out Populations** - By seeking specific comments on whether or not certain populations should be carved out, DHCS intended to support these populations by allowing managed care plans to function for a time prior to taking on particularly frail populations. Many comments reflected a strong desire to include these populations in the Demonstration. The Department agrees. No beneficiaries will be excluded from the Demonstration based on specific diagnostic categories. At the same time, a question was raised about a possible conflict with another Demonstration regarding California Children's Services (CCS). Any dually eligible CCS enrolled-child who lives in a CCS pilot county with a Duals Demonstration will remain in the CCS pilot.

2. **Phased-in Process**- Commenters encouraged flexibility in how the enrollments of dual eligible persons would be phased-in. We agree. For purposes of the RFS, DHCS is committed to a phased enrollment process but will work with health plans, stakeholders, beneficiaries, and the Federal government on the design of this process. There is a need to carefully coordinate Demonstration enrollment with the standard Medicare enrollment process and that will require thoughtful consideration. DHCS is examining different alternatives that would ensure a smooth transition for those enrolled in the Demonstration. We will take our experience from the transition of Seniors and Persons with Disabilities (SPDs) into organized care and improve on that. Our priority is to ensure this is a seamless transition with no disruptions of care for the beneficiary.

3. **Passive Enrollment/Lock-in** - Many comments expressed deep concern about the idea that the population in Demonstration counties would only have the opportunity to opt-out of versus opt-in to the Demonstration. Any enrollment system in the Demonstration will need to focus on clear communication materials in alternative formats and a focus on community groups to help discuss options with beneficiaries so that they can make an informed choice about their care. Within that context, we believe that a

*By health
month!*

passive enrollment process that allows beneficiaries to opt out is most likely to achieve the enrollment levels needed to make these new organized delivery systems successful. DHCS intends to pursue a passive enrollment policy with strong consumer protections. Also, to promote continuity of care and administrative efficiencies, DHCS intends to pursue special permission from CMS to keep beneficiaries who did not opt out of the Demonstration in the same health plan for six months.

4. **Qualifications to Apply-** DHCS has continued to keep a rigorous set of criteria under which health plans can exclusively apply for the duals Demonstration. Comments suggested that the requirement of a plan to have a current D-SNP and current Medi-Cal contract unduly limits the pool of applicants. DHCS agrees. The final RFS requires that one plan in each county have experience operating a D-SNP within the last three years. Having experience with a D-SNP ensures that plans participating in the Demonstration have experience providing care to this population that is often older, poorer, and sicker than most Medicare and Medi-Cal enrollees. In addition, it is still the case that DHCS will entertain applications for this Demonstration only from Medi-Cal managed care plans that have a current Medi-Cal contract with the state.
5. **Self-Direction of Care-** Several commenters raised the point that the ability for an individual to self-direct their care is vital. DHCS agrees. Furthermore, DHCS respects that every individual has the right to make their own medical decisions working directly with their medical providers. While DHCS believes the draft RFS appropriately discussed the importance of self-direction, the final RFS includes explicit language on a beneficiary's right to self-direct care. Within this context, there is a need for new policy on IHSS provider training that the Administration looks forward to addressing in the future.
6. **Rate Development-** DHCS understands the importance of developing a rate and incentive structure and providing that information to the health plans and other interested parties. The state and CMS are working closely to collect the data needed to develop an actuarially sound capitated rate. Just this week, the Federal government released operational details regarding the capitated financial alignment Demonstration. The purpose of these materials is to provide plans and other interested entities with information to take the necessary steps to participate in the Demonstration, should they wish to do so. This information will help health plans with their own planning activities before all State specific details can be provided. The CMS plan guidance document can be found at www.CalDuals.org.

7. Mental Health and Substance Use Services - Many comments pointed out that there was not sufficient background on behavioral health integration. DHCS agrees. As such, additional text and a new Appendix G were added to provide technical assistance on this issue.

LEGISLATIVE AGENDA ITEM DETAIL SHEET

BILL NUMBER/ISSUE: AB 1525 – Allen and Alejo – Elder and dependent abuse – money transmitters

BILL SUMMARY: This bill would include a person or entity engaged in money transmission in the definition of a mandated reporter of suspected financial abuse of an elder or a dependent adult.

BACKGROUND: Existing law requires that, among others, employees of financial institutions must report known or suspected financial abuse to specified agencies (mandated reporters.) This bill would include money transmitters in the definition of mandated reporters.

ANALYSIS/DISCUSSION: Money transmitters are defined as entities that have a license in the State of California to: 1) issue money orders and traveler's checks, 2) send money transfers and, 3) hold money as stored value. Many big box, grocery and retail stores are now offering these services.

Therefore, the implication is that anyone who is processing money for an individual shall be responsible for reporting suspect or know activity that may be construed as financial abuse.

If appropriately executed, this process would result in more protection of the financial rights of persons with disabilities since more individuals are designated as mandated reporters.

COUNCIL STRATEGIC PLAN OBJECTIVE: Goal #4- Public safety agencies, other first responders and the justice system get information and assistance to be knowledgeable and aware of the needs of individuals with developmental disabilities so they can respond appropriately when individuals with developmental disabilities may have experienced abuse, neglect, sexual or financial exploitation or violation of legal or human rights.

PRIOR COUNCIL ACTIVITY: None

STAFF RECOMMENDATION: Support AB 1525

ATTACHMENT: AB 1525

PREPARED: Melissa C. Corral – February 1, 2012

ASSEMBLY BILL

No. 1525

Introduced by Assembly Members Allen and Alejo
(Principal coauthor: Senator Pavley)

January 19, 2012

An act to amend Section 15630.1 of the Welfare and Institutions Code, relating to elder or dependent adult financial abuse.

LEGISLATIVE COUNSEL'S DIGEST

AB 1525, as introduced, Allen. Elder or dependent adult financial abuse: mandated reporters.

Existing law requires a mandated reporter of suspected financial abuse of an elder or dependent adult to report the known or suspected instance of financial abuse to specified entities. Existing law defines a mandated reporter for these purposes as an employee or officer of a financial institution, as defined. Existing law imposes civil penalties for the failure to report financial abuse, and requires these civil penalties to be recovered in a civil action brought against the financial institution by the Attorney General, district attorney, or county counsel.

This bill would include a person or entity engaged in money transmission, as defined, in the definition of a mandated reporter of suspected financial abuse of an elder or dependent adult.

This bill also would make various technical and conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 15630.1 of the Welfare and Institutions
2 Code is amended to read:

3 15630.1. (a) As used in this section, ~~“mandated reporter of~~
4 ~~suspected financial abuse of an elder or dependent adult”~~ means
5 ~~all officers and employees of financial institutions.~~

6 ~~(b) As used in this section, the term “financial institution” the~~
7 ~~following definitions apply:~~

8 (1) *“Financial abuse” means financial abuse as defined in*
9 *Section 15610.30.*

10 (2) *“Financial institution” means any of the following:*

11 ~~(1)~~

12 (A) A depository institution, as defined in Section 3(c) of the
13 Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)).

14 ~~(2)~~

15 (B) An institution-affiliated party, as defined in Section 3(u) of
16 the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)).

17 ~~(3)~~

18 (C) A federal credit union or state credit union, as defined in
19 Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752),
20 including, but not limited to, an institution-affiliated party of a
21 credit union, as defined in Section 206(r) of the Federal Credit
22 Union Act (12 U.S.C. Sec. 1786(r)).

23 ~~(c) As used in this section, “financial abuse” has the same~~
24 ~~meaning as in Section 15610.30.~~

25 (3) *“Mandated reporter of suspected financial abuse of an elder*
26 *or dependent adult” means either of the following:*

27 (A) *An officer or employee of a financial institution.*

28 (B) *A money transmitter.*

29 (4) *“Money transmitter” means a person or entity engaged in*
30 *money transmission as defined in subdivision (o) of Section 2003*
31 *of the Financial Code.*

32 ~~(d)~~

33 (b) (1) Any mandated reporter of suspected financial abuse of
34 an elder or dependent adult who has direct contact with the elder
35 or dependent adult or who reviews or approves the elder or
36 dependent adult’s financial documents, records, or transactions,
37 in connection with providing financial services with respect to an
38 elder or dependent adult, and who, within the scope of his or her

1 employment or professional practice, has observed or has
2 knowledge of an incident, that is directly related to the transaction
3 or matter that is within that scope of employment or professional
4 practice, that reasonably appears to be financial abuse, or who
5 reasonably suspects that abuse, based solely on the information
6 before him or her at the time of reviewing or approving the
7 document, record, or transaction in the case of mandated reporters
8 who do not have direct contact with the elder or dependent adult,
9 shall report the known or suspected instance of financial abuse by
10 telephone or through a confidential Internet reporting tool, as
11 authorized pursuant to Section 15658, immediately, or as soon as
12 practicably possible. If reported by telephone, a written report shall
13 be sent, or an Internet report shall be made through the confidential
14 Internet reporting tool established in Section 15658, within two
15 working days to the local adult protective services agency or the
16 local law enforcement agency.

17 (2) When two or more mandated reporters jointly have
18 knowledge or reasonably suspect that financial abuse of an elder
19 or a dependent adult for which the report is mandated has occurred,
20 and when there is an agreement among them, the telephone report
21 or Internet report, as authorized by Section 15658, may be made
22 by a member of the reporting team who is selected by mutual
23 agreement. A single report may be made and signed by the selected
24 member of the reporting team. Any member of the team who has
25 knowledge that the member designated to report has failed to do
26 so shall thereafter make that report.

27 (3) If the mandated reporter knows that the elder or dependent
28 adult resides in a long-term care facility, as defined in Section
29 15610.47, the report shall be made to the local ombudsman or local
30 law enforcement agency.

31 (e)

32 (c) An allegation by the elder or dependent adult, or any other
33 person, that financial abuse has occurred is not sufficient to trigger
34 the reporting requirement under this section if both of the following
35 conditions are met:

36 (1) The mandated reporter of suspected financial abuse of an
37 elder or dependent adult is aware of no other corroborating or
38 independent evidence of the alleged financial abuse of an elder or
39 dependent adult. The mandated reporter of suspected financial

1 abuse of an elder or dependent adult is not required to investigate
2 any accusations.

3 (2) In the exercise of his or her professional judgment, the
4 mandated reporter of suspected financial abuse of an elder or
5 dependent adult reasonably believes that financial abuse of an
6 elder or dependent adult did not occur.

7 ~~(f)~~

8 (d) Failure to report financial abuse under this section shall be
9 subject to a civil penalty not exceeding one thousand dollars
10 (\$1,000) or if the failure to report is willful, a civil penalty not
11 exceeding five thousand dollars (\$5,000), which shall be paid by
12 the financial institution that is the employer of the mandated
13 reporter, *the money transmitter, or, as applicable, the employer*
14 *of the money transmitter*, to the party bringing the action.
15 Subdivision (h) of Section 15630 shall not apply to violations of
16 this section.

17 ~~(g)~~

18 (e) (1) The civil penalty provided for in subdivision-~~(f)~~ (d) shall
19 be recovered only in a civil action brought against the financial
20 institution *or the money transmitter* by the Attorney General,
21 district attorney, or county counsel. No action shall be brought
22 under this section by any person other than the Attorney General,
23 district attorney, or county counsel. Multiple actions for the civil
24 penalty ~~may~~ shall not be brought for the same violation.

25 (2) Nothing in the Financial Elder Abuse Reporting Act of 2005
26 shall be construed to limit, expand, or otherwise modify any civil
27 liability or remedy that may exist under this or any other law.

28 ~~(h)~~

29 (f) As used in this section, “suspected financial abuse of an elder
30 or dependent adult” occurs when a person who is required to report
31 under *paragraph (3) of* subdivision (a) observes or has knowledge
32 of behavior or unusual circumstances or transactions, or a pattern
33 of behavior or unusual circumstances or transactions, that would
34 lead an individual with like training or experience, based on the
35 same facts, to form a reasonable belief that an elder or dependent
36 adult is the victim of financial abuse ~~as defined in Section~~
37 ~~15610.30~~.

38 ~~(i)~~

39 (g) Reports of suspected financial abuse of an elder or dependent
40 adult made by an employee or officer of a financial institution *or*

- 1 *a money transmitter* pursuant to this section are covered under
- 2 subdivision (b) of Section 47 of the Civil Code.

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LEGISLATIVE AGENDA ITEM DETAIL SHEET

BILL NUMBER/ISSUE: Assembly Bill 1244: Developmental Services: Self-Determination

BILL SUMMARY: AB 1244 creates the Self-Determination Program within the existing developmental services system to provide individuals with a single, capitated funding allocation they may use to purchase services that support goals identified in the Individual Program Plans.

The Self-Determination Program has the potential to generate short and long-term cost savings to the state, while giving regional center clients flexibility within a capitated service budget as an alternative to the traditional service system and limitations in regional center purchase authority.

The Self-Determination Program will be designed to promote and be evaluated against core quality outcomes based on universal human aspirations:

- welfare, health and safety,
- living in a place called home,
- meaningful participation and membership in their own community,
- reciprocal long-term relationships,
- generating private income, through typical jobs in regular employment settings or through self-employment, and
- access to or control over transportation.

The Self-Determination Program makes individualized funding available to individuals with developmental disabilities who are receiving services under the Lanterman Developmental Services Act. Individual allocations are computed in a fair, transparent, and equitable manner based on their characteristics and needs. It enables consumers to exercise their rights and access services and supports they choose to realize their Individual Program Plans (IPPs).

BACKGROUND: AB 1244 substitutes Self-Directed Services program that required federal waiver for implementation. It removes existing statutory provisions that established the Self-Directed Services Program (SDS) in Welfare & Institutions Code (WIC section 4685.7).

Self-Determination program represents an alternative model of service delivery, whereby individuals who are eligible for state developmental disabilities services are empowered to gain control over the selection of services and supports that meet their own needs. It is an alternative to the standard service model of the Lanterman Act, in which regional centers purchase services directly from approved "vendors" or obtain services from other agencies. Self-Determination is intended to enhance the ability of a consumer and his or her family to control the decisions and resources required to meet all or some of the objectives in the consumer's IPP.

The Individual Budget Advocates Workgroup (IBAW) in a point by point validation of an individual choice budget refers to universal human aspirations, short and long term cost savings, individualized allocation, flexibility, conflict of interest free fiscal management and other administrative and operational values support the individual choice budget legislation. Notwithstanding the current fiscal limitation environment, this bill is within the domain of the Council's organizational values and objectives.

ANALYSIS/DISCUSSION: The Lanterman Act has led to tremendous advancements in deinstitutionalization, community integrated services, disability rights and family support. However, the long-term national trends are moving away from congregate services toward highly individualized options which have led to demands by people with disabilities for control over their services and their lives. People seek homes of their own, where they control who comes in and who supports them. They seek real membership in their communities, participating as a valued member in community organizations and activities that they choose. They seek to develop and preserve long-term reciprocal relationships, with friends, family, neighbors, and others in their communities. People want to earn income to begin to overcome the barriers inherent to a life of deprivation. AB 1244 is clearly an effective step toward the achievement of these goals and aspirations. And as the bill's author explained: "Self-Determination leads to those outcomes that people seek" and, "in an environment of fiscal constraint, and with more and more limits put on the availability of traditional services, Self-Determination offers an alternative to the cost pressures and increasing limits of the traditional developmental services system."

COUNCIL STRATEGIC PLAN OBJECTIVE: Goal #14- Public policy in California promotes the independence, productivity, inclusion and self determination of individuals with developmental disabilities and their families.

Objective 14a) The Council will take a position on proposed state and federal legislation and proposed regulations that impact people with developmental disabilities, will communicate those positions to legislators and their staff, and will disseminate this information to all interested parties.

PRIOR COUNCIL ACTIVITY: The Council currently has a support position on AB 1244.

STAFF RECOMMENDATION: Continue to support AB 1244. It is anticipated that the bill may be amended to address the budget formula prior to the next LPPC meeting. If so those amendments will be presented for Committee consideration.

ATTACHMENT: AB 1244

PREPARED: Karim Alipourfard, February 3, 2012

To: Family Resource Center Network of California

From: Evelyn Abouhassen, Disability Rights California
Carol J. Risley, State Council on Developmental Disabilities
Mark Polit, Service Employees International Union

Date: February 3, 2012

Subject: Support of AB 1244 (Chesbro), Self-Determination

We are writing to ask for your support of Assembly Bill (AB) 1244, which would give people the CHOICE to keep the services they have now OR to choose self-determination.

Real change never comes easy, and AB 1244 is no exception. If adult consumers and families are to be given this choice, then we all have to stand up and fight for it.

California has been “piloting” self-determination since 1999, serving only 140 regional center individuals and families. AB 1244 would finally make that option available to all people served by the regional centers.

Self-determination would put the person with a disability in control of their service dollars. They would be able to use their service dollars to hire their own workers or negotiate unique service arrangements from provider agencies.

Self-determination is not for everyone. Yet many families and adults want and need something different than the services and supports they have now, and many want greater control of their own lives. Self-determination would give these people the authority to direct their own services and supports, with help as needed from the people they choose.

In designing this legislation, the three of us worked with Assemblymember Chesbro, Tom Nerney, from the Center for Self-Determination, and others to propose some significant improvements over prior attempts to make consumer-direction an option in this state:

- Focuses the program on supporting people to achieve universal human aspirations, such as growing up with family or, for adults, a home where they control who enters; real participation in their communities; having reciprocal long-term relationships; and earning income to lift themselves out of poverty.
- Requires an evaluation of the SD option to be submitted to the Legislature every three years, to see if self-determination is actually helping people to achieve these outcomes.
- Adds a Self-Determination Advisory Committee to give participants, family members, advocates, academics, and regional centers a means to oversee the option and advise on how it works. The advisory board would be more than 50% program participants and family members.
- Requires the Advisory Committee and Department to evaluate the adequacy of the risk pool.
- Decreases bureaucracy and increases the flexibility people have to access a wide range of services that support inclusion in their local communities.
- Adds provisions for those support workers that people employ directly. People would have the right to hire, supervise, train, schedule, incentivize, or fire their workers as they like. The State would set a minimum compensation level for those workers, and they would be able to organize to advocate to the State to protect the option and seek better funding for better pay. Should workers unionize, AB 1244 prohibits strikes, other work stoppages, and any collective bargaining that would infringe on the ability of participants to hire, supervise, train, schedule, incentivize, or fire their workers. (These workforce provisions would NOT apply to workers who are employed by an agency).
- Requires a mechanism for increasing people's individual budget allocations when the state raises worker wages.
- Allows people to select any service broker they choose.

- Requires a statewide fiscal manager to hold and dispense funds. This will create simplified procedures and reduce costs, making it easier for consumers and families to get the necessary administrative/fiscal management support.
- Gives the State flexibility on how to receive approval from the federal government.
- Clarifies roles and responsibilities of regional center service coordinators and mandates a designated caseload for the SD option that averages no more than 1:62. This allows for adequate training and specialization of service coordinators, monitoring, and assistance available to participants.
- Rolls out self-determination first in the five regional centers that have piloted self-determination, followed the next year by all the other centers. This seeks to create good models for the option by doing it first in regional centers with the most experience.

We hope you will join Disability Rights California (DRC), the State Council on Developmental Disabilities (SCDD), the Service Employees International Union (SEIU), Disability Rights Education and Defense Fund (DREDF), World Institute on Disability (WID), and others in supporting this critical reform.

As we struggle to maintain basic services for people with developmental disabilities and their families, AB 1244 is an opportunity to give people the flexibility to spend scarce public funds in the way that they feel best meets their needs.

AMENDED IN SENATE JULY 5, 2011
AMENDED IN ASSEMBLY MAY 27, 2011
AMENDED IN ASSEMBLY APRIL 14, 2011
AMENDED IN ASSEMBLY MARCH 31, 2011
CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1244

**Introduced by Assembly Member Chesbro
(Coauthors: Assembly Members Ammiano and Beall)**

February 18, 2011

An act to amend Sections 4677 and 4678 of, *to add Article 4.5 (commencing with Section 4689.90) to Chapter 6 of Division 4.5 of, and to repeal Section 4685.7 of, and to add Article 4.5 (commencing with Section 4689.90) to Chapter 6 of Division 4.5 of, the Welfare and Institutions Code, relating to of, the Welfare and Institutions Code, relating to developmental services.*

LEGISLATIVE COUNSEL'S DIGEST

AB 1244, as amended, Chesbro. Developmental services: Self-Determination Program.

Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide support and services to individuals with developmental disabilities. Under existing law, the regional centers purchase needed services and supports for individuals with developmental disabilities through approved service providers or arrange for their provision through other publicly funded agencies. The services and supports to be provided to a regional center

consumer are contained in an individual program plan (IPP), developed in accordance with prescribed requirements. Existing law establishes, contingent upon approval of a federal waiver, the Self-Directed Services Program, and requires the program to be available in every regional center catchment area to provide participants, within an individual budget, greater control over needed services and supports.

This bill would repeal the provisions establishing the Self-Directed Services Program and would, instead, contingent upon approval of federal Medicaid matching funding, establish the Self-Determination Program to be available in every regional center catchment area to enable individuals with developmental disabilities to exercise their rights to make choices in their own lives, and would make conforming changes. This bill would require that program participants be provided with a capitated individual funding allocation, as prescribed, to be used for the purchase of services and supports necessary to implement the participant’s individual program plan. This bill would require the department to establish a risk pool fund to meet the unanticipated needs of participants in the program. This bill would require the department to take all steps necessary to ensure federal financial participation is available for all program services and supports by applying for amendments to a specified federal waiver or by applying for a new waiver.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 4677 of the Welfare and Institutions Code
2 is amended to read:
3 4677. (a) (1) All parental fees collected by or for regional
4 centers shall be remitted to the State Treasury to be deposited in
5 the Developmental Disabilities Program Development Fund, which
6 is hereby created and hereinafter called the Program Development
7 Fund. The purpose of the Program Development Fund shall be to
8 provide resources needed to initiate new programs, and to expand
9 or convert existing programs. Within the context of, and consistent
10 with, approved priorities for program development in the state
11 plan, program development funds shall promote integrated
12 residential, work, instructional, social, civic, volunteer, and
13 recreational services and supports that increase opportunities for

1 self-determination and maximum independence of persons with
2 developmental disabilities. Notwithstanding any other provision
3 of law or regulation to the contrary, commencing July 1, 2009,
4 parental fees remitted to the State Treasury shall be deposited in
5 accordance with Section 4784.

6 (2) In no event shall an allocation from the Program
7 Development Fund be granted for more than 24 months.

8 (b) (1) The State Council on Developmental Disabilities shall,
9 at least once every five years, request from all regional centers
10 information on the types and amounts of services and supports
11 needed, but currently unavailable.

12 (2) The state council shall work collaboratively with the
13 department and the Association of Regional Center Agencies to
14 develop standardized forms and protocols that shall be used by all
15 regional centers and area boards in collecting and reporting this
16 information. In addition to identifying services and supports that
17 are needed, but currently unavailable, the forms and protocols shall
18 also solicit input and suggestions on alternative and innovative
19 service delivery models that would address consumer needs.

20 (3) In addition to the information provided pursuant to paragraph
21 (2), the state council may utilize information from other sources,
22 including, but not limited to, public hearings, quality assurance
23 assessments conducted pursuant to Section 4571, regional center
24 reports on alternative service delivery submitted to the department
25 pursuant to Section 4669.2, and the annual report on
26 Self-Determination Program services produced pursuant to Section
27 4689.94.

28 (4) The department shall provide additional information, as
29 requested by the state council.

30 (5) Based on the information provided by the regional centers
31 and other agencies, the state council shall develop an assessment
32 of the need for new, expanded, or converted community services
33 and support, and make that assessment available to the public. The
34 assessment shall include a discussion of the type and amount of
35 services and supports necessary but currently unavailable including
36 the impact on consumers with common characteristics, including,
37 but not limited to, disability, specified geographic regions, age,
38 and ethnicity, face distinct challenges. The assessment shall
39 highlight alternative and innovative service delivery models
40 identified through their assessment process.

1 (6) This needs assessment shall be conducted at least once every
2 five years and updated annually. The assessment shall be included
3 in the state plan and shall be provided to the department and to the
4 appropriate committees of the Legislature. The assessment and
5 annual updates shall be made available to the public. The State
6 Council on Developmental Disabilities, in consultation with the
7 department, shall make a recommendation to the Department of
8 Finance as to the level of funding for program development to be
9 included in the Governor's Budget, based upon this needs
10 assessment.

11 (c) Parental fee schedules shall be evaluated pursuant to Section
12 4784 and adjusted annually, as needed, by the department, with
13 the approval of the state council. The July 1, 2009, parental fee
14 adjustment shall be exempt from this approval requirement. Fees
15 for out-of-home care shall bear an equitable relationship to the
16 cost of the care and the ability of the family to pay.

17 (d) In addition to parental fees and General Fund appropriations,
18 the Program Development Fund may be augmented by federal
19 funds available to the state for program development purposes,
20 when these funds are allotted to the Program Development Fund
21 in the state plan. The Program Development Fund is hereby
22 appropriated to the department, and subject to any allocations that
23 may be made in the annual Budget Act. In no event shall any of
24 these funds revert to the General Fund.

25 (e) The department may allocate funds from the Program
26 Development Fund for any legal purpose, provided that requests
27 for proposals and allocations are approved by the state council in
28 consultation with the department, and are consistent with the
29 priorities for program development in the state plan. Allocations
30 from the Program Development Fund shall take into consideration
31 the following factors:

32 (1) The future fiscal impact of the allocations on other ~~state~~
33 ~~supported~~ *state-supported* services and supports for persons with
34 developmental disabilities.

35 (2) The information on priority services and supports needed,
36 but currently unavailable, submitted by the regional centers.

37 Consistent with the level of need as determined in the state plan,
38 excess parental fees may be used for purposes other than programs
39 specified in subdivision (a) only when specifically appropriated

1 to the State Department of Developmental Services for those
2 purposes.

3 (f) Under no circumstances shall the deposit of federal moneys
4 into the Program Development Fund be construed as requiring the
5 State Department of Developmental Services to comply with a
6 definition of “developmental disabilities” and “services for persons
7 with developmental disabilities” other than as specified in
8 subdivisions (a) and (b) of Section 4512 for the purposes of
9 determining eligibility for developmental services or for allocating
10 parental fees and state general funds deposited in the Program
11 Development Fund.

12 SEC. 2. Section 4678 of the Welfare and Institutions Code is
13 amended to read:

14 4678. (a) The State Council on Developmental Disabilities,
15 in implementing subdivision (b) of Section 4677, and with the
16 support of the State Department of Developmental Services, shall
17 convene a stakeholder workgroup on alternative and expanded
18 options for nonresidential services and supports. The workgroup
19 shall include persons with developmental disabilities, family
20 members, providers, and other system stakeholders. The workgroup
21 shall develop recommendations on how to best achieve all of the
22 following:

23 (1) The development and expansion of community-based models
24 that provide an array of nonresidential options, including, but not
25 limited to, participation in integrated instructive, social, civic,
26 volunteer, and recreational activities.

27 (2) The development and expansion of community-based work
28 activities, including, but not limited to, customized employment
29 development, integrated job training, and employer-provided job
30 coaching.

31 (3) The expansion of work opportunities in the public sector.

32 (4) The increased utilization of existing models, including, but
33 not limited to, Self-Determination Program services, vouchers,
34 family teaching models, existing habilitation, and supported work
35 vendors to facilitate access to nontraditional community-based
36 nonresidential activities.

37 (5) Strategies to promote and duplicate successful and innovative
38 models developed in California and in other states.

39 (6) The identification of, and strategies to address, statutory,
40 regulatory, licensing, vendor-related, funding, and other types of

1 barriers to achieving the goals identified in this act, including
 2 strategies to improve individualization of services and supports
 3 by increased flexibility in design, staffing, and compensation.

4 (b) By May 1, 2007, the State Council on Developmental
 5 Disabilities shall submit recommendations from the workgroup to
 6 the Governor and appropriate committees of the Legislature and
 7 may, thereafter, incorporate subsequent recommendations into its
 8 state plan developed pursuant to Section 4561.

9 SEC. 3. Section 4685.7 of the Welfare and Institutions Code
 10 is repealed.

11 SEC. 4. Article 4.5 (commencing with Section 4689.90) is
 12 added to Chapter 6 of Division 4.5 of the Welfare and Institutions
 13 Code, to read:

14
 15 Article 4.5. Self-Determination Program

16
 17 4689.90. For the purposes of this section, the following
 18 definitions shall apply:

19 (a) "Advocacy services" means services and supports that
 20 facilitate the participant in exercising his or her legal, civil, and
 21 service rights to gain access to generic services and benefits that
 22 the participant is entitled to receive. Advocacy services shall be
 23 provided only when other sources of similar assistance are not
 24 available to the participant, and when advocacy is directed ~~towards~~
 25 *toward* obtaining generic services.

26 (b) "Financial management service" means a ~~conflict of interest~~
 27 *conflict-of-interest* free service or function that assists the
 28 participant to manage and direct the distribution of funds contained
 29 in the individual allocation. This may include, but is not limited
 30 to, bill paying services and activities that facilitate the employment
 31 of service workers by the participant, including, but not limited
 32 to, federal, state, and local tax withholding payments,
 33 unemployment compensation fees, establishing benefits, fiscal
 34 accounting, and expenditure reports. The financial management
 35 service shall provide to the department workforce and expenditure
 36 information as required in this article. The department shall
 37 establish specific qualifications which shall be required of a
 38 financial management services provider and contract with one
 39 entity to provide financial management services statewide.

1 (c) "Individual allocation" means the amount of funding
2 available to the participant for the purchase of services and supports
3 necessary to implement an individual program plan (IPP). The
4 individual allocation shall be constructed using a fair, equitable,
5 and transparent methodology that includes, but is not limited to,
6 consumer characteristics and needs.

7 (d) "Individual budget" means an individually created and
8 designed expenditure plan, developed by the participant, for
9 purchases to be made within the individual allocation to achieve
10 the core quality outcomes relevant to the participant and meet the
11 participant's IPP goals.

12 (e) "Participant" means an individual, and when appropriate,
13 his or her parents, legal guardian or conservator, or authorized
14 representative, who has been deemed eligible for, and ~~have~~ *has*
15 voluntarily agreed to participate in, the Self-Determination
16 Program.

17 (f) "Public Employment Relations Board" or "board" means
18 the board established pursuant to Article 2 (commencing with
19 Section 3541) of Chapter 10.7 of Division 4 of Title 1 of the
20 Government Code.

21 (g) "Risk pool" means an account that is available for use in
22 addressing the unanticipated needs of participants in the
23 Self-Determination Program.

24 (h) "Self-Determination Program" or "SD Program" means a
25 voluntary delivery system consisting of a defined and
26 comprehensive mix of services and supports, selected and directed
27 by a participant, in order to meet all or some of the objectives in
28 his or her IPP. Self-determination services and supports are
29 designed to assist the participant to achieve personally defined
30 outcomes in inclusive community settings. Self-determination
31 services and supports shall include, but are not limited to, all of
32 the following:

33 (1) Home health aide services.

34 (2) Employment and self-employment ~~supports including~~
35 ~~individual placement supported employment.~~ *supports, including*
36 *individual placement-supported employment.*

37 (3) Respite services.

38 (4) Supports broker functions and services.

39 (5) Financial management services and functions.

40 (6) Environmental accessibility adaptations.

- 1 (7) Skilled nursing.
 2 (8) Transportation.
 3 (9) Specialized medical equipment and supplies.
 4 (10) Personal emergency response system.
 5 (11) Integrative therapies.
 6 (12) Vehicle adaptations.
 7 (13) Communication support, including interpretive or
 8 translation services.
 9 (14) Crises intervention.
 10 (15) Nutritional consultation.
 11 (16) Behavior intervention services.
 12 (17) Specialized therapeutic services.
 13 (18) Family assistance and support.
 14 (19) Housing access supports.
 15 (20) Community living supports, including, but not limited to,
 16 socialization, personal skill development, community participation,
 17 recreation, and leisure.
 18 (21) In-home and personal care supports.
 19 (22) Advocacy services.
 20 (23) Individual training and education, including, but not limited
 21 to, adult education and support to attend community college.
 22 (24) Participant-designated goods and services.
 23 (25) Training and education transition services.
 24 (i) “Self-Determination support worker” or “SD support worker”
 25 means a person who has been selected and employed by a
 26 participant for an average of at least 25 hours per month over a
 27 two-month period to provide the relevant SD services and supports
 28 described in subdivision (h), but does not include licensed
 29 professionals and workers providing services purchased from
 30 agencies or other organizations where the worker is solely under
 31 the employ of those organizations.
 32 (j) “Supports broker” means a person, selected and directed by
 33 the participant, who fulfills the supports brokerage service or
 34 function and assists the participant in the SD Program.
 35 (k) “Supports brokerage” means a ~~conflict-of-interest~~
 36 *conflict-of-interest* free service or function that assists participants
 37 in making informed decisions about how to develop their budget
 38 from the individual allocation, assists in locating, accessing, and
 39 coordinating services consistent with and reflecting a participant’s
 40 needs and preferences and negotiating with providers. A supports

1 brokerage service is available to assist in identifying immediate
2 and long-term needs, developing options to meet those needs,
3 participating in the person-centered planning process and
4 development of the IPP, and obtaining identified services and
5 supports.

6 4689.91. (a) (1) Contingent upon approval of federal Medicaid
7 matching funding, the Self-Determination Program is hereby
8 established and shall be available in every regional center
9 catchment area to enable individuals with developmental
10 disabilities to exercise their rights to make choices in their own
11 lives and access services and supports as described in subdivision
12 (j) of Section 4502. The program shall give participants greater
13 control over access to, ~~and the flexibility,~~ *increased flexibility and*
14 *choice over, and the ability* to access, a wide range of needed and
15 desired services and supports, including, but not limited to, hiring
16 their own workers and purchasing needed items. The SD Program
17 shall be consistent with the requirements set forth in this section.

18 (2) SD Program participants shall be provided with a capitated
19 individual funding allocation computed in a fair, transparent, and
20 equitable manner, based on consumer characteristics and needs.
21 The allocation shall be used for the purchase of services and
22 supports necessary to implement the participant's individual
23 program plan (IPP).

24 (b) The SD Program shall be designed to promote, and shall be
25 evaluated against, core quality outcomes for the participants,
26 including, but not limited to, all of the following:

27 (1) Participants' welfare, health, and safety.

28 (2) Participants living in a place called home, including living
29 with family, friends, or on one's own; adult participants' living
30 arrangements are under their own control.

31 (3) Participants having meaningful participation and membership
32 in their own community.

33 (4) Participants maintaining reciprocal long-term relationships,
34 including relationships that assist the participant to live a healthy,
35 included life.

36 (5) Participants of working age generating private income,
37 through typical jobs in regular employment settings or through
38 self-employment.

39 (6) Participants having access to or control over transportation.

1 (7) *Participants having access to a defined and comprehensive*
 2 *mix of services and supports that are selected and directed by a*
 3 *participant.*

4 (8) *Participants controlling and achieving personally defined*
 5 *outcomes in inclusive community settings.*

6 (c) Participation in the SD Program is fully voluntary. A
 7 participant may choose to participate in, and may choose to leave,
 8 the SD Program at any time. A regional center may not require
 9 participation in the SD Program as a condition of eligibility for,
 10 or the delivery of, services and supports otherwise available under
 11 this division. Participation in the SD Program shall be available
 12 to any regional center consumer who meets the following eligibility
 13 requirements:

14 (1) The participant is three years of age or older.

15 (2) The participant, and when appropriate his or her parents,
 16 legal guardian or conservator, or authorized representative, agrees
 17 to all of the following terms and conditions:

18 (A) The participant shall agree to utilize the services and
 19 supports available within the SD Program only when generic
 20 services cannot be accessed, and except for Medi-Cal state plan
 21 benefits when applicable.

22 (B) The participant shall consent to use only services necessary
 23 to implement his or her IPP, as an available service in the SD
 24 Program, and shall agree to comply with any and all other terms
 25 and conditions for participation in the SD Program described in
 26 this section.

27 (C) The participant shall manage SD Program services within
 28 the individual allocation amount.

29 (D) The participant shall utilize the services of the conflict of
 30 interest free financial management services entity.

31 (E) The participant shall utilize the services of a supports broker
 32 of his or her own choosing for the purpose of providing services
 33 and functions as described in subdivisions (j) and (k) of Section
 34 4689.90. A supports broker may either be hired or designated by
 35 the participant. A designated supports broker shall perform support
 36 brokerage services on a nonpaid basis. An individual or a parent
 37 of an individual in the SD Program shall provide supports
 38 brokerage services only as an unpaid designated provider.

1 (3) A participant who is not Medi-Cal eligible may participate
2 in the SD Program and receive SD Program services if all other
3 program eligibility requirements are met.

4 (d) An adult may designate an authorized representative to
5 participate in the program on his or her behalf. The representative
6 shall meet all of the following requirements:

7 (1) He or she shall demonstrate knowledge and understanding
8 of the participant's needs and preferences.

9 (2) He or she shall be willing and able to comply with SD
10 Program requirements.

11 (3) He or she shall be at least 18 years of age.

12 (4) He or she shall be approved by the participant to act in the
13 capacity of a representative.

14 (e) Notwithstanding any provision of law, an individual
15 receiving services and supports under the self-determination pilot
16 projects originally established pursuant to Section 13 of Chapter
17 80 of the Statutes of 1998, as amended, may elect to continue to
18 receive self-determination services within his or her current scope
19 and existing procedures and parameters. Participation in
20 self-determination projects originally authorized pursuant to
21 Section 13 of Chapter 80 of the Statutes of 1998, as amended, may
22 only be terminated upon a participant's voluntary election and
23 qualification to receive services under another delivery system.

24 (f) The SD Program shall be phased in during the first year in
25 the five regional centers with self-determination pilot projects that
26 were originally authorized by Section 13 of Chapter 80 of the
27 Statutes of 1998, as amended. In the second year, each regional
28 center shall be responsible for implementing an SD Program as a
29 term of its contract under Section 4629.

30 4689.92. (a) The department shall develop informational
31 materials about the SD Program. The department shall ensure that
32 regional centers are trained in the principles of the SD Program,
33 the mechanics of the SD Program, and the rights of consumers and
34 families as candidates for, and participants in, the SD Program.
35 Regional centers shall conduct local meetings or forums to provide
36 regional center consumers and families with information about the
37 SD Program. Regional centers shall make available to consumers
38 and families who express an interest in participating in the SD
39 ~~program~~ *Program* a timely in-depth orientation; however,

1 enrollment in the SD ~~program~~ *Program* shall not be delayed or
2 conditioned on the orientation.

3 (b) Prior to enrollment in the SD Program, and based on the
4 methodology described in this subdivision, an individual, and when
5 appropriate, his or her parents, legal guardian or conservator, or
6 authorized representative, shall be provided in writing with the
7 individual allocation amount that would be provided for developing
8 his or her individual budget to implement his or her IPP. The
9 individual, and when appropriate his parents, legal guardian or
10 conservator, or authorized representative, may then elect to
11 participate in the SD Program.

12 (1) The methodology and formulae for determining the
13 individual allocation amount shall be computed in a fair,
14 transparent, and equitable manner, that includes, but is not ~~be~~
15 limited to, consumer characteristics and needs. *The methodology*
16 *shall specify the mechanism by which a consumer's individual*
17 *allocation shall be adjusted to allow for increased wages*
18 *established in the base compensation package established in*
19 *subdivision (a) of Section 4689.93.* The department shall meet with
20 the Self-Determination Program Advisory Committee, established
21 pursuant to Section 4689.94, to receive their input on developing
22 the methodology.

23 (2) The individual allocation amount shall equal 90 percent of
24 the annual per capita purchase of service costs for the previous
25 fiscal year for consumers with similar characteristics, who do not
26 receive services through the SD Program. The allocation
27 methodology shall be constructed using data available on the State
28 Department of Developmental Services' information system,
29 including, but not limited to, age, type of residence, type of
30 disability and ability, functional skills, support needs, and whether
31 the individual is in transition. Until the first full year of historical
32 data is available, the department shall adjust the allocation to
33 estimate the impact of service reductions resulting from the Budget
34 Act of 2011.

35 (3) The allocation methodology shall provide for additional
36 necessary resources when a participant is transitioning from a
37 family home or a congregate setting to living independently.

