

Assembly Bill No. 121

CHAPTER 44

An act to amend Sections 56850, 56851, 56853, 56857.5, 56858, 56858.5, 56859, and 56863 of the Education Code, to amend Sections 95020 and 95021 of, and to amend and repeal Section 19242 of, the Government Code, and to amend Sections 4474.17, 4512, 4519.5, 4519.10, 4646, 4646.4, 4685.10, 4686.2, 4689.1, 4783, 4785, 7502.6, and 7505 of, to amend, repeal, and add Section 4868 of, and to add Sections 4688.22, 4785.2, and 4868.5 to, the Welfare and Institutions Code, relating to developmental services, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor July 10, 2023. Filed with Secretary of State July 10, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 121, Committee on Budget. Developmental services.

(1) Existing law establishes the State Department of Developmental Services, and vests in the department jurisdiction over various state developmental centers for the provision of care to persons with developmental disabilities. Existing law establishes the State Department of State Hospitals within the California Health and Human Services Agency, and provides the department with jurisdiction over specified facilities for the care and treatment of persons with mental health disorders.

Existing law requires that every individual with exceptional needs, as defined, who is eligible be provided with educational instruction, services, or both, at no cost to their parent or guardian or, as appropriate, to them. A free appropriate public education is required to be made available to individuals with exceptional needs in accordance with specified federal regulations adopted pursuant to the federal Individuals with Disabilities Education Act. Existing law recognizes that individuals with exceptional needs of mandated schoolage residing in California's state hospitals and developmental centers are entitled, under specified federal law, to have the same access to educational programs as is provided for individuals with exceptional needs residing in the community, and establishes contracting and funding provisions for that purpose. Existing law requires the Superintendent of Public Instruction, the Director of Developmental Services, and the Director of State Hospitals to develop written interagency agreements to carry out the provisions relating to educational programs for individuals with exceptional needs residing in those facilities.

Existing law requires the transfer of pupils in state hospital school programs whose individualized education programs indicate that a community school program is appropriate to be transferred to schools located

in the community. Existing law authorizes waivers to that requirement only when approved by both the Superintendent of Public Instruction and the Director of Developmental Services. Existing law requires the State Department of Developmental Services, on the first day of each month, upon submission of an invoice by the county superintendent of schools, to pay to the county superintendent of schools 8% of the amount projected to cover the cost of hospital pupils educated in community school programs, as specified. Existing law requires the county superintendent of schools to calculate the actual cost of educating those pupils and, if the actual cost is more or less than the projected amount, requires the following year's distribution to be adjusted accordingly.

This bill would authorize waivers described above to be approved by the State Superintendent of Public Instruction and either the State Department of Developmental Services, for individuals receiving developmental disability services, or the State Department of State Hospitals, for individuals receiving mental health services, as specified. The bill would require the State Department of State Hospitals, rather than the State Department of Developmental Services, to make payments to county superintendents of schools with respect to pupils under the State Department of State Hospital's jurisdiction who are being educated in community school programs. The bill additionally would revise those payment provisions to require the relevant department to pay the entire amount invoiced by the county superintendent of schools, and would require an adjustment to the county's distribution to be adjusted in the following year only if the actual cost is greater than the amount invoiced by the county superintendent of schools. The bill would update existing references to state hospitals to also refer to developmental centers, and would make various other technical changes, and delete obsolete provisions.

(2) Existing law, the Lanterman Developmental Disabilities Services Act (act), requires the State Department of Developmental Services (department) to contract with regional centers to provide services and supports to persons with developmental disabilities and their families. Existing regulations require vendors and long-term health care facilities to report special incidents to regional centers, including, among others, reasonably suspected abuse or exploitation, reasonably suspected neglect, serious injuries, and unplanned or unscheduled hospitalizations, as specified. Existing regulations require regional centers to submit an initial report to the department following receipt of a report of a special incident. Existing law requires the department to provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees of the Legislature addressing, among other things, regional center accountability, transparency, and oversight efforts.

This bill would require the department, as part of those quarterly briefings, to provide an annual update on the status of the department's efforts to improve oversight of special incidents and respond to special incident trends. The bill would require the status update to include a summary of the most

recent annual report regarding special incidents involving individuals with developmental disabilities served by regional centers.

The act defines “developmental disability” as a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for the individual. Under existing law, “developmental disability” includes intellectual disability, cerebral palsy, epilepsy, and autism, among other conditions, as specified. Under existing law, if a child who is 3 or 4 years of age is not otherwise eligible for regional center services under the above-described definition, the child is provisionally eligible for regional center services if the child has a disability that is not solely physical in nature and has significant functional limitations in at least 2 of specified areas of major life activity, such as learning or self-direction, as determined by a regional center and as appropriate to the age of the child.

