



**LEGISLATION AND PUBLIC POLICY
COMMITTEE (LPPC)
MEETING NOTICE/AGENDA**

Posted at www.scdd.ca.gov

DATE: March 12, 2013

TIME: 10:30 a.m. – 3:00 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 5p on March 5, 2012.

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|----------------------------------|--------------|---|
| 1. CALL TO ORDER | R. Ceragioli | |
| 2. ESTABLISHMENT OF QUORUM | R. Ceragioli | |
| 3. WELCOME AND INTRODUCTIONS | R. Ceragioli | |
| 4. APPROVAL OF 1/24/2013 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. AB 1041 (Chesbro) Employment First And Other Employment Bills	M. Polit	07
ii. SB 946 Implementation Update	A. Bacigalupo	22
iii. Equity and Diversity Legislation (Autism Task Force)	M. Polit	30
iv. Self-Determination Legislation (SB 468)	C. Lapin	33
v. Housing Legislation	G . DeGier	39
vi. Abuse and Neglect Legislation	L. Morrison	46
vii. Other Legislation	K. Alipourfard	80

B. State Budget Update (Report on March 7 Senate Budget Hearing)	M. Polit	
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C. Area Board Legislative Update	--	
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7. FEDERAL BUDGET/LEGISLATIVE REPORT	M. Polit	101
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8. ADJOURNMENT	R. Ceragioli	
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DRAFT
Legislative & Public Policy (LPPC) Committee Minutes
January 24, 2013

Members Present

Leroy Shipp
Jennifer Allen
Ray Ceragioli, Chair
David Forderer (call in)
April Lopez
Connie Lapin
David Mulvaney
Tho Vinh Banh
Barbara Wheeler

Members Absent

Dan Boomer

Others Present

Michael Brett
Karim Alipourfard
Mark Polit
Holly Bins
Robert Philips
Anastasia Bacigalupo (call in)

1. CALL TO ORDER

Ray Ceragioli, Chairperson, called the meeting to order at 10:35 AM.

2. ESTABLISHMENT OF A QUORUM

A quorum was established.

3. INTRODUCTIONS AND ANNOUNCEMENTS

Members introduced themselves and announcements were made.

4. APPROVAL OF 10/17/12 MINUTES

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

5. PUBLIC COMMENTS

There were no public comments.

6. STATE BUDGET

Leroy Shipp discussed the Governor's State of the State speech. M. Polit reviewed the Governor's budget proposal as it affects people with developmental disabilities.

7. LEGISLATIVE ISSUES

A. Current Legislature and Committees - Karim Alipourfard distributed information on the new Legislature and committee structure.

B. State Council Sponsored Legislation - M. Polit gave status of Employment First Policy legislation. Chesbro will author. DDS and EDD data indicates 14% of regional center clients receive wages. LPPC interested in breakdown of the type of jobs. Connie Lapin reported that ASLA meeting with legislators and that Sen. Emmerson will introduce a spot bill.

C. SB 946 Implementation – Discussion of regional center responsibility to pay co-pays and deductible. Governor’s proposal would have regional centers reimburse for co-pays on a means tested basis, but not deductibles. Discussion that it should not be limited to just ABA. Will be agendized for next meeting.

D Equity in delivery of services – Dr. Wheeler recounted that DDS reviewed CDER, Client Master File and POS expenditure data and found that African Americans and other communities of color got less. That was in 1992! In 2005 legislation by Bass failed. This past year Steiberg Select Committee on Autism formed task forces and will be making recommendations. TBL last year requires Regional Center data collection, posting data and holding community meetings. Regional Centers must report by March 31 and hold community meetings. It was suggested that Area Boards meet with minority communities to discuss data results and see if access to services are changing, consistent with statutory responsibilities in 4548(e).

E. Pending Legislation – Legislative efforts of various stakeholder organizations were discussed by M. Polit

F. Other Legislative Issues – No report

7. FEDERAL LEGISLATIVE ISSUES

Karim Alipourfard distributed information on the California Congressional Delegation. Polit gave an update on Federal Sequester and other budget issues. J. Allen reviewed the Convention on the Rights of People with Disabilities.

7. DEVELOPMENTAL CENTER ISSUES

Holly Bins and Robert Phillips detailed events at Sonoma Developmental Center and discussed contributing factors, such as transfer of residents from Sierra Vista to SDC, reduced staffing levels, and excess overtime. Discussed policy question of should Office of Protective Services be reformed or should responsibility of investigations of serious incidents of abuse be referred to outside law enforcement. AB4 and other advocates met with Sheriff and is scheduled to meet with Leslie Morrison, Director of Investigations at Disability Rights California. Dr. Wheeler pointed out that the SCDD White Paper on Abuse and Neglect issued over ten years ago referred to the very same issues in play today. Discussed possible legislation by the Arc of California which would require a plan for DC closures. M. Polit reported that the Lanterman Coalition may call the question on SCDD on the issue of DC downsizing and closure. Chairperson Ceragioli discussed the benefits for his son at Fairview and the relative inadequacy of community placements that were offered. The LPPC will have further discussion as legislation is introduced. No action was taken.

8. ADJOURNMENT

The meeting was adjourned at 3:00 PM.

Agenda Item 6Ai
Employment Legislation

AB 1041 (Chesbro)

Council Sponsored

SB 577 (Pavley)

SB 349 (Walters)

ASSEMBLY BILL

No. 1041

**Introduced by Assembly Member Chesbro
(Principal coauthor: Assembly Member Garcia)
(Principal coauthor: Senator Beall)
(Coauthor: Assembly Member Ammiano)**

February 22, 2013

An act to amend Sections 4646.5 and 4868 of, and to add Section 4869 to, the Welfare and Institutions Code, relating to developmental services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1041, as introduced, Chesbro. Developmental services: Employment First Policy.

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.

Existing law requires the State Council on Developmental Disabilities to, among other responsibilities, form a standing Employment First Committee to identify strategies and recommend legislative, regulatory, and policy changes to increase integrated employment, as defined, self-employment, and microenterprises for persons with developmental disabilities, as specified.

This bill would define competitive employment, microenterprises, and self-employment for these purposes. This bill would require each regional center planning team, when developing an individual program

plan for a transition age youth or working age adult, to consider a specified Employment First Policy. The bill would also require regional centers to ensure that consumers, beginning at 16 years of age, and, where appropriate, other specified persons, are provided with information 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. The bill would authorize the department to request information from regional centers on current and planned activities related to the Employment First Policy.

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 4646.5 of the Welfare and Institutions
2 Code is amended to read:
3 4646.5. (a) The planning process for the individual program
4 plan described in Section 4646 shall include all of the following:
5 (1) Gathering information and conducting assessments to
6 determine the life goals, capabilities and strengths, preferences,
7 barriers, and concerns or problems of the person with
8 developmental disabilities. For children with developmental
9 disabilities, this process should include a review of the strengths,
10 preferences, and needs of the child and the family unit as a whole.
11 Assessments shall be conducted by qualified individuals and
12 performed in natural environments whenever possible. Information
13 shall be taken from the consumer, his or her parents and other
14 family members, his or her friends, advocates, authorized
15 representative, if applicable, providers of services and supports,
16 and other agencies. The assessment process shall reflect awareness
17 of, and sensitivity to, the lifestyle and cultural background of the
18 consumer and the family.
19 (2) A statement of goals, based on the needs, preferences, and
20 life choices of the individual with developmental disabilities, and
21 a statement of specific, time-limited objectives for implementing
22 the person's goals and addressing his or her needs. These objectives
23 shall be stated in terms that allow measurement of progress or

1 monitoring of service delivery. These goals and objectives should
2 maximize opportunities for the consumer to develop relationships,
3 be part of community life in the areas of community participation,
4 housing, work, school, and leisure, increase control over his or her
5 life, acquire increasingly positive roles in community life, and
6 develop competencies to help accomplish these goals.

7 (3) When developing individual program plans for children,
8 regional centers shall be guided by the principles, process, and
9 services and support parameters set forth in Section 4685.

10 (4) *When developing an individual program plan for a transition*
11 *age youth or working age adult, the planning team shall consider*
12 *the Employment First Policy described in Chapter 14 (commencing*
13 *with Section 4868).*

14 ~~(4)~~

15 (5) A schedule of the type and amount of services and supports
16 to be purchased by the regional center or obtained from generic
17 agencies or other resources in order to achieve the individual
18 program plan goals and objectives, and identification of the
19 provider or providers of service responsible for attaining each
20 objective, including, but not limited to, vendors, contracted
21 providers, generic service agencies, and natural supports. The
22 individual program plan shall specify the approximate scheduled
23 start date for services and supports and shall contain timelines for
24 actions necessary to begin services and supports, including generic
25 services.

26 ~~(5)~~

27 (6) When agreed to by the consumer, the parents, legally
28 appointed guardian, or authorized representative of a minor
29 consumer, or the legally appointed conservator of an adult
30 consumer or the authorized representative, including those
31 appointed pursuant to subdivision (d) of Section 4548, subdivision
32 (b) of Section 4701.6, and subdivision (e) of Section 4705, a review
33 of the general health status of the adult or child, including medical,
34 dental, and mental health needs, shall be conducted. This review
35 shall include a discussion of current medications, any observed
36 side effects, and the date of *the* last review of the medication.
37 Service providers shall cooperate with the planning team to provide
38 any information necessary to complete the health status review. If
39 any concerns are noted during the review, referrals shall be made
40 to regional center clinicians or to the consumer's physician, as

1 appropriate. Documentation of health status and referrals shall be
2 made in the consumer’s record by the service coordinator.

3 ~~(6)~~

4 (7) (A) The development of a transportation access plan for a
5 consumer when all of the following conditions are met:

6 (i) The regional center is purchasing private, specialized
7 transportation services or services from a residential, day, or other
8 provider, excluding vouchered service providers, to transport the
9 consumer to and from day or work services.

10 (ii) The planning team has determined that a consumer’s
11 community integration and participation could be safe and
12 enhanced through the use of public transportation services.

13 (iii) The planning team has determined that generic
14 transportation services are available and accessible.

15 (B) To maximize independence and community integration and
16 participation, the transportation access plan shall identify the
17 services and supports necessary to assist the consumer in accessing
18 public transportation and shall comply with Section 4648.35. These
19 services and supports may include, but are not limited to, mobility
20 training services and the use of transportation aides. Regional
21 centers are encouraged to coordinate with local public
22 transportation agencies.

23 ~~(7)~~

24 (8) A schedule of regular periodic review and reevaluation to
25 ascertain that planned services have been provided, that objectives
26 have been fulfilled within the times specified, and that consumers
27 and families are satisfied with the individual program plan and its
28 implementation.

29 (b) For all active cases, individual program plans shall be
30 reviewed and modified by the planning team, through the process
31 described in Section 4646, as necessary, in response to the person’s
32 achievement or changing needs, and no less often than once every
33 three years. If the consumer or, where appropriate, the consumer’s
34 parents, legal guardian, authorized representative, or conservator
35 requests an individual program plan review, the individual program
36 shall be reviewed within 30 days after the request is submitted.

37 (c) (1) The department, with the participation of representatives
38 of a statewide consumer organization, the Association of Regional
39 Center Agencies, an organized labor organization representing
40 service coordination staff, and the Organization of Area Boards

1 shall prepare training material and a standard format and
2 instructions for the preparation of individual program plans, which
3 embodies *embody* an approach centered on the person and family.

4 (2) Each regional center shall use the training materials and
5 format prepared by the department pursuant to paragraph (1).

6 (3) The department shall biennially review a random sample of
7 individual program plans at each regional center to ensure that
8 these plans are being developed and modified in compliance with
9 Section 4646 and this section.

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

12 4868. (a) The State Council on Developmental Disabilities
13 shall form a standing Employment First Committee consisting of
14 the following members:

15 (1) One designee of each of the members of the state council
16 specified in subparagraphs (B), (C), (D), (F), and (H) of paragraph
17 (2) of subdivision (b) of Section 4521.

18 (2) A member of the consumer advisory committee of the state
19 council.

20 (b) In carrying out the requirements of this section, the
21 committee shall meet and consult, as appropriate, with other state
22 and local agencies and organizations, including, but not limited
23 to, the Employment Development Department, the Association of
24 Regional Center Agencies, one or more supported employment
25 provider organizations, an organized labor organization
26 representing service coordination staff, and one or more consumer
27 family member organizations.

28 (c) The responsibilities of the committee shall include, but need
29 not be limited to, all of the following:

30 (1) Identifying the respective roles and responsibilities of state
31 and local agencies in enhancing integrated and gainful employment
32 opportunities for people with developmental disabilities.

33 (2) Identifying strategies, best practices, and incentives for
34 increasing integrated employment and gainful employment
35 opportunities for people with developmental disabilities, including,
36 but not limited to, ways to improve the transition planning process
37 for students 14 years of age or older, and to develop partnerships
38 with, and increase participation by, public and private employers
39 and job developers.

1 (3) Identifying existing sources of employment data and
 2 recommending goals for, and approaches to measuring progress
 3 in, increasing integrated employment and gainful employment of
 4 people with developmental disabilities.

5 (4) Recommending legislative, regulatory, and policy changes
 6 for increasing the number of individuals with developmental
 7 disabilities in integrated employment, self-employment, and
 8 microenterprises, and who earn wages at or above minimum wage,
 9 including, but not limited to, recommendations for improving
 10 transition planning and services for students with developmental
 11 disabilities who are 14 years of age or older. This shall include,
 12 but shall not be limited to, the development of ~~an Employment~~
 13 ~~First Policy~~, a policy with the intended outcome of ~~which is a~~
 14 ~~significant increase in~~ significantly increasing the number of
 15 individuals with developmental disabilities who engage in
 16 integrated employment, self-employment, and microenterprises,
 17 and in the number of individuals who earn wages at or above
 18 minimum wage. This proposed policy shall be in furtherance of
 19 the intent of this division that services and supports be available
 20 to enable persons with developmental disabilities to approximate
 21 the pattern of everyday living available to people without
 22 disabilities of the same age and that support their integration into
 23 the mainstream life of the community, and that those services and
 24 supports result in more independent, productive, and normal lives
 25 for the persons served. The proposed ~~Employment First Policy~~
 26 ~~policy~~ shall not limit service and support options otherwise
 27 available to consumers, or the rights of consumers, or, where
 28 appropriate, parents, legal guardians, or conservators to make
 29 choices in their own lives.

30 (d) For purposes of this chapter, the following definitions shall
 31 apply:

32 (1) "Competitive employment" means work in the competitive
 33 labor market that is performed on a full-time or part-time basis
 34 in an integrated setting and for which an individual is compensated
 35 at or above the minimum wage, but not less than the customary
 36 wage and level of benefits paid by the employer for the same or
 37 similar work performed by individuals who are not disabled.

38 (d) For purposes of this chapter, "integrated

1 (2) ~~“Integrated employment” shall have the same definition as~~
2 means “integrated work” as defined in subdivision (o) of Section
3 4851.

4 (3) *“Microenterprises” means small businesses owned by*
5 *individuals with developmental disabilities who have control and*
6 *responsibility for decisionmaking and overseeing the business,*
7 *with accompanying business licenses, taxpayer identification*
8 *numbers other than social security numbers, and separate business*
9 *bank accounts. Microenterprises may be considered integrated*
10 *competitive employment.*

11 (4) *“Self-employment” means an employment setting in which*
12 *an individual works in a chosen occupation, for profit or fee, in*
13 *his or her own small business, with control and responsibility for*
14 *decisions affecting the conduct of the business.*

15 (e) The committee, by July 1, 2011, and annually thereafter,
16 shall provide a report to the appropriate policy committees of the
17 Legislature and to the Governor describing its work and
18 recommendations. The report due by July 1, 2011, shall include
19 the proposed ~~Employment First Policy~~ *policy* described in
20 paragraph (4) of subdivision (c).

21 SEC. 3. Section 4869 is added to the Welfare and Institutions
22 Code, to read:

23 4869. (a) (1) In furtherance of the intent of this division to
24 make services and supports available to enable persons with
25 developmental disabilities to approximate the pattern of everyday
26 living available to people without disabilities of the same age, to
27 support the integration of persons with developmental disabilities
28 into the mainstream life of the community, and to bring about more
29 independent, productive, and normal lives for the persons served,
30 it is the policy of the state that opportunities for integrated,
31 competitive employment shall be given the highest priority for
32 working age individuals with development disabilities, regardless
33 of the severity of their disabilities. This policy shall be known as
34 the Employment First Policy.

35 (2) Implementation of the policy shall be consistent with, and
36 shall not infringe upon, the rights established pursuant to this
37 division, including the right of people with developmental
38 disabilities to make informed choices with respect to services and
39 supports through the individual program planning process.

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

5 (4) This chapter shall not be construed to expand the existing
6 entitlement to services for persons with developmental disabilities
7 described in this division.

8 (5) This chapter shall not alleviate schools of their responsibility
9 to provide transition services to individuals with developmental
10 disabilities.

11 (b) Regional centers shall ensure that consumers, beginning at
12 16 years of age, and, where appropriate, their parents, legal
13 guardians, or conservators, are provided with information, in a
14 language that the consumer and, as appropriate, the consumer's
15 representative understand, about the Employment First Policy,
16 about options for integrated competitive employment, and about
17 services and supports, including postsecondary education, available
18 to enable the consumer to transition from school to work, and to
19 achieve the outcomes of obtaining and maintaining integrated
20 competitive employment.