38 (4) Once an individual, and when appropriate his or her parents,
39 legal guardian or conservator, or authorized representative, has
40 elected to become an SD Program participant, his or her individual

1 allocation amount shall be available to the participant each year
2 for the purchase of SD Program services until a new individual
3 allocation amount has been determined. An individual allocation
4 amount shall be calculated no more than once in a 12-month period.

5 (5) A regional center's calculation of an individual allocation
6 amount may be appealed to the executive director of the regional
7 center, or his or her designee, within 30 days after receipt of the
8 allocation amount. The executive director of the regional center
9 shall issue a written decision within 10 working days. The decision
10 of the executive director may be appealed to the Director of
11 Developmental Services, or his or her designee, within 15 days of
12 receipt of the written decision. The decision of the department is
13 final.

14 (c) Once an individual, and when appropriate his parents, legal
15 guardian or conservator, or authorized representative, has elected
16 to become an SD Program participant and his or her individual
17 allocation amount has been determined, the following shall occur:

18 (1) A regional center shall advance funds to the financial
19 management services entity to support a participant's hiring of a
20 supports broker.

21 (2) The participant, and when appropriate his parents, legal
22 guardian or conservator, or authorized representative, with the
23 assistance of the service broker and other members of his or her
24 circle of support if appropriate, shall develop a person-centered
25 plan and individual budget within the amount of the individual
26 allocation. The plan and budget shall be designed to assist the
27 participant to achieve the relevant core quality outcomes specified
28 in *paragraphs (1) to (8), inclusive, of subdivision (b) of Section*
29 *4689.91.*

30 (3) The individual budget shall distribute the allocation,
31 including expenditures for services and supports, among the
32 following categories based on the core quality outcomes specified
33 in *paragraphs (1) to (8), inclusive, of subdivision (b) of Section*
34 *4689.91:*

35 (A) Welfare, health, and safety.

36 (B) Supports for living in a place called home.

37 (C) Meaningful participation and membership in the community
38 including, but not limited to, socialization, recreational, and
39 educational opportunities.

40 (D) Developing and maintaining long-term relationships.

1 (E) Generating income, supports for employment or
2 self-employment.

3 (F) Transportation.

4 (4) A participant may not use any portion of his or her individual
5 allocation to purchase services from a licensed long-term health
6 care facility, as defined in paragraph (44) of subdivision (a) of
7 Section 54302 of Title 17 of the California Code of Regulations,
8 or a residential facility, as defined in paragraph (55) of subdivision
9 (a) of Section 54302 of Title 17 of the California Code of
10 Regulations. A participant may not use his or her individual
11 allocation to purchase complete day program or habilitation
12 services, as defined in paragraph (16) or (34) of subdivision (a) of
13 Section 54302 of Title 17 of the California Code of Regulations,
14 respectively. However, a participant may use a portion of his or
15 her individual allocation to negotiate for specific periodic or
16 one-time services from a day program or habilitation services
17 provider. A participant may also use a portion of his or her
18 allocation to purchase job development and job coaching services
19 for individual—~~placement—supported~~ *placement-supported*
20 employment.

21 (5) Consumers currently living in a licensed long-term health
22 care facility, as defined in paragraph (44) of subdivision (a) of
23 Section 54302 of Title 17 of the California Code of Regulations,
24 or a residential facility, as defined in paragraph (55) of subdivision
25 (a) of Section 54302 of Title 17 of the California Code of
26 Regulations, or receiving day program or habilitation services, as
27 defined in paragraph (16) or (34) of subdivision (a) of Section
28 54302 of Title 17 of the California Code of Regulations,
29 respectively, may request that the regional center provide
30 person-centered planning services in order to make arrangements
31 for transition to the SD Program. In that case, the regional center
32 shall initiate person-centered planning services within 30 days of
33 a request pursuant to paragraphs (1) and (2).

34 (6) The planning team, established pursuant to subdivision (j)
35 of Section 4512, shall review and utilize the person-centered plan
36 developed in paragraph (2) to develop the IPP for the participant.
37 The IPP shall detail the goals and objectives of the participant that
38 are to be met through the purchase of—~~participant-selected~~
39 *participant-selected* services and supports. The planning team shall
40 also review the individual budget to ensure the budget assists the

1 participant to achieve the *relevant* core quality ~~outcomes, assures~~
2 *outcomes identified in paragraphs (1) to (8), inclusive, of*
3 *subdivision (b) of Section 4689.91, ensures* his or her health and
4 safety, and implements his or her IPP goals. The completed budget
5 shall be attached to the IPP.

6 (7) The participant shall implement his or her IPP, including
7 choosing the services and supports allowable under this section
8 necessary to implement the plan. A regional center may not prohibit
9 the purchase of any service or support that is otherwise allowable
10 under this section.

11 (8) Annually, participants may transfer up to 20 percent of the
12 funds originally distributed to any budget category set forth in
13 paragraph (3), to another budget category or categories. Transfers
14 in excess of 20 percent of the original amount allocated to any
15 budget category may be made upon the approval of the regional
16 center. Regional centers may only deny a transfer if necessary to
17 protect the health and safety of the participant.

18 (9) Consistent with the implementation date of the IPP, the
19 regional center shall annually ascertain from the participant whether
20 there are any circumstances that require a change to the annual
21 individual allocation amount as calculated pursuant to subdivision
22 (b). Based on that review, the regional center shall calculate a new
23 budget amount based on the methodology described in subdivision
24 (b). The participant may choose the new budget amount, or
25 continue using the current amount. The IPP shall be amended to
26 reflect any changes in the allocation.

27 (d) The department shall establish a risk pool fund to meet the
28 unanticipated needs of participants in the SD Program. The fund
29 is hereby administered by the department.

30 (1) The risk pool shall be funded at the equivalent of 2.5 percent
31 of the historical annual purchase of service costs for consumers
32 participating in the SD Program, as determined for consumers of
33 similar characteristics pursuant to paragraph (2) of subdivision
34 (b).

35 (2) The risk pool shall be allocated by the department to regional
36 centers through a process specified by the department.

37 (3) The risk pool may be used only in the event of substantial
38 change in a participant's service and support needs that were not
39 known at the time the individual allocation was set including, but

1 not limited to, an urgent need to relocate a residence or to prevent
2 or respond to significant injury or illness.

3 (4) The risk pool may be accessed by a participant more than
4 once in a lifetime.

5 (e) The department shall allocate 7.5 percent of the historical
6 annual purchase of service costs for consumers participating in
7 the SD Program, as determined for consumers of similar
8 characteristics pursuant to paragraph (2) of subdivision (b), ~~towards~~
9 *toward* offsetting costs to the state of the SD Program with the
10 remainder to be returned as savings to the General Fund. Program
11 costs to the state shall include, but not be limited to, training of
12 consumers, family members, regional centers, and service brokers,
13 caseload ratio improvement, and service broker support for
14 participants' initial ~~person-centered~~ *person-centered* planning and
15 budget plan development.

16 (f) The regional center service coordinator shall assist consumers
17 and when appropriate his or her parents, legal guardian or
18 conservator, or authorized representative, in understanding the SD
19 Program service option, assist participants to understand their
20 rights, responsibilities, and opportunities under the SD Program,
21 and provide information on locating service brokers. The regional
22 center service coordinator shall, as required by this section,
23 determine the SD Program participant's individual allocation
24 amount, participate in the IPP, approve the initial individual budget
25 and amendments to the budget, ensure plans and services are
26 adequate to ensure the ~~participants~~ *participants'* health, welfare,
27 and safety, address the goals of the IPP and the core quality
28 outcomes specified in *paragraphs (1) to (8), inclusive, of*
29 subdivision (b) of Section 4689.91, monitor for abuse, fraud, and
30 exploitation, monitor the quarterly budget report for rate of
31 expenditure and consistency with the budget plan, annually
32 ascertain from the participant whether there are any circumstances
33 that require a change to the annual individual allocation amount,
34 conduct quarterly visits as required by the department, and assist
35 the participant to access the risk pool in the event of a substantial
36 change in a participant's service and support needs that were not
37 known at the time the individual allocation was set. Regional
38 centers, therefore, shall provide an average service
39 coordinator-to-consumer ratio of 1 to 62 for all SD Program
40 participants. To the maximum extent possible, regional centers

1 shall assign SD Program participants to service coordinators with
2 a designated SD Program caseload.

3 (g) The financial management service shall send to the
4 participant and the regional center case manager a quarterly
5 statement that describes the amount of allocation by budget
6 category, the amount spent in the previous 90-day period, and the
7 amount of funding that remains available under the participant's
8 individual budget.

9 (h) If at any time during participation in the SD Program a
10 regional center determines that an individual is no longer eligible
11 to continue based on the eligibility criteria described in subdivision
12 (c) of Section 4689.91, or a participant voluntarily chooses to exit
13 the SD Program, the regional center shall provide for the
14 participant's transition from the SD Program to other services and
15 supports. This shall include the development of a new individual
16 program plan that reflects the services and supports necessary to
17 meet the individual's needs. The regional center shall ensure that
18 there is no gap in services and supports during the transition period.

19 (1) Upon determination of ineligibility pursuant to this
20 subdivision, the regional center shall inform the participant in
21 writing of his or her ineligibility, the reason for the determination
22 of ineligibility, and shall provide a written notice of the fair hearing
23 rights, as required by Section 4701.

24 (2) An individual determined to be ineligible, or who voluntarily
25 exits the SD Program, shall be permitted to return to the SD
26 Program upon meeting all applicable eligibility criteria and after
27 a minimum of 12 months time has elapsed.

28 (i) A participant in the SD Program shall have all the rights
29 established in Chapter 7 (commencing with Section 4700), except
30 as provided under paragraph (5) of subdivision (b).

31 (j) Only the financial management service provider is required
32 to apply for vendorization in accordance with subchapter 2
33 (commencing with Section 54300) of Chapter 3 of Title 17 of the
34 California Code of Regulations, for the SD Program. All other
35 service providers shall have applicable state licenses, certifications,
36 or other state required documentation, but are exempt from the
37 vendorization requirements set forth in Title 17 of the California
38 Code of Regulations. The financial management services entity
39 shall ensure and document that all service providers meet specified

1 requirements for any service that may be delivered to the
2 participant.

3 (k) A participant enrolled in the SD Program pursuant to this
4 section and utilizing an individual allocation for services and
5 supports is exempt from Section 4783, the Family Cost
6 Participation Program, and cost control restrictions, including, but
7 not limited to, purchases of services pursuant to Sections 4648.35,
8 4648.5, and 4659, subparagraph (B) of paragraph (3) of subdivision
9 (c) of Section 4685, Sections 4686.2, 4686.5, and 4689, and
10 purchase of service best practices enacted pursuant to 4620.3.

11 4689.93. (a) The Legislature finds and declares that SD
12 Program support workers are the foundation necessary for SD
13 Program participants to access full community participation and
14 employment opportunities and to pursue a life of meaning in the
15 ways that they choose.

16 (b) Participants shall have the right to utilize their individual
17 allocation to employ SD support workers of their choice, hire,
18 supervise, direct, schedule, evaluate, train, and terminate
19 employment of SD support workers. Except for the limited
20 purposes set forth herein, the state shall not be deemed the
21 employer of SD support workers for any purpose.

22 (c) The state shall support the quality, availability, and stability
23 of direct support workers by establishing a base compensation
24 package to ensure decent pay standards for workers in the program.
25 Individuals may use their allocation and private sources of funds
26 to pay SD support workers above the base established by the state,
27 develop job descriptions, and otherwise organize and incentivize
28 their SD support workers.

29 (d) SD support workers may form, join, and participate in the
30 activities of labor organizations of their own choosing in order to
31 engage in collective negotiations with the department with regard
32 to all matters specified in paragraph (4).

33 (1) Within 10 days of receipt of a request from a labor
34 organization that represents SD support workers, the department
35 shall provide the following information concerning SD support
36 workers:

37 (A) Name, address, telephone number, and any unique personal
38 identification generated by the department.

39 (B) Wage rates earned by each SD support worker.

1 (C) Hours of services provided by each SD support worker. The
2 department shall be required to collect the information on no less
3 than a quarterly basis from any financial management services
4 providers that process payments for SD support workers.

5 (2) A labor organization that represents SD support workers
6 may petition the board to be designated as the exclusive negotiating
7 representative of SD support workers in the state.

8 (A) The only appropriate bargaining unit of SD support workers
9 shall consist of all SD support workers in the state.

10 (B) If a labor organization that represents SD support workers
11 petitions the board to be designated as the negotiating
12 representative for SD support workers and provides written
13 authorization from a majority of the total number of workers in
14 the unit as of January of the year in which the petition is made,
15 the board shall designate that organization as the exclusive
16 negotiating representative for all SD support workers in the unit.

17 (C) If a labor organization that represents SD support workers
18 petitions to be designated as the negotiating representative for all
19 SD support workers in the unit and provides written authorization
20 to serve as the negotiating representative from at least 30 percent
21 of the workers in the unit, an election shall be held pursuant to
22 board policies and procedures within 90 days after the day on
23 which the petition is filed. The board shall designate the labor
24 organization that prevails in the election the exclusive negotiating
25 representative for all SD support workers in the unit.

26 (3) The designated exclusive negotiating representative pursuant
27 to paragraph (2) shall be the negotiating representative for all SD
28 support workers in the unit for the purposes of this subdivision.

29 (A) An SD support worker may refuse to join or participate in
30 the activities of the designated negotiating representative.

31 (B) The designated negotiating representative shall represent
32 all SD support workers in the bargaining unit fairly and without
33 discrimination and without regard to whether the workers are
34 members of the labor organization designated as the negotiating
35 representative.

36 (C) The designated negotiating representative may charge a
37 reasonable fair share service fee to bargaining unit nonmembers,
38 who meet the minimum hour criteria described in subdivision (i)
39 of Section 4689.9, for representing them in negotiations, contract
40 administration, and other activities. The costs covered by the fair

1 share service fee pursuant to this section may include, but are not
2 limited to, costs associated with representing SD support workers
3 pursuant to paragraph (4). The fair share service fee shall not exceed
4 the annual dues paid by members of the labor organization
5 designated as the negotiating representative of SD support workers.

6 (4) The designated negotiating representative of SD support
7 workers shall negotiate with the department concerning the terms
8 and conditions of workers' participation in the SD Program
9 including all of the following:

10 (A) The base compensation package mandated by this article.

11 (B) Access to benefits for SD support workers.

12 (C) Payment procedures.

13 (D) Training and career development opportunities.

14 (E) Deduction of membership dues and fair share service fees.

15 (5) The designated negotiating representative of SD support
16 workers shall not negotiate over terms and conditions of
17 employment reserved for the participant pursuant to subdivisions
18 (b) and (c).

19 (6) The designated negotiating representative of SD support
20 workers shall not call or direct a strike or any other form of work
21 stoppage.

22 (7) The board's jurisdiction shall include all matters related to
23 the representation of SD support workers.

24 (e) A participant in the SD Program may request, at no charge
25 to the participant or the regional center, criminal history
26 background checks for persons seeking employment as a service
27 provider and providing direct care services to the participant.

28 (1) Criminal history records checks pursuant to this subdivision
29 shall be performed and administered as described in subdivision
30 (b) and subdivisions (d) to (h), inclusive, of Section 4689.2, and
31 Sections 4689.4 to 4689.6, inclusive, and shall apply to
32 vendorization of providers and hiring of employees to provide
33 services for family home agencies and family homes.

34 (2) The department may enter into a written agreement with the
35 Department of Justice to implement this subdivision.

36 4689.94. (a) The department shall establish a statewide
37 Self-Determination Program Advisory Committee. Greater than
38 50 percent of the committee shall be comprised of SD Program
39 participants and their family members representing the geographic,
40 ethnic, and language diversity of the state. Other committee

1 members shall include representatives from the State Council on
2 Developmental Disabilities, Disability Rights California, a
3 University Center for Excellence in Developmental Disabilities,
4 regional centers, and a labor representative of regional center
5 employees. The committee shall meet at least semiannually and
6 participate in system oversight and advise with respect to ongoing
7 system design and implementation and SD support worker wages,
8 benefits, training, and career development. In addition, the
9 committee shall meet with the department at least twice during the
10 initial development phase of the SD Program to provide input on
11 the methodology for calculating individual allocations and other
12 initial implementation issues.

13 (b) Notwithstanding Section 10231.5 of the Government Code,
14 commencing January 10, 2013, the department shall annually
15 provide the following information to the SD Program Advisory
16 Committee and to the policy and fiscal committees of the
17 Legislature:

18 (1) The number and characteristics of participants, by regional
19 center.

20 (2) The range and average of individual allocations, by regional
21 center.

22 (3) Utilization of the risk pool, including range and average
23 individual allocation augmentations and type of service, by regional
24 center.

25 (4) The proportion of participants who report that their choices
26 and decisions are respected and supported.

27 (5) Detailed workforce metrics for SD support workers including
28 wages, hours worked, and length of time on the job.

29 (6) The number and outcome of individual allocation appeals,
30 by regional center.

31 (7) The number and outcome of fair hearing appeals, by regional
32 center.

33 (8) The number of participants who voluntarily withdraw from
34 participation in the SD Program and a summary of the reasons
35 why, by regional center.

36 (9) The number of participants who are subsequently determined
37 to no longer be eligible for the SD Program and a summary of the
38 reasons why, by regional center.

39 (10) Identification of barriers to participation and
40 recommendations for program improvements.

1 (11) A comparison of average annual expenditures for
2 individuals with similar characteristics not participating in the SD
3 Program.

4 (c) Notwithstanding Section 10231.5 of the Government Code,
5 commencing June 30, 2015, and at three year intervals, the
6 department shall submit an SD-program *Program* evaluation to
7 the relevant policy committees of the Legislature and the SD
8 Program Advisory Committee. The evaluation shall be developed
9 in consultation with the advisory committee and shall be based on
10 the core quality outcomes described in subdivision (b) of Section
11 4689.91 and also include a summary of all of the following:

12 (1) The types and ranking of services and supports purchased
13 under the SD Program, by regional center.

14 (2) Consumer satisfaction under the SD Program and, when
15 data is available, the traditional service delivery system, by regional
16 center.

17 (3) The proportion of participants who report they are able to
18 recruit, hire, and retain qualified service providers.

19 (4) *The adequacy of the risk pool established pursuant to*
20 *subdivision (d) of Section 4689.92.*

21 4689.95. It is the intent of the Legislature that the purchase of
22 services and supports through the SD Program be eligible for
23 federal Medicaid match funding. The department shall take all
24 steps necessary to ensure federal financial participation is available
25 for all SD Program services and supports by applying for
26 amendments to the current ~~home~~ *home-* and community-based
27 waiver for individuals with developmental disabilities or for a new
28 waiver pursuant to Section 1396n of Title 42 of the United States
29 Code. The department shall seek to maximize federal financial
30 participation by applying for an enhanced federal match through
31 the federal Community First Choice Option pursuant to Section
32 1396n(k) of Title 42 of the United States Code.

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LEGISLATIVE AGENDA ITEM DETAIL SHEET

BILL NUMBER/ISSUE: Assembly Bill (AB) 254: Developmental services, Employment First Policy

BILL SUMMARY: It should be noted that AB 254 is dead at the time of this writing.

This bill required the regional center, when developing an individual program plan (IPP) for a transition age youth or working age adult, to be guided by the Employment First Policy. AB 254 bill also, beginning when a consumer is 14 years of age, would have required the planning team to discuss school-to-work opportunities during IPP meetings and to inform the consumer, parents, legal guardian, or conservator that the regional center is available, upon request, to participate in the consumer's individualized education program (IEP) meetings to discuss transition planning. The bill would also have required the planning team, as part of the IPP process for working age adults, to address integrated employment opportunities, while respecting the consumer's right to make choices.

BACKGROUND: Last session, Chapter 231, Statutes of 2009 (AB 287) was enacted requiring the Council to create an Employment First Committee (EFC). The EFC was required to submit a report to the Legislature and Governor that identified an employment first policy and included recommendations to enhance and increase integrated employment opportunities for people with developmental disabilities. This report was submitted to the Governor and Legislature in August 2011.