This bill would expand the above-described provisional eligibility for regional center services to children under 5 years of age, including those who are 2 years of age or younger.

The act requires that an infant or toddler eligible for early intervention services, as specified, from a regional center be assessed by the regional center at least 90 days before they turn 3 years of age for purposes of determining their ongoing eligibility, including provisional eligibility, for regional center services.

This bill would additionally require the regional center, after an infant or toddler has been determined eligible for early intervention services, to determine if the child is also provisionally eligible for regional center services.

Existing law requires the department and regional centers to annually collaborate to compile specified data relating to purchase of service authorization, utilization, and expenditure by each regional center, including the age, race, or ethnicity of, and preferred language spoken by, the regional center consumer. Existing law requires the department and regional centers to post that information on its internet website.

This bill would require the department and regional centers to compile and report that data consistent with applicable privacy laws. The bill would place additional requirements on the department and regional centers regarding the reporting of that data, including, among others, requiring that information to be posted in machine-readable format. The bill would further require that data to be deidentified in accordance with specified requirements.

Existing law, on or before March 1, 2019, required the department to submit a rate study to specified committees of the Legislature regarding community-based services for individuals with developmental disabilities. Existing law requires the department to implement rate increases between April 1, 2022, and July 1, 2025, to raise service providers’ rates to the fully funded rate reflected in the rate models that were included in the rate study. Existing law requires the fully funded rate models to be implemented using 2 payment components, a base rate equaling 90% of the rate model, and a quality incentive payment, equaling up to 10% of the rate model. Existing

law requires the department to implement a quality incentive program, to develop quality measures or benchmarks, or both, with input from stakeholders, for consumer outcomes and regional center and service provider performance, as specified, and to develop a quality incentive payment structure for providers meeting the quality measures or benchmarks, or both.

This bill would authorize the department to establish quality measures or benchmarks, or both, in the initial years of the quality incentive program that focus on building capacity, developing reporting systems, gathering baseline data, and similar activities while working towards meaningful outcome measures at the individual consumer level for all services. The bill would require the department to determine each provider's quality incentive payment percentage prior to the start of the fiscal year by measuring the provider's performance against the quality measures or benchmarks for the most recently available reporting period. The bill would require the department to provide a written communication, no later than 60 days after the quality incentive payment percentages are determined and the providers are informed of their payments, to specified committees of the Legislature that reports on the total amount of quality incentive payments estimated to be paid to providers. The bill, commencing July 1, 2024, would require the rate models to be updated to account for the current and any subsequent changes to the statewide minimum wage, as specified.

Existing law authorizes a regional center to contract or issue a voucher for services and supports provided to a consumer or family. Existing law authorizes a consumer to choose a vouchered community-based training service to assist the consumer in the development of skills required for community integrated employment, among other things. Existing regulations authorize a regional center to offer participant-directed services to allow adult consumers or family members of consumers who are receiving vouchered services to procure their own community-based training service, daycare, nursing, respite, or transportation services, as specified.

This bill would authorize the department to implement the provision of social recreation services, camping services, and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music, by means of written directives or similar instructions, including the provision of those services as participant-directed services. The bill, effective July 1, 2023, would prohibit a regional center from requiring a consumer or family member to exhaust services under the In-Home Supportive Services program or to exchange respite hours or other services and supports or to pay a copayment, or a similar shared pay arrangement aimed at offsetting costs, in order to receive those services. The bill would make related findings and declarations.

Existing law establishes requirements for family homes that provide services and supports for adults with developmental disabilities who do not require continuous skilled nursing care. Existing federal regulations require home and community-based settings and person-centered service plan requirements to meet specified standards. Existing law authorizes the

department to adopt regulations and interim administrative program directives to implement and comply with federal home and community-based settings requirements.

This bill would authorize the department to also adopt regulations and interim program directives to implement and comply with federal person-centered service plan requirements.

Existing law authorizes the department to reimburse family home agencies that are vendored to recruit, approve, train, and monitor family home providers, provide social services and in-home support to family home providers, and assist adults with developmental disabilities in moving into approved family homes. Existing law requires the department to promulgate regulations related to these duties, including, among others, appropriate rates of payment for family home agencies and approved home providers.

This bill would require that regional center reimbursements to family home agencies for services in a family home not exceed specified residential service provider rates for individuals who reside in a community care facility, as defined, that is vendored for 4 beds or fewer.

(3) Under existing law, the California Early Intervention Services Act (act), direct services for eligible infants and toddlers and their families are provided by regional centers and local educational agencies. The act requires an eligible infant or toddler receiving services to have an individualized family service plan (IFSP). The act requires that parents be fully informed of their rights, including the right to invite another person, including a family member or an advocate or peer parent, to accompany them to any or all IFSP meetings. Existing law, until June 30, 2023, requires, at the request of the parent or legal guardian, an IFSP meeting to be held by remote electronic communications.