21 (c) The department may request information from regional
22 centers on current and planned activities related to the Employment
23 First Policy.

O

Introduced by Senator PavleyFebruary 22, 2013

An act to add Section 4868.5 to the Welfare and Institutions Code, relating to autism.

LEGISLATIVE COUNSEL'S DIGEST

SB 577, as introduced, Pavley. Autism services: pilot program: employment.

The Lanterman Developmental Disabilities Services Act authorizes the State Department of Developmental Services to contract with regional centers to provide services and support to individuals with developmental disabilities, including autism.

This bill would require the State Department of Developmental Services to establish a pilot program for young adults with autism to help them find pathways to financial independence through work. The bill would require the pilot program to develop and implement a new model for providing employment services to autistic individuals and to create financial incentives for employment service providers, as specified, among other requirements. The bill would also set forth related legislative findings and declarations.

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. The Legislature finds and declares all of the
2 following:

1 (a) One in three adults with autism do not have paid work
2 experience or a college or technical education seven years after
3 leaving the K-12 school system.

4 (b) In order to increase the self-sufficiency of young adults with
5 autism, including increased earning capacity and reduced
6 government benefit support, it is important that the state implement
7 a program to provide individualized skills assessment, social cue
8 training, and specific support to ensure their academic and
9 employment success.

10 (c) The Governor and the Legislature must address the growing
11 need for new models of assessment, career training, and expanding
12 employment opportunities and support options for young adults
13 with autism between 18 and 30 years of age. If this population is
14 left without purposefully designed pathways into employment,
15 these young adults will remain at high risk of public dependency
16 throughout the course of their lives.

17 SEC. 2. Section 4868.5 is added to the Welfare and Institutions
18 Code, to read:

19 4868.5. (a) The State Department of Developmental Services
20 shall establish a pilot program for young adults with autism to help
21 them find pathways to financial independence through work. The
22 program shall be developed and implemented to assist individuals
23 with autism to obtain integrated employment outcomes that result
24 in sufficient wages and benefits in order to decrease, over time,
25 their dependency on public financial support.

26 (b) The pilot program described in subdivision (a) shall do all
27 of the following:

28 (1) Develop and implement a new model for providing
29 employment services to autistic individuals or modify an existing
30 model for providing those services.

31 (2) Identify existing support services that may be modified or
32 combined with supplemental services to provide skills assessment,
33 training, and transition services.

34 (3) Utilize available federal and state incentive programs.

35 (4) Create financial incentives for employment service providers
36 who assist the individuals served by the pilot program to become
37 successfully employed in jobs that pay wages that equal or exceed
38 the Social Security Administration's substantial gainful activity
39 level or result in the individual obtaining employer-based health
40 benefits.

-
- 1 (5) Develop and implement a protocol for collecting and
 - 2 evaluating data regarding the outcomes of autistic individuals who
 - 3 participate in the pilot program.

O

99

Introduced by Senator WaltersFebruary 20, 2013

An act to add Section 14132.993 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 349, as introduced, Walters. Home- and community-based services waiver for the developmentally disabled: sheltered work.

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. Existing federal law provides for various home- and community-based services waivers.

This bill would require a provider of sheltered work under a specified home- and community-based services waiver to demonstrate that the provider is transitioning at least 20 percent of its clients annually into integrated, individualized employment settings, with or without support, in order to get reimbursed under the 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. The Legislature finds and declares all of the
- 2 following:
- 3 (a) It is good public policy to increase the number of
- 4 Californians with developmental disabilities who pay taxes and
- 5 are self-sufficient and involved in their communities.

- 1 (b) Individuals with developmental disabilities can and would
2 prefer to work and are entitled to the supports and services
3 necessary to do so.
- 4 (c) The Americans with Disabilities Act recognizes the rights
5 of people with developmental disabilities to live, recreate, and
6 work in integrated, community-based settings. Title II of the
7 Americans with Disabilities Act requires states to provide qualified
8 individuals with disabilities with services and programs in the most
9 integrated setting appropriate to their needs.
- 10 (d) People with developmental disabilities are an important and
11 largely untapped employment and economic resource.
- 12 (e) Research demonstrates that wages and hours worked increase
13 dramatically as individuals move from sheltered or facility-based
14 employment to integrated employment, and suggests that other
15 benefits include an increase in earnings and taxes paid, reduced
16 reliance on publicly funded services, expanded social relationships,
17 heightened self-determination, and more typical job acquisitions
18 and job roles.
- 19 (f) Increasing integrated and gainful employment opportunities
20 for people with developmental disabilities requires collaboration
21 and cooperation by state and local agencies, including, but not
22 limited to, the State Department of Developmental Services and
23 regional centers, the State Council on Developmental Disabilities,
24 the Employment Development Department, the Department of
25 Rehabilitation, and the State Department of Education.
- 26 (g) Working-age Californians who have developmental
27 disabilities have an unemployment rate as high as 80 percent and
28 traditional approaches to increase employment rates through
29 training and employer outreach have not been sufficient to solve
30 this problem.
- 31 (h) The federal Centers for Medicare and Medicaid Services
32 states that Medicaid-financed prevocational services to sheltered
33 workshops are “not an end point, but a time limited [although no
34 specific limit is given] service for the purpose of helping someone
35 obtain competitive employment.”
- 36 (i) Sheltered workshops are not doing what the Medicaid
37 Program is paying them to do. Between 2007 and 2010, sheltered
38 workshops in California transitioned less than 5 percent of workers
39 into integrated employment.

1 SEC. 2. Section 14132.993 is added to the Welfare and
2 Institutions Code, to read:

3 14132.993. (a) In order for a provider of sheltered work to be
4 reimbursed under the home- and community-based waiver for the
5 developmentally disabled under Section 1915(c) of the federal
6 Social Security Act (42 U.S.C. Sec. 1396n(c)), the provider shall
7 demonstrate that the provider is transitioning at least 20 percent
8 of its clients annually into integrated, individualized employment
9 settings, with or without support.

10 (b) For the purposes of this section, “sheltered work” also means
11 “facility-based employment” or “center-based employment.”

12 (c) The department shall seek any necessary federal approvals
13 to implement this section.

O

Agenda Item 6Aii

SB 946 Implementation

LEGISLATIVE COUNSEL'S DIGEST

Bill No.

as introduced, _____.

General Subject: Developmental services: health insurance copayments.

Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide services and supports 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 authorize a regional center to pay any applicable copayment for a service and support required by a consumer's IPP if the consumer or his or her parents have the service paid for by a private insurer if specified conditions are met. The bill would prohibit a regional center from paying a private insurance deductible.

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



13049428741BILL

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

SECTION 1. Section 4659.1 is added to the Welfare and Institutions Code, to read:

4659.1. (a) If a service or support provided pursuant to a consumer's individual program plan under this division or individualized family service plan pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) is paid for in whole or in part by the consumer's parents' private insurance, when necessary to ensure that the consumer receives the service or support, the regional center may pay any applicable copayment associated with the service or support for which the parents are responsible if all of the following conditions are met:

- (1) The consumer is covered by his or her parent's health insurance plan.
- (2) The family has an annual gross income that does not exceed 400 percent of the federal poverty level.
- (3) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10).

(b) If a service or support provided to a consumer 18 years of age or older, pursuant to his or her individual program plan, is paid for in whole or in part by the consumer's private insurance, when necessary to ensure that the consumer receives the service or support, the regional center may pay any applicable copayment associated with the service or support for which the consumer is responsible if both of the following conditions are met:



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(1) The consumer has an annual gross income that does not exceed 400 percent of the federal poverty level.

(2) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10).

(c) Notwithstanding paragraph (2) of subdivision (a) or paragraph (1) of subdivision (b), a regional center may pay a private insurance copayment for a service or support provided pursuant to a consumer's individual program plan or individualized family service plan if the family's or consumer's income exceeds 400 percent of the federal poverty level, if the service or support is necessary to successfully maintain the child at home or the adult consumer in the least-restrictive setting and the parents or consumer demonstrate one or more of the following:

(1) The existence of an extraordinary event that impacts the parents' ability to meet the care and supervision needs of the child or impacts the ability of the parent, or adult consumer with private insurance, to pay the copayment.

(2) The existence of catastrophic loss that temporarily limits the ability of the parents, or adult consumer having private insurance, to pay and creates a direct economic impact on the family or adult consumer. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters and accidents involving major injuries to an immediate family member.

(3) Significant unreimbursed medical costs associated with the care of the consumer or another child who is also a regional center consumer.



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(d) The parents of a consumer or an adult consumer with private insurance shall self-certify their gross annual income to the regional center by providing copies of W-2 Wage Earners Statements, payroll stubs, a copy of the prior year's state income tax return, or other documents and proof of other income.

(e) The parents of a consumer or an adult consumer with private insurance are responsible for notifying the regional center when a change in income occurs that would result in a change in eligibility for coverage of private insurance copayments.

(f) Documentation submitted pursuant to this section shall be considered records obtained in the course of providing intake, assessment, and services and shall be confidential pursuant to Section 4514.

(g) Regional centers shall not pay private insurance deductibles.

(h) This section shall not be implemented in a manner that is inconsistent with the requirements of Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.).

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PANEL EVENT INVITATION

Invitation to attend a panel discussion on

SENATE BILL 946/AUTISM INSURANCE LAW

Panelists:

Kristin Jacobson Autism Deserves Equal Coverage
Eileen Richey Association of Regional Center Agencies
Patricia Sturdevant Department of Insurance
Dr. Louis Vismara M.D. Policy Consultant to Senator Darrell Steinberg
Nancy Wong Department of Managed Health Care Services



Wednesday, March 20, 2013
10:30 am to 11:30 am
Doubletree by Hilton
2001 Point West Way, Sacramento

CALL IN OPTION

If you are unable to attend the panel in person, the panel discussion will be available for listening via teleconference. For more information about the call in option or the panel in general, please email us at scdd@scdd.ca.gov or call us at (916) 322-8481.

Please take our online survey and let us know on how the Autism Insurance Law has impacted you.

English: <https://www.surveymonkey.com/s/GDLC26Y>

Español: <https://www.surveymonkey.com/s/VNMMJQD>



ISSUE ALERT:

SENATE BILL 946

Statewide we are seeing a multitude of issues as families with children diagnosed with autism transition from regional center funded ABA services to funding supported by private health insurance plans, under the authority of Senate Bill 946 (SB 946).

We seek your expertise in solving these problems and offer our assistance to develop meaningful solutions for these impacted families.

Co-Pays & Deductibles

Families across the state are having very different experiences with co-pays and deductibles. This is due in part to regional centers statewide having different approaches to co-pays (assessing who will pay the co-pay and caps on co-pays). Also there are problems with the frequency of co-pays (i.e. per therapy visit vs. per week of therapy visits) and reaching deductibles through the co-pays.

Actions Requested:

- ◆ Define the payment obligations associated with co-pays between health plan subscribers and regional centers.
- ◆ Define the frequency for the payment of a co-pay as associated with ABA programs ranging in 10-40 hour weekly programs (i.e. offer guidance on whether a co-pay is paid with each daily session, per week or per month).
- ◆ Define the payment obligations associated with deductibles between health plan subscribers and regional centers.
- ◆ Ensure that health plan companies are basing deductibles on actual costs and not the schedule of maximum allowances of services rate valuation of services received.

Some regional centers only cover 25% of the co-pay; some will cover the co-pay up to a pre-determined amount.

Whereas, other regional centers will pay 100% of the co-pay but are refusing to cover previously funded services like parent training, clinical supervision and report writing.

Inadequate Networks of Providers

Families across the state are reporting that their health insurance plan has failed to contract with an adequate number of providers in their geographic area to meet the timelines as indicated by the law.

The result is that families experience significant delays: they wait up to 4-6 weeks for an assessment, the assessment takes another 4-6 weeks to get approved by the plan and then maybe within 1-2 weeks after that, services start. In sum, 3 1/2 months (or more) may have transpired before the child actually starts to receive services.

Actions Requested:

- ◆ Define “adequate” for purposes of SB 946 as meaning more than 2 providers in a network.
- ◆ Define “network” for purposes of SB 946 as meaning a large and varied group of providers, adequate to serve each geographic area.

Low Rates of Reimbursement

Families report that their health insurance plan will not panel with their current ABA provider, even if the provider has a long standing relationship with the family and/or community as a reputable provider. Families are forced to either opt for the provider offered by the plan or go “out of network” for the current provider. When families go out of network, they risk yet another battle: Will the provider be able to continue to provide services under the low rate of reimbursement?

Providers report that the plans are using rates that are not “usual/reasonable and customary” for their given area. The result is that the provider either passes the difference between their actual rate and that of the reimbursement rate onto to the family or the provider declines continuing to serve the family, as they cannot work for such low rates.

Actions Requested:

- ◆ Provide guidance on usual/reasonable and customary rates for “qualified autism service providers” as stated in SB 946.

Mary Ellen Stives, Area Board 13 (San Diego and Imperial Counties) 619-688-3323
MaryEllen.Stives@scdd.ca.gov

Anastasia Bacigalupo, Area Board 9 (San Luis Obispo, Santa Barbara, and Ventura Counties)
805-648-0220 Anastasia.Bacigalupo@scdd.ca.org

Agenda Item 6Aiii

Equity and Diversity Legislation

Equity and Diversity Legislation

[AB 1232](#) ([V. Manuel Pérez D](#)) **Developmental services: quality assessment system.**

Introduced: 2/22/2013

Status: 2/25/2013-Read first time.

Location: 2/22/2013-A. PRINT

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 services and supports to individuals with developmental disabilities. Existing law requires the department to implement a quality assessment system, as prescribed, to enable the department to assess the performance of the state's developmental services system and to improve services for consumers. Under existing law, the department is required, in consultation with stakeholders, to identify a valid and reliable quality assurance instrument that assesses consumer and family satisfaction, provision of services, and personal outcomes, and, among other things, includes outcome-based measures such as health, safety, and well-being. Under existing law, the department is required to contract with an independent agency or organization that is, in part, experienced in designing valid quality assurance instruments, to implement the system. This bill would require the quality assurance instrument to assess the provision of services in a linguistically and culturally competent manner and include an outcome-based measure on issues of equity and diversity. This bill would require the independent agency or organization the department contracts with to be experienced in issues relating to linguistic and cultural competency.

[SB 158](#) ([Correa D](#)) **Autism services: demonstration program.**

Introduced: 2/1/2013

Status: 2/14/2013-Referred to Com. on RLS.

Location: 2/14/2013-S. RLS.

Summary: The Lanterman Developmental Disabilities Services Act authorizes the State Department of Developmental Services to contract with regional centers to provide services and support to individuals with developmental disabilities, including autism. This bill would declare the intent of the Legislature to enact legislation that would establish a demonstration program that will provide technical assistance and best practices related to linguistic and cultural competency for autism services that are provided by regional centers to consumers and their families.

[SB 208](#) ([Lara D](#)) **Developmental services: regional centers.**

Introduced: 2/8/2013

Status: 2/21/2013-Referred to Com. on RLS.

Location: 2/21/2013-S. RLS.

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 services and supports 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. Existing law authorizes the regional center to, among other things, solicit an individual or agency, by requests for proposals (RFPs) or other means, to provide needed services or supports that are not available to achieve the stated objectives of a consumer's IPP. This bill would state the intent of the Legislature to enact legislation to require that RFPs that

are created by regional centers include a section to evaluate the applicant's ability to provide services and supports that are culturally and linguistically competent.

SB 319 (Price D) Developmental services: regional centers: data compilation.

Introduced: 2/19/2013

Status: 2/20/2013-From printer. May be acted upon on or after March 22.

Location: 2/19/2013-S. PRINT

Summary: Under the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is required to contract with regional centers to provide services and supports to individuals with developmental disabilities. This bill would state that it is the intent of the Legislature to enact legislation to require the department to provide quarterly updates regarding the department's progress in meeting specified data compilation requirements in collaboration with regional centers.

SB 321 (Price D) Developmental services: regional centers: performance contracts.

Introduced: 2/19/2013

Status: 2/20/2013-From printer. May be acted upon on or after March 22.

Location: 2/19/2013-S. PRINT

Summary: Under the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is required to contract with regional centers to provide services and supports to individuals with developmental disabilities. Existing law requires the state to enter into 5-year contracts with the regional centers, subject to the annual appropriation of funds by the Legislature, and requires that the contracts include annual performance objectives, as specified. This bill would, in this regard, require the department to establish performance contract guidelines and measures relating to issues of cultural and linguistic competency.

SB 367 (Block D) Developmental services: regional centers.

Introduced: 2/20/2013

Status: 2/21/2013-From printer. May be acted upon on or after March 23.

Location: 2/20/2013-S. PRINT

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 the department, when approving regional center contracts, to ensure that regional center staffing patterns demonstrate that direct service coordination is the highest priority. This bill would state the intent of the Legislature to enact legislation that would provide that the department require regional centers to develop annual strategic plans that address issues of cultural and linguistic competency.

SB 555 (Correa D) Developmental services: individual program plans and individual family service plans.

Introduced: 2/22/2013

Status: 2/25/2013-Read first time.

Location: 2/22/2013-S. PRINT

Summary: This bill would state the intent of the Legislature to enact legislation that would require an IPP or IFSP to consider the needs of the consumer, and his or her family, in order to provide services and supports in a culturally and linguistically appropriate manner.