The Employment First Policy, as articulated in the report, is: "It is the policy of the state that integrated competitive employment is the priority outcome for working age individuals with developmental disabilities." In order to clarify that the Employment First Policy is in no way intended to diminish any part of the IPP planning process, the following appears immediately after the policy as the first key principle underpinning the policy:

"The individual program plan (IPP) and the provision of services and supports is centered on the individual and the family. The IPP and the provision of services take into account the needs and preferences of the individual and family, where appropriate, as well as promoting community integration, independent, productive, and normal lives, and stable and healthy environments."

ANALYSIS/DISCUSSION: In October 2011, the Chief Consultant for the Assembly Human Services Committee, Eric Gelber, requested specific feedback from the Council regarding amendments considered for AB 254. The Legislative and Public Policy Committee (LPPC) provided feedback at that time.

Some erroneously believed that AB 254 removed a portion of the Lanterman Act that provides for the IPP process and the ability of one's right to make choices about one's own life. It was also understood why one might have been left with this impression based upon the ways in which changes were made to this bill. However, this bill made no such changes to the Lanterman Act and the Employment First policy is designed to further the intent of the Act, be consistent with rights established under the Act, and maintain one's right to make choices in respect to the development and implementation of IPPs.

On January 19th, the Assembly Appropriations Committee reviewed this bill. At that time, the committee's staff analysis indicated a belief that AB 254 broadens the entitlement in the Lanterman Act "...to include an entitlement that all working-age consumers receive a prevailing wage job." They also believed that additional costs would be incurred by the state if IPPs were required to have school-to-work plans for students 14 or over and if DDS collected data from regional centers in order to evaluate progress for the implementation of Employment First. Although Assembly Member Beall indicated that the bill would be amended to eliminate any costs to the state, the Committee held the bill (and so it did not pass).

It is hoped that another legislator will introduce the amended version of the bill as a new bill and legislative staff will be informed that an Employment First Policy does not broaden any Lanterman Act entitlements. At the time of this writing, meetings are being sought with legislative staff to begin this process.

COUNCIL STRATEGIC PLAN OBJECTIVE: The State of California will adopt an Employment First policy which reflects inclusive and gainful employment as the preferred outcome for working age individuals with developmental disabilities.

PRIOR COUNCIL ACTIVITY: The Council supported AB 287 (2009) and submitted the first annual Employment First report to the Governor and Legislature in August 2011. In December 2011, the Council sponsored AB 254.

STAFF RECOMMENDATION(S): No recommendations are suggested at the time of this writing. If any recommendations are required, they will be verbally presented to the LPPC at the meeting on February 16th.

ATTACHMENT(S): A mockup of the possible new bill, which is tentatively identical to the amendments that were proposed to the Assembly Appropriations Committee for AB 254 (please see Analysis/Discussion section).

PREPARED: Christofer Arroyo, February 3, 2012

Amendments Mock-up for 2011-2012 AB254 (Beall (A))

******* Amendments are in BOLD *******

**Mock-up based on Version Number 98 - Amended Assembly 1/4/12
Submitted by: Eric Gelber, Assembly Human Services**

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 4646.5 of the Welfare and Institutions Code is amended to read:

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, his or her parents and other family members, his or her friends, advocates, 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 his or her 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 his or her life, acquire increasingly positive roles in community life, and develop competencies to help accomplish these goals.

(3) When 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) When developing an individual program plan for a transition age youth or working age adult, the regional center shall be guided by the Employment First Policy described in Chapter 14 (commencing with Section 4868). ~~Beginning when a consumer is 14 years of age, the planning team shall discuss school-to-work opportunities during individual program plan meetings, and the regional center representative shall inform the consumer, parent, legal guardian, or conservator that the regional center is available, upon request, to participate in~~

~~*the consumer's individualized education plan meetings to discuss and coordinate transition planning with the school district.*~~

~~(4)~~

(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.

~~(5)~~

(6) When agreed to 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 (d) of Section 4548 and subdivision (e) of Section 4705, a review of the general health status of the adult or child including a 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 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.

~~(6)~~

(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.

~~(7)~~

(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, where appropriate, the consumer's parents, legal guardian, or conservator requests an individual program plan review, the individual program shall be reviewed within 30 days after the request is submitted.

(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 Organization of Area Boards shall prepare training material and a standard format and instructions for the preparation of individual program plans, which embodies 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 assure that these plans are being developed and modified in compliance with Section 4646 and this section.

~~SECTION 1.~~

~~Section 4646.5 of the Welfare and Institutions Code is amended to read:~~

~~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, his or her parents and other family members, his or her friends, advocates, 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 his or her 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 his or her life, acquire increasingly positive roles in community life, and develop competencies to help accomplish these goals.

(3) When 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) When developing an individual program plan for a transition age youth or working age adult, the regional center shall be guided by the Employment First Policy described in Chapter 14 (commencing with Section 4868). Beginning when a consumer is 14 years of age, the planning team shall discuss school-to-work opportunities during individual program plan meetings, and the regional center representative shall inform the consumer, parent, legal guardian, or conservator that the regional center is available, upon request, to participate in the consumer's individualized education plan meetings to discuss transition planning.

(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 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.

(6) When agreed to 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 (d) of Section 4548 and subdivision (e) of Section 4705, a review of the general health status of the adult or child including a 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 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 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, where appropriate, the consumer's parents, legal guardian, or conservator requests an individual program plan review, the individual program shall be reviewed within 30 days after the request is submitted.

~~(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 Organization of Area Boards shall prepare training material and a standard format and instructions for the preparation of individual program plans, which embodies 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 assure that these plans are being developed and modified in compliance with Section 4646 and this section.~~

SEC. 2. Section 4868 of the Welfare and Institutions Code is amended to read:

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) 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 ~~an Employment First Policy, a policy with the intended outcome of which is a significant increase in~~ *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 ~~Employment First Policy~~ *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, ~~“integrated~~ *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” shall have the same definition as~~ *means “integrated work” as defined in subdivision (o) of Section 4851, microenterprises, self-employment, and supported employment, as defined in subdivision (n) of Section 4851.*

(3) *“Microenterprises” means small businesses owned by individuals with developmental disabilities who have control and responsibility for decisionmaking and overseeing of 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 ~~Employment First Policy~~ *policy* described in paragraph (4) of subdivision (c).

~~SEC. 2.~~ *SEC. 3.* Section 4869 is added to the Welfare and Institutions Code, to read:

~~4869.~~

~~In furtherance of the Employment First Policy established pursuant to this chapter, the individual program plan process for working age adults shall address integrated employment opportunities, while respecting the consumer's right to choose.~~

4869. (a) (1) It is the policy of the state that integrated, competitive employment is the priority outcome for working age individuals with developmental disabilities. This policy shall be known as the Employment First Policy.

(2) This policy is in furtherance of the intent 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.

(3) Implementation of the policy shall be consistent with the rights established pursuant to this division, including the right of people with developmental disabilities to make informed choices with respect to individual program planning and implementation.

(4) Integrated competitive employment is intended to be the first option considered for working age individuals, but individuals may choose goals other than integrated competitive employment.

*(b) Regional centers shall ensure that consumers, beginning at **14 16** years of age, and, where appropriate, their parents, legal guardians, or conservators, are provided with information, in a language that the consumer and, as appropriate, the consumer's representative understand, about the Employment First Policy, about options for integrated competitive employment, and about services and supports, including postsecondary education, available to enable the consumer to transition from school to work, and to achieve the outcomes of obtaining and maintaining integrated competitive employment.*

*(c) The department may request information from regional centers on current and planned activities related to the Employment First Policy, **including data on the numbers of consumers engaged in integrated competitive employment.***

(d) As appropriate, the department shall post information on its Internet Web site pertaining to the Employment First Policy, including technical assistance and training materials, best practices, resources, and regional center specific data, by gender, race, and type and severity of disability, on progress made in increasing the number of consumers in integrated employment, and the number of consumers earning wages at or above minimum wage.

LEGISLATIVE AGENDA ITEM DETAIL SHEET

BILL NUMBER/ISSUE: H.R. 2295 - Workforce Investment Improvement Act of 2011

SUMMARY: Workforce Investment Improvement Act of 2011 - amends the Workforce Investment Act of 1998 (WIA) to revise requirements and reauthorize appropriations for:

1. job training and employment services;
2. adult education and family literacy education programs;
3. workforce investment systems with respect to: (1) state and local planning, allocation, work force investment board membership, and performance accountability; (2) one-stop centers; (3) consolidated funding for adult program activities, including job training, dislocated worker retraining, the employment service system, and reemployment grants; (4) training programs for both out-of-school and in-school youth, including challenge grants; and (5) national job training programs, including the Job Corps and programs for Native Americans, migrant and seasonal farm workers, and veterans;
4. requires the Employment and Training Administration of the Department of Labor to be the principal agency to administer workforce investment systems for job training and employment services and Job Corps;
5. exempts religious organizations- with respect to their employment of individuals of a particular religion- from WIA nondiscrimination requirements;
6. prescribes requirements for the approval of state Workforce Innovation In Regional Economic Development (WIRED) plans for the carrying out of certain workforce development activities;
7. directs the Secretary of Labor to oversee the development, maintenance, and continuous improvement of a nationwide workforce and labor market information system; and
8. revises requirements and reauthorizes appropriations for: (1) vocational rehabilitation services under the Rehabilitation Act of 1973; and (2) the Helen Keller National Center Act.

BACKGROUND: The Workforce Investment Act of 1998 altered the Federal job training programs to develop a new and comprehensive workforce investment and customer focused system. The idea was to help Americans access the tools they need to manage their careers through information and high quality services, and to help U.S. companies find skilled workers. The key elements are:

1. streamlining services through a coherent and coordinated One-Stop Delivery System;

2. empowering individuals through personal training accounts as well as greater level of information and guidance through the one-stop delivery system;
3. linking universal access to one stop system and to core employment information and services;
4. improving quality of the workforce to sustain economic growth, enhance productivity and competitiveness, and reduce welfare dependency;
5. considering strong role for Local Workforce Investment Boards and the private sector;
6. outlining State and local participation with significant authority reserved for the Governor and chief elected officials; and
7. improving youth programs to respond to local labor market *needs* with strong connections between academic and occupational learning.

ANALYSIS/DISCUSSION: H.R. 2295 with its overall structure and comprehensiveness can be used as a starting point to reach the legislative objectives.

The author stated that “my colleagues and I are committed to legislating common sense, conservative solutions to our nation’s job crisis. These bills strengthen job training opportunities for workers and job seekers and build on reforms to improve programs and services to put Americans back to work.” “ The Workforce Investment Improvement Act of 2011 builds on reforms proposed by Republicans in recent years to strengthen and improve programs and services under the Workforce Investment Act (WIA) to put Americans back to work and make the United States more competitive in the 21st century.”

A number of legislators, including Rep. Ruben Hinojosa (D-Texas), Ranking Member, Education and Workforce Subcommittee on Higher Education and Workforce Training expressed concern about the proposed interpretation and suggested collective cooperation to improve and strengthen the nation's public workforce issues and assist millions of American workers who are struggling in this economy and need help to acquire the education and workplace skills necessary to access family-sustaining jobs and get back on track.

COUNCIL STRATEGIC PLAN OBJECTIVE: Goal #14-Public policy in California promotes the independence, productivity, inclusion and self determination of individuals with developmental disabilities and their families. Objective 14a- The Council will take a position on proposed state and federal legislation and proposed regulations that impact people with developmental disabilities, will communicate those positions to legislators and their staff, and will disseminate this information to all interested parties.

PRIOR COUNCIL ACTIVITY: The Council is invested in improving the integrated competitive employment of individuals with developmental disabilities and is

addressing how the Workforce Investment Act can be used to further this goal through the Employment First Committee.

STAFF RECOMMENDATION: Watch H.R.2295

ATTACHMENT: None. HR 2295 is over 300 pages in length and staff has provided an outline of the included provisions. If the bill moves forward and is considered again LPPC, a copy of the entire bill will be provided.

PREPARED: Karim Alipourfard February 2, 2012

LEGISLATIVE AND PUBLIC POLICY AGENDA ITEM DETAIL SHEET

ISSUE: 2012-13 Governor's Budget

BACKGROUND: Each January the Governor issues a proposed State Budget for the coming fiscal year (July-June). On January 15, 2012, Governor Jerry Brown issued his budget proposal. The normal deadline for passage of a new fiscal year budget is June 30th of each year, although the proposed 2012-13 budget assumes that a portion of the proposal will be adopted by the Legislature by March 1, 2012.

ANALYSIS/DISCUSSION: The Governor's 2012-13 budget proposes many reductions that will impact people with developmental disabilities, as well as recognizing the State's \$9.2 billion deficit from the remainder of 2011-12 and projected for 2012-13 and need to make reductions and structural changes.

COUNCIL STRATEGIC PLAN OBJECTIVE: Goal 14- Public policy in California promotes the independence, productivity, inclusion and self determination of individuals with developmental disabilities and their families. Objective 14(a) - The Council will take a position on proposed state and federal legislation and proposed regulations that impact people with developmental disabilities, will communicate those positions to legislators and their staff, and will disseminate this information to all interested parties.

PRIOR COUNCIL ACTIVITY: Historically LPPC has reviewed the Governor's budget and recommended positions on specific proposals to the Council.

STAFF RECOMMENDATION: See attached.

ATTACHMENT: 2012-13 Governor's Budget Position Recommendations

PREPARED: Carol J. Risley January 31, 2012

2012-13 Governor's Budget Position Recommendations

Basic Principles

Staff recommends that prior to adopting positions on individual budget proposals that LPPC act on a set of basic principles as follows:

- ▶ *The Council recognizes the magnitude of California's fiscal crisis and that all Californians will be impacted by balancing the budget, thus individuals with developmental disabilities will likely share in this correction, but should not be expected to assume an inequitable portion of the burden.*
- ▶ *While budget solutions may define and refine the level of entitlement to services and supports in the developmental services system, they must not eliminate the entitlement to access and receive services and supports from the system by eligible individuals and families.*
- ▶ *Budget solutions must not result in people with developmental disabilities having their health and safety negatively impacted, jeopardize their inclusion in the community, force them to become less productive, and/or reduce their ability to direct their own lives and make choices.*
- ▶ *Budget solutions must not violate the basic tenet of the developmental services system as a civil/social rights model rather than medical model, nor reduce the quality of available services.*
- ▶ *Budget solutions must examine the entire state system to seek administrative efficiencies and economies of scale, not just impact direct services to Californians.*
- ▶ *Budget solutions must not violate the basic underpinnings of existing federal and state statutes and court decisions that serve to assure the provision of quality services and supports and protect basic human rights.*

- ▶ *Budget solutions must seek and maximize all available income.*

Department of Developmental Services (DDS)

- ▶ *Budget solutions must be shared by the entire developmental services system, not solely applied to community services, and more specifically purchase of services and supports for individuals with developmental disabilities.*
- ▶ *Budget solutions must protect continuity and avoid developing gaps in the lives and needed services and supports of people with developmental disabilities.*
- ▶ *Budget solutions must not undermine or violate the individual program planning process and outcomes.*
- ▶ *Budget solutions must not increase co-payments or application of income criteria to access services and supports beyond what exist currently.*

Community Services Program

- A total budget of \$4.063 billion representing an increase of \$79.2 million over 2011-12.

This includes increased funding for regional center operations and purchase of services to reflect increased caseload and expenditure data; decreased funding in regional center operations for the ICF-DD State Plan Amendment Administration Fees and day treatment and transportation costs for ICF-DD-H residents; a decrease to reflect updates expenditures in other department's budgets for Adult Day Health Centers and reductions in Medi-Cal caps and co-payments; an increase to reflect the sunset of the 4.25% payment reduction on June 30, 2012; an increase for the Financial Management Services for Participant-Directed Services ; a decrease to reflect a technical adjustment to annualize the cost containment proposals specified in Assembly Bill 104, Chapter 37, and Statutes of 2011; an increase to reflect a fund shift from California First Five Commission to the

general fund (Proposition 10); and a decrease to reflect a trigger reduction of \$200 million general fund to be achieved.

- ▶ Oppose the \$200 million trigger reduction.

As invited participants in the DDS Budget Workgroups, advocate for consistency with the basic principles outlined above.

Revisit this item after DDS issues its proposed plan to absorb the \$200 million trigger reduction.

Developmental Centers

- Estimated average number of residents of 1,533 reflecting a decrease of 226 (12.8%). A total budget of \$559.1 million reflecting a decrease of \$18 million.
 - ▶ Support, however place a moratorium on admissions to developmental centers and allow regional centers necessary flexibility to provide community services and supports for those deflected from developmental center placements.

DEPARTMENT OF SOCIAL SERVICES (CDSS)

In-Home Supportive Services (IHSS)

- Elimination of “domestic and related services” (housework, shopping, and meal preparation) for approximately 254,000 IHSS with some exceptions this would affect recipients whose need for any domestic or related service is “met in common” with other household members, including children under age 18 who live with a parent.
 - ▶ Oppose

- An across-the-board 20 percent reduction in hours of service for the IHSS Program on April 1, 2012. The "trigger cuts" in the 2011-12 budget agreement imposed this reduction on January 1, 2012. A court injunction has thus far prevented the state from reducing hours.
 - ▶ Oppose
- All individuals receiving both Medi-Cal and Medicare benefits (dual eligibles) will be required to enroll in managed care health plans for their Medi-Cal benefits. The IHSS program will operate as it does today during 2012-13; all authorized IHSS benefits will be included in managed care plans. No IHSS savings are estimated to result from this proposal in 2012-13.
 - ▶ Oppose until the details of how this transition will occur and guarantees related how it will operate beyond the first year are identified and reviewed.

DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

- ▶ *All efforts must be made to access and maximize other sources of income including but not limited to:*
 - *Issuing directions to counties regarding the use of state and local funds for Medi-Cal share of costs for California Children's Services (CCS).*
 - *Require that the Consolidated Omnibus Budget Reconciliation Act (COBRA) notices be issued in California to provide information about the Health Insurance Premium Payment Program (HIPPP) for coverage of premium costs of COBRA benefits; and information that receiving an extension of the 11-month disability extension does not require a person to qualify for Social Security benefits.*
 - *Examine other states' successes in ensuring that costs of long-term care are not prematurely shifted from Medicare to Medi-Cal.*

- *Seek payments by health plans to cover their obligations to children with disabilities covered under their parent's group plans.*
- *Require private insurance plans to cover the full cost of wheelchairs and other durable medical equipment.*
- *Pursue federal financial participation for the costs of veterans pharmacy benefits.*

Medi-Cal

- Shifts more than 1 million seniors and people with disabilities who currently qualify for both Medi-Cal and Medicare (dual eligibles) from fee-for-service Medi-Cal into managed care. This proposal would also broaden the scope of managed care services to include In-Home Supportive Services, other home and community-based services, and nursing home care funded by Medi-Cal. These changes would be phased in over a three-year period beginning on January 1, 2013.
 - ▶ **Oppose and revisit when additional details are available regarding how the proposal will be implemented. Specifically oppose the design now being considered to passively enroll all applicable populations, allowing them to "opt out" later; instead support an "opt-in" approach allowing individuals maximum choice.**
- Reduces eligibility for the Medical Therapy Program (MTP). Currently, the program does not require families to meet an income test. Under the proposal, families would be eligible for the MTP only if their income is less than \$40,000 per year or if they also receive services through the California Children's Services (CCS) Program and their CCS expenses exceed 20 percent of their income.
 - ▶ **Oppose, reduces services to children with disabilities.**
- Requires Medi-Cal enrollees to select their health plan during an annual open enrollment period and remain in that plan for a full year. Currently, Medi-Cal enrollees may change their plans every month.
 - ▶ **Oppose.**

DEPARTMENT OF MENTAL HEALTH

Caregivers Resource Centers

- Elimination of all funding (\$2.9 million) for the Caregivers Resource Centers that provide services and supports to individuals with brain injuries.

▶ Oppose

DEPARTMENT OF REHABILITATION (DOR)

Vocational Rehabilitation

- A total budget of \$400.5 million, an increase of \$6 million over 2011-12.

▶ Support

Independent Living Services

- A total budget of \$20.6 million, a decrease of \$86,000 over 2011-12.

▶ Support

CALIFORNIA DEPARTMENT OF EDUCATION (CDE)

Special Education

- Reduces 2011-12 funding for special education programs by \$24.3 million to reflect increased property tax revenue allocated to school districts due to the phase out of redevelopment agencies.

▶ Support
- Increases special education funding by \$12.3 million to reflect enrollment growth.