This bill would extend that requirement until June 30, 2024. By extending an existing requirement for local educational agencies, this bill would impose a state-mandated local program.

Existing law requires any vendor who provides applied behavioral analysis (ABA) or intensive behavioral intervention services to design an intervention plan that includes, among other things, the parent participation needed to achieve the goals and objectives of the infant, toddler, or minor consumer, as set forth in their IFSP or IPP, as provided. Existing law requires a regional center to only purchase ABA or intensive behavioral intervention services when the parent or parents of an infant, toddler, or minor consumer participates in the intervention plan.

This bill would remove the requirement that regional centers only purchase those services when a parent or parents participate in the intervention plan. The bill would prohibit a regional center from denying or delaying the provision of ABA or intensive behavioral intervention services for an infant, toddler, or minor consumer due to a lack of parent participation, as specified. The bill would require vendors to design intervention plans that include, among other things, the recommended parent participation to achieve the goals and objectives set forth in an IFSP or IPP.

(4) Existing law generally requires a regional center to identify and pursue all possible sources of funding for consumers receiving regional center services.

Existing law prohibits a regional center from purchasing any service that would otherwise be available from the Medi-Cal program, the Medicare Program, private insurance, or a health care service plan, as specified. Existing law also prohibits a regional center from purchasing medical or dental services for a consumer 3 years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance, or health care service plan denial and the regional center determines that an appeal by the consumer or family of the denial does not have merit.

Existing law requires a regional center to ensure, at the time of development, scheduled review, or modification of a consumer's individual program plan or of an individualized family service plan, the establishment of an internal process. Existing law requires the internal process to ensure, among other things, utilization of generic services and supports if appropriate, and utilization of other services and sources of funding as described above. Existing law authorizes the individualized family service planning team for infants and toddlers eligible for early intervention services to determine that a medical service identified in the plan is not available through the family's private health insurance policy or health care service plan and therefore will be funded by the regional center, as specified.

This bill, for purposes of the above-described determination, would specify that the medical service is not available within 60 calendar days, would include the Medi-Cal program as one of the sources, and would instead specify that the medical services would be authorized for purchase-of-service funding by the regional center. The bill would authorize the individual program plan team to make a similar determination. The bill would require a regional center to authorize the provision of services through the purchase of services during any plan delays, including the appeals process.

(5) Existing law establishes the Family Cost Participation Program, which requires the department to develop and establish a Family Cost Participation Schedule, consisting of a sliding scale for families with an annual gross income of not less than 400% of the federal poverty guideline, as specified, to be used by regional centers to assess the parents' cost participation for providing respite, daycare, and camping services to their children under 18 years of age who have developmental disabilities and who are not eligible for Medi-Cal, among other eligibility criteria. Existing law also requires a regional center to assess an annual family program fee, as specified, from parents whose adjusted gross family income is at or above 400% of the federal poverty level and who have a child meeting prescribed requirements, including receiving specified services from a regional center.

Existing law, commencing July 1, 2022, to June 30, 2023, inclusive, requires regional centers to suspend existing and new assessments and reassessments of the cost participation and existing and new assessments, reassessments, and collections of the annual family program fee described above.

This bill would require regional centers to suspend, until June 30, 2024, existing and new assessments and reassessments of the cost participation and existing and new assessments, reassessments, and collections of the annual family program fee described above.

Existing law requires the department to submit to the Legislature, on or before January 10, 2023, as part of the annual budget process, a plan to revise the Family Cost Participation Program and the annual family program fee, including consideration of changes that include, but are not limited to, those that promote administrative efficiency and program compliance.

This bill would authorize the department to implement, interpret, or make specific the recommendations provided in the plan submitted to the Legislature, through program directives or other processes, to streamline program administration and standardize procedures.

(6) Existing law establishes the Employment First Policy, which is the policy of the state that opportunities for integrated, competitive employment be given the highest priority for working age individuals with developmental disabilities, regardless of the severity of their disabilities. Existing law requires the State Council on Developmental Disabilities to form a standing Employment First Committee to, among other responsibilities, identify strategies and recommend legislative, regulatory, and policy changes to increase integrated employment, self-employment, and microenterprises for persons with developmental disabilities, as specified.

This bill would, commencing July 1, 2024, instead create the Office of Employment First under the California Health and Human Services Agency, and would require the office to form the Employment First Committee, which shall consist of the same members. This bill would state the office's mission and responsibilities, and would require the office to be under the control of an executive officer known as the Chief Employment First Officer, as specified. The bill would, on or before June 30, 2025, and annually thereafter, require the office to provide a report to the appropriate policy committees of the Legislature and to the Governor describing its work and recommendations made pursuant to these provisions.