**Agenda Item 6Aiv
SB468 (Emmerson & Beall)**

Introduced by Senators Emmerson and Beall
(Coauthor: Assembly Member Blumenfield)

February 21, 2013

An act to add Section 4685.8 to the Welfare and Institutions Code, relating to developmental services.

LEGISLATIVE COUNSEL'S DIGEST

SB 468, as introduced, Emmerson. Developmental services: statewide self-determination project.

Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services contracts 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 require the department to implement a statewide self-determination project under which funds from regional center budgets are allocated for local self-determination projects that will enhance the ability of a consumer and his or her family to control the decisions and resources required to meet the objectives in his or her individual program plan. The statewide project would be phased in over

3 years, and serve up to 2500 regional center consumers. The bill would require the department to ensure, among other things, that self-determination is available as a choice and participants in the project reflect the disability, ethnic, and geographic diversity of the state. The bill would require self-determination projects to include, among other things, increased consumer and family control over which services best meet their needs and the IPP objectives and comprehensive person-centered planning. This bill would require a self-determination project to establish a local advisory committee, as prescribed, to provide oversight of the project and to submit, by September 1, 2016, specified recommendations to the department regarding the effectiveness of the project.

This bill would require the department to report to the Legislature, as provided, by January 1, 2017, regarding the status of each project established under the bill, and would render this reporting requirement inoperative on January 1, 2021.

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. The Legislature finds and declares all of the
- 2 following:
- 3 (a) In 1998, the Legislature expanded the Lanterman
- 4 Developmental Disabilities Services Act to include a
- 5 self-determination pilot program. That pilot program was continued
- 6 by the Legislature in 2002 and 2003. However, the pilot program
- 7 was only available at five regional centers and the number of
- 8 individuals served by the self-determination pilot program remains
- 9 small, about 200 regional center consumers.
- 10 (b) As reflected in the State Department of Developmental
- 11 Services 2002 Report to the Legislature, the pilot program remains
- 12 an innovative, cost-effective and successful way of providing
- 13 services to regional center consumers and their families. The
- 14 findings in the report show that self-determination pilot program
- 15 participants were happy and experienced more freedom and
- 16 responsibility in controlling the direction of their services and life
- 17 choices, and the program was cost-neutral in the aggregate. The
- 18 report also found that good self-determination requires intensive

1 person-centered planning, collaboration, and follow-along services
2 and supports.

3 (c) Most other states have self-directed services as a model for
4 providing services. Many California consumers and families have
5 asked for a statewide expansion of the pilot program believing it
6 will do the following: increase innovative and effective services,
7 eliminate bureaucracy, and increase choices for consumers and
8 parents, thereby allowing them to increase their control of services
9 and supports by easily navigating increasingly complex service
10 systems.

11 (d) The intent of this act is to allow for voluntary participation
12 in the self-determination projects while ensuring that the project
13 is available to all consumers regardless of geographic location,
14 economic or educational background, or race or ethnicity, and
15 ensuring a consistent statewide method of administration and
16 comparable services. To ensure these outcomes are achieved, it is
17 the intent of the Legislature that the State Department of
18 Developmental Services and local advisory boards be responsible
19 for oversight and monitoring of funds used for self-determination
20 projects and the achievement of consumer outcomes.

21 (e) In addition, the intent of this act is that the self-determination
22 project be phased in over a three-year period and that the project
23 will continue to be available to all consumers as an option after
24 the initial phase-in period ends.

25 SEC. 2. Section 4685.8 is added to the Welfare and Institutions
26 Code, to read:

27 4685.8. (a) Notwithstanding any other provision of law, the
28 department shall implement a statewide self-determination project
29 under which funds from regional center budgets shall be allocated
30 for local self-determination projects that will enhance the ability
31 of a consumer and his or her family to control the decisions and
32 resources required to meet the objectives in his or her individual
33 program plan. The statewide project shall be phased in over three
34 years, and serve up to 2500 regional center consumers.

35 (b) The department in establishing the statewide project shall
36 ensure the following:

37 (1) That self-determination is available as a choice for up to
38 2500 regional center consumers.

39 (2) That participants in the project reflect the disability, ethnic,
40 and geographic diversity of the state.

- 1 (3) That the project is cost neutral in the aggregate.
- 2 (4) A statewide method of administration and determining
3 comparable services.
- 4 (5) Oversight of expenditure of self-directed funds and the
5 achievement of consumer outcomes over time.
- 6 (c) Self-determination projects funded shall include, but not be
7 limited to, all of the following:
- 8 (1) Increased consumer and family control over which services
9 best meet their needs and the individual program plan objectives.
- 10 (2) Comprehensive person-centered planning, including an
11 individual budget and services that are outcome based.
- 12 (3) Consumer and family training to ensure understanding of
13 the planning process and management of budgets, services, and
14 staff.
- 15 (4) Choice of independent facilitators who can assist with the
16 person-centered planning process and fiscal intermediaries who
17 can assist with payments and provide employee-related services.
- 18 (5) Innovation that will more effectively allow consumers to
19 achieve their goals.
- 20 (6) Programs that provide for the utilization of parent vendors,
21 direct pay options, individual budgets for the procurement of
22 services and supports, alternative case management, and vouchers.
- 23 (d) Each self-determination project shall establish a local
24 advisory committee to provide oversight of the self-determination
25 project. The regional center, area board, and the Office of Clients'
26 Rights Advocacy of Disability Rights California shall each appoint
27 one-third of the membership of the committee, which shall consist
28 of consumers, family members, clients' rights advocates and other
29 advocates, and community leaders. The committee shall reflect
30 the multicultural diversity and geographic profile of the catchment
31 area. The committee shall review the development and ongoing
32 progress of the self-determination project, including whether the
33 project is operating consistent with the requirements of subdivisions
34 (a) and (b), and may make ongoing recommendations for
35 improvement to the regional center and the department. By
36 September 1, 2016, the local advisory committee shall submit to
37 the department recommendations regarding the effectiveness of
38 the project and the continuation and expansion of self-determined
39 services.

- 1 (e) The department shall issue a report to the Legislature no
2 later than January 1, 2017, on the status of each self-determination
3 project authorized by this section, and provide recommendations
4 with respect to continuation and expansion.
- 5 (f) (1) The requirement for submitting a report imposed under
6 subdivision (e) is inoperative on January 1, 2021, pursuant to
7 Section 10231.5 of the Government Code.
- 8 (2) A report to be submitted pursuant to subdivision (e) shall
9 be submitted in compliance with Section 9797 of the Government
10 Code.

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Agenda Item 6Av

Accessible Housing Legislation



CALIFORNIANS FOR DISABILITY RIGHTS, INC.
Together...for access. for justice. for equality. for independence

Housing and People with Disabilities

Problem Statement

As organizations representing people with disabilities and their families, affordable housing is very high on our priority lists.

People with disabilities tend to have low incomes; according to the federal Department of Labor, only 20.5% of adults with disabilities are in the workforce, as compared to 69.1% for people without disabilities. Along with other low-income Californians, people with disabilities, including seniors, have great difficulty finding affordable housing.

Many people with disabilities face another daunting challenge: they need housing which is accessible to them, meeting their disability-related needs. As difficult as it is to find an affordable place to live, the difficulty is multiplied if someone needs a unit with no stairs, or a bathroom which has the right layout for somebody who uses a scooter or wheelchair, or any number of other accessible features. Even in some newly-built structures with units which are supposed to be somewhat accessible under general construction standards in California, people in power wheelchairs can't get in the front door, can't reach most of the apartments or rooms if they can get in, can't turn around, and/or can't use the bathrooms if they can reach them.

With the increasing number of people with disabilities caused by aging, civilian violence, wars, the autism and fetal alcoholism spectrum disorder epidemics, the need can only be expected to grow. People who want to stay at home or return to home rather than live in nursing homes or other institutions – including veterans and seniors - need more accessibility.

In California, three different sets of requirements about accessible housing built exacerbate the problem even further: the Federal Fair Housing Act Amendments (FHAA) covering some, but not all units built since 1991; the California Building Code Standards, which have some improvements over FHAA standards; and the federal Uniform Federal Accessibility Standards (UFAS). Even well-intentioned developers can be confused by the conflicting requirements, which are not producing sufficient accessible housing. The only standards that provide truly accessible units are the UFAS, which require 5% of units to be fully accessible for people with mobility disabilities and 2% to be fully accessible for people with visual/hearing disabilities. But right now, UFAS standards apply only to units built with federal funding.

Possible Solutions

To mitigate these issues, we offer some possible fixes as amendments to recently introduced and proposed housing bills:

1. 10% of all units funded pursuant to the bills will meet the Uniform Federal Accessibility Standards (UFAS);
2. There will be incentives, possibly including things such as reduced parking requirements, bonus points in applications for funding, or expedited local permit processing, for additional units that meet UFAS standards beyond the 10%;
3. A portion of the funds will be set aside to be used to fund rehabilitation and retrofit to make existing rental residences more accessible, similar to previous successful programs that no longer have funding; and
4. The bills will add findings and intent language, comparable to the existing language, on the unmet and increasing housing needs of people with disabilities including disabilities caused by aging.

February 14, 2013

Introduced by Senator JacksonFebruary 22, 2013

An act to add Chapter 6.25 (commencing with Section 50655.1) to Part 2 of Division 31 of the Health and Safety Code, relating to housing.

LEGISLATIVE COUNSEL'S DIGEST

SB 550, as introduced, Jackson. Accessible housing.

Existing law establishes various programs under the Department of Housing and Community Development, including the California Housing Rehabilitation Program for the development of low-income and multifamily rental housing in the state. Existing law creates the Multifamily Housing Program under the department to provide a standardized set of program rules and features applicable to all housing types based on the existing California Housing Rehabilitation Program. Among other things, the program provides financial assistance to fund projects for, among other things, the development and construction of new, and rehabilitation or acquisition and rehabilitation of, existing, transitional, or rental housing developments, and establishes a project selection process for loans for these projects. Existing law also requires the department to establish a program for the purpose of housing assistance for the physically or developmentally disabled, or mentally disordered.

This bill would create the Accessible Multifamily Housing Act of 2013, which would require new and substantially rehabilitated assisted multifamily housing projects, as defined, for which building permits are issued on and after July 1, 2014, to be designed and constructed to be readily accessible to and usable by individuals with mobility, vision, and hearing impairments, as specified.

By imposing additional enforcement duties on local officials, this bill would create a state-mandated local program.

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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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. The Legislature finds and declares as follows:

2 (a) There exists within the urban and rural areas of the state a
3 significant number of people with disabilities who lack accessible,
4 decent, safe, and sanitary housing. The lack of affordable,
5 accessible housing is a significant problem for adults and children,
6 contributing to chronic homelessness and unnecessary
7 institutionalization.

8 (b) California housing and building codes and standards do not
9 currently provide for sufficient accessibility for people who need
10 accessible features in their homes, including people who use
11 mobility devices or who have sensory disabilities.

12 (c) Ensuring that state accessibility requirements for assisted
13 multifamily housing projects meet or exceed the accessibility
14 standards required for federally assisted multifamily housing
15 projects will reduce confusion, will provide for a more
16 comprehensive approach to accessibility, and will result in the
17 provision of much needed additional accessible units.

18 SEC. 2. Chapter 6.25 (commencing with Section 50655.1) is
19 added to Part 2 of Division 31 of the Health and Safety Code, to
20 read:

21

22 CHAPTER 6.25. ACCESSIBLE MULTIFAMILY HOUSING ACT OF
23 2013

24

25 50655.1. (a) This chapter shall be known, and may be cited,
26 as the Accessible Multifamily Housing Act of 2013.

1 (b) (1) New and substantially rehabilitated assisted multifamily
2 housing projects shall be designed and constructed to be readily
3 accessible to, and usable by, individuals with disabilities. Subject
4 to paragraph (2), a minimum of 10 percent of the total dwelling
5 units, or at least one unit in the assisted multifamily housing
6 project, whichever is greater, shall be made accessible for persons
7 with mobility impairments. An additional 4 percent of the units,
8 but no fewer than one unit, in the project shall be accessible for
9 persons with hearing or vision impairments.

10 (2) The California Housing Finance Agency, the Department
11 of Housing and Community Development, or other state or local
12 government agency may prescribe a higher percentage or number
13 than that prescribed in paragraph (1), upon a determination that a
14 higher percentage is necessary for a particular program, project,
15 or area, based on census data or other available current data or in
16 response to evidence of a need for a higher percentage or number
17 received in any other manner.

18 (c) This chapter shall apply to all assisted multifamily housing
19 projects for which building permits are issued on and after July 1,
20 2014.

21 50655.2. The following terms have the following meanings
22 for purposes of this chapter:

23 (a) "Accessible" means that a multifamily housing unit is on an
24 accessible route and is adaptable and otherwise in compliance with
25 the standards set forth in Section 8.32 (a), (b), and (c) of Title 24
26 of the Code of Federal Regulations.

27 (b) "Assistance" means the provision of any land or in-kind
28 contributions, as well as any financial assistance, including
29 proceeds of any bond or indenture, loan or grant or bond insurance
30 or guarantees, loans, grants, rental assistance, operational
31 assistance, development assistance, downpayment assistance,
32 rehabilitation assistance, or housing tax credits.

33 (c) "Assisted multifamily housing project" means any newly
34 developed or substantially rehabilitated multifamily housing
35 receiving assistance from state or local public agencies, including
36 from the California Housing Finance Agency, the Department of
37 Housing and Community Development, the California Tax Credit
38 Allocation Committee, local redevelopment agencies and their
39 successors, cities, counties, and city and counties, and public
40 housing authorities.

1 SEC. 3. If the Commission on State Mandates determines that
2 this act contains costs mandated by the state, reimbursement to
3 local agencies and school districts for those costs shall be made
4 pursuant to Part 7 (commencing with Section 17500) of Division
5 4 of Title 2 of the Government Code.

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Agenda Item 6A Abuse and Neglect Legislation

- SB 651 (Pavley)
- AB 961 (Levine)
- AB 602 (Yamada)

Introduced by Senators Pavley and Leno
(Coauthors: Senators Block, DeSaulnier, Lieu, and Yee)
(Coauthors: Assembly Members Ammiano, Bloom, Blumenfield,
Brown, Chesbro, Frazier, Quirk-Silva, Rendon, Ting, and Williams)

February 22, 2013

An act to add Section 1424.6 to the Health and Safety Code, and to amend Section 4427.5 of, and to add Sections 4313.5 and 4427.7 to, the Welfare and Institutions Code, relating to health and human services.

LEGISLATIVE COUNSEL'S DIGEST

SB 651, as introduced, Pavley. Developmental centers and state hospitals.

Existing law establishes the State Department of Developmental Services and sets forth its powers and duties relating to the administration of the state developmental centers. Existing law establishes the State Department of State Hospitals and sets forth its powers and duties relating to the administration of state hospitals.

This bill would require designated investigators of developmental centers and state hospitals to ensure that a resident of a developmental center or a resident of a state hospital, as applicable, who is a victim or suspected victim of sexual assault, as defined, is provided a medical evidentiary examination performed at an appropriate facility off the grounds of the developmental center or state hospital in accordance with specified provisions.

Existing law requires a developmental center to immediately report specified incidents involving a resident to the local law enforcement agency having jurisdiction over the city or county in which the developmental center is located. Existing law provides for the licensure and regulation of health facilities, including long-term care facilities,

as defined, by the State Department of Public Health. Existing law provides for a citation system for the imposition of civil penalties against long-term care facilities, including penalties specifically applicable to certain skilled nursing facilities and intermediate care facilities, in violation of applicable laws and regulations.

This bill would deem a developmental center's failure to report to local law enforcement a class B violation, as specified, and subject to the penalties applicable to those certain skilled nursing and intermediate care facilities, as specified.

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 1424.6 is added to the Health and Safety
2 Code, to read:
3 1424.6. Failure by a developmental center to report incidents
4 as required under subdivision (a) of Section 4427.5 of the Welfare
5 and Institutions Code shall be deemed a class B violation and shall
6 be subject to the penalties specified in Section 1424.5.
7 SEC. 2. Section 4313.5 is added to the Welfare and Institutions
8 Code, to read:
9 4313.5. Designated investigators of state hospitals shall ensure
10 that a resident of a state hospital who is a victim or suspected
11 victim of sexual assault, as defined in Section 15610.63, is provided
12 a medical evidentiary examination performed at an appropriate
13 facility off the grounds of a state hospital in accordance with
14 Sections 13823.5 to 13823.12, inclusive, of the Penal Code.
15 SEC. 3. Section 4427.5 of the Welfare and Institutions Code
16 is amended to read:
17 4427.5. (a) (1) A developmental center shall immediately
18 report the following incidents involving a resident to the local law
19 enforcement agency having jurisdiction over the city or county in
20 which the developmental center is located, regardless of whether
21 the Office of Protective Services has investigated the facts and
22 circumstances relating to the incident:
23 (A) A death.
24 (B) A sexual assault, as defined in Section 15610.63.