▶ Support

CALIFORNIA COMMUNITY COLLEGES (CCC)

- Consolidate funding for nearly all categorical programs and allow community colleges to use the funds for any purpose.
 - ▶ Oppose if the Disabled Students program is included in the consolidation.

SCDD Legislative Update

AB 13

(Knight R) Public school volunteers.

Introduced: 12/6/2010

Last Amend: 5/11/2011

Status: 7/8/2011-Failed Deadline pursuant to Rule 61(a)(10). (Last location was ED. on 6/29/2011)

Location: 7/8/2011-S. 2 YEAR

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law authorizes any person, except a person required to register as a sex offender pursuant to a designated provision, to be permitted by the governing board of a school district to serve as a nonteaching volunteer aide under the immediate supervision and direction of certificated personnel of the district to perform noninstructional work that serves to assist the certificated personnel of the district in their teaching and administrative responsibilities. Existing law authorizes a school district or county office of education to request that a local law enforcement agency conduct an automated records check of a prospective nonteaching volunteer aide in order to ascertain whether the prospective nonteaching volunteer aide has been convicted of a designated sex offense. This bill would specify that each of these provisions applies to charter schools. The bill would also authorize a school district, county office of education, or charter school to request a local law enforcement agency to conduct an automated records check of a prospective nonteaching volunteer aide in order to ascertain whether that person has been convicted of a felony controlled substance offense that involves a minor or a violent or serious felony, as specified. The bill would additionally prohibit persons who have been convicted of violent or serious felonies, specified sex offenses, or felony controlled substance offenses, as specified, from serving as nonteaching volunteer aides, but would provide that a person would not be prohibited from serving as a nonteaching volunteer aide solely because of a conviction of a controlled substance offense that involves a minor or a violent or serious felony 5 years after the date of that conviction. This bill contains other existing laws.

Position

AB 27

(Gorell R) State budget.

Introduced: 12/6/2010

Status: 2/1/2012-Died pursuant to Art. IV, Sec. 10(c) of the Constitution. From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 2/1/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Under existing law, no bill other than the Budget Bill may be heard or acted upon by a committee or either house of the Legislature until the 31st day after the bill is introduced, unless the house dispenses with this requirement via a 3/4 vote. This bill would require that the Budget Bill be in print and posted on a publicly accessible Internet Web site for 72 hours before it could be passed and sent to the Governor. This bill contains other related provisions and other existing laws.

Position

AB 39

(Beall D) Special education: funding.

Introduced: 12/6/2010

Status: 2/1/2012-Died pursuant to Art. IV, Sec. 10(c) of the Constitution. From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 2/1/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63, establishes the Mental Health Services Fund to fund specified county mental health programs. The act provides that all moneys in the Mental Health Services Fund are continuously appropriated to the State Department of Mental Health. The act may be amended only by a 2/3 vote of both houses of the Legislature and only so long as the amendment is consistent with and furthers the intent of the act. This bill would require the department to allocate \$57,000,000 of those moneys to county mental health departments for purposes of providing special education services, thereby making an appropriation. The bill also would require the Superintendent of Public Instruction and county mental health directors to jointly convene a technical working group to develop a transitional program to transfer the responsibilities associated with providing special education services from county mental health departments to the State Department of Education. This bill contains other related provisions.

Position

AB 40 (Yamada D) Elder abuse: reporting.

Introduced: 12/6/2010

Last Amend: 3/21/2011

Status: 7/8/2011-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HUM. S. on 6/14/2011)

Location: 7/8/2011-S. 2 YEAR

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: The Elder Abuse and Dependent Adult Civil Protection Act establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. The act requires certain persons, called mandated reporters, to report known or suspected instances of elder or dependent adult abuse. The act requires a mandated reporter, and authorizes any person who is not a mandated reporter, to report the abuse to the local ombudsman or the local law enforcement agency if the abuse occurs in a long-term care facility. Failure to report physical abuse and financial abuse of an elder or dependent adult under the act is a misdemeanor. This bill would, instead, require the mandated reporter, and authorize any person who is not a mandated reporter, to report the abuse to both the local ombudsman and the local law enforcement agency. This bill contains other related provisions and other existing laws.

Position
support with
Amendments

AB 43 (Monning D) Medi-Cal: eligibility.

Introduced: 12/6/2010

Last Amend: 5/27/2011

Status: 2/2/2012-Referred to Com. on HEALTH.

Location: 2/2/2012-S. HEALTH

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. This bill would require the department to establish, by January 1, 2014, eligibility for Medi-Cal benefits for any person who meets these eligibility requirements. This bill would permit the department, to the extent permitted by federal law, to phase in coverage for those individuals. This bill contains other related provisions and other existing laws.

Position

AB 59 (Swanson D) Family and medical leave.

Introduced: 12/7/2010

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law, the Moore-Brown-Roberti Family Rights Act, makes it an unlawful employment practice for an employer, as defined, to refuse to grant a request by an eligible employee to take up to 12 workweeks of unpaid protected leave during any 12-month period (1) to bond with a child who was born to, adopted by, or placed for foster care with, the employee, (2) to care for the employee's parent, spouse, or child who has a serious health condition, as defined, or (3) because the employee is suffering from a serious health condition rendering him or her unable to perform the functions of the job. Under the act, "child" means a biological, adopted, foster, or stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under 18 years of age or an adult dependent child. The act defines "parent" to mean the employee's biological, foster, or adoptive parent, stepparent, legal guardian, or other person who stood in loco parentis to the employee when the employee was a child. This bill would increase the circumstances under which an employee is entitled to protected leave pursuant to the Family Rights Act by (1) eliminating the age and dependency elements from the definition of "child," thereby permitting an employee to take protected leave to care for his or her independent adult child suffering from a serious health condition, (2) expanding the definition of "parent" to include an employee's parent-in-law, and (3) permitting an employee to also take leave to care for a seriously ill grandparent, sibling, grandchild, or domestic partner, as defined.

Position

AB 73

(Feuer D) Dependency proceedings: public access.

Introduced: 12/21/2010

Last Amend: 4/14/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides that the public shall not be admitted to a juvenile court hearing in a dependency proceeding, unless requested by a parent or guardian and consented to or requested by the minor concerning whom the petition has been filed. Existing law permits the judge or referee to admit those persons as he or she deems to have a direct and legitimate interest in the particular case or the work of the court. This bill would require, contingent upon the securing of private funding, the Judicial Council to establish a 4-year pilot project in 3 counties to create a presumption that juvenile court hearings in juvenile dependency cases be open to the public, unless the court finds that admitting the public would not be in a child's best interest, as provided. The bill would require the Judicial Council to contract with an independent organization to conduct an evaluation and prepare a report to the Legislature regarding the results of the pilot project, as specified. The bill would also include a related statement of legislative findings and declarations.

Position

AB 92

(Blumenfield D) 2011-12 Budget.

Introduced: 1/10/2011

Last Amend: 2/28/2011

Status: 2/1/2012-Died pursuant to Art. IV, Sec. 10(c) of the Constitution. From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 2/1/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: This bill would make appropriations for support of state government for the 2011-12 fiscal year. This bill contains other related provisions.

Position

AB 154

(Beall D) Health care coverage: mental health services.

Introduced: 1/18/2011

Last Amend: 1/23/2012

Status: 1/26/2012-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/26/2012-S. RLS.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Under existing law, a health care service plan contract and a health insurance policy are required to provide coverage for the diagnosis and treatment of severe mental illnesses of a person of any age. Existing law does not define the term "severe mental illnesses" for this purpose but describes it as including several conditions. This bill would expand this coverage requirement for certain health care service plan contracts and health insurance policies issued, amended, or renewed on or after January 1, 2013, to include the diagnosis and treatment of a mental illness of a person of any age and would define mental illness for this purpose as a mental disorder defined in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV), including substance abuse but excluding nicotine dependence and specified diagnoses defined in the manual, subject to regulatory revision, as specified. The bill would specify that this requirement does not apply to a health care benefit plan, contract, or health insurance policy with the Board of Administration of the Public Employees' Retirement System unless the board elects to purchase a plan, contract, or policy that provides mental health coverage. This bill contains other related provisions and other existing laws.

Position

support with
Amendments

AB 170

(Jeffries R) Developmental services: regional centers: Inland Regional Center.

Introduced: 1/20/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide support and services to individuals with developmental disabilities. This bill would state the intent of the Legislature to enact legislation that would divide the Inland Regional Center, which serves Riverside and San Bernardino counties, into 2 separate regional centers that independently serve their respective communities.

Position
Oppose Unless
Amended

AB 171 (Beall D) Pervasive developmental disorder or autism.

Introduced: 1/20/2011

Last Amend: 1/23/2012

Status: 1/26/2012-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/26/2012-S. RLS.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides for licensing and regulation of health care service plans by the Department of Managed Health Care. A willful violation of these provisions is a crime. Existing law provides for the regulation of health insurers by the Insurance Commissioner. Existing law requires health care service plan contracts and health insurance policies to provide coverage for the diagnosis and treatment of severe mental illnesses, including pervasive developmental disorder or autism, under the same terms and conditions applied to other medical conditions, as specified. Commencing July 1, 20 12, and until July 1, 2014, existing law requires health care service plan contracts and health insurance policies to provide coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism. This bill would require health care service plan contracts and health insurance policies to provide coverage for the screening, diagnosis, and treatment , other than behavioral health treatment, of pervasive developmental disorder or autism . The bill would, however, provide that no benefits are required to be provided that exceed the essential health benefits that will be required under specified federal law. The bill would prohibit health care service plans and health insurers from denying, terminating, or refusing to renew coverage solely because the individual is diagnosed with or has received treatment for pervasive developmental disorder or autism . Because the bill would change the definition of a crime with respect to health care service plans, it would thereby impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position
Support

AB 181 (Portantino D) Foster youth: mental health bill of rights.

Introduced: 1/24/2011

Last Amend: 4/28/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides that, when a child is removed from his or her family by the juvenile court, placement of the child in foster care should secure, as nearly as possible, the custody, care, and discipline equivalent to that which should have been given the child by his or her parents. Existing law provides enumerated rights for children who are placed in foster care. Existing law establishes the Office of the State Foster Care Ombudsperson to disseminate specified information, including the stated rights of foster youth, and to investigate and attempt to resolve complaints made by or on behalf of children placed in foster care, related to their care, placement, or services. This bill would enumerate rights for foster youth relating to mental health services. The bill would require the office, in consultation with various entities, to develop, no later than July 1, 2012, standardized information explaining the rights specified and to distribute this information to foster youth.

Position
Support if
Amended

AB 254 (Beall D) Developmental services: Employment First Policy.

Introduced: 2/3/2011

Last Amend: 1/4/2012

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was APPR. SUSPENSE FILE

on 1/19/2012)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: The Lanterman Developmental Disabilities Services Act authorizes the State Department of Developmental Services to contract with regional centers to provide support and services to individuals with developmental disabilities. The services and supports to be provided to a regional center consumer are contained in an individual program plan (IPP), developed in accordance with prescribed requirements. This bill would revise the definition of integrated employment to include supported employment, microenterprises, and self-employment, as defined. This bill contains other related provisions and other existing laws.

Position

Support

AB 269

(Ma D) Charter schools: pupil health and safety.

Introduced: 2/7/2011

Last Amend: 5/4/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: The Charter Schools Act of 1992 permits teachers and parents to petition the governing board of a school district to approve a charter school to operate independently from the existing school district structure as a method of accomplishing, among other things, improved pupil learning. This bill would require a charter school to comply with all laws governing the health and safety of pupils and school employees. To the extent this bill would impose additional duties on charter schools, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

AB 305

(Furutani D) Dymally-Alatorre Bilingual Services Act.

Introduced: 2/9/2011

Last Amend: 3/17/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law, the Dymally-Alatorre Bilingual Services Act, requires that state agencies that serve a substantial number of non-English-speaking people employ a sufficient amount of bilingual persons in order to provide certain information and render certain services in a language other than English. The act requires each state agency to conduct a survey of its local offices every 2 years regarding their public contact positions and the provision of bilingual services, as specified. The act requires the State Personnel Board to compile the results of the survey and provide it in a report to the Legislature every 2 years. This bill would revise and expand the duties of the State Personnel Board with regard to the surveys and implementation plans, and the report required to be submitted by the board. This bill would require state agencies to use specified criteria to determine whether the state agency serves a substantial number of non-English-speaking people for purposes of the act.

Position

AB 350

(Solorio D) Displaced Janitor Opportunity Act.

Introduced: 2/10/2011

Last Amend: 9/2/2011

Status: 9/10/2011-Read third time. Refused passage. (Ayes 17. Noes 18. Page 2488.).

Location: 9/6/2011-S. THIRD READING

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law, the Displaced Janitor Opportunity Act, requires contractors and subcontractors, that are awarded contracts or subcontracts by an awarding authority to provide janitorial or building maintenance services at a particular job site or sites, to retain, for a period of 60 days, certain employees who were employed at that site by the previous contractor or subcontractor. The act requires the successor contractors and subcontractors to offer continued employment to those employees retained for the 60-day period if their performance during that 60-day period is satisfactory. The act authorizes an employee who was not offered employment or who has been

discharged in violation of these provisions by a successor contractor or successor subcontractor, or an agent of the employee, to bring an action against a successor contractor or successor subcontractor in any superior court of the state having jurisdiction over the successor contractor or successor subcontractor, as specified. This bill would rename the act the Displaced Property Service Employee Opportunity Act and make the provisions of the act applicable to property services, which would consist of licensed security, as defined, window cleaning, food cafeteria and dietary services, janitorial services, and building maintenance services. This bill would exclude from the definitions of "contractor" and "subcontractor" specified types of food service providers. The bill also would make conforming changes.

Position

AB 367 (Smyth R) Board of Behavioral Sciences: reporting.

Introduced: 2/14/2011

Last Amend: 1/4/2012

Status: 1/26/2012-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/26/2012-S. RLS.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Under existing law, the Board of Behavioral Sciences is responsible for the licensure and regulation of marriage and family therapists, licensed educational psychologists, clinical social workers, and licensed professional clinical counselors. Existing law requires certain healing arts boards to report to the State Department of Health Care Services specified licensure information relating to any person whose license has been revoked, suspended, surrendered, or made inactive by the licensee in order to prevent state reimbursement for services provided after the cancellation of a license. This bill would, on and after July 1, 2013, make that reporting requirement applicable to the Board of Behavioral Sciences.

Position

AB 369 (Huffman D) Health care coverage: prescription drugs.

Introduced: 2/14/2011

Status: 1/26/2012-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/26/2012-S. RLS.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Commonly referred to as utilization review, existing law governs the procedures that apply to every health care service plan and health insurer that prospectively, retrospectively, or concurrently reviews and approves, modifies, delays, or denies, based on medical necessity, requests by providers prior to, retrospectively, or concurrent with, the provision of health care services to enrollees or insureds, as specified. This bill would impose specified requirements on health care service plans or health insurers that restrict medications for the treatment of pain pursuant to step therapy or fail first protocol. The bill would authorize the duration of any step therapy or fail first protocol to be determined by the prescribing physician and would prohibit a health care service plan or health insurer from requiring that a patient try and fail on more than two pain medications before allowing the patient access to other pain medication prescribed by the physician, as specified. This bill contains other related provisions and other existing laws.

Position

AB 391 (Pan D) Secondhand dealers and pawnbrokers: electronic reporting.

Introduced: 2/14/2011

Last Amend: 1/23/2012

Status: 2/2/2012-Re-referred to Com. on PUB. S.

Location: 2/2/2012-S. PUB. S.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law generally requires secondhand dealers and coin dealers, as defined, to report specified transactions to the local law enforcement agency where their businesses are located. Under existing law, secondhand dealers and coin dealers are required to report this information using an electronic reporting system 12 months after the Department of Justice develops that system. This bill would instead require that secondhand dealers and coin dealers report this information using the electronic reporting system on and after the date that the system is implemented. This bill contains

other related provisions and other existing laws.

Position

AB 419 (Mitchell D) Care facilities.

Introduced: 2/14/2011

Last Amend: 4/28/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Under existing law, the State Department of Social Services licenses and regulates community care facilities, residential care facilities for persons with chronic life-threatening illness, residential care facilities for the elderly, and child day care facilities. This bill would require the department to conduct an unannounced inspection of a care facility using prescribed inspection protocols at least once each year and as often as necessary to ensure the quality of care provided, except for family day care centers which the department would be required to inspect using prescribed inspection protocols, at minimum, once every 2 years and as often as necessary to ensure the quality of care provided. This bill would also require the department to convene a specified workgroup to review the implementation of the annual inspection protocols, as prescribed, and would require the department to include certain information about the annual inspection protocols in the department's annual report to the relevant Senate and Assembly budget subcommittees. This bill contains other related provisions and other existing laws.

Position

AB 443 (Bonilla D) Children with disabilities: insurance coverage.

Introduced: 2/15/2011

Last Amend: 3/31/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law requires that every individual with exceptional needs, as defined, who is eligible be provided with educational instruction, services, or both, at no cost to his or her parent or guardian or, as appropriate, to him or her. A free appropriate public education is required to be made available to individuals with exceptional needs in accordance with specified federal regulations adopted pursuant to the federal Individuals with Disabilities Education Act. Existing law requires counties to coordinate the service responsibilities of this requirement, including assessment and the provision of necessary services. This bill would require the county, upon referral and during the individualized education program planning process, to ask the parent or legal guardian of the child or youth whether the child or youth is covered by a private health insurance provider and, if the child or youth has private health insurance, would authorize the county or other provider to seek reimbursement from that insurance company for medically necessary services provided to the child or youth. By imposing additional duties on counties, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

AB 479 (Nestande R) CalWORKs.

Introduced: 2/15/2011

Last Amend: 1/4/2012

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was HUM. S. on 1/10/2012)

Location: 1/13/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing federal law provides for allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Existing law provides that a parent or caretaker relative shall not be eligible for CalWORKs aid when he or she has received aid for a cumulative total of 48 months. This bill would, instead, provide that an assistance unit shall not be eligible for aid under CalWORKs when any member of the assistance unit has received aid for a cumulative total of 48 months. This bill would provide for continued aid after the 48-

month time limit for a child who is a member of an assistance unit that no longer qualifies for aid, if the child's parent or caretaker relative complies with applicable work requirements, as specified. This bill would also make various conforming changes. Because counties determine eligibility for the CalWORKs program, by increasing county duties, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

AB 493 (Perea D) Registered sex offenders: community care facilities.

Introduced: 2/15/2011

Last Amend: 1/4/2012

Status: 1/4/2012-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HUMAN S.

Location: 1/4/2012-S. HUM. S.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law, the Sex Offender Registration Act, requires persons convicted of specified sex offenses to register with local authorities for life while residing, located, attending school, or working in California. Willful failure to register, as required, is a misdemeanor, or a felony, depending on the underlying offense. Existing law provides for the licensing and regulation of various community care and child care facilities by the State Department of Social Services. This bill would prohibit a person required to register under the act from residing, except as specified, working, or volunteering in specified homes or facilities licensed by the State Department of Social Services or a county child welfare services agency, as specified. Violation of this prohibition would be a misdemeanor. This bill contains other related provisions and other existing laws.

Position

AB 508 (Swanson D) Displaced public transit, solid waste handling, and recycling services employees.

Introduced: 2/15/2011

Status: 8/26/2011-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 6/23/2011)

Location: 8/26/2011-S. 2 YEAR

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law requires a local government agency letting a public transit service contract out to bid to give a bidding preference for contractors and subcontractors who agree to retain, for a period of at least 90 days, certain employees who were employed to perform essentially the same services by the previous contractor or subcontractor. Under this law, contractors or subcontractors who agree to retain employees must offer employment to those employees except for reasonable and substantiated cause. Additionally, the law provides that if a successor contractor or subcontractor determines that fewer employees are needed than under the prior contract, qualified employees must be retained by seniority within the job classification. Further, the existing contractor, when required by the awarding authority, must provide employment information relating to wage rates, benefits, dates of hire, and job classifications of employees under the existing service contract to the awarding authority or a successor contractor. This bill would add employees of solid waste handling and recycling contractors and subcontractors to those provisions. By requiring local agencies to give a bidding preference to such contractors and subcontractors, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

AB 518 (Wagner R) Elder and dependent adult abuse: mandated reporters.