- 1 (C) An assault with a deadly weapon, as described in Section
2 245 of the Penal Code, by a nonresident of the developmental
3 center.
- 4 (D) An assault with force likely to produce great bodily injury,
5 as described in Section 245 of the Penal Code.
- 6 (E) An injury to the genitals when the cause of the injury is
7 undetermined.
- 8 (F) A broken bone, when the cause of the break is undetermined.
- 9 (2) If the incident is reported to the law enforcement agency by
10 telephone, a written report of the incident shall also be submitted
11 to the agency, within two working days.
- 12 (3) The reporting requirements of this subdivision are in addition
13 to, and do not substitute for, the reporting requirements of
14 mandated reporters, and any other reporting and investigative
15 duties of the developmental center and the department as required
16 by law.
- 17 (4) Nothing in this subdivision shall be interpreted to prevent
18 the developmental center from reporting any other criminal act
19 constituting a danger to the health or safety of the residents of the
20 developmental center to the local law enforcement agency.
- 21 (b) (1) The department shall report to the agency described in
22 subdivision (i) of Section 4900 any of the following incidents
23 involving a resident of a developmental center:
- 24 (A) Any unexpected or suspicious death, regardless of whether
25 the cause is immediately known.
- 26 (B) Any allegation of sexual assault, as defined in Section
27 15610.63, in which the alleged perpetrator is a developmental
28 center or department employee or contractor.
- 29 (C) Any report made to the local law enforcement agency in
30 the jurisdiction in which the facility is located that involves
31 physical abuse, as defined in Section 15610.63, in which a staff
32 member is implicated.
- 33 (2) A report pursuant to this subdivision shall be made no later
34 than the close of the first business day following the discovery of
35 the reportable incident.
- 36 (c) The department shall do both of the following:
- 37 (1) Annually provide written information to every developmental
38 center employee regarding all of the following:
- 39 (A) The statutory and departmental requirements for mandatory
40 reporting of suspected or known abuse.

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

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

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

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

12 (d) *A failure to report under subdivision (a) shall be deemed a*
13 *class B violation as provided in Section 1424.6 of the Health and*
14 *Safety Code.*

15 SEC. 4. Section 4427.7 is added to the Welfare and Institutions
16 Code, to read:

17 4427.7. Designated investigators of developmental centers
18 shall ensure that a resident of a developmental center who is a
19 victim or suspected victim of sexual assault, as defined in Section
20 15610.63, is provided a medical evidentiary examination performed
21 at an appropriate facility off the grounds of the developmental
22 center in accordance with Sections 13823.5 to 13823.12, inclusive,
23 of the Penal Code.

O

ASSEMBLY BILL

No. 961

Introduced by Assembly Member Levine

February 22, 2013

An act to amend Section 1420 of the Health and Safety Code, to amend Sections 4514 and 5328.15 of, and to add Sections 4514.2 and 5328.17 to, the Welfare and Institutions Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 961, as introduced, Levine. Health facilities: investigations: public disclosure.

Existing law establishes the State Department of Health Care Services and sets forth its powers and duties, including, but not limited to, the licensing and regulation of health facilities, with certain exceptions. Existing law requires the department to investigate complaints relating to long-term health facilities, as defined.

This bill would require the department to complete its investigation and issue a citation within specified time periods, but would allow for an extension of these periods for up to 30 days if the department is unable to complete its investigation due to extenuating circumstances beyond its control, and would require the department to document these circumstances in its final determination.

Existing law requires the confidentiality of all information and records obtained in the course of providing intake, assessment, and services pursuant to specified provisions of existing law to persons with developmental disabilities and to voluntary or involuntary recipients of services under the Lanterman-Petris Short Act or within a prescribed state or county hospital. Existing law authorizes disclosure of this

information to certain authorized licensing personnel who are employed by, or who are authorized representatives of, the State Department of Public Health or State Department of Social Services, as necessary to the performance of their duties to inspect, license, and investigate health facilities and community care facilities, and to ensure that the standards of care and services provided in these facilities are adequate and appropriate and to ascertain compliance with the rules and regulations to which the facility is subject. Existing law prohibits the confidential information in the possession of these departments from containing the name of the patient or the person with a developmental disability.

This bill would authorize public notice of the survey or licensing reports, or all class “AA,” “A,” or “B” violations issued by the State Department of Public Health, as specified, or facility evaluation, deficiency, or complaint investigation reports issued by the State Department of Social Services, if the information relates to a facility with a license capacity of 16 beds or more and does not include the name or personally identifiable information of any patient or person with a developmental disability. The bill would also prohibit the confidential information in the possession of the State Department of Public Health or State Department of Social Services from containing personally identifiable information about a patient or a person with a disability.

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 1420 of the Health and Safety Code is
2 amended to read:
3 1420. (a) (1) Upon receipt of a written or oral complaint, the
4 state department shall assign an inspector to make a preliminary
5 review of the complaint and shall notify the complainant within
6 two working days of the receipt of the complaint of the name of
7 the inspector. Unless the state department determines that the
8 complaint is willfully intended to harass a licensee or is without
9 any reasonable basis, it shall make an onsite inspection or
10 investigation within 10 working days of the receipt of the
11 complaint. In any case in which the complaint involves a threat of
12 imminent danger of death or serious bodily harm, the state
13 department shall make an onsite inspection or investigation within

1 24 hours of the receipt of the complaint. In any event, the
2 complainant shall be promptly informed of the state department's
3 proposed course of action and of the opportunity to accompany
4 the inspector on the inspection or investigation of the facility. Upon
5 the request of either the complainant or the state department, the
6 complainant or his or her representative, or both, may be allowed
7 to accompany the inspector to the site of the alleged violations
8 during his or her tour of the facility, unless the inspector determines
9 that the privacy of any patient would be violated thereby.

10 (2) When conducting an onsite inspection or investigation
11 pursuant to this section, the state department shall collect and
12 evaluate all available evidence and may issue a citation based
13 upon, but not limited to, all of the following:

14 (A) Observed conditions.

15 (B) Statements of witnesses.

16 (C) Facility records.

17 (3) *(A) The department shall complete its investigation and
18 issue a citation, if any, within the following periods:*

19 *(i) If the violation was the direct proximate cause of the death
20 of a patient or resident, within 90 days.*

21 *(ii) If the violation presented an imminent danger of death or
22 serious harm to a patient or resident or a substantial probability
23 of death or serious harm to a patient or resident, within 120 days.*

24 *(iii) If the violation has a direct or immediate relationship to
25 the health, safety, or security of a patient or resident, within 180
26 days.*

27 *(B) The time periods described in subparagraph (A) may be
28 extended by 30 days if the department is unable to complete its
29 investigation due to extenuating circumstances beyond its control.
30 The department shall document these extenuating circumstances
31 in its final determination.*

32 ~~(3)~~

33 (4) Within 10 working days of the completion of the complaint
34 investigation, the state department shall notify the complainant
35 and licensee in writing of the department's determination as a
36 result of the inspection or investigation.

37 (b) Upon being notified of the state department's determination
38 as a result of the inspection or investigation, a complainant who
39 is dissatisfied with the state department's determination, regarding
40 a matter which would pose a threat to the health, safety, security,

1 welfare, or rights of a resident, shall be notified by the state
2 department of the right to an informal conference, as set forth in
3 this section. The complainant may, within five business days after
4 receipt of the notice, notify the director in writing of his or her
5 request for an informal conference. The informal conference shall
6 be held with the designee of the director for the county in which
7 the long-term health care facility which is the subject of the
8 complaint is located. The long-term health care facility may
9 participate as a party in this informal conference. The director's
10 designee shall notify the complainant and licensee of his or her
11 determination within 10 working days after the informal conference
12 and shall apprise the complainant and licensee in writing of the
13 appeal rights provided in subdivision (c).

14 (c) If the complainant is dissatisfied with the determination of
15 the director's designee in the county in which the facility is located,
16 the complainant may, within 15 days after receipt of this
17 determination, notify in writing the Deputy Director of the
18 Licensing and Certification Division of the state department, who
19 shall assign the request to a representative of the Complainant
20 Appeals Unit for review of the facts that led to both determinations.
21 As a part of the Complainant Appeals Unit's independent
22 investigation, and at the request of the complainant, the
23 representative shall interview the complainant in the district office
24 where the complaint was initially referred. Based upon this review,
25 the Deputy Director of the Licensing and Certification Division
26 of the state department shall make his or her own determination
27 and notify the complainant and the facility within 30 days.

28 (d) Any citation issued as a result of a conference or review
29 provided for in subdivision (b) or (c) shall be issued and served
30 upon the facility within three working days of the final
31 determination, unless the licensee agrees in writing to an extension
32 of this time. Service shall be effected either personally or by
33 registered or certified mail. A copy of the citation shall also be
34 sent to each complainant by registered or certified mail.

35 (e) A miniexit conference shall be held with the administrator
36 or his or her representative upon leaving the facility at the
37 completion of the investigation to inform him or her of the status
38 of the investigation. The department shall also state the items of
39 noncompliance and compliance found as a result of a complaint
40 and those items found to be in compliance, provided the disclosure

1 maintains the anonymity of the complainant. In any matter in which
2 there is a reasonable probability that the identity of the complainant
3 will not remain anonymous, the state department shall also notify
4 the facility that it is unlawful to discriminate or seek retaliation
5 against a resident, employee, or complainant.

6 (f) For purposes of this section, "complaint" means any oral or
7 written notice to the state department, other than a report from the
8 facility of an alleged violation of applicable requirements of state
9 or federal law or any alleged facts that might constitute such a
10 violation.

11 SEC. 2. Section 4514 of the Welfare and Institutions Code is
12 amended to read:

13 4514. All information and records obtained in the course of
14 providing intake, assessment, and services under Division 4.1
15 (commencing with Section 4400), Division 4.5 (commencing with
16 Section 4500), Division 6 (commencing with Section 6000), or
17 Division 7 (commencing with Section 7100) to persons with
18 developmental disabilities shall be confidential. Information and
19 records obtained in the course of providing similar services to
20 either voluntary or involuntary recipients prior to 1969 shall also
21 be confidential. Information and records shall be disclosed only
22 in any of the following cases:

23 (a) In communications between qualified professional persons,
24 whether employed by a regional center or state developmental
25 center, or not, in the provision of intake, assessment, and services
26 or appropriate referrals. The consent of the person with a
27 developmental disability, or his or her guardian or conservator,
28 shall be obtained before information or records may be disclosed
29 by regional center or state developmental center personnel to a
30 professional not employed by the regional center or state
31 developmental center, or a program not vendored by a regional
32 center or state developmental center.

33 (b) When the person with a developmental disability, who has
34 the capacity to give informed consent, designates individuals to
35 whom information or records may be released, except that nothing
36 in this chapter shall be construed to compel a physician and
37 surgeon, psychologist, social worker, marriage and family therapist,
38 professional clinical counselor, nurse, attorney, or other
39 professional to reveal information that has been given to him or

1 her in confidence by a family member of the person unless a valid
2 release has been executed by that family member.

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

7 (d) If the person with a developmental disability is a minor,
8 dependent ward, or conservatee, and his or her parent, guardian,
9 conservator, limited conservator with access to confidential records,
10 or authorized representative, designates, in writing, persons to
11 whom records or information may be disclosed, except that nothing
12 in this chapter shall be construed to compel a physician and
13 surgeon, psychologist, social worker, marriage and family therapist,
14 professional clinical counselor, nurse, attorney, or other
15 professional to reveal information that has been given to him or
16 her in confidence by a family member of the person unless a valid
17 release has been executed by that family member.

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

24
25
26
27

“ _____
Date

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

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

4
5
6
7

Signed

8 (f) To the courts, as necessary to the administration of justice.

9 (g) To governmental law enforcement agencies as needed for
10 the protection of federal and state elective constitutional officers
11 and their families.

12 (h) To the Senate Committee on Rules or the Assembly
13 Committee on Rules for the purposes of legislative investigation
14 authorized by the committee.

15 (i) To the courts and designated parties as part of a regional
16 center report or assessment in compliance with a statutory or
17 regulatory requirement, including, but not limited to, Section
18 1827.5 of the Probate Code, Sections 1001.22 and 1370.1 of the
19 Penal Code, and Section 6502 of the Welfare and Institutions Code
20 *this code.*

21 (j) To the attorney for the person with a developmental disability
22 in any and all proceedings upon presentation of a release of
23 information signed by the person, except that when the person
24 lacks the capacity to give informed consent, the regional center or
25 state developmental center director or designee, upon satisfying
26 himself or herself of the identity of the attorney, and of the fact
27 that the attorney represents the person, shall release all information
28 and records relating to the person except that nothing in this article
29 shall be construed to compel a physician and surgeon, psychologist,
30 social worker, marriage and family therapist, professional clinical
31 counselor, nurse, attorney, or other professional to reveal
32 information that has been given to him or her in confidence by a
33 family member of the person unless a valid release has been
34 executed by that family member.

35 (k) Upon written consent by a person with a developmental
36 disability previously or presently receiving services from a regional
37 center or state developmental center, the director of the regional
38 center or state developmental center, or his or her designee, may
39 release any information, except information that has been given
40 in confidence by members of the family of the person with

1 developmental disabilities, requested by a probation officer charged
2 with the evaluation of the person after his or her conviction of a
3 crime if the regional center or state developmental center director
4 or designee determines that the information is relevant to the
5 evaluation. The consent shall only be operative until sentence is
6 passed on the crime of which the person was convicted. The
7 confidential information released pursuant to this subdivision shall
8 be transmitted to the court separately from the probation report
9 and shall not be placed in the probation report. The confidential
10 information shall remain confidential except for purposes of
11 sentencing. After sentencing, the confidential information shall be
12 sealed.

13 (l) Between persons who are trained and qualified to serve on
14 “multidisciplinary personnel” teams pursuant to subdivision (d)
15 of Section 18951. The information and records sought to be
16 disclosed shall be relevant to the prevention, identification,
17 management, or treatment of an abused child and his or her parents
18 pursuant to Chapter 11 (commencing with Section 18950) of Part
19 6 of Division 9.

20 (m) When a person with a developmental disability dies from
21 any cause, natural or otherwise, while hospitalized in a state
22 developmental center, the State Department of Developmental
23 Services, the physician and surgeon in charge of the client, or the
24 professional in charge of the facility or his or her designee, shall
25 release information and records to the coroner. The State
26 Department of Developmental Services, the physician and surgeon
27 in charge of the client, or the professional in charge of the facility
28 or his or her designee, shall not release any notes, summaries,
29 transcripts, tapes, or records of conversations between the resident
30 and health professional personnel of the hospital relating to the
31 personal life of the resident that is not related to the diagnosis and
32 treatment of the resident’s physical condition. Any information
33 released to the coroner pursuant to this section shall remain
34 confidential and shall be sealed and shall not be made part of the
35 public record.

36 (n) To authorized licensing personnel who are employed by, or
37 who are authorized representatives of, the State Department of
38 Public Health, and who are licensed or registered health
39 professionals, and to authorized legal staff or special investigators
40 who are peace officers who are employed by, or who are authorized

1 representatives of, the State Department of Social Services, as
2 necessary to the performance of their duties to inspect, license,
3 and investigate health facilities and community care facilities, and
4 to ensure that the standards of care and services provided in these
5 facilities are adequate and appropriate and to ascertain compliance
6 with the rules and regulations to which the facility is subject. The
7 confidential information shall remain confidential except for
8 purposes of inspection, licensing, or investigation pursuant to
9 Chapter 2 (commencing with Section 1250) and Chapter 3
10 (commencing with Section 1500) of Division 2 of the Health and
11 Safety Code, or a criminal, civil, or administrative proceeding in
12 relation thereto. The confidential information may be used by the
13 State Department of Public Health or the State Department of
14 Social Services in a criminal, civil, or administrative proceeding.
15 The confidential information shall be available only to the judge
16 or hearing officer and to the parties to the case. Names which are
17 confidential shall be listed in attachments separate to the general
18 pleadings. The confidential information shall be sealed after the
19 conclusion of the criminal, civil, or administrative hearings, and
20 shall not subsequently be released except in accordance with this
21 subdivision. If the confidential information does not result in a
22 criminal, civil, or administrative proceeding, it shall be sealed after
23 the State Department of Public Health or the State Department of
24 Social Services decides that no further action will be taken in the
25 matter of suspected licensing violations. Except as otherwise
26 provided in this subdivision, confidential information in the
27 possession of the State Department of Public Health or the State
28 Department of Social Services shall not contain the name of the
29 person with a developmental disability *or other personally*
30 *identifiable information.*

31 (o) To any board which licenses and certifies professionals in
32 the fields of mental health and developmental disabilities pursuant
33 to state law, when the Director of Developmental Services has
34 reasonable cause to believe that there has occurred a violation of
35 any provision of law subject to the jurisdiction of a board and the
36 records are relevant to the violation. The information shall be
37 sealed after a decision is reached in the matter of the suspected
38 violation, and shall not subsequently be released except in
39 accordance with this subdivision. Confidential information in the

1 possession of the board shall not contain the name of the person
2 with a developmental disability.

3 (p) To governmental law enforcement agencies by the director
4 of a regional center or state developmental center, or his or her
5 designee, when (1) the person with a developmental disability has
6 been reported lost or missing or (2) there is probable cause to
7 believe that a person with a developmental disability has
8 committed, or has been the victim of, murder, manslaughter,
9 mayhem, aggravated mayhem, kidnapping, robbery, carjacking,
10 assault with the intent to commit a felony, arson, extortion, rape,
11 forcible sodomy, forcible oral copulation, assault or battery, or
12 unlawful possession of a weapon, as provided in any provision
13 listed in Section 16590 of the Penal Code.

14 This subdivision shall be limited solely to information directly
15 relating to the factual circumstances of the commission of the
16 enumerated offenses and shall not include any information relating
17 to the mental state of the patient or the circumstances of his or her
18 treatment unless relevant to the crime involved.

19 This subdivision shall not be construed as an exception to, or in
20 any other way affecting, the provisions of Article 7 (commencing
21 with Section 1010) of Chapter 4 of Division 8 of the Evidence
22 Code, or Chapter 11 (commencing with Section 15600) and
23 Chapter 13 (commencing with Section 15750) of Part 3 of Division
24 9.

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

28 (r) To an agency mandated to investigate a report of abuse filed
29 pursuant to either Section 11164 of the Penal Code or Section
30 15630 of the Welfare and Institutions Code for the purposes of
31 either a mandated or voluntary report or when those agencies
32 request information in the course of conducting their investigation.

33 (s) When a person with developmental disabilities, or the parent,
34 guardian, or conservator of a person with developmental disabilities
35 who lacks capacity to consent, fails to grant or deny a request by
36 a regional center or state developmental center to release
37 information or records relating to the person with developmental
38 disabilities within a reasonable period of time, the director of the
39 regional or developmental center, or his or her designee, may

1 release information or records on behalf of that person provided
2 both of the following conditions are met:

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

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

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

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

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

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

24 (i) The appointing authority has provided written notice to the
25 consumer and the consumer's legal representative or, if the
26 consumer has no legal representative or if the legal representative
27 is a state agency, to the clients' rights advocate, and the consumer,
28 the consumer's legal representative, or the clients' rights advocate
29 has not objected in writing to the appointing authority within five
30 business days of receipt of the notice, or the appointing authority,
31 upon review of the objection has determined that the circumstances
32 on which the adverse action is based are egregious or threaten the
33 health, safety, or life of the consumer or other consumers and
34 without the information the adverse action could not be taken.

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

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

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

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

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

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

36 (4) All records, documents, or other materials containing
37 confidential information protected by this section that have been
38 submitted or otherwise disclosed to the administrative agency or
39 other person as a component of an appeal from an adverse action
40 shall, upon proper motion by the appointing authority to the

1 administrative tribunal, be placed under administrative seal and
2 shall not, thereafter, be subject to disclosure to any person or entity
3 except upon the issuance of an order of a court of competent
4 jurisdiction.

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

11 (u) To the person appointed as the developmental services
12 decisionmaker for a minor, dependent, or ward pursuant to Section
13 319, 361, or 726.

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

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

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

29 SEC. 3. Section 4514.2 is added to the Welfare and Institutions
30 Code, to read:

31 4514.2. Notwithstanding Section 4514, public notice may be
32 provided of the following information, if the information relates
33 to a facility with a license capacity of 16 beds or more and does
34 not include the name or personally identifiable information of any
35 person with a developmental disability:

36 (a) Survey and licensing reports, and all class "AA," "A," or
37 "B" violations under the standards set forth in Section 1424 of the
38 Health and Safety Code, issued by the State Department of Public
39 Health.

1 (b) Facility evaluation, deficiency, and complaint investigation
2 reports issued by the State Department of Social Services.

3 SEC. 4. Section 5328.15 of the Welfare and Institutions Code
4 is amended to read:

5 5328.15. All information and records obtained in the course
6 of providing services under Division 5 (commencing with Section
7 5000), Division 6 (commencing with Section 6000), or Division
8 7 (commencing with Section 7000), to either voluntary or
9 involuntary recipients of services shall be confidential. Information
10 and records may be disclosed, however, notwithstanding any other
11 provision of law, as follows:

12 (a) To authorized licensing personnel who are employed by, or
13 who are authorized representatives of, the State Department of
14 Public Health, and who are licensed or registered health
15 professionals, and to authorized legal staff or special investigators
16 who are peace officers who are employed by, or who are authorized
17 representatives of the State Department of Social Services, as
18 necessary to the performance of their duties to inspect, license,
19 and investigate health facilities and community care facilities and
20 to ensure that the standards of care and services provided in such
21 facilities are adequate and appropriate and to ascertain compliance
22 with the rules and regulations to which the facility is subject. The
23 confidential information shall remain confidential except for
24 purposes of inspection, licensing, or investigation pursuant to
25 Chapter 2 (commencing with Section 1250) of, and Chapter 3
26 (commencing with Section 1500) of, Division 2 of the Health and
27 Safety Code, or a criminal, civil, or administrative proceeding in
28 relation thereto. The confidential information may be used by the
29 State Department of Public Health or the State Department of
30 Social Services in a criminal, civil, or administrative proceeding.
31 The confidential information shall be available only to the judge
32 or hearing officer and to the parties to the case. Names which are
33 confidential shall be listed in attachments separate to the general
34 pleadings. The confidential information shall be sealed after the
35 conclusion of the criminal, civil, or administrative hearings, and
36 shall not subsequently be released except in accordance with this
37 subdivision. If the confidential information does not result in a
38 criminal, civil, or administrative proceeding, it shall be sealed after
39 the State Department of Public Health or the State Department of
40 Social Services decides that no further action will be taken in the

1 matter of suspected licensing violations. Except as otherwise
2 provided in this subdivision, confidential information in the
3 possession of the State Department of Public Health or the State
4 Department of Social Services shall not contain the name of the
5 patient *or other personally identifiable information*.

6 (b) To any board which licenses and certifies professionals in
7 the fields of mental health pursuant to state law, when the Director
8 of Mental Health has reasonable cause to believe that there has
9 occurred a violation of any provision of law subject to the
10 jurisdiction of that board and the records are relevant to the
11 violation. This information shall be sealed after a decision is
12 reached in the matter of the suspected violation, and shall not
13 subsequently be released except in accordance with this
14 subdivision. Confidential information in the possession of the
15 board shall not contain the name of the patient.

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

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

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

31 SEC. 5. Section 5328.17 is added to the Welfare and
32 Institutions Code, immediately following Section 5328.15, to read:

33 5328.17. Notwithstanding Section 5328.15, public notice may
34 be provided of the following information, if the information relates
35 to a facility with a license capacity of 16 beds or more and does
36 not include the name or personally identifiable information of any
37 patient:

38 (a) Survey and licensing reports, and all class "AA," "A," or
39 "B" violations under the standards set forth in Section 1424 of the

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- 1 Health and Safety Code, issued by the State Department of Public
 - 2 Health.
 - 3 (b) Facility evaluation, deficiency, and complaint investigation
 - 4 reports issued by the State Department of Social Services.

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ASSEMBLY BILL

No. 602

Introduced by Assembly Member Yamada

February 20, 2013

An act to add Section 13515.30 to the Penal Code, and to amend Section 15630 of the Welfare and Institutions Code, relating to disabled persons.

LEGISLATIVE COUNSEL'S DIGEST

AB 602, as introduced, Yamada. Mentally and developmentally disabled persons: reporting abuse: peace officer training.

Existing law requires the Commission on Peace Officer Standards and Training, in the Department of Justice, to establish and keep updated a continuing education classroom training course relating to law enforcement intervention with mentally disabled persons and requires the course to be developed in consultation with specified groups and entities. Existing law requires the commission to submit a report to the Legislature that contains specified information regarding this training.

This bill would require the commission to establish, by July 1, 2015, and keep updated a training course relating to law enforcement interaction with mentally disabled or developmentally disabled persons living within a state mental hospital or state developmental center, as specified. The training course would be required for law enforcement personnel in law enforcement agencies with jurisdiction over state mental health hospitals and state developmental centers, as part of the agency's officer training program. This bill would require the commission to submit a report to the Legislature, by October 1, 2017, that contains specified information regarding this training. By creating

new duties for local officials, this bill would impose a state-mandated local program.

Existing law requires specified people, known as mandated reporters, to report cases of elder or dependent adult abuse, as defined. Existing law requires a report to be made to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, or to the local enforcement agency if the suspected or alleged abuse occurred in a state mental hospital or state developmental center. Existing law also requires mandated reporters in the State Department of Developmental Services to immediately report suspected abuse to the Office of Protective Services or to the local law enforcement agency. Failure to make a report as required by existing law is a misdemeanor.

This bill would instead require a report to be made to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, and also to the local enforcement agency if the suspected or alleged abuse or neglect occurred in a state mental hospital or state developmental center and resulted in any specified incidents, including a death or a sexual assault. This bill would also require mandated reporters in the State Department of State Hospitals to immediately report suspected abuse to the Office of Protective Services or to the local law enforcement agency. By expanding the scope of an existing crime, the bill would impose a state-mandated local program.

This bill would also require a local law enforcement agency to coordinate efforts with the designated investigators of the State Department of State Hospitals or the State Department of Developmental Services to provide a response to investigate reports received pursuant to specified provisions. By creating new duties for local officials, this bill would impose a state-mandated local program.

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 with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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 13515.30 is added to the Penal Code, to
2 read:

3 13515.30. (a) By July 1, 2015, the Commission on Peace
4 Officer Standards and Training shall establish and keep updated
5 a continuing education classroom training course relating to law
6 enforcement interaction with mentally disabled and
7 developmentally disabled persons living within a state mental
8 hospital or state developmental center. The training course shall
9 be developed by the commission in consultation with appropriate
10 community, local, and state organizations and agencies that have
11 expertise in the area of mental illness and developmental disability,
12 and with appropriate consumer and family advocate groups. In
13 developing the course, the commission shall also examine existing
14 courses certified by the commission that relate to mentally disabled
15 and developmentally disabled persons. The commission shall make
16 the course available to all law enforcement agencies in California,
17 and the course shall be required for law enforcement personnel
18 serving in law enforcement agencies with jurisdiction over state
19 mental hospitals and state developmental centers, as part of the
20 agency's officer training program.

21 (b) The course described in subdivision (a) shall consist of
22 classroom instruction and shall utilize interactive training methods
23 to ensure that the training is as realistic as possible. The course
24 shall include, at a minimum, core instruction in all of the following:

25 (1) The prevalence, cause, and nature of mental illnesses and
26 developmental disabilities.

27 (2) The unique characteristics, barriers, and challenges of
28 individuals who may be a victim of abuse or exploitation living
29 within a state mental hospital or state developmental center.

30 (3) How to accommodate, interview, and converse with
31 individuals who may require assistive devices in order to express
32 themselves.

33 (4) Capacity and consent of individuals with cognitive and
34 intellectual barriers.

35 (5) Conflict resolution and deescalation techniques for
36 potentially dangerous situations involving mentally disabled or
37 developmentally disabled persons.

- 1 (6) Appropriate language usage when interacting with mentally
2 disabled or developmentally disabled persons.
- 3 (7) Community and state resources and advocacy support and
4 services available to serve mentally disabled or developmentally
5 disabled persons, and how these resources can be best utilized by
6 law enforcement to benefit the mentally disabled or
7 developmentally disabled community.
- 8 (8) The fact that a crime committed in whole or in part because
9 of an actual or perceived disability of the victim is a hate crime
10 punishable under Title 11.6 (commencing with Section 422.55)
11 of Part 1.
- 12 (9) Information on the state mental hospital system and the state
13 developmental center system.
- 14 (10) Techniques in conducting forensic investigations within
15 institutional settings where jurisdiction may be shared.
- 16 (11) Examples of abuse and exploitation perpetrated by
17 caregivers, staff, contractors, or administrators of state mental
18 hospitals and state developmental centers, and how to conduct
19 investigations in instances where a perpetrator may also be a
20 caregiver or provider of therapeutic or other services.
- 21 (c) The commission shall submit a report to the Legislature by
22 October 1, 2017, that shall include all of the following:
- 23 (1) A description of the process by which the course was
24 established, including a list of the agencies and groups that were
25 consulted.
- 26 (2) Information on the number of law enforcement agencies
27 that utilized, and the number of officers that attended, the course
28 or other courses certified by the commission relating to mentally
29 disabled or developmentally disabled persons living within a state
30 mental hospital or state developmental center from July 1, 2015
31 to July 1, 2017, inclusive.
- 32 (d) (1) The requirement for submitting a report imposed under
33 subdivision (c) is inoperative on October 1, 2021, pursuant to
34 Section 10231.5 of the Government Code.
- 35 (2) A report to be submitted pursuant to subdivision (c) shall
36 be submitted in compliance with Section 9795 of the Government
37 Code.
- 38 (e) It is the intent of the Legislature to reevaluate, on the basis
39 of its review of the report required in subdivision (c), the extent
40 to which law enforcement officers are receiving adequate training

1 in how to interact with mentally disabled or developmentally
2 disabled persons living within a state mental hospital or state
3 developmental center.

4 SEC. 2. Section 15630 of the Welfare and Institutions Code is
5 amended to read:

6 15630. (a) Any person who has assumed full or intermittent
7 responsibility for the care or custody of an elder or dependent
8 adult, whether or not he or she receives compensation, including
9 administrators, supervisors, and any licensed staff of a public or
10 private facility that provides care or services for elder or dependent
11 adults, or any elder or dependent adult care custodian, health
12 practitioner, clergy member, or employee of a county adult
13 protective services agency or a local law enforcement agency, is
14 a mandated reporter.

15 (b) (1) Any mandated reporter who, in his or her professional
16 capacity, or within the scope of his or her employment, has
17 observed or has knowledge of an incident that reasonably appears
18 to be physical abuse, as defined in Section 15610.63, abandonment,
19 abduction, isolation, financial abuse, or neglect, or is told by an
20 elder or dependent adult that he or she has experienced behavior,
21 including an act or omission, constituting physical abuse, as defined
22 in Section 15610.63, abandonment, abduction, isolation, financial
23 abuse, or neglect, or reasonably suspects that abuse, shall report
24 the known or suspected instance of abuse by telephone or through
25 a confidential Internet reporting tool, as authorized by Section
26 15658, immediately or as soon as practicably possible. If reported
27 by telephone, a written report shall be sent, or an Internet report
28 shall be made through the confidential Internet reporting tool
29 established in Section 15658, within two working ~~days~~ *days*.

30 (A) If the suspected or alleged abuse is physical abuse, as
31 defined in Section 15610.63, and the abuse occurred in a long-term
32 care facility, except a state mental health hospital or a state
33 developmental center, the following shall occur:

34 (i) If the suspected abuse results in serious bodily injury, a
35 telephone report shall be made to the local law enforcement agency
36 immediately, ~~and~~ *but also* no later than within two hours of the
37 mandated reporter observing, obtaining knowledge of, or
38 suspecting the physical abuse, and a written report shall be made
39 to the local ombudsman, the corresponding licensing agency, and
40 the local law enforcement agency within two hours of the mandated

1 reporter observing, obtaining knowledge of, or suspecting the
2 physical abuse.

3 (ii) If the suspected abuse does not result in serious bodily injury,
4 a telephone report shall be made to the local law enforcement
5 agency within 24 hours of the mandated reporter observing,
6 obtaining knowledge of, or suspecting the physical abuse, and a
7 written report shall be made to the local ombudsman, the
8 corresponding licensing agency, and the local law enforcement
9 agency within 24 hours of the mandated reporter observing,
10 obtaining knowledge of, or suspecting the physical abuse.

11 (iii) When the suspected abuse is allegedly caused by a resident
12 with a physician's diagnosis of dementia, and there is no serious
13 bodily injury, as reasonably determined by the mandated reporter,
14 drawing upon his or her training or experience, the reporter shall
15 report to the local ombudsman or law enforcement agency by
16 telephone, immediately or as soon as practicably possible, and by
17 written report, within 24 hours.

18 (iv) When applicable, reports made pursuant to clauses (i) and
19 (ii) shall be deemed to satisfy the reporting requirements of the
20 federal Elder Justice Act of 2009, as set out in Subtitle H of the
21 federal Patient Protection and Affordable Care Act (Public Law
22 111-148), Section 1418.91 of the Health and Safety Code, and
23 Section 72541 of Title 22 of California Code of Regulations. When
24 a local law enforcement agency receives an initial report of
25 suspected abuse in a long-term care facility pursuant to this
26 subparagraph, the local law enforcement agency may coordinate
27 efforts with the local ombudsman to provide the most immediate
28 and appropriate response warranted to investigate the mandated
29 report. The local ombudsman and local law enforcement agencies
30 may collaborate to develop protocols to implement this
31 subparagraph.

32 (B) Notwithstanding the rulemaking provisions of Chapter 3.5
33 (commencing with Section 11340) of Part 1 of Division 3 of Title
34 2 of the Government Code, or any other law, the department may
35 implement subparagraph (A), in whole or in part, by means of
36 all-county letters, provider bulletins, or other similar instructions
37 without taking regulatory action.

38 (C) If the suspected or alleged abuse is abuse other than physical
39 abuse, and the abuse occurred in a long-term care facility, except
40 a state mental health hospital or a state developmental center, a

1 telephone report and a written report shall be made to the local
2 ombudsman or the local law enforcement agency.

3 (D) With regard to abuse reported pursuant to ~~subparagraphs~~
4 ~~(A) and subparagraph (C)~~, the local ombudsman and the local law
5 enforcement agency shall, as soon as practicable, except in the
6 case of an emergency or pursuant to a report required to be made
7 pursuant to clause (v), in which case these actions shall be taken
8 immediately, do all of the following:

9 (i) Report to the State Department of Public Health any case of
10 known or suspected abuse occurring in a long-term health care
11 facility, as defined in subdivision (a) of Section 1418 of the Health
12 and Safety Code.

13 (ii) Report to the State Department of Social Services any case
14 of known or suspected abuse occurring in a residential care facility
15 for the elderly, as defined in Section 1569.2 of the Health and
16 Safety Code, or in an adult day program, as defined in paragraph
17 (2) of subdivision (a) of Section 1502 of the Health and Safety
18 Code.