Introduced: 2/15/2011

Last Amend: 3/23/2011

Status: 8/26/2011-Failed Deadline pursuant to Rule 61(a)(11). (Last location was B. & F. on 5/26/2011)

Location: 8/26/2011-A. 2 YEAR

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse, including, but not limited to financial abuse, as defined. These procedures require persons, defined as mandated reporters, to report known or suspected instances of elder or dependent adult abuse. A violation of the reporting requirements by a mandated reporter is a misdemeanor. Existing law, which will be repealed on January 1, 2013, defines who is a mandated reporter of suspected financial abuse

of an elder or dependent adult. A violation of the financial abuse reporting requirements is subject to civil penalties. This bill would delete the January 1, 2013, repeal date and make conforming changes .

Position
Support

AB 519 (Hernández, Roger D) Pupil discipline: restraint and seclusion.

Introduced: 2/15/2011

Last Amend: 1/4/2012

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was ED. on 1/4/2012)

Location: 1/13/2012-A. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law prohibits a person employed by or engaged in a public school to inflict, or cause to be inflicted, corporal punishment upon a pupil. This bill would authorize an educational provider, as defined, to use physical or mechanical restraint or seclusion, as defined, if specified conditions are met. The bill would require a seclusion room utilized by an educational provider to fulfill specified safety requirements. The bill would prohibit an educational provider from depriving a pupil of sleep, food, hydration, or access to bathroom facilities and from utilizing specified restraint and seclusion techniques, including, but not limited to, using chemical restraint, as defined, using an improvised mechanical restraint device, and using physical or mechanical restraint techniques that restrict breathing. The bill would require the State Department of Education to establish a mandatory system of data collection regarding the use of physical and mechanical restraint and seclusion that is consistent, timely, and publicly accessible. The bill would require an educational provider to annually report the data required to be collected to the department and would require the reported data to include the name of the educational provider and other specified information. To the extent that the data collection and reporting requirements would impose new duties on local educational agencies not required by federal law, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position
support with
Amendments

AB 533 (Yamada D) Area agencies on aging: independent living centers: funding.

Introduced: 2/15/2011

Status: 2/1/2012-Died pursuant to Art. IV, Sec. 10(c) of the Constitution. From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 2/1/2012-A. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law designates area agencies on aging as local units on aging in California, which are financially supported by a variety of sources, including federal funding, state and local government assistance, the private sector, and individual contributions. This bill would continuously appropriate from the Federal Trust Fund, in the absence of enactment of the annual Budget Act by July 1 of a fiscal year, (1) to the California Department of Aging, the amount of federal funds contained in the Federal Trust Fund necessary to pay area agencies on aging for the administration of programs under their jurisdiction, and (2) to the Department of Rehabilitation, the amount of federal funds contained in the Federal Trust Fund necessary to pay independent living centers for the administration of programs under their jurisdiction, pending enactment of the Budget Act. This bill contains other related provisions and other existing laws.

Position
support with
Amendments

AB 594 (Yamada D) California Department of Aging and Adult Services.

Introduced: 2/16/2011

Last Amend: 4/4/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-A. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides various services to persons with disabilities and older adults, which are overseen by the State Department of Social Services, including the In-Home Supportive Services program, and the development of guidelines in the implementation of local adult protective services programs, to assist them in living in the community instead of being placed in a facility. Existing law also vests in the Department of Rehabilitation the responsibility and authority for various programs, including the encouragement of the planning, development, and funding of independent living centers.

Under existing law, the State Department of Mental Health is responsible for the administration of programs that serve older adults and persons with disabilities, including caregiver resource centers and the Statewide Resources Consultant. Existing law also establishes various programs under the jurisdiction of the California Department of Aging. This bill would enact the Community Care Modernization Act of 2011. The bill would establish the California Department of Adult and Aging Services in the California Health and Human Services Agency, for the purpose of maintaining individuals in their own homes, or the least restrictive homelike environments for as long as possible, by integrating services under a single agency, to establish stronger, more focused leadership for home- and community-based services for all older adults and persons with disabilities. The bill would provide for the appointment of the director of the department by the Governor, and would specify the director's duties. This bill would require the department to convene a stakeholder committee to assist the department in coordinating with other state agencies to transfer programs to the department, as specified. This bill contains other related provisions.

Position
Watch

AB 652

(Mitchell D) Child health.

Introduced: 2/16/2011

Last Amend: 5/10/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was APPR. on 1/19/2012)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law creates the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health, dental, and vision benefits to eligible children pursuant to a federal program, the State Children's Health Insurance Program. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Under existing law, one of the methods by which Medi-Cal is provided is pursuant to contracts with various types of managed care plans. Existing law provides for a schedule of benefits under the Medi-Cal program and provides for various services provided to children, including, among others, early and periodic screening, diagnosis, and treatment for any individual under 21 years of age. This bill would provide that an initial health assessment, as defined, and a forensic medical evaluation, as defined, shall be covered benefits under health care service plans licensed pursuant to the Knox-Keene Act, and would require these health care service plans, plans providing services under the Healthy Families Program, and Medi-Cal managed care plans, as defined, to make payments to providers for these services, as specified. This bill would authorize a county board of supervisors to, upon a motion made at the request of a local child welfare agency, excuse the plans specified above from the obligation to provide coverage of, or payment for, initial health assessments or forensic medical evaluations provided to children who are residents of that county if the county welfare agency has made sufficient alternative arrangements to ensure that the services are provided and that payment is made to providers for these services. Because a willful violation of the bill's provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

AB 663

(Morrell R) Elections: voter identification.

Introduced: 2/17/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law requires that a person desiring to vote announce his or her name and address to the precinct board member at the polling place and then write the information in the roster of voters, except for specified exceptions. This bill would require a person desiring to vote to produce and show proof of identification, as defined, to the precinct worker at the polling place. This bill would also provide for a voter to cast a provisional ballot if the voter declines to provide, or is otherwise unable to provide, sufficient proof of identification. This bill would also provide exemptions from the requirement to provide proof of identification for voters residing in state-licensed care facilities that are used as polling places, vote by mail and special absentee voters who cast their ballots by mail, and voters who establish a religious objection to being photographed. This bill would also provide that, for purposes of complying with the proof of identification requirement, a registered voter could

obtain a state-issued identification card from the Department of Motor Vehicles at no cost. This bill contains other related provisions and other existing laws.

Position

AB 719

(Block D) Special education: funding.

Introduced: 2/17/2011

Last Amend: 5/11/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law, until July 1, 2011, requires the Superintendent of Public Instruction to make prescribed computations each fiscal year to determine an adjusted entitlement to be apportioned to each special education local plan area for each incidence of disability. This bill would instead provide that these provisions would remain in effect indefinitely by deleting the repeal date. This bill would require the Superintendent, on or before January 31, 2012, to update the incidence multiplier used to determine the adjusted entitlement of each special education local plan area using data collected in or after 2008. The bill would require the Superintendent to allocate funds increasingly based upon calculations made using the updated incidence multiplier for the 2011-12 to 2015- 16 fiscal years, inclusive, as specified. The bill would provide that this funding is contingent upon an appropriation made in the annual Budget Act or an appropriation contained in another measure .

Position

AB 733

(Ma D) Pupil records: privacy rights.

Introduced: 2/17/2011

Last Amend: 6/16/2011

Status: 7/5/2011-In Senate. Held at Desk.

Location: 7/5/2011-S. DESK

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law prohibits a school district from permitting access to pupil records to any person without written parental consent or judicial order, except as provided. This bill would make various changes to these pupil record provisions to conform them to federal law.

Position

AB 774

(Campos D) Health facilities: licensure.

Introduced: 2/17/2011

Last Amend: 4/12/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides for the licensure of health facilities by the State Department of Public Health. Existing law requires that the licensure requirements for professional personnel, including psychologists, clinical social workers, and marriage and family therapists, among others, in state and other governmental health facilities, be not less than for those in privately owned health facilities. The department may grant a waiver from licensure requirements for persons in the professions of psychology, marriage and family therapy, or clinical social work who are employed in publicly operated health facilities who are gaining qualifying experience for licensure. The waiver cannot exceed 3 years from the commencement of employment in the state in the case of psychologists or 4 years for marriage and family therapists or clinical social workers, with one additional year to be granted to marriage and family therapists or clinical social workers under extenuating circumstances. Existing law requires the department to grant the extension of a waiver for extenuating circumstances if specified conditions are met. This bill would authorize the State Department of Mental Health to grant the above-described waiver and an extension of the waiver for persons employed in facilities licensed by the State Department of Mental Health . This bill contains other existing laws.

Position

AB 784

(Yamada D) Adult day health care.

Introduced: 2/17/2011

Last Amend: 8/23/2011

Status: 8/23/2011-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.

Location: 8/23/2011-S. HEALTH

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law, the California Adult Day Health Care Act, provides for the licensure and regulation of adult day health care centers, with administrative responsibility for the adult day health care program shared among the State Department of Public Health, the State Department of Health Care Services, and the California Department of Aging pursuant to an interagency agreement . Existing law provides that a negligent, repeated, or willful violation of a provision of the California Adult Day Health Care Act is a misdemeanor . This bill would require an adult day health care center to have a prescribed program plan, as defined. This bill would provide the minimum staffing requirements for an adult day health care center. This bill contains other related provisions and other existing laws.

Position

AB 881

(Cook R) Mental health: involuntary commitment: transportation.

Introduced: 2/17/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Under existing law, when a person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation. Existing law exempts from criminal or civil liability specified people and entities who detain a person for 72-hour treatment and evaluation pursuant to this provision. This bill would authorize a provider of ambulance services, as defined, and the employees of those providers to further detain a person in custody for the purpose of transporting him or her to a county-designated facility, whether or not accompanied by a person otherwise authorized. The bill would also exempt from criminal and civil liability individuals transporting a person for 72-hour treatment and evaluation pursuant to this provision.

Position

AB 888

(Pan D) Pupil health: School Medication Authorization Task Force.

Introduced: 2/17/2011

Last Amend: 3/31/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes a governing board to employ properly certified persons for the work. This bill would establish the School Medication Authorization Task Force, consisting of 10 members who would be appointed by, and serve at the pleasure of, the Superintendent of Public Instruction. The bill would require the task force to provide specified advice regarding the administration of emergency medication to a pupil on a school campus and establish training and supervision standards regarding the administration of medical care in a school setting. The bill would require the task force to follow prescribed procedures relating to its operation.

Position

AB 889

(Ammiano D) Domestic work employees.

Introduced: 2/17/2011

Last Amend: 7/12/2011

Status: 8/26/2011-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/16/2011)

Location: 8/26/2011-S. 2 YEAR

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law regulates the wages, hours, and working conditions of any man, woman, and minor employed in any occupation, trade, or industry, whether compensation is measured by time, piece, or otherwise, except for individuals employed as outside salesmen and individuals participating in specified national service programs. Under existing law, the Industrial Welfare Commission within

the Department of Industrial Relations is authorized to adopt rules, regulations, and orders to ensure that employers comply with those provisions of law. This bill would specially regulate the wages, hours, and working conditions of domestic work employees, as defined. Specifically, this bill would, among other things, provide a private right of action for a domestic work employee when those regulations are violated by his or her employer and provide an overtime compensation rate for domestic work employees. This bill would also expressly state that the provisions of Wage Order Number 15 of the Industrial Welfare Commission, with specified exceptions, apply to a domestic work employee, but would provide that these new domestic work provisions shall prevail over protections in that order or any other law that afford less protection to a domestic work employee. This bill contains other related provisions and other existing laws.

Position

Oppose

AB 899 (Yamada D) Home Care Services Act of 2011.

Introduced: 2/17/2011

Last Amend: 5/11/2011

Status: 2/1/2012-Died pursuant to Art. IV, Sec. 10(c) of the Constitution. From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 2/1/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for the licensing and regulation of various community care facilities by the State Department of Social Services. This bill would enact the Home Care Services Act of 2011 and would provide for the licensure and regulation of home care organizations, as defined, by the State Department of Social Services. The bill would establish home care organizations as being recognized in the health care industry. The bill would impose various licensure requirements on a home care organization and would also impose a civil penalty on an individual or entity that operates a home care organization without a license. The bill would require a home care organization to provide a client with specified information before arranging for the provision of home care services, as defined, to that client, including, but not limited to, the types and hours of available home care services and the extent to which payment may be expected from specified sources. In addition, the home care organization would be required to, among other things, distribute to the client its advance directive policy and provide a written notice to the client of certain rights. The bill would also prohibit a home care organization from hiring an individual as a home care aide unless that individual meets certain requirements, including, but not limited to, demonstrating that he or she has specified language skills. The bill would require a home care organization to conduct background clearances on home care aides, as specified, and to require home care aides to demonstrate they are free of active tuberculosis. The bill would also require a home care organization to conduct regular evaluations of its home care aides, as specified, and to ensure that home care aides demonstrate basic competency in certain areas. The bill would establish the Home Care Organization Fund, would authorize the department to impose various fees to be deposited in that fund, and would make a continuous appropriation from that fund to the department to carry out the provisions of the act. The bill, in addition, would prescribe enforcement procedures and penalties for violations of the act.

Position

AB 908 (Achadjian R) Mental health: state hospitals: safety.

Introduced: 2/17/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for state mental hospitals for the treatment of mentally disordered persons. These hospitals are under the jurisdiction of the State Department of Mental Health, which is authorized by existing law to make regulations regarding the conduct and management of these facilities. This bill would state the intent of the Legislature to enact legislation that would address the safety of staff and other individuals in state hospitals under the jurisdiction of the State Department of Mental Health.

Position

AB 941 (Bradford D) Education.

Introduced: 2/18/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-A. DEAD

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
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Dead	1st House	2nd House	Conc.		
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Summary: Existing law states that each child is a unique person, with unique needs, and that the purpose of the educational system of this state is to enable each child to develop all of his or her own potential. This bill would make a technical, nonsubstantive change to this provision.

Position

AB 1065 (Bradford D) Pupil transfers: records.

Introduced: 2/18/2011

Last Amend: 4/6/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Existing law requires a pupil's former school district , as defined, or private school to transfer the pupil's permanent record, or a copy thereof, upon a request from the school district , as defined, or private school where the pupil intends to enroll. This bill would require the former school district or private school to perform the transfer no later than 5 business days following the date of the request. By imposing a new requirement on school districts and other local educational entities to transfer records within 5 business days, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

AB 1205 (Berryhill, Bill R) Licensed behavior analysts.

Introduced: 2/18/2011

Last Amend: 4/4/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-A. DEAD

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Existing law provides for the licensure and regulation of various healing arts professions and vocations, including, but not limited to, marriage and family therapists, licensed educational psychologists, social workers, and licensed professional clinical counselors by the Board of Behavioral Sciences. This bill would , commencing January 1, 2015, prohibit a person from holding himself or herself out to be a behavior analyst or an assistant behavior analyst unless licensed by the Board of Behavioral Sciences. The bill would require the board to issue a license to a person who meets certain educational requirements and passes an examination administered by the board, the Behavior Analyst Certification Board, or another comparable accredited entity approved by the board, as specified , and is certified by the Behavior Analyst Certification Board, a nonprofit corporation, or another comparable accredited entity approved by the board , as specified, and submits an application and pays fees established by the board. The bill would specify that a license shall expire no later than 24 months after its date of issue, as specified, and is subject to renewal upon the completion of various requirements, including the payment of a renewal fee and the completion of continuing education hours . The bill would describe the services that may be provided by a licensed behavior analyst and a licensed assistant behavior analyst, subject to specified supervision. The bill would authorize the board to regulate these licensees and to enforce these provisions.

Position

Oppose

AB 1224 (Committee on Veterans Affairs) Employment training panel: 3-year plan: training programs: veterans: National Guard members.

Introduced: 2/18/2011

Status: 1/26/2012-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/26/2012-S. RLS.

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Existing law establishes the Employment Training Panel (ETP) in the Employment Development Department, and prescribes the membership and functions and duties of the ETP with regard to the development and implementation of specified employment training programs. Existing law requires the ETP, among other things, to establish a 3-year plan, as specified, that is required to be updated annually, as provided, and requires that the updated plan be submitted to the Governor and the Legislature not later than January 1 of each year. Existing law requires the ETP, in carrying out its responsibilities related to the plan, to maintain a system to continuously monitor economic and other data required under the plan, and requires that the plan include specified components to

identify and address employment training needs in the state. This bill would additionally require that the plan include a statement describing the employment training goals, objectives, and strategies that may be implemented to support target populations in need of employment training, including military veterans and members of the National Guard.

Position
Support

AB 1230 (Logue R) Health facilities: licensing.

Introduced: 2/18/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for the licensure and regulation of health facilities administered by the State Department of Public Health. A violation of these provisions is a crime. This bill would make technical, nonsubstantive changes in those provisions prescribing the information required to be contained in an application for licensure. This bill contains other existing laws.

Position

AB 1244 (Chesbro D) Developmental services: Self-Determination Program.

Introduced: 2/18/2011

Last Amend: 7/5/2011

Status: 7/8/2011-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HUM. S. on 7/5/2011)

Location: 7/8/2011-S. 2 YEAR

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide support and services to individuals with developmental disabilities. Under existing law, the regional centers purchase needed services and supports for individuals with developmental disabilities through approved service providers or arrange for their provision through other publicly funded agencies. The services and supports to be provided to a regional center consumer are contained in an individual program plan (IPP), developed in accordance with prescribed requirements. Existing law establishes, contingent upon approval of a federal waiver, the Self-Directed Services Program, and requires the program to be available in every regional center catchment area to provide participants, within an individual budget, greater control over needed services and supports. This bill would repeal the provisions establishing the Self-Directed Services Program and would, instead, contingent upon approval of federal Medicaid matching funding, establish the Self-Determination Program to be available in every regional center catchment area to enable individuals with developmental disabilities to exercise their rights to make choices in their own lives, and would make conforming changes. This bill would require that program participants be provided with a capitated individual funding allocation, as prescribed, to be used for the purchase of services and supports necessary to implement the participant's individual program plan. This bill would require the department to establish a risk pool fund to meet the unanticipated needs of participants in the program. This bill would require the department to take all steps necessary to ensure federal financial participation is available for all program services and supports by applying for amendments to a specified federal waiver or by applying for a new waiver.

Position
Support

AB 1337 (Alejo D) Parent and child relationship.

Introduced: 2/18/2011

Last Amend: 1/11/2012

Status: 2/2/2012-Referred to Com. on JUD.

Location: 2/2/2012-S. JUD.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law authorizes any interested party to bring an action at any time for the purpose of determining the existence or nonexistence of the father and child relationship that is presumed under certain circumstances. This bill would require notice of the proceeding to be given, as specified, to the child's relatives within the second degree and to the person having physical custody of the child, if the child's other parent has died and there are no existing court orders or pending court actions involving custody or guardianship of the child.

Position

AB 1375 (Huber D) Developmental services: autism spectrum disorders.

Introduced: 2/18/2011

Last Amend: 5/2/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-A. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide support and services to individuals with developmental disabilities. This bill would require the department to develop guidance for regional centers in regard to the treatment of autism spectrum disorders and to direct the regional centers to fund therapies prescribed by the consumer's clinical practitioner, so long as those therapies can be shown to meet the definition of an evidence-based practice.

Position

Watch

AB 1448 (Furutani D) Home-to-school transportation: appropriation.

Introduced: 1/4/2012

Status: 1/19/2012-Referred to Com. on ED.

Location: 1/19/2012-A. ED.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law authorizes school district governing boards to provide for the transportation of pupils to and from school whenever, in the judgment of the governing board, the transportation is advisable and reasons exist therefor. Existing law also authorizes school district governing boards to purchase or rent and provide for the upkeep, care, and operation of vehicles, or contract and pay for the transportation of pupils to and from school by common carrier or municipally owned transit system, or contract with and pay responsible private parties for the transportation. This bill would express legislative findings and declarations relating to the provision of home-to-school transportation by school districts. The bill would express legislative intent to fund home-to-school transportation to at least the level approved in the Budget Act of 2011. This bill contains other related provisions and other existing laws.

Position

Watch

AB 1452 (Hill D) Vehicles: child passenger restraints.

Introduced: 1/5/2012

Status: 1/19/2012-Referred to Com. on TRANS.