19 (iii) Report to the State Department of Public Health and the
20 California Department of Aging any case of known or suspected
21 abuse occurring in an adult day health care center, as defined in
22 subdivision (b) of Section 1570.7 of the Health and Safety Code.

23 (iv) Report to the Bureau of Medi-Cal Fraud and Elder Abuse
24 any case of known or suspected criminal activity.

25 (v) Report all cases of known or suspected physical abuse and
26 financial abuse to the local district attorney's office in the county
27 where the abuse occurred.

28 (E) (i) If the suspected or alleged abuse *or neglect* occurred in
29 a state mental hospital or a state developmental center, ~~the~~ *and the*
30 *suspected or alleged abuse or neglect resulted in any of the*
31 *following incidents*, a report shall be made to designated
32 investigators of the State Department of State Hospitals or the
33 State Department of Developmental Services, ~~or~~ *and also* to the
34 local law enforcement ~~agency~~ *agency*:

35 (I) *A death.*

36 (II) *A sexual assault, as defined in Section 15610.63.*

37 (III) *An assault with a deadly weapon, as described in Section*
38 *245 of the Penal Code, by a nonresident of the state mental hospital*
39 *or state developmental center.*

- 1 (IV) *An assault with force likely to produce great bodily injury,*
2 *as described in Section 245 of the Penal Code.*
- 3 (V) *An injury to the genitals when the cause of the injury is*
4 *undetermined.*
- 5 (VI) *A broken bone, when the cause of the break is*
6 *undetermined.*
- 7 (ii) *All other reports of suspected or alleged abuse or neglect*
8 *that occurred in a state mental hospital or a state developmental*
9 *center shall be made to designated investigators of the State*
10 *Department of State Hospitals or the State Department of*
11 *Developmental Services, or to the local law enforcement agency.*
- 12 (iii) *When a local law enforcement agency receives an initial*
13 *report of suspected or alleged abuse or neglect in a state mental*
14 *hospital or a state developmental center pursuant to clause (i),*
15 *the local law enforcement agency shall coordinate efforts with the*
16 *designated investigators of the State Department of State Hospitals*
17 *or the State Department of Developmental Services to provide the*
18 *most immediate and appropriate response warranted to investigate*
19 *the mandated report. The designated investigators of the State*
20 *Department of State Hospitals or the State Department of*
21 *Developmental Services and local law enforcement agencies may*
22 *collaborate to develop protocols to implement this clause.*
- 23 (†)
- 24 (iv) *Except in an emergency, the local law enforcement agency*
25 *shall, as soon as practicable, report any case of known or suspected*
26 *criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.*
- 27 (ii)
- 28 (v) *Mandated reporters of the State Department of State*
29 *Hospitals or the State Department of Developmental Services shall*
30 *immediately, but no later than within two hours of the mandated*
31 *reporter observing, obtaining knowledge of, or suspecting abuse,*
32 *report suspected abuse to the Office of Protective Services or to*
33 *the local law enforcement agency.*
- 34 (F) *If the abuse has occurred any place other than one described*
35 *in subparagraph (A), the report shall be made to the adult protective*
36 *services agency or the local law enforcement agency.*
- 37 (2) (A) *A mandated reporter who is a clergy member who*
38 *acquires knowledge or reasonable suspicion of elder or dependent*
39 *adult abuse during a penitential communication is not subject to*
40 *paragraph (1). For purposes of this subdivision, “penitential*

1 communication” means a communication that is intended to be in
2 confidence, including, but not limited to, a sacramental confession
3 made to a clergy member who, in the course of the discipline or
4 practice of his or her church, denomination, or organization is
5 authorized or accustomed to hear those communications and under
6 the discipline tenets, customs, or practices of his or her church,
7 denomination, or organization, has a duty to keep those
8 communications secret.

9 (B) This subdivision shall not be construed to modify or limit
10 a clergy member’s duty to report known or suspected elder and
11 dependent adult abuse if he or she is acting in the capacity of a
12 care custodian, health practitioner, or employee of an adult
13 protective services agency.

14 (C) Notwithstanding any other provision in this section, a clergy
15 member who is not regularly employed on either a full-time or
16 part-time basis in a long-term care facility or does not have care
17 or custody of an elder or dependent adult shall not be responsible
18 for reporting abuse or neglect that is not reasonably observable or
19 discernible to a reasonably prudent person having no specialized
20 training or experience in elder or dependent care.

21 (3) (A) A mandated reporter who is a physician and surgeon,
22 a registered nurse, or a psychotherapist, as defined in Section 1010
23 of the Evidence Code, shall not be required to report, pursuant to
24 paragraph (1), an incident if all of the following conditions exist:

25 (i) The mandated reporter has been told by an elder or dependent
26 adult that he or she has experienced behavior constituting physical
27 abuse, as defined in Section 15610.63, abandonment, abduction,
28 isolation, financial abuse, or neglect.

29 (ii) The mandated reporter is not aware of any independent
30 evidence that corroborates the statement that the abuse has
31 occurred.

32 (iii) The elder or dependent adult has been diagnosed with a
33 mental illness or dementia, or is the subject of a court-ordered
34 conservatorship because of a mental illness or dementia.

35 (iv) In the exercise of clinical judgment, the physician and
36 surgeon, the registered nurse, or the psychotherapist, as defined
37 in Section 1010 of the Evidence Code, reasonably believes that
38 the abuse did not occur.

39 (B) This paragraph shall not be construed to impose upon
40 mandated reporters a duty to investigate a known or suspected

1 incident of abuse and shall not be construed to lessen or restrict
2 any existing duty of mandated reporters.

3 (4) (A) In a long-term care facility, a mandated reporter shall
4 not be required to report as a suspected incident of abuse, as defined
5 in Section 15610.07, an incident if all of the following conditions
6 exist:

7 (i) The mandated reporter is aware that there is a proper plan
8 of care.

9 (ii) The mandated reporter is aware that the plan of care was
10 properly provided or executed.

11 (iii) A physical, mental, or medical injury occurred as a result
12 of care provided pursuant to clause (i) or (ii).

13 (iv) The mandated reporter reasonably believes that the injury
14 was not the result of abuse.

15 (B) This paragraph shall not be construed to require a mandated
16 reporter to seek, nor to preclude a mandated reporter from seeking,
17 information regarding a known or suspected incident of abuse prior
18 to reporting. This paragraph shall apply only to those categories
19 of mandated reporters that the State Department of Public Health
20 determines, upon approval by the Bureau of Medi-Cal Fraud and
21 Elder Abuse and the state long-term care ombudsman, have access
22 to plans of care and have the training and experience necessary to
23 determine whether the conditions specified in this section have
24 been met.

25 (c) (1) Any mandated reporter who has knowledge, or
26 reasonably suspects, that types of elder or dependent adult abuse
27 for which reports are not mandated have been inflicted upon an
28 elder or dependent adult, or that his or her emotional well-being
29 is endangered in any other way, may report the known or suspected
30 instance of abuse.

31 (2) If the suspected or alleged abuse occurred in a long-term
32 care facility other than a state mental health hospital or a state
33 developmental center, the report may be made to the long-term
34 care ombudsman program. Except in an emergency, the local
35 ombudsman shall report any case of known or suspected abuse to
36 the State Department of Public Health and any case of known or
37 suspected criminal activity to the Bureau of Medi-Cal Fraud and
38 Elder Abuse, as soon as is practicable.

39 (3) If the suspected or alleged abuse occurred in a state mental
40 health hospital or a state developmental center, the report may be

1 made to the designated investigator of the State Department of
2 State Hospitals or the State Department of Developmental Services
3 or to a local law enforcement agency. Except in an emergency,
4 the local law enforcement agency shall report any case of known
5 or suspected criminal activity to the Bureau of Medi-Cal Fraud
6 and Elder Abuse, as soon as is practicable.

7 (4) If the suspected or alleged abuse occurred in a place other
8 than a place described in paragraph (2) or (3), the report may be
9 made to the county adult protective services agency.

10 (5) If the conduct involves criminal activity not covered in
11 subdivision (b), it may be immediately reported to the appropriate
12 law enforcement agency.

13 (d) If two or more mandated reporters are present and jointly
14 have knowledge or reasonably suspect that types of abuse of an
15 elder or a dependent adult for which a report is or is not mandated
16 have occurred, and there is agreement among them, the telephone
17 report or Internet report, as authorized by Section 15658, may be
18 made by a member of the team selected by mutual agreement, and
19 a single report may be made and signed by the selected member
20 of the reporting team. Any member who has knowledge that the
21 member designated to report has failed to do so shall thereafter
22 make the report.

23 (e) A telephone report or Internet report, as authorized by
24 Section 15658, of a known or suspected instance of elder or
25 dependent adult abuse shall include, if known, the name of the
26 person making the report, the name and age of the elder or
27 dependent adult, the present location of the elder or dependent
28 adult, the names and addresses of family members or any other
29 adult responsible for the elder's or dependent adult's care, the
30 nature and extent of the elder's or dependent adult's condition, the
31 date of the incident, and any other information, including
32 information that led that person to suspect elder or dependent adult
33 abuse, as requested by the agency receiving the report.

34 (f) The reporting duties under this section are individual, and
35 no supervisor or administrator shall impede or inhibit the reporting
36 duties, and no person making the report shall be subject to any
37 sanction for making the report. However, internal procedures to
38 facilitate reporting, ensure confidentiality, and apprise supervisors
39 and administrators of reports may be established, provided they
40 are not inconsistent with this chapter.

1 (g) (1) Whenever this section requires a county adult protective
2 services agency to report to a law enforcement agency, the law
3 enforcement agency shall, immediately upon request, provide a
4 copy of its investigative report concerning the reported matter to
5 that county adult protective services agency.

6 (2) Whenever this section requires a law enforcement agency
7 to report to a county adult protective services agency, the county
8 adult protective services agency shall, immediately upon request,
9 provide to that law enforcement agency a copy of its investigative
10 report concerning the reported matter.

11 (3) The requirement to disclose investigative reports pursuant
12 to this subdivision shall not include the disclosure of social services
13 records or case files that are confidential, nor shall this subdivision
14 be construed to allow disclosure of any reports or records if the
15 disclosure would be prohibited by any other provision of state or
16 federal law.

17 (h) Failure to report, or impeding or inhibiting a report of,
18 physical abuse, as defined in Section 15610.63, abandonment,
19 abduction, isolation, financial abuse, or neglect of an elder or
20 dependent adult, in violation of this section, is a misdemeanor,
21 punishable by not more than six months in the county jail, by a
22 fine of not more than one thousand dollars (\$1,000), or by both
23 that fine and imprisonment. Any mandated reporter who willfully
24 fails to report, or impedes or inhibits a report of, physical abuse,
25 as defined in Section 15610.63, abandonment, abduction, isolation,
26 financial abuse, or neglect of an elder or dependent adult, in
27 violation of this section, if that abuse results in death or great bodily
28 injury, shall be punished by not more than one year in a county
29 jail, by a fine of not more than five thousand dollars (\$5,000), or
30 by both that fine and imprisonment. If a mandated reporter
31 intentionally conceals his or her failure to report an incident known
32 by the mandated reporter to be abuse or severe neglect under this
33 section, the failure to report is a continuing offense until a law
34 enforcement agency specified in paragraph (1) of subdivision (b)
35 of Section 15630 discovers the offense.

36 (i) For purposes of this section, “dependent adult” shall have
37 the same meaning as in Section 15610.23.

38 SEC. 3. No reimbursement is required by this act pursuant to
39 Section 6 of Article XIII B of the California Constitution for certain
40 costs that may be incurred by a local agency or school district

1 because, in that regard, this act creates a new crime or infraction,
2 eliminates a crime or infraction, or changes the penalty for a crime
3 or infraction, within the meaning of Section 17556 of the
4 Government Code, or changes the definition of a crime within the
5 meaning of Section 6 of Article XIII B of the California
6 Constitution.

7 However, if the Commission on State Mandates determines that
8 this act contains other costs mandated by the state, reimbursement
9 to local agencies and school districts for those costs shall be made
10 pursuant to Part 7 (commencing with Section 17500) of Division
11 4 of Title 2 of the Government Code.

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Agenda Item 6Avii

Detail Sheet/Other Legislation

LEGISLATIVE AGENDA ITEM DETAIL SHEET

Legislative and Public Policy Meeting

March 12, 2013

SUBJECT: 2013- 2014 Legislative Update

BACKGROUND:

The 2013- 2014 California legislative sessions have started with introduction of close to 3000 bills. Among those there are numerous bills that would affect the lives of persons with developmental disabilities if enacted. The LPPC staff has selected 42 bills to bring to the attention of the committee members for discussion and recommendation. The list is arranged on the basis of subject the most prevalent being autism, health care, and regional center issues and some covering multiple topics. State budget legislation and Federal legislation are not included in this report and will be dealt separately.

ANALYSIS/DISCUSSION: Potential impact of these legislations on people with developmental disabilities is enormous. The LPPC plays an important role in studying these bills and tracking and analyzing selected bills and reporting to the Council its findings and recommendations. LPPC recommendations when approved by the Council become the center stage of LPPC advocacy efforts

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: Legislative report and advocacy to impact public policy initiatives are the on-going parts of LPPC functions.

RECOMMENDATION(S): Please review and provide direction to staff for future meetings.

ATTACHMENT(S): SCDD Legislative Update- As of March 1, 2013.

PREPARED: Karim Alipourfard –March1, 2013

SCDD Legislative Update

as of 3/1/2013

- [GoTo:](#)
- [Abuse Prevention](#)
- [Autism](#)
- [Developmental Center](#)
- [Employment](#)
- [Health Care](#)
- [Housing](#)
- [In Home Supportive Services \(IHSS\)](#)
- [Mental Health](#)
- [Other](#)
- [Regional Center](#)

Abuse Prevention

[AB 602](#)

([Yamada D](#)) Mentally and developmentally disabled persons: reporting abuse: peace officer training. (Introduced: 2/20/2013 [PDF](#) [html](#))

Status: 2/21/2013-From printer. May be heard in committee March 23.

Location: 2/20/2013-A. PRINT

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

Summary: Existing law requires the Commission on Peace Officer Standards and Training, in the Department of Justice, to establish and keep updated a continuing education classroom training course relating to law enforcement intervention with mentally disabled persons and requires the course to be developed in consultation with specified groups and entities. Existing law requires the commission to submit a report to the Legislature that contains specified information regarding this training. This bill would require the commission to establish, by July 1, 2015, and keep updated a training course relating to law enforcement interaction with mentally disabled or developmentally disabled persons living within a state mental hospital or state developmental center, as specified. The training course would be required for law enforcement personnel in law enforcement agencies with jurisdiction over state mental health hospitals and state developmental centers, as part of the agency's officer training program. This bill would require the commission to submit a report to the Legislature, by October 1, 2017, that contains specified information regarding this training. By creating new duties for local officials, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Priority :

[SB 651](#)

(Pavley D) Developmental centers and state hospitals. (Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-S. PRINT

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

Summary: Existing law establishes the State Department of Developmental Services and sets forth its powers and duties relating to the administration of the state developmental centers. Existing law establishes the State Department of State Hospitals and sets forth its powers and duties relating to the administration of state hospitals. This bill would require designated investigators of developmental centers and state hospitals to ensure that a resident of a developmental center or a resident of a state hospital, as applicable, who is a victim or suspected victim of sexual assault, as defined, is provided a medical evidentiary examination performed at an appropriate facility off the grounds of the developmental center or state hospital in accordance with specified provisions. This bill contains other related provisions and other existing laws.

Position

Priority :

Autism

[AB 1231](#)

(V. Manuel Pérez D) Autism services: demonstration program. (Introduced: 2/22/2013

[pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-A. PRINT

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 services and support to individuals with developmental disabilities, including autism. This bill would declare the intent of the Legislature to enact legislation that would promote the use of technology and telehealth for the delivery of regional center services for individuals with autism spectrum disorders.

Position

Priority :

[AB 1232](#)

(V. Manuel Pérez D) Developmental services: quality assessment system.

(Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-A. PRINT

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 services and supports to individuals with developmental disabilities. Existing law requires the department to implement a quality assessment system, as prescribed, to enable the department to assess the performance of the state's developmental services system and to improve services for consumers. Under existing law, the department is required, in consultation with stakeholders, to identify a valid and reliable quality assurance instrument that assesses consumer and family satisfaction, provision of services, and personal outcomes, and, among other things, includes outcome-based measures such as health, safety, and well-being. Under existing law, the department is required to contract with an independent agency or organization that is, in part, experienced in designing valid quality assurance instruments, to implement the system. This bill would require the quality assurance instrument to assess the provision of services in a linguistically and culturally competent manner and include an outcome-based measure on issues of equity and diversity. This bill would require the independent agency or organization the department contracts with to be experienced in issues relating to linguistic and cultural competency.

Position

Priority :

SB 126

(Steinberg D) Health care coverage: pervasive developmental disorder or autism.

(Introduced: 1/22/2013 [pdf](#) [html](#))

Status: 1/31/2013-Referred to Com. on HEALTH.

Location: 1/31/2013-S. 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 licensure and regulation of health care service plans by the Department of Managed Health Care. 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 coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism, except as specified. A willful violation of these provisions with respect to health care service plans is a crime. These provisions are inoperative on July 1, 2014, and are repealed on January 1, 2015. This bill would extend the operation of these provisions until July 1, 2019, and would repeal these provisions on January 1, 2020. By extending the operation of provisions establishing crimes, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Priority :

SB 158

(Correa D) Autism services: demonstration program. (Introduced: 2/1/2013 [pdf](#) [html](#))

Status: 2/14/2013-Referred to Com. on RLS.

Location: 2/14/2013-S. RLS.

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 services and support to individuals with developmental disabilities, including autism. This bill would declare the intent of the Legislature to enact legislation that would establish a demonstration program that will provide technical assistance and best practices related to linguistic and cultural competency for autism services that are provided by regional centers to consumers

and their families.

Position

Priority :

[SB 577](#)

(Pavley D) Autism services: pilot program: employment. (Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-S. PRINT

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 services and support to individuals with developmental disabilities, including autism. This bill would require the State Department of Developmental Services to establish a pilot program for young adults with autism to help them find pathways to financial independence through work. The bill would require the pilot program to develop and implement a new model for providing employment services to autistic individuals and to create financial incentives for employment service providers, as specified, among other requirements. The bill would also set forth related legislative findings and declarations.

Position

Priority :

Developmental Center

[SB 651](#)

(Pavley D) Developmental centers and state hospitals. (Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-S. PRINT

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

Summary: Existing law establishes the State Department of Developmental Services and sets forth its powers and duties relating to the administration of the state developmental centers. Existing law establishes the State Department of State Hospitals and sets forth its powers and duties relating to the administration of state hospitals. This bill would require designated investigators of developmental centers and state hospitals to ensure that a resident of a developmental center or a resident of a state hospital, as applicable, who is a victim or suspected victim of sexual assault, as defined, is provided a medical evidentiary examination performed at an appropriate facility off the grounds of the developmental center or state hospital in accordance with specified provisions. This bill contains other related provisions and other existing laws.

Position

Priority :

Employment

[AB 961](#)

(Levine D) Health facilities: investigations: public disclosure. (Introduced: 2/22/2013

[pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-A. PRINT

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

Summary: Existing law establishes the State Department of Health Care Services and sets forth its powers and duties, including, but not limited to, the licensing and regulation of health facilities, with certain exceptions. Existing law requires the department to investigate complaints relating to long-term health facilities, as defined. This bill would require the department to complete its investigation and issue a citation within specified time periods, but would allow for an extension of these periods for up to 30 days if the department is unable to complete its investigation due to extenuating circumstances beyond its control, and would require the department to document these circumstances in its final determination. This bill contains other related provisions and other existing laws.

Position

Priority :

[AB 1041](#)

(Chesbro D) Developmental services: Employment First Policy.

(Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-A. PRINT

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 define competitive employment, microenterprises, and self-employment for these purposes. This bill would require each regional center planning team, when developing an individual program plan for a transition age youth or working age adult, to consider a specified Employment First Policy. The bill would also require regional centers to ensure that consumers, beginning at 16 years of age, and, where appropriate, other specified persons, are provided with information 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. The bill would authorize the department to request information from regional centers on current and planned activities related to the Employment First Policy. This bill contains other existing laws.

Position

Priority :

[SB 349](#)

(Walters R) Home- and community-based services waiver for the developmentally disabled: sheltered work. (Introduced: 2/20/2013 [pdf](#) [html](#))

Status: 2/28/2013-Referred to Com. on HUMAN S.

Location: 2/28/2013-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 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. Existing federal law provides for various home- and community-based services waivers. This bill would require a provider of sheltered work under a specified home- and community-based services waiver to demonstrate that the provider is transitioning at least 20 percent of its clients annually into integrated, individualized employment settings, with or without support, in order to get reimbursed under the waiver.

Position

Priority :

[SB 577](#)

(Pavley D) Autism services: pilot program: employment. (Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-S. PRINT

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 services and support to individuals with developmental disabilities, including autism. This bill would require the State Department of Developmental Services to establish a pilot program for young adults with autism to help them find pathways to financial independence through work. The bill would require the pilot program to develop and implement a new model for providing employment services to autistic individuals and to create financial incentives for employment service providers, as specified, among other requirements. The bill would also set forth related legislative findings and declarations.

Position

Priority :

Health Care

[AB 18](#)

(Pan D) Individual health care coverage. (Introduced: 12/3/2012 [pdf](#) [html](#))

Status: 12/4/2012-From printer. May be heard in committee January 3.

Location: 12/3/2012-A. PRINT

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

Summary: Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA) enacts various health care coverage market reforms that take effect January 1, 2014. Among other things, PPACA requires each health insurance issuer that offers health insurance coverage in the individual or group market in a state to accept every employer and individual in the state that applies for that coverage and to renew that coverage at the option of the plan sponsor or the individual. PPACA prohibits a group health plan and a health insurance issuer offering group or individual health insurance coverage from imposing any

preexisting condition exclusion with respect to that plan or coverage. PPACA allows the premium rate charge by a health insurance issuer offering small group or individual coverage to vary only by family composition, rating area, age, and tobacco use, as specified, and prohibits discrimination against individuals based on health status. This bill would state the intent of the Legislature to enact legislation that would reform the individual health care coverage market consistent with the PPACA. This bill contains other related provisions and other existing laws.

Position

Priority :

[AB 50](#)

(Pan D) Health care coverage: Medi-Cal: eligibility: enrollment.

(Introduced: 12/21/2012 [pdf](#) [html](#))

Status: 1/14/2013-Referred to Com. on HEALTH.

Location: 1/14/2013-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. This bill would require the department to establish a process in accordance with federal law to allow a hospital that is a participating Medi-Cal provider to elect to be a qualified entity for purposes of determining whether any individual is eligible for Medi-Cal and providing the individual with medical assistance during the presumptive eligibility period. This bill contains other related provisions and other existing laws.

Position

Priority :

[AB 620](#)

(Buchanan D) Health and care facilities: missing patients and participants.

(Introduced: 2/20/2013 [pdf](#) [html](#))

Status: 2/21/2013-From printer. May be heard in committee March 23.

Location: 2/20/2013-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 licensure and regulation of the health facilities, as defined. Existing law requires certain types of health facilities, such as acute care hospitals and skilled nursing facilities, to develop, implement, and comply with a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient safety events, as specified. A person who violates the provisions governing health facilities is guilty of a misdemeanor, as specified. This bill would require specified health facilities, including various kinds of intermediate care facilities, congregate living health facilities, and nursing facilities, community care facilities offering adult day programs; and adult day health care centers to develop, implement, comply with, and review annually a safety plan for the purpose of addressing issues that arise when a patient or participant is missing from the facility. The bill would require the plan to include a requirement that an administrator of the facility inform relatives or caretakers, or both, who are authorized to receive information regarding that patient or participant, and local law enforcement when a patient or participant is missing from the facility. Because violations of these provisions would be misdemeanors, the

bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Priority :

[AB 954](#)

[\(Maienschein R\)](#) **Developmental services: habilitation.** (Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-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 that an adult who receives services for the developmentally disabled must be provided habilitation services, which include services provided under the Supported Employment Program, when he or she satisfies specified eligibility requirements. Existing law provides that, if a consumer is referred for vocational rehabilitation services and is placed on a waiting list for certain reasons, the regional renter must authorize appropriate services for the consumer until services can be provided by the vocational rehabilitation program. Existing law requires the interim program provider to be paid a fee of \$360 or \$720, as specified, to provide these interim services. This bill would increase the hourly rate paid to providers of individualized and group-supported employment services to \$34.24 and increase the fees paid to the interim program providers to \$400 and \$800, respectively.

Position

Priority :

[ABX1 1](#)

[\(John A. Pérez D\)](#) **Medi-Cal: eligibility.** (Introduced: 1/28/2013 [pdf](#) [html](#))

Status: 2/26/2013-Read second time. Ordered to third reading.

Location: 2/26/2013-A. THIRD READING

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

Calendar: 3/4/2013 #1 ASSEMBLY ASSEMBLY THIRD READING FILE

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, commencing January 1, 2014, implement various provisions of the federal Patient Protection and Affordable Care Act (Affordable Care Act), as amended, by, among other things, modifying provisions relating to determining eligibility for certain groups. The bill would, in this regard, extend Medi-Cal eligibility to specified adults and would require that income eligibility be determined based on modified adjusted gross income (MAGI), as prescribed. The bill would prohibit the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. The bill would also add, commencing January 1, 2014, benefits, services, and coverage included in the essential health benefits package, as adopted by the state and approved by the United States Secretary of Health and Human Services, to the schedule of Medi-Cal benefits. This bill contains other related provisions and other existing laws.

Position

Priority :

(Bonta D) Social security, Medicare, and Medicaid. (Introduced: 1/30/2013 [pdf](#) [html](#))

Status: 2/7/2013-Referred to Com. on AGING & L.T.C.

Location: 2/7/2013-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: This measure would request the President and the United States Congress to exclude social security, Medicare, and Medicaid from being a part of any legislation to reduce the federal deficit. This measure would express the Legislature's opposition to cuts to social security, Medicare, and Medicaid, and call on California's representatives to the United States Congress to vote against cuts to social security, Medicare, and Medicaid and to consider improving those systems in ways that would strengthen their protections.

Position

Priority :

(Hernandez D) Individual health care coverage. (Introduced: 12/3/2012 [pdf](#) [html](#))

Status: 1/10/2013-Referred to Com. on RLS.

Location: 1/10/2013-S. RLS.

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

Summary: Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA) enacts various health care coverage market reforms that take effect January 1, 2014. Among other things, PPACA requires each health insurance issuer that offers health insurance coverage in the individual or group market in a state to accept every employer and individual in the state that applies for that coverage and to renew that coverage at the option of the plan sponsor or the individual. PPACA prohibits a group health plan and a health insurance issuer offering group or individual health insurance coverage from imposing any preexisting condition exclusion with respect to that plan or coverage. PPACA allows the premium rate charge by a health insurance issuer offering small group or individual coverage to vary only by family composition, rating area, age, and tobacco use, as specified, and prohibits discrimination against individuals based on health status. This bill would state the intent of the Legislature to enact legislation that would reform the individual health care coverage market consistent with the PPACA. This bill contains other related provisions and other existing laws.

Position

Priority :

(Hernandez D) Health care: workforce training. (Amended: 2/14/2013 [pdf](#) [html](#))

Status: 2/28/2013-Re-referred to Com. on HEALTH.

Location: 2/28/2013-S. 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 licensure and regulation of health care service plans by the Department of Managed Health Care and imposes certain requirements on health care service plans. Existing law imposes, for certain violations of these provisions, various fines and administrative penalties, which are deposited in the Managed Care Administrative Fines and Penalties Fund. Existing law requires the first \$1,000,000 in the fund to be transferred each year to the Medically Underserved Account for Physicians in the Health Professions

Education Fund for purposes of the Steven M. Thompson Physician Corps Loan Repayment Program. Existing law requires all remaining funds to be transferred each year to the Major Risk Medical Insurance Fund for purposes of the Major Risk Medical Insurance Program. This bill, beginning on the date that the Major Risk Medical Insurance Program becomes inoperative, would instead require all the funds in the Managed Care Administrative Fines and Penalties Fund to be transferred each year to the Medically Underserved Account for Physicians in the Health Professions Education Fund for purposes of the Steven M. Thompson Physician Corps Loan Repayment Program. The bill would require the Director of Finance to notify the Joint Legislative Budget Committee in that regard.

Position

Priority :

SB 22

(Beall D) Health care coverage: mental health parity. (Amended: 2/26/2013 [pdf](#) [html](#))

Status: 2/26/2013-From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.

Location: 2/26/2013-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 licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts or health insurance policies issued, amended, or renewed on or after July 1, 2000, to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, and of serious emotional disturbances of a child, as specified, under the same terms and conditions applied to other medical conditions. This bill would, on or after July 1, 2014, require every health care service plan, contractor of a health service plan, and health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with specified state laws and the MHPAEA, except as provided. The bill would require the reports to be a public record made available upon request and to be published on the respective department's Internet Web site. The bill would require a plan, contractor, and health insurer to provide an analysis of the entity's compliance with the law using certain mental health parity standards and to conduct surveys of enrollees, insureds, and providers as part of the report, as specified. This bill contains other existing laws.

Position

Priority :

SB 137

(Emmerson R) Developmental services: regional centers. (Introduced: 1/28/2013 [pdf](#) [html](#))

Status: 2/7/2013-Referred to Com. on HUMAN S.

Location: 2/7/2013-S. 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 require that information to include specified information about payments to vendors and to nonprofit housing organizations.

Position

Priority :

SB 138

(Hernandez D) Confidentiality of medical information. (Introduced: 1/28/2013 [pdf](#) [html](#))

Status: 2/7/2013-Referred to Coms. on HEALTH and JUD.

Location: 2/7/2013-S. HEALTH

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

Summary: Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), establishes certain requirements relating to the provision of health insurance, and the protection of privacy of individually identifiable health information. This bill would declare the intent of the Legislature to incorporate HIPAA standards into state law and to clarify standards for protecting the confidentiality of medical information in insurance transactions. The bill would define additional terms in connection with maintaining the confidentiality of this information, including an "authorization for insurance communications," which an insured individual may submit for the purpose of specifying disclosable medical information and insurance transactions, and permissible recipients. This bill contains other related provisions and other existing laws.

Position

Priority :

SB 163

(Rubio D) Health care coverage: regional center responsibilities.

(Introduced: 2/1/2013 [pdf](#) [html](#))

Status: 2/14/2013-Referred to Com. on RLS.

Location: 2/14/2013-S. RLS.

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 and provides for the regulation of health insurers by the Department of Insurance. Existing law requires those health care service plan contracts and health insurance policies, except as specified, to provide coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism. Existing law provides, however, that no benefits are required to be provided that exceed the essential health benefits that will be required under specified federal law. This bill would declare the intent of the Legislature to enact legislation that would provide clarification for the implementation of those provisions of law with regards to fiscal responsibilities of regional centers that provide services and supports to individuals with developmental disabilities..

Position

Priority :

SBX1 1

(Hernandez D) Medi-Cal: eligibility. (Introduced: 1/28/2013 [pdf](#) [html](#))

Status: 2/28/2013-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 1.) (February 27). Re-referred to Com. on APPR.

Location: 2/28/2013-S. APPR.

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

Calendar: 3/4/2013 12:30 p.m. - John L. Burton Hearing Room (4203)

SENATE APPROPRIATIONS, DE LEÓN, Chair

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, commencing January 1, 2014, implement various provisions of the federal Patient Protection and Affordable Care Act (Affordable Care Act), as amended, by, among other things, modifying provisions relating to determining eligibility for certain groups. The bill would, in this regard, extend Medi-Cal eligibility to specified adults and would require that income eligibility be determined based on modified adjusted gross income (MAGI), as prescribed. The bill would prohibit the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. The bill would also add, commencing January 1, 2014, benefits, services, and coverage included in the essential health benefits package, as adopted by the state and approved by the United States Secretary of Health and Human Services, to the schedule of Medi-Cal benefits. This bill contains other related provisions and other existing laws.

Position

Priority :

SBX1 3

(Hernandez D) Health care coverage: bridge plan. (Introduced: 2/5/2013 [pdf](#) [html](#))

Status: 2/5/2013-Introduced. Read first time. Referred to Com. on RLS.

Location: 2/5/2013-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 federal Patient Protection and Affordable Care Act, requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that makes available qualified health plans to qualified individuals and small employers. This bill would declare the intent of the Legislature to enact legislation that would create a bridge option to allow low-cost health coverage to be provided to individuals within the California Health Benefit Exchange. This bill contains other existing laws.

Position

Priority :

Housing

AB 261

(Chesbro D) Residential care facilities for the elderly: fees and charges.

(Introduced: 2/7/2013 [pdf](#) [html](#))

Status: 2/21/2013-Referred to Com. on HUM. S.

Location: 2/21/2013-A. HUM. S.

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 residential care facilities

for the elderly, as defined, by the State Department of Social Services, including, among other things, regulation of fees and charges. Existing law requires the admission agreement for a residential care facility for the elderly to contain specified elements. Under existing law, a violation of any of these provisions is punishable as a misdemeanor. This bill would prohibit a residential care facility for the elderly from requiring advance notice for terminating an admission agreement upon the death of a resident, and would prohibit the facility from assessing any fees once all personal property of the deceased is removed. This bill contains other related provisions and other existing laws.

Position

Priority :

[AB 364](#)

(Calderon, Ian D) Community care facilities: unannounced visits.

(Introduced: 2/14/2013 [pdf](#) [html](#))

Status: 2/28/2013-Referred to Com. on HUM. S.

Location: 2/28/2013-A. HUM. S.

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

Summary: The California Community Care Facilities Act provides for the licensure and regulation of community care facilities by the State Department of Social Services. Existing law requires, except as otherwise specified, that every licensed community care facility be subject to unannounced visits by the department and requires the department to visit the facilities as often as necessary to ensure the quality of care provided, but no less often than once every 5 years. This bill would instead require the department to visit a community care facility no less often than once every 2 years.

Position

Priority :

[SB 154](#)

(Berryhill R) Community care facilities. (Introduced: 1/31/2013 [pdf](#) [html](#))

Status: 2/14/2013-Referred to Com. on RLS.

Location: 2/14/2013-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 California Community Care Facilities Act, provides for the licensure and regulation of community care facilities by the State Department of Social Services. This bill would make technical, nonsubstantive changes to these provisions.