Location: 1/19/2012-A. TRANS.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law requires a public or private hospital, clinic, or birthing center, at the time of discharge of a child, to provide and discuss information on the current law requiring child passenger restraint systems, safety belts, and the transportation of children in rear seats to the parents or the person to whom the child is released if the child is under 8 years of age, but specifies that a public or private hospital, clinic, or birthing center shall not be responsible for the failure of the parent or person to whom the child is released to properly transport the child. This bill would require a public or private hospital, clinic, or birthing center, at the time a child under 8 years of age is discharged, to also provide and discuss contact information relating to obtaining, at no cost or low cost, information and assistance relating to child passenger restraint system requirements, installation, and inspection, including, among other things, the telephone number of the local office of the Department of the California Highway Patrol. Because this bill would expand the definition of an existing crime, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

AB 1453 (Monning D) Essential health benefits.

Introduced: 1/5/2012

Status: 1/19/2012-Referred to Com. on HEALTH.

Location: 1/19/2012-A. HEALTH

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Commencing January 1, 2014, existing law, the federal Patient Protection and Affordable Care Act (PPACA), requires a health insurance issuer that offers coverage in the small group or individual market to ensure that such coverage includes the essential health benefits package, as defined. PPACA requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers. PPACA defines a qualified health plan as a plan that, among other requirements, provides the essential health benefits package. Existing state law creates the California Health Benefit Exchange to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers by January 1, 2014. This bill would require the board of the California Health Benefit Exchange to, by March 1, 2013, submit to the Assembly Committee on Health and the Senate Committee on Health a recommendation for an existing health plan to set the benchmark for items and services to be included in the definition of essential health benefits as contemplated under PPACA and a specified federal bulletin. In developing this recommendation, the bill would require the board to collaborate with the Department of Managed Health Care, the Department of Insurance, and other interested stakeholders and to take into consideration the benefits required to be covered by health care service plans. The bill would require the board to compare and contrast the options presented in a specified federal bulletin and would authorize the board to convene an advisory council to aid in its deliberations.

Position

AB 1463 (Blumenfield D) 2012-13 Budget.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would make appropriations for support of state government for the 2012-13 fiscal year. This bill contains other related provisions.

Position

Watch

AB 1464 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1465 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1466 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1467 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1468 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1469 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1470 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1471 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1472 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1473](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1474](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1475](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1476](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1477](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1478](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1479](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1480](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1481](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1482](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

[AB 1483](#) (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1484 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1485 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1486 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1487 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1488 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1489 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
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Dead	1st House	2nd House	Conc.		
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Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

AB 1490 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House			Conc.				

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

AB 1491 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House			Conc.				

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

AB 1492 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House			Conc.				

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

AB 1493 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House			Conc.				

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

AB 1494 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House			Conc.				

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position
Watch

AB 1495 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1496 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1497 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1498 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1499 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1500 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1501 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1502 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1503 (Committee on Budget) Budget Act of 2012.

Introduced: 1/10/2012

Status: 1/11/2012-From printer. May be heard in committee February 10.

Location: 1/10/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2012.

Position

Watch

AB 1512 (Garrick R) Medi-Cal.

Introduced: 1/12/2012

Status: 1/13/2012-From printer. May be heard in committee February 12.

Location: 1/12/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services under which qualified low-income individuals receive health care benefits. Under existing law, the Director of Health Care Services is required to enter into contracts with managed care plans to provide services under the Medi-Cal program. A Medi-Cal participant is given 30 days following the determination of eligibility to indicate his or her choice of health care options. Under existing law, in counties where the conversion to managed care plan enrollment has occurred, and where the default rate, as defined, is 20% or higher in 2 consecutive months occurring after the conversion, the department is required to conduct a survey of beneficiaries, as specified, and to report the results to the appropriate legislative policy and budget committees. This bill would make technical, nonsubstantive changes to the survey and reporting provisions.

Position

AB 1525 (Allen D) Elder or dependent adult financial abuse: mandated reporters.

Introduced: 1/19/2012

Status: 1/26/2012-Referred to Coms. on AGING & L.T.C. and PUB. S.

Location: 1/26/2012-A. AGING & L.T.C.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law requires a mandated reporter of suspected financial abuse of an elder or dependent adult to report the known or suspected instance of financial abuse to specified entities.

Existing law defines a mandated reporter for these purposes as an employee or officer of a financial institution, as defined. Existing law imposes civil penalties for the failure to report financial abuse, and requires these civil penalties to be recovered in a civil action brought against the financial institution by the Attorney General, district attorney, or county counsel. This bill would include a person or entity engaged in money transmission, as defined, in the definition of a mandated reporter of suspected financial abuse of an elder or dependent adult. This bill contains other related provisions.

Position

AB 1553 (Monning D) Medi-Cal: managed care: exemption from plan enrollment.

Introduced: 1/26/2012

Status: 2/2/2012-Referred to Com. on HEALTH.

Location: 2/2/2012-A. HEALTH

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. One of the methods by which these services are provided is pursuant to contracts with various types of managed care plans. This bill would establish a process that would permit an eligible Medi-Cal beneficiary to receive fee-for-service Medi-Cal, if available, as an alternative to plan enrollment if the beneficiary meets specified criteria.

Position

AB 1554 (Jeffries R) Developmental services: regional centers.

Introduced: 1/26/2012

Status: 2/2/2012-Referred to Com. on HUM. S.

Location: 2/2/2012-A. HUM. S.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide support and services to individuals with developmental disabilities. Existing law requires a regional center to include specified information on its Internet Web site for the purpose of promoting transparency and access to public information that includes specified information. This bill would add prescribed information to this requirement.

Position

AB 1564 (Lara D) Child abuse reporting: mandated reporters: tax-exempt organizations.

Introduced: 1/30/2012

Status: 1/31/2012-From printer. May be heard in committee March 1.

Location: 1/30/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law, the Child Abuse and Neglect Reporting Act, requires a mandated reporter, as defined, to report whenever he or she, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observed a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. Failure to report an incident is a crime punishable by imprisonment in a county jail for a period of 6 months, a fine of up to \$1,000, or by both that imprisonment and fine. Existing law excludes volunteers of public or private organizations whose duties require direct contact with and supervision of children from the list of mandated reporters. Existing law also strongly encourages employers to provide training in child abuse and neglect identification and reporting to their employees who are mandated reporters, and encourages public and private organizations to provide their volunteers whose duties require direct contact with and supervision of children with training in child abuse and neglect identification and reporting. This bill would include volunteers of public or private organizations, including nonprofit organizations, whose duties require direct contact with and supervision of children in the list of individuals who are mandated reporters. The bill would also require employers to provide training in child abuse and neglect identification and reporting to their employees and volunteers who are mandated reporters. This bill contains other related provisions and other existing laws.

Position

AB 1580 (Bonilla D) Health care: eligibility: enrollment.

Introduced: 2/2/2012

Status: 2/2/2012-Read first time. To print.

Location: 2/2/2012-A. PRINT

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for various programs to provide health care coverage to persons with limited financial resources, including the Medi-Cal program and the Healthy Families Program. Existing law establishes the California Health Benefit Exchange (Exchange), pursuant to the federal Patient Protection and Affordable Care Act (PPACA), and specifies the duties and powers of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and facilitating the purchase of qualified health plans through the Exchange. Existing law, the Health Care Reform Eligibility, Enrollment, and Retention Planning Act, operative as provided, requires the California Health and Human Services Agency, in consultation with specified entities, to establish standardized single, accessible application forms and related renewal procedures for state health subsidy programs, as defined, in accordance with specified requirements. Existing law provides that the application or case of an individual screened as not eligible for Medi-Cal on the basis of household income but who may be eligible for Medi-Cal on another basis shall be forwarded to the Medi-Cal program for an eligibility determination. This bill would make technical and clarifying changes to these provisions.

Position

SB 7

(Steinberg D) Medi-Cal: dual eligibles: pilot projects.

Introduced: 12/6/2010

Last Amend: 1/4/2012

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was RLS. on 1/4/2012)

Location: 1/13/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing federal law provides for the federal Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing law, to the extent that federal financial participation is available, and pursuant to a demonstration project or waiver of federal law, requires the department to establish pilot projects in up to 4 counties, to develop effective health care models to provide services to persons who are dually eligible under both the Medi-Cal and Medicare programs. This bill would authorize the department to establish pilot projects in up to 10 counties.

Position

SB 21

(Liu D) Long-term care: assessment and planning.

Introduced: 12/6/2010

Last Amend: 3/25/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for the licensure of various health facilities, including general acute care hospitals, skilled nursing facilities, and intermediate care facilities, and congregate living health facilities by the State Department of Public Health. Certain of these facilities are included under the category of long-term health care facilities, as defined. A violation of these provisions is a crime. Existing law requires each hospital to have in effect a written discharge planning policy and process that requires appropriate arrangements for posthospital care and a process that requires that each patient be informed, orally or in writing, of the continuing care requirements following discharge from the hospital, as specified, and additionally requires specific information to be provided to a patient anticipated to be in need of posthospital care. This bill would require a hospital that is required to provide, as part of its discharge policy, information to patients anticipated to need posthospital care, to provide the information both orally and in writing to the patient and, if necessary, to his or her representative, at the earliest possible opportunity prior to discharge. By changing the definition of an existing crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

SB 60**(Evans D) Mental health: state hospitals.****Introduced:** 12/22/2010**Last Amend:** 5/31/2011**Status:** 8/26/2011-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 7/6/2011)**Location:** 8/26/2011-A. 2 YEAR

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides for state mental hospitals for the care, treatment, and education of the mentally disordered, including Napa State Hospital and Metropolitan State Hospital. These hospitals are under the jurisdiction of the State Department of Mental Health. This bill would delete these provisions governing evaluation and treatment, and instead require a risk evaluation, as specified, upon commitment to any state hospital, of a patient who is being committed pursuant to any provision of the Penal Code. This bill contains other existing laws.

Position**SB 65****(Strickland R) Pupil health: prescription pancreatic enzymes.****Introduced:** 1/6/2011**Status:** 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)**Location:** 1/20/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law establishes the public elementary and secondary school system in this state. Under this system, school districts throughout the state provide instruction to pupils in kindergarten and grades 1 to 12, inclusive, at the public elementary and secondary schools. This bill would further provide that any pupil who has been diagnosed with cystic fibrosis and is required to take, during the regular schoolday, medication prescribed for him or her by a physician or surgeon may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription pancreatic enzymes if the school district receives the appropriate written statements, as prescribed, from the physician or surgeon and the parent, foster parent, or guardian of the pupil. This bill contains other existing laws.

Position**SB 71****(Committee on Budget and Fiscal Review) Budget Act of 2011.****Introduced:** 1/10/2011**Last Amend:** 6/14/2011**Status:** 6/14/2011-From committee with author's amendments. Read second time and amended. Re-referred to Com. on BUDGET.**Location:** 6/14/2011-A. BUDGET

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: SB 69, as proposed by Conference Report No. 1 on March 7, 2011, would make appropriations for the support of state government for the 2011-12 fiscal year. This bill would make revisions to those appropriations in SB 69 for the 2011-12 fiscal year. This bill contains other related provisions.

Position**SB 75****(Committee on Budget and Fiscal Review) California Children and Families Act of 1998: use of funds.****Introduced:** 1/10/2011**Last Amend:** 3/14/2011**Status:** 3/14/2011-From committee with author's amendments. Read second time and amended. Re-referred to Com. on BUDGET.**Location:** 3/14/2011-A. BUDGET

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: The California Children and Families Act of 1998, an initiative measure, requires that the California Children and Families Program, established by the act, be funded by certain taxes imposed on the sale and distribution of cigarettes and tobacco products that are deposited into the continuously appropriated California Children and Families Trust Fund. Existing law requires the fund to be used for the implementation of comprehensive early childhood development and smoking prevention programs. Under existing law, prescribed percentages of moneys allocated and

appropriated from the trust fund are required to be deposited into various accounts for expenditure by the California Children and Families Commission, also known as First 5 California, and to local children and families trust funds, to be expended for various subjects relating to and furthering the goals and purposes of the act. This bill would establish the Children and Families Health and Human Services Fund. The bill would require specified amounts of state and local children and families commission funds to be deposited in the fund for the 2011-12 fiscal year, as specified. Upon appropriation by the Legislature, moneys deposited in the Children and Families Health and Human Services Fund would be used to provide health and human services, including direct health care services, to children from birth through 5 years of age. This bill contains other related provisions and other existing laws.

Position

SB 76 (Committee on Budget and Fiscal Review) Mental Health Services Act.

Introduced: 1/10/2011

Last Amend: 3/14/2011

Status: 3/14/2011-From committee with author's amendments. Read second time and amended. Re-referred to Com. on BUDGET.

Location: 3/14/2011-A. BUDGET

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Existing law contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act provides that it may be amended by the Legislature by a 2/3 vote of each house as long as the amendment is consistent with and furthers the intent of the act, and that the Legislature may also clarify procedures and terms of the act by majority vote. This bill would delete the requirement for these annual reviews and would authorize the commission, instead of the department, to provide technical assistance to the county mental health plans. This bill contains other related provisions and other existing laws.

Position

SB 81 (Committee on Budget and Fiscal Review) Budget Act of 2011.

Introduced: 1/10/2011

Last Amend: 1/30/2012

Status: 2/2/2012-Enrolled and presented to the Governor at 12:30 p.m.

Location: 2/2/2012-S. ENROLLED

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Under existing law, the amount of revenue that a district may collect annually for general purposes, called a revenue limit, is calculated in accordance with various statutory formulas. A basic aid school district is a school district where property tax revenues exceed the revenue limit and the district consequently does not receive a state apportionment. Existing law also expresses legislative intent that basic aid school districts assume categorical funding reductions proportionate to the revenue limit reductions implemented for nonbasic aid school districts in the 2008-09 and 2009-10 fiscal years. Existing law requires calculations to implement the funding reductions, including, in specified circumstances, subtracting an amount determined by multiplying each district's 2011-12 fiscal year total revenue limit, subject to a specified deficit factor and calculated as specified, by 8.92%. This bill would instead require each district's 2011-12 fiscal year total revenue limit to be multiplied by 9.57%. This bill contains other related provisions and other existing laws.

Position

SB 85 (Committee on Budget and Fiscal Review) Education finance.

Introduced: 1/10/2011

Last Amend: 6/14/2011

Status: 6/23/2011-Returned by the Governor at the request of the Senate. Held at desk.

Location: 6/23/2011-S. DESK

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Existing law requires a revenue limit to be calculated for each county superintendent of schools, adjusted for various factors, and reduced, as specified. Existing law reduces the revenue limit for each county superintendent of schools for the 2011-12 fiscal year by a deficit factor of 19.892%.

This bill instead would set the deficit factor for each county superintendent of schools for the 2011-12 fiscal year at 20.041%. This bill contains other related provisions and other existing laws.

Position

SB 95

(Committee on Budget and Fiscal Review) State cash resources.

Introduced: 1/10/2011

Last Amend: 1/30/2012

Status: 2/3/2012-Signed by the Governor

Location: 2/3/2012-S. CHAPTERED

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Existing law establishes the Condemnation Deposits Fund in the State Treasury, consisting of all money deposited in the State Treasury pursuant to the Eminent Domain Law, including interest derived from its investment. Existing law requires the Treasurer to receive all money intended for the fund and to duly receipt for, and safe keep all money in the fund. This bill would instead require the Treasurer to receive and duly account for all money in the fund, and would authorize the Controller to use any money in the fund for cashflow loans to the General Fund, as specified. This bill contains other related provisions and other existing laws.

Position

SB 96

(Committee on Budget and Fiscal Review) Budget Act of 2011.

Introduced: 1/10/2011

Last Amend: 6/28/2011

Status: 6/28/2011-From committee with author's amendments. Read second time and amended. Re-referred to Com. on BUDGET.

Location: 6/28/2011-A. BUDGET

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Existing law requires the Legislature to pass a Budget Bill making appropriations for the support of state government for the ensuing fiscal year. This bill would amend the Budget Act of 2011 to require the Director of Finance to forecast General Fund revenues for the 2011-12 fiscal year by December 15, 2011, and to determine whether that revenue forecast or the Legislative Analyst's November 2011 General Fund revenue forecast is higher. Under this bill, the Director of Finance would be required to make reductions to specified items of appropriation if the higher revenue forecast is less than \$87,452,500,000 and to make additional reductions to specified items of appropriation if the higher revenue forecast is less than \$86,452,500,000. This bill contains other related provisions.

Position

SB 97

(Committee on Budget and Fiscal Review) Adult day health care.

Introduced: 1/10/2011

Last Amend: 7/14/2011

Status: 7/14/2011-In Senate. Concurrence in Assembly amendments pending.

Location: 7/14/2011-S. CONCURRENCE

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
Dead	1st House				2nd House				Conc.			

Summary: Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides, to the extent permitted by federal law, that adult day health care (ADHC) be excluded from coverage under the Medi-Cal program on the first day of the first calendar month following 90 days after the effective date of the act that added that provision or on the first day of the first calendar month following 60 days after the date the department secures all necessary federal approvals to implement that provision, whichever is later. This bill would, instead, require that ADHC be excluded from coverage under the Medi-Cal program on November 1, 2011. This bill contains other related provisions.

Position

SB 98

(Committee on Budget and Fiscal Review) Nursing.

Introduced: 1/10/2011

Last Amend: 1/26/2012

Status: 2/2/2012-Enrolled and presented to the Governor at 12:30 p.m.

Location: 2/2/2012-S. ENROLLED

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered	
Dead	1st House				2nd House				Conc.				

Summary: Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses. The Board of Registered Nursing, which was repealed on January 1, 2012, administered the provisions of that act. This bill would establish a new Board of Registered Nursing, would vest that board with the same powers as the previous board of the same name, and would require the board to appoint an executive officer. The bill would repeal the authority of the board and its executive officer on January 1, 2016. The bill would require the executive officer of the prior board to serve as interim executive officer of the new board until the appointment of a permanent executive officer, as specified. The bill would also ratify and declare valid a specified interagency agreement entered into between the Board of Registered Nursing and the director of the department and would enact other related provisions. This bill contains other related provisions and other existing laws.

Position

SB 99

(Committee on Budget and Fiscal Review) Budget Act of 2011.

Introduced: 1/10/2011

Status: 2/24/2011-Referred to Com. on APPR.

Location: 2/24/2011-A. APPR.

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered	
Dead	1st House				2nd House				Conc.				

Summary: This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2011.

Position

SB 121

(Liu D) Pupils: foster children: special education.

Introduced: 1/24/2011

Last Amend: 5/17/2011

Status: 7/8/2011-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HUM. S. on 6/13/2011)

Location: 7/8/2011-A. 2 YEAR

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered	
Dead	1st House				2nd House				Conc.				

Summary: Existing law requires a pupil who is placed in a licensed children's institution or foster family home to attend programs operated by the local educational agency unless the pupil is entitled to remain in his or her school of origin, the pupil has an individualized education program requiring placement elsewhere, or the pupil's parent or guardian, or other person holding the right to make educational decisions for the pupil, determines that it is in the best interests of the pupil to be placed in another educational program. This bill would require that, if the pupil's parent or guardian, or other person holding the right to make educational decisions for the pupil, makes that determination, he or she shall provide a written statement to that effect to the local educational agency and the juvenile court, as specified. This bill contains other related provisions and other existing laws.

Position

Watch

SB 166

(Steinberg D) Health care coverage: mental illness: autism spectrum disorders.

Introduced: 2/3/2011

Last Amend: 1/4/2012

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was HEALTH on 1/4/2012)

Location: 1/13/2012-S. DEAD

2Year	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered	
Dead	1st House				2nd House				Conc.				

Summary: Existing law provides for licensure and regulation of health care service plans by the Department of Managed Health Care. A willful violation of these provisions is a crime. Existing law provides for regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies, with specified exceptions, to provide benefits for behavioral health treatment for pervasive development disorder or autism. This bill would exempt certain child-only health care service plan contracts administered by counties or other specified local entities from the requirement to provide coverage for behavioral health treatment for pervasive development disorder or autism.

Position

Support in
Concept

SB 174 (Emmerson R) Community care facilities.

Introduced: 2/7/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-S. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law, the California Community Care Facilities Act, provides for the licensure and regulation of community care and residential facilities by the State Department of Social Services. This bill would make technical, nonsubstantive changes to these provisions.

Position

SB 176 (Emmerson R) In-Home Supportive Services.

Introduced: 2/7/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-S. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides for the county-administered In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes and avoid institutionalization. This bill would make a technical, nonsubstantive change to an IHSS program provision.

Position

SB 236 (Anderson R) California Public Records Act.

Introduced: 2/9/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-S. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: The California Public Records Act requires state and local agencies to make public records available for inspection by the public, subject to specified criteria, and with specified exceptions. This bill would make technical, nonsubstantive changes to these provisions.

Position

SB 253 (Alquist D) Health care coverage: acquired brain injuries.

Introduced: 2/10/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was HEALTH on 12/14/2011)

Location: 1/13/2012-S. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides for licensing and regulation of health care service plans by the Department of Managed Health Care. A willful violation of these provisions is a crime. Existing law provides for licensing and regulation of health insurers by the Insurance Commissioner. Existing law requires health care service plan contracts and health insurance policies to provide coverage for specified matters. This bill would provide that health care service plan contracts and health insurance policies may not deny coverage for medically necessary treatment of acquired brain injuries at any of various facilities that are properly licensed and accredited, as specified. The bill would also prohibit denial of coverage because the treating facility is not in or near the home of the enrollee or insured. Because the bill would change the definition of a crime with respect to health care service plans, it would thereby impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

SB 268 (Wright D) School attendance: interdistrict attendance.

Introduced: 2/14/2011

Last Amend: 4/6/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law authorizes the governing boards of 2 or more school districts to enter into an agreement for the interdistrict attendance of pupils who are residents of the school districts. If either school district fails to approve the interdistrict attendance of a pupil, or in the case of the failure or refusal of the school districts to enter into an agreement, existing law authorizes the person having legal custody of the pupil to appeal to the county board of education in accordance with a prescribed procedure. This bill would require the county board of education to conduct a hearing within 30 days of the filing of the appeal. The bill would specify the issues to which the county board's review of the decision would be limited. Because this bill would create new duties for county boards of education, it would constitute a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

SB 280

(Wyland R) Pupil assessments: public hearings.

Introduced: 2/14/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law requires each school district, charter school, and county office of education to administer to each of its pupils in grades 2 to 11, inclusive, designated achievement tests. Existing law establishes the Public Schools Accountability Act of 1999 and requires the Superintendent of Public Instruction to develop an Academic Performance Index (API), which consists in part of the results of the tests administered pursuant to the Standardized Testing and Reporting (STAR) Program, to measure the performance of schools and to rank schools based on the value of the API. Existing law requires schools to report their ranking, including a description of the components of the API, in their annual school accountability report card. Existing law requires the governing board of each school district to discuss the results of the annual ranking at the next regularly scheduled meeting following the annual publication of the API and school rankings by the Superintendent of Public Instruction and encourages that meeting to include a discussion that examines STAR test results by school, grade, and subgroup, as specified. This bill would require the governing board of a school district to conduct a public hearing to discuss, analyze, and compare the results of the API, STAR test scores, and school rankings and would instead require that public hearing to include a discussion that examines STAR test results by school, grade, and subgroup, as specified. This bill contains other related provisions and other existing laws.

Position

SB 345

(Wolk D) Office of the State Long-Term Care Ombudsman.

Introduced: 2/15/2011

Last Amend: 1/12/2012

Status: 1/23/2012-In Assembly. Read first time. Held at Desk.

Location: 1/23/2012-A. DESK

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law, as part of the Mello-Granlund Older Californians Act, establishes the Office of the State Long-Term Care Ombudsman, under the direction of the State Long-Term Care Ombudsman, in the California Department of Aging. Existing law provides for the Long-Term Care Ombudsman Program under which funds are allocated to local ombudsman programs to assist elderly persons in long-term health care facilities and residential care facilities by, among other things, investigating and seeking to resolve complaints against these facilities. This bill would, among other things, require the office to submit an annual advocacy plan to the Legislature, which includes a prospective plan and results of advocacy efforts during the prior year, would require the office to comply with specified provisions of federal law, and would require the office to maintain an Internet Web presence, as prescribed. This bill would also make technical, nonsubstantive changes to these provisions.

Position

SB 382

(Liu D) Developmental services: regional centers: complaints.

Introduced: 2/15/2011

Last Amend: 5/31/2011

Status: 7/8/2011-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HUM. S. on 6/9/2011)

Location: 7/8/2011-A. 2 YEAR

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Dead	1st House	2nd House	Conc.			
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Summary: The Lanterman Developmental Disabilities Services Act authorizes the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities. That law authorizes the department to enter into 5-year contracts with regional centers, subject to an annual appropriation of funds by the Legislature. The act requires the contracts to specify that each regional center include annual performance objectives that will meet certain standards and allows the department to specify additional areas of support that require development or enhancement. The act requires corrective action if a regional center fails to meet the performance standards. This bill would authorize the department to specify additional areas of support requiring development or enhancement, as specified. This bill contains other related provisions and other existing laws.

Position
Support in
Concept

SB 411 (Price D) Home Care Services Act of 2011.

Introduced: 2/16/2011

Last Amend: 8/30/2011

Status: 9/6/2011-Ordered to inactive file on request of Assembly Member Charles Calderon.

Location: 9/6/2011-A. INACTIVE FILE

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for the In-Home Supportive Services (IHSS) program, a county-administered program under which qualified aged, blind, and disabled persons receive services enabling them to remain in their own homes. The IHSS program includes various eligibility requirements for individuals who provide services to recipients under the program. Under existing law, a private provider of in-home care services is not subject to the requirements of the IHSS program. This bill would enact the Home Care Services Act of 2011, which would provide , on and after July 1, 2012, for the licensure and regulation of home care organizations, as defined, by the State Department of Social Services , and the certification of home care aides. The bill would exclude specified entities from the definition of a home care organization. The bill would impose various licensure requirements on a home care organization . The bill would also impose a civil penalty on an individual or entity that operates a home care organization without a license, except as specified. The bill would require a home care organization to provide a client with specified information before arranging for the provision of home care services, as defined, to that client, including, but not limited to, the types and hours of available home care services, and the extent to which payment may be expected from specified sources. In addition, this bill would require a home care organization, among other things, to distribute to the client its advance directive policy and provide a written notice to the client of certain rights. The bill would also prohibit a home care organization from hiring an individual as a home care aide unless that individual meets certain requirements, including, but not limited to, demonstrating that he or she has specified language skills and completing a minimum of 5 hours of training as specified. This bill contains other related provisions and other existing laws.

Position
Support

SB 433 (Liu D) Charter schools: suspension and expulsion of pupils.

Introduced: 2/16/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: The Charter Schools Act of 1992 permits teachers and parents to petition the governing board of a school district to approve a charter school to operate independently from the existing school district structure as a method of accomplishing, among other things, improved pupil learning. Existing law exempts charter schools from the laws governing school districts except those of the Charter Schools Act, those establishing minimum age for public school attendance, specified building code regulations, and other specified laws. Existing law requires a charter school to comply with its charter. This bill would require a charter school to comply with laws governing school districts relating to the suspension and expulsion of pupils thereby imposing a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

SB 453 (Correa D) Pupil rights: bullying: school safety plans: suspension and expulsion.

Introduced: 2/16/2011

Last Amend: 5/24/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 6/3/2011)

Location: 1/20/2012-S. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides that each school district and county office of education is responsible for the overall development of all comprehensive school safety plans for its schools operating kindergarten or any of grades 1 to 12, inclusive, that include strategies aimed at the prevention of, and education about, potential incidents involving crime and violence on the school campus, as specified. This bill would encourage, as comprehensive school safety plans are reviewed and updated, all plans, to the extent that resources are available, to include policies and procedures to ensure that appropriate strategies, resources, training, and other prevention or intervention efforts are in place to deal with the remediation and termination of bullying, as specified. This bill contains other related provisions and other existing laws.

Position

SB 462

(Blakeslee R) Special education: special education advocates: certification.

Introduced: 2/16/2011

Last Amend: 5/31/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 6/3/2011)

Location: 1/20/2012-S. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law requires local educational agencies to initiate, and individualized education program teams to conduct, meetings for the purposes of developing, reviewing, and revising the individualized education program of each individual with exceptional needs, as specified. Existing law also provides that it is the intent of the Legislature that parties to special education disputes be encouraged to seek resolution through mediation in a nonadversarial atmosphere, which may not be attended by attorneys or other independent contractors used to provide legal advocacy services, prior to filing a request for a due process hearing. Existing law provides, however, that this does not preclude the parent or public agency from being accompanied and advised by nonattorney representatives in mediation conferences. This bill would authorize a special education local plan area, in collaboration with the State Department of Education, to develop a voluntary special education advocate certification program for persons who would participate, upon the invitation of a parent, as a member of a pupil's individualized education program team, or, upon the invitation of a parent, in a mediation conference, as specified. The bill would authorize a special education local plan area to provide alternative dispute resolution training, and require the Board of Behavioral Sciences to administer a test, to persons seeking certification, as specified. The bill would also require the Board of Behavioral Sciences to certify persons who have successfully passed the test and completed the training. The bill would require a certified special education advocate to disclose his or her relationship to the pupil or his or her parents, as specified. This bill contains other related provisions and other existing laws.

Position

Oppose

SB 472

(Correa D) Early intervention services: assessments.

Introduced: 2/17/2011

Last Amend: 5/2/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/28/2011)

Location: 1/20/2012-S. DEAD

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law, the California Early Intervention Services Act, is administered jointly by the Secretary of the Health and Human Services Agency and the Superintendent of Public Instruction, with the State Department of Developmental Services as the lead agency responsible for administration and coordination of the statewide system of services for the enhancement of the development of children who have disabilities or who are at risk of having disabilities and to minimize the potential for delays in their development. Under existing law, these provisions are in effect only until the state terminates its participation in prescribed components of the federal Individuals with Disabilities Education Act. This bill would require the secretary and the superintendent to develop either an integrated assessment instrument or a process to consolidate assessments to be used to coordinate multiple agency assessments, and to report to the Legislature by January 1, 2013.

Position

Oppose

SB 476

(Lowenthal D) Education finance: categorical programs.

Introduced: 2/17/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law establishes various categorical education programs, and appropriates the funding for those programs in the annual Budget Act. Existing law requires the Superintendent of Public Instruction, for the 2008-09 to 2012-13 fiscal years, inclusive, to apportion from the amount provided in the annual Budget Act for specified categorical education programs an amount based on the same relative proportion that the local educational agency received in the 2008-09 fiscal year for those programs, with certain specified exceptions. Existing law authorizes school districts, for the 2008-09 to 2012-13 fiscal years, inclusive, to use the categorical education program funds, with specified exceptions, for any educational purpose. This bill would extend the operation of this provision for 2 additional fiscal years, thus extending it through the 2014-15 fiscal year.

Position

SB 529 (Correa D) Aging: strategic planning.

Introduced: 2/17/2011

Last Amend: 1/12/2012

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was APPR. SUSPENSE FILE on 1/17/2012)

Location: 1/20/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law requests the University of California to compile specified information, including a survey of existing resources throughout California's governmental and administrative structure that are available to address the needs of an aging society. Existing law requires the Secretary of California Health and Human Services, based upon the information compiled by the University of California and with the consultation or advice of specified entities, to develop a statewide strategic plan on aging for long-term planning purposes and submit the plan to the Legislature by July 1, 2003. This bill would require that the plans developed pursuant to these provisions be updated by January 1, 2014, and periodically thereafter, to include specified information.

Position

SB 558 (Simitian D) Elder and dependent adults: abuse or neglect: damages.

Introduced: 2/17/2011

Last Amend: 5/3/2011

Status: 8/25/2011-Set, second hearing. Held in committee and under submission.

Location: 7/13/2011-A. APPR. SUSPENSE FILE

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides for the award of attorney's fees and costs to, and the recovery of damages by a plaintiff when it is proven by clear and convincing evidence that a defendant is liable for physical abuse or neglect of an elder or dependent adult and the defendant has also been guilty of recklessness, oppression, fraud, or malice in the commission of the abuse. This bill would revise these provisions to change the standard of proof to a preponderance of the evidence. This bill contains other related provisions and other existing laws.

Position

SB 677 (Hernandez D) Medi-Cal: eligibility.

Introduced: 2/18/2011

Last Amend: 5/23/2011

Status: 1/26/2012-In Assembly. Read first time. Held at Desk.

Location: 1/26/2012-A. DESK

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. This bill would provide, to the extent required by federal law, that the department shall not apply an assets or resources test for purposes of determining eligibility for Medi-Cal or under a Medi-Cal waiver, except as specified. This bill would also require, to the extent required by federal law, the

department to use the modified adjusted gross income of an individual, or the household income of a family, if applicable, for the purposes of determining income eligibility for Medi-Cal or under a Medi-Cal waiver, except as specified. The bill would provide that these provisions shall become operative on January 1, 2014. Because each county is responsible for making Medi-Cal eligibility determinations, the bill would increase the duties of county officials and would thereby impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

SB 683 (Correa D) Early intervention services: assessments.

Introduced: 2/18/2011

Last Amend: 1/12/2012

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was APPR. SUSPENSE FILE on 1/17/2012)

Location: 1/20/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law, the California Early Intervention Services Act, is administered jointly by the Secretary of California Health and Human Services and the Superintendent of Public Instruction, with the State Department of Developmental Services as the lead agency responsible for administration and coordination of the statewide system of services for the enhancement of the development of children who have disabilities or who are at risk of having disabilities and to minimize the potential for delays in their development. Under existing law, these provisions are in effect only until the state terminates its participation in prescribed components of the federal Individuals with Disabilities Education Act. This bill would require the secretary and the Superintendent of Public Instruction to, among other things, create and require the use of an interagency electronic integrated assessment instrument for these purposes. The bill would also establish the Special Children's Electronic Integrated Assessment Instrument Fund in the State Treasury to be made available, upon appropriation, for the implementation of this bill. The bill would require the Director of Finance to file a prescribed notice if sufficient moneys are available in the fund to implement the bill.

Position

SB 717 (Walters R) Elder or dependent abuse.

Introduced: 2/18/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law makes it a crime for a person who knows or reasonably should know that a person is an elder or dependant adult, under circumstances likely to produce great bodily harm or death, to willfully cause or permit any elder or dependent adult to suffer, or inflict unjustifiable physical pain or mental suffering thereon, or to cause or permit the elder or dependent adult to be placed in a situation in which his or her person or health is endangered, as specified. Existing law punishes a violation of this provision by imprisonment in a county jail not exceeding one year, or by a fine not to exceed \$6,000, or by both that fine and imprisonment, or by imprisonment in the state prison for 2, 3, or 4 years. The bill would instead provide that a violation of the above provisions shall be punished by imprisonment in a county jail not exceeding one year, or by a fine not to exceed \$6,000, or by both that fine and imprisonment, or by imprisonment in the state prison for 2, 3, or 4 years, without regard to whether or not the violation occurred under circumstances likely to produce great bodily harm or death. This bill would accordingly delete the provisions regarding elder or dependent adult abuse under circumstances or conditions other than those likely to produce great bodily harm or death. This bill contains other related provisions and other existing laws.

Position

SB 764 (Steinberg D) Developmental services: telehealth systems program.

Introduced: 2/18/2011

Last Amend: 1/12/2012

Status: 1/30/2012-In Assembly. Read first time. Held at Desk.

Location: 1/30/2012-A. DESK

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide support and services to individuals with developmental disabilities. This bill would require the

department to , on a demonstration pilot project basis, authorize a provider who is currently vendorized with a regional center to provide applied behavioral analysis (ABA) services, intensive behavioral intervention (IBI) services, or both, to provide these services through the use of telehealth systems (THS), as defined, as part of a consumer's individual program plan upon approval of a regional center and the voluntary approval of the consumer or specified persons . This bill contains other related provisions.

Position
Watch

SB 770 (Steinberg D) Health care coverage: mental illness: developmental disorder and autism.

Introduced: 2/18/2011

Last Amend: 8/31/2011

Status: 8/31/2011-From committee with author's amendments. Read second time and amended. Re-referred to Com. on APPR.

Location: 8/31/2011-A. APPR.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. A willful violation of these provisions is a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide benefits for specified conditions, including certain mental health conditions. This bill would require those health care service plan contracts and health insurance policies to also provide coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism. The bill would provide, however, that no benefits are required to be provided that exceed the essential health benefits required under specified federal law. Because a violation of these provisions with respect to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

SB 795 (Blakeslee R) Health.

Introduced: 2/18/2011

Last Amend: 3/29/2011

Status: 1/13/2012-Failed Deadline pursuant to Rule 61(b)(1). (Last location was 2 YEAR on 5/10/2011)

Location: 1/13/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: (1) Existing law provides for the commitment of persons found mentally incompetent for criminal process. Existing law also provides that if the defendant consented to antipsychotic medication, as specified, but subsequently withdraws his or her consent, or, if involuntary antipsychotic medication was not ordered, and the treating psychiatrist determines that antipsychotic medication has become medically necessary and appropriate, the treating psychiatrist shall make efforts to obtain informed consent from the defendant for antipsychotic medication. This bill would provide that if informed consent is not obtained from the defendant, and the treating psychiatrist is of the opinion that the defendant lacks capacity to make decisions regarding antipsychotic medication, or that the defendant is a danger to others, as specified, then the treating psychiatrist shall file a petition with the committing court for issuance of an emergency order within 24 hours after determining that antipsychotic medication has become medically necessary and appropriate. This bill contains other related provisions and other existing laws.

Position

SB 804 (Corbett D) Health care districts: transfers of assets.

Introduced: 2/18/2011

Last Amend: 1/4/2012

Status: 1/19/2012-In Assembly. Read first time. Held at Desk.

Location: 1/19/2012-A. DESK

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

Summary: Existing law authorizes a health care district to transfer, for the benefit of the communities served by the district, in the absence of adequate consideration, any part of the assets of the district to one or more nonprofit corporations to operate and maintain the assets. Existing law deems a transfer of 50% or more of the district's assets to be for the benefit of the communities served only upon the occurrence of specified conditions. This bill would include among the above-described conditions the inclusion within the transfer agreement of the appraised fair market value of any asset

transferred to the nonprofit corporation, as specified. This bill contains other related provisions and other existing laws.

Position

SB 889 (Emmerson R) The protection and advocacy agency.

Introduced: 2/18/2011

Status: 1/20/2012-Failed Deadline pursuant to Rule 61(b)(2). (Last location was 2 YEAR on 5/13/2011)

Location: 1/20/2012-S. DEAD

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Existing law prescribes, in accordance with federal law, the powers of the protection and advocacy agency, which is a private, nonprofit corporation charged with protecting and advocating for the rights of persons with developmental disabilities and mental disorders. This bill would make a technical, nonsubstantive change to the law relating to the protection and advocacy agency.

Position

SB 951 (Hernandez D) Health care coverage: essential health benefits.

Introduced: 1/5/2012

Status: 2/2/2012-Referred to Com. on RLS.

Location: 2/2/2012-S. RLS.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: Commencing January 1, 2014, existing law, the federal Patient Protection and Affordable Care Act (PPACA), requires a health insurance issuer that offers coverage in the small group or individual market to ensure that such coverage includes the essential health benefits package, as defined. Existing law provides for the regulation of health care service plans and health insurers by the Department of Managed Health Care and the Department of Insurance, respectively, and requires health care service plans and health insurers to cover various benefits. This bill would state the intent of the Legislature to enact legislation that would implement the essential health benefits as established under specified provisions of the PPACA.

Position

SB 957 (Leno D) 2012-13 Budget.

Introduced: 1/10/2012

Status: 1/10/2012-Introduced. Read first time. Referred to Com. on B. & F.R.

Location: 1/10/2012-S. BUDGET & F.R.

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: This bill would make appropriations for support of state government for the 2012-13 fiscal year. This bill contains other related provisions.

Position

Watch

SCA 7 (Yee D) Public bodies: meetings.

Introduced: 1/10/2011

Last Amend: 4/13/2011

Status: 8/25/2011-Set, second hearing. Held in committee and under submission.

Location: 8/17/2011-A. APPR. SUSPENSE FILE

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
	1st House				2nd House				Conc.			

Summary: The California Constitution requires meetings of public bodies to be open to public scrutiny. This measure would also include in the California Constitution the requirement that each public body provide public notice of its meetings and disclose any action taken.

Position

Total Measures: 140
Total Tracking Forms: 140