Position

Priority :

In Home Supportive Services (IHSS)

[AB 209](#)

(Pan D) Medi-Cal: managed care: quality and accessibility. (Introduced: 1/30/2013 [pdf](#) [html](#))

Status: 1/31/2013-From printer. May be heard in committee March 2.

Location: 1/30/2013-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 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 services are provided is pursuant to contracts with various types of managed care plans. This bill would require the department to develop and implement a plan, as specified, to monitor, evaluate, and improve the quality and accessibility of health care and dental services provided through Medi-Cal managed care. The bill would require the department to hold quarterly public meetings to report on, among other things, performance measures and quality and access standards, and to invite public comments. The bill would require the department to appoint an advisory committee, with specified responsibilities, for the purpose of making recommendations to the department and to the Legislature in order to improve quality and access in the delivery of Medi-Cal managed care services. The bill would be implemented to the extent that federal, private, or other non-General Fund moneys are available.

Position

Priority :

AB 784

(Weber D) In-Home Supportive Services. (Introduced: 2/21/2013 [pdf](#) [html](#))

Status: 2/22/2013-From printer. May be heard in committee March 24.

Location: 2/21/2013-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 county-administered In-Home Supportive Services 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 these provisions.

Position

Priority :

SB 172

(Beall D) In-home supportive services: sales tax. (Introduced: 2/5/2013 [pdf](#) [html](#))

Status: 2/14/2013-Referred to Com. on RLS.

Location: 2/14/2013-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 Sales and Use Tax Law, imposes a sales tax on retailers for the privilege of selling tangible personal property at retail, measured by the gross receipts from the sale of tangible personal property sold at retail in this state. A violation of specified provisions of this law is a crime. Existing law similarly imposes a sales tax on providers of support services, for the privilege of selling support services at retail, measured by the gross receipts from the sale of those services in this state at a specified rate of those gross receipts. This bill would make a technical, nonsubstantive change by extending the earliest implementation date for the provider tax and supplementary payment provisions from January 1, 2012, to July 1, 2012. This bill contains other related provisions and other existing laws.

Position

Priority :

Mental Health

[AB 230](#)

(Maienschein R) Mental health. (Introduced: 2/5/2013 [pdf](#) [html](#))

Status: 2/6/2013-From printer. May be heard in committee March 8.

Location: 2/5/2013-A. PRINT

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

Summary: Existing law authorizes the State Department of State Hospitals, the State Department of Health Care Services, and other departments as necessary to perform various duties relating to mental health services. This bill would state the intent of the Legislature to enact legislation relating to mental health.

Position

Priority :

[AB 663](#)

(Gomez D) Residential care facilities: administrators: training requirements.

(Introduced: 2/21/2013 [pdf](#) [html](#))

Status: 2/22/2013-From printer. May be heard in committee March 24.

Location: 2/21/2013-A. PRINT

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

Summary: Existing law requires the Director of Social Services, in consultation with the Director of Health Care Services and the Director of Developmental Services, to establish a training program to ensure that licensees, operators, and staffs of adult residential care facilities have appropriate training to provide the care and services for which a license or certificate is issued. Existing law also requires the administrator of an adult residential care facility to undergo 35 hours of training, including specified subjects, including business operations and the psychosocial needs of the facility residents. This bill would require the administrator training to be a total of 40 hours and would require that the training include 5 hours of training in cultural competency and sensitivity in aging lesbian, gay, bisexual, and transgender minority issues.

Position

Priority :

Other

[SB 295](#)

(Emmerson R) Developmental services: protection and advocacy agencies.

(Introduced: 2/15/2013 [pdf](#) [html](#))

Status: 2/28/2013-Referred to Com. on RLS.

Location: 2/28/2013-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 Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with appropriate agencies to provide community services and support for persons with developmental disabilities and their families, including, but not limited to, regional centers, and sets forth the duties of the regional centers, including, but not limited to, development of individual program plan and the purchase of needed services to implement the plan. Existing law prohibits an employee or agent of a facility, program or service from subjecting a person with a disability to reprisal or harassment that would prevent the person, his or her legally authorized representative, or family member from reporting to the protection and advocacy agency designated by the Governor information pertaining to suspected abuse, neglect, or other violations of the person's rights. This bill would make technical, nonsubstantive changes to those provisions.

Position

Priority :

SB 468

(Emmerson R) Developmental services: statewide self-determination project.

(Introduced: 2/21/2013 [pdf](#) [html](#))

Status: 2/22/2013-From printer. May be acted upon on or after March 24.

Location: 2/21/2013-S. PRINT

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 contracts 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 require the department to implement a statewide self-determination project under which funds from regional center budgets are allocated for local self-determination projects that will enhance the ability of a consumer and his or her family to control the decisions and resources required to meet the objectives in his or her individual program plan. The statewide project would be phased in over 3 years, and serve up to 2500 regional center consumers. The bill would require the department to ensure, among other things, that self-determination is available as a choice and participants in the project reflect the disability, ethnic, and geographic diversity of the state. The bill would require self-determination projects to include, among other things, increased consumer and family control over which services best meet their needs and the IPP objectives and comprehensive person-centered planning. This bill would require a self-determination project to establish a local advisory committee, as prescribed, to provide oversight of the project and to submit, by September 1, 2016, specified recommendations to the department regarding the effectiveness of the project. This bill contains other related provisions.

Position

Priority :

[SB 555](#)

(Correa D) Developmental services: individual program plans and individual family service plans. (Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-S. PRINT

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 services and supports 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) or individual family service plan (IFSP), developed in accordance with prescribed requirements. Existing law states that it is the intent of the Legislature to ensure that the individual program plan and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and the family, as specified. This bill would state the intent of the Legislature to enact legislation that would require an IPP or IFSP to consider the needs of the consumer, and his or her family, in order to provide services and supports in a culturally and linguistically appropriate manner.

Position

Priority :

[SCA 10](#)

(Wolk D) Legislative procedure. (Introduced: 1/22/2013 [pdf](#) [html](#))

Status: 1/31/2013-Referred to Com. on RLS.

Location: 1/31/2013-S. RLS.

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

Summary: The California Constitution prohibits a bill other than the Budget Bill from being heard or acted on 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 by rollcall vote entered in the journal, 3/4 of the membership concurring. This measure would add an additional exception to this 31-day waiting period by authorizing a committee to hear or act on a bill if the bill, in the form to be considered by the committee, has been in print and published on the Internet for at least 15 days. This bill contains other related provisions and other existing laws.

Position

Priority :

Regional Center

[SB 164](#)

(Rubio D) Developmental services: regional centers: funding. (Introduced: 2/1/2013 [pdf](#) [html](#))

Status: 2/14/2013-Referred to Com. on RLS.

Location: 2/14/2013-S. RLS.

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

Summary: Under the Lanterman Developmental Disabilities Services Act, the State

Department of Developmental Services is required to contract with regional centers to provide services and supports to individuals with developmental disabilities. This bill would state that it is the intent of the Legislature to enact legislation to require the department to report to the Legislature on the status of its budget process for regional center funding.

Position

Priority :

[SB 208](#)

(Lara D) Developmental services: regional centers. (Introduced: 2/8/2013 [pdf](#) [html](#))

Status: 2/21/2013-Referred to Com. on RLS.

Location: 2/21/2013-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 Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide services and supports 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. Existing law authorizes the regional center to, among other things, solicit an individual or agency, by requests for proposals (RFPs) or other means, to provide needed services or supports that are not available to achieve the stated objectives of a consumer's IPP. This bill would state the intent of the Legislature to enact legislation to require that RFPs that are created by regional centers include a section to evaluate the applicant's ability to provide services and supports that are culturally and linguistically competent.

Position

Priority :

[SB 319](#)

(Price D) Developmental services: regional centers: data compilation.

(Introduced: 2/19/2013 [pdf](#) [html](#))

Status: 2/28/2013-Referred to Com. on RLS.

Location: 2/28/2013-S. RLS.

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

Summary: Under the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is required to contract with regional centers to provide services and supports to individuals with developmental disabilities. This bill would state that it is the intent of the Legislature to enact legislation to require the department to provide quarterly updates regarding the department's progress in meeting specified data compilation requirements in collaboration with regional centers.

Position

Priority :

[SB 321](#)

(Price D) Developmental services: regional centers: performance contracts.

(Introduced: 2/19/2013 [pdf](#) [html](#))

Status: 2/28/2013-Referred to Com. on HUMAN S.

Location: 2/28/2013-S. HUM. S.

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

Summary: Under the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is required to contract with regional centers to provide services and supports to individuals with developmental disabilities. Existing law requires the state to enter into 5-year contracts with the regional centers, subject to the annual appropriation of funds by the Legislature, and requires that the contracts include annual performance objectives, as specified. This bill would, in this regard, require the department to establish performance contract guidelines and measures relating to issues of cultural and linguistic competency.

Position

Priority :

[SB 367](#)

(Block D) Developmental services: regional centers. (Introduced: 2/20/2013 [pdf](#) [html](#))

Status: 2/28/2013-Referred to Com. on RLS.

Location: 2/28/2013-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 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 the department, when approving regional center contracts, to ensure that regional center staffing patterns demonstrate that direct service coordination is the highest priority. This bill would state the intent of the Legislature to enact legislation that would provide that the department require regional centers to develop annual strategic plans that address issues of cultural and linguistic competency.

Position

Priority :

[SB 784](#)

(Fuller R) Developmental services. (Introduced: 2/22/2013 [pdf](#) [html](#))

Status: 2/25/2013-Read first time.

Location: 2/22/2013-S. PRINT

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 state the intent of the Legislature to require the department to encourage regional centers to enter into collaborative partnerships with community-based organizations and to promote volunteerism.

Position

Priority :

Total Measures: 44

Total Tracking Forms: 44

Agenda Item 7

Federal Budget/Legislative Report



Washington Update

February 25, 2013

In this issue:

- ✓ **Count Down: 4 Days Until Sequestration**
 - **Funding for DD Councils and other Non-Defense Discretionary (NDD) programs**
 - **NACDD advocates for balanced approach to deficit reduction**
 - **White House releases state-by-state impact of sequestration**
- ✓ **House & Senate Leaders Name Long- Term Care Commission Appointees**
- ✓ **NACDD Files Comments on Important Health Care NPRM**
- ✓ **Representative Greg Harper (R-MS) Reintroduces TEAM Act**
- ✓ **Tools for Celebration of March DD Awareness Month**
- ✓ **Hotel Rooms Going Fast for Disability Policy Seminar, April 15-17, Washington DC**

Count Down: 4 Days Until Sequestration

Time is running out to stop the sequester that will otherwise kick-in this Friday, March 1 with automatic across-the-board cuts. Senate Democrats proposed a plan last week with a balanced approach that calls for spending cuts and also for new tax revenues from increased taxes on those with adjusted gross income of over \$1,000,000 per year. Senate Minority Leader Mitch McConnell quick rejected it and it is not expected to pass the House.

- Funding for DD Councils and our DD Act partners is expected to be reduced by the across-the-board cuts. While the Office of Management and Budget (OMB) has not yet publicly advised exactly how the cuts will be implemented, if they are implemented evenly across all NDD programs, the cuts will be 5.1%. Since the cuts will be concentrated in the seven remaining months of FY 2013, the cuts could be in the area of 9-10%. Once the Administration on Intellectual and Developmental Disabilities (AIDD) and its parent agency the Administration on Community Living (ACL) have official word, NACDD will let you know as quickly as possible how the sequester will affect your Council.
- NACDD joined over 3200 groups in signing a [letter](#) asking for a balanced approach to deficit reduction that does not include further cuts to NDD, and also has been calling on Congressional offices to protect entitlements and NDD funding.

The letter shows that spending cuts have not been balanced and that **spending on NDD programs is not out of control. On the contrary, NDD programs—cut by \$900 billion already**—represent a small and shrinking share of the federal budget and of our overall economy. For example, NDD programs represented just 3.4 percent of our country’s Gross Domestic Product (GDP) in 2011, consistent with historic levels. Under the funding caps established in the bi-partisan sequestration legislation, by 2021 NDD programs will decline to just 2.5 percent of GDP, **the lowest level in at least 50 years.**

- The White House issued a state-by-state analysis of the impact of the sequester, including many millions of dollars of cuts in education of students with disabilities. It is appended to this issue of the *Washington Update* and will appear on the White House website shortly. President Obama also held a press conference on February 19 (available here) in which he highlighted some of the cuts that will impact Americans as a result of the sequester.

House and Senate Leaders Name Long-Term Care Commission Appointees

When the Affordable Care Act was enacted, it included a provision for the Community Living Assistance Services and Supports (CLASS) program that would have established a national voluntary insurance program, paid for by voluntary payroll deductions, that would allow people to receive benefits to help them with activities of daily living. It had been enthusiastically championed by Senator Ted Kennedy and other leaders. HHS tried but could not figure out a way for the program to be self-supporting as the law required.

Although the CLASS provisions of the ACA were recently revoked, Congress did call for a Long-Term Care Commission to be established and charged with coming up with a plan to addressing comprehensive, coordinated long-term services and supports. While President Obama’s nominees have not been named, House and Senate leaders have announced their choices.

- Republican appointees: House Speaker John Boehner appointed Judy Brachman of Ohio, former Director of the Ohio Department on Aging and national co-chairwoman of the Jewish Federations of North America’s Aging and Family Caregiving Committee; Stephen Guillard of Chatham, Mass., CEO and President of Belmont Nursing Center; Grace-Marie Turner. President of the Galen Institute, a public policy research organization that she founded in 1995 to promote an informed debate over free-market ideas for health reform. Senate Minority Leader Mitch McConnell appointed Bruce D. Greenstein, Secretary of the Louisiana Department of Health and Hospitals; Neil Pruitt Jr. of Atlanta, a skilled nursing facility executive; and Mark Washofski, an official in the Treasury Department during the George W. Bush administration.
- Democratic appointees: House Minority Leader Nancy Pelosi (D-CA) has appointed Bruce Chernof, President of the SCAN Foundation; Judith Stein, Executive Director of the Center for Medicare Advocacy; and George Vradenberg of US Against Alzheimer’s. Senate Majority Leader Harry Reid appointed Dr. Javaid Anwar of Nevada; Judy Feder, a health

policy expert, Georgetown professor and former staff director for the Pepper Commission; and Laphonza Butler, President of the California SEIU's United Long Term Care Workers' Union.

NACDD Files Comments on Important Health Care Notice of Proposed Rule-Making

On February 21, NACDD filed extensive comments on a complicated but important Notice of Proposed Rule-Making (NPRM) that CMS issued on January 22 (CMS-2324-P). Among other things, NACDD called for more transparency, notice and opportunity for stakeholder input on such important issues as essential health benefits (EHB), state plan amendments to create or change a state plan amendment on an alternative benefit plan (ABP) and means of insuring that the benefits in EHB categories are adequate to meet the needs of individuals

NACDD is disappointed that HHS chose not to provide states any guidance regarding the habilitation benefit in ABP and supports a federal definition of habilitation services for ABP.

NACDD is also concerned about how people who qualify for exemption from mandatory enrollment in a benchmark plan will be identified and urges HHS to include additional details regarding how this will be accomplished. NACDD believes that additional provisions are necessary to ensure that the design and implementation of ABPs do not discriminate against people with disabilities and chronic health conditions.

NACDD has significant concerns regarding the proposed changes to cost-sharing as they will cause many people with disabilities or multiple chronic conditions to forgo needed care or prescriptions due to the inability to pay. The cumulative effect of the different cost-sharing provisions could be devastating for people already living in poverty and making difficult economic choices.

Representative Greg Harper (R-MS) Reintroduces TEAM Act

The Transition Toward Excellence, Achievement and Mobility (TEAM) Act has been reintroduced by Representatives Greg Harper (D-MS) and Cathy McMorris-Rodgers (R-WA). The TEAM Employment Act of 2013 (HR 509) and the TEAM Education Act of 2013 (HR 510) have been referred to the House Committee on Education and the Workforce. The TEAM Empowerment Act (HR-511) has been referred to the House Energy & Commerce Committee.

Together these three bills seek to more effectively design and strengthen services for youth in transition from IDEA education. NACDD endorsed these bills in the last Congress.

NACDD is working closely with the other DD Act partners to review the bill and is planning to meet quickly with the bill's lead sponsors to discuss the implications for the DD population.

March is DD Awareness Month

Help us spread the word that March is Developmental Disabilities Awareness Month! This year's theme is *Look Beyond* and there are great tools ready for you on the NACDD [website](#).

Hotel Rooms Going Fast for Disability Policy Seminar, April 15-17, Washington DC Register Now.

Register now for the [2013 Disability Policy Seminar](#). March 12 is the deadline for the best rates for the April 15-17 conference to be held at the Grand Hyatt in Washington, DC. This event is the biggest and best opportunity for advocates to advance the grassroots movement for people with intellectual and developmental disabilities. The unique platform offers you the opportunity to come together with other advocates to learn about key policy issues and take them to Capitol Hill. This is even appropriate for new advocates, seasoned advocates and everyone in between.

This event is the biggest and best opportunity for advocates to advance the grassroots movement for people with intellectual and developmental disabilities. The unique platform offers you the opportunity to come together with other advocates.

To register and find about more about this year's program visit www.disabilitypolicyseminar.org.

For questions about the Disability Policy Seminar and items in this Washington Update, please contact phathaway@nacdd.org.

NOTE APPENDIX BELOW – White House State-by-State Impact of Sequester