(7) Existing law recognizes the right of adults with disabilities to reside in the family home and requires the department to establish a Coordinated Family Support Services Pilot Program for adults who live with their families. Existing law requires that the services provided by the pilot program be flexible and tailored to assist the consumer to remain in the home of their family for as long as that remains the preferred living option for the consumer and their family.

This bill would appropriate to the department \$10,800,000 from the General Fund to support the pilot program's implementation.

(8) Existing law grants the Department of Human Resources (department) the powers, duties, and authority necessary to operate the state civil service system, as specified. Existing law creates the Limited Examination and Appointment Program (LEAP), which the department administers, to provide an alternative to the traditional civil service examination and appointment process to facilitate the hiring of persons with disabilities. Existing law

repeals, on January 1, 2024, certain LEAP provisions regarding the department's obligation to permit a person with a developmental disability to choose to complete a written examination, readiness evaluation, or internship, as specified.

This bill would delete the repeal date above, thereby indefinitely extending the operation of those provisions.

(9) Existing law requires the department, no later than April 1, as specified, to submit a detailed plan to the Legislature whenever the department proposes the closure of a state developmental center. Existing law requires the department, in conjunction with the Governor's proposed 2023–24 budget, to submit to the Legislature an updated version of a specified safety net plan regarding how the department will provide access to crisis services after the closure of a developmental center and how the state will maintain its role in providing residential services to those whom private sector vendors cannot or will not serve. Existing law requires the plan update, among other provisions, to evaluate the progress made to create a safety net, including services or residences intended to facilitate transitions or diversions from institutions for mental disease, the Canyon Springs Community Facility, the secure treatment program at Porterville Developmental Center, prisons or jails, or other restrictive settings.

Existing law prohibits the department from admitting anyone to a developmental center unless the person has been determined to be eligible for services, as specified, and the person meets certain conditions, including, among others, that the person is committed by a court on or before June 30, 2023, to Canyon Springs Community Facility and the person otherwise meets the criteria for admission due to an acute crisis, as defined, or is currently admitted to either an acute psychiatric hospital or an acute crisis facility due to an acute crisis, but requires continued treatment to achieve stabilization and successful community transition.

This bill would delete the June 30, 2023, date, and instead apply the above-described criteria for admission to individuals committed to Canyon Springs Community Facility on or before June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan, as specified, whichever is earlier.

(10) 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 the statutory provisions noted above.

(11) This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

Appropriation: yes.

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

SECTION 1. Section 56850 of the Education Code is amended to read:

56850. (a) The purpose of the Legislature, in enacting this chapter, is to recognize that individuals with exceptional needs, as defined in Section 56026, between 3 and 21 years of age, residing in California's state hospitals and developmental centers, are entitled to, under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and the Rehabilitation Act of 1973 (29 U.S.C. Sec. 701 et seq.), the same access to educational programs as is provided for individuals with exceptional needs residing in our communities.

(b) It is the intent of the Legislature to ensure that services shall be provided in the community near the individual state hospitals and developmental centers to the maximum extent appropriate, and in the least restrictive environment.

(c) It is the further intent of the Legislature to ensure equal access to the educational process and to a full continuum of educational services for all individuals, regardless of their physical residence.

(d) It is the further intent of the Legislature that educational services designated for state hospital or developmental center residents not eligible for services mandated by the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) shall not be reduced or limited in any manner as a result of the enactment of this chapter.

(e) It is the further intent of the Legislature that any cooperative agreements to provide educational services for state hospitals and developmental centers shall seek to maximize federal financial participation in funding these services.

SEC. 2. Section 56851 of the Education Code is amended to read:

56851. (a) In developing the individualized education program for an individual residing in a state hospital or developmental center who is eligible for services under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), a state hospital or developmental center shall include on its interdisciplinary team a representative of the local educational agency from the district in which the state hospital or developmental center is located, and the individual's state hospital or developmental center teacher, depending on whether the state hospital or developmental center is otherwise working with the local educational agency for the provision of special education programs and related services to individuals with exceptional needs residing in state hospitals and developmental centers. However, if a district or special education local plan area that is required by this section to provide a representative from the district or special education local plan area does not do so, the county office of education shall provide a representative.

(b) The state hospital or developmental center shall reimburse the local educational agency for the costs, including salary, of providing the representative who is qualified to provide, or supervise the provision of,

specially designed instruction to meet the unique needs of individuals with exceptional needs.

(c) Once the individual with exceptional needs is enrolled in the community program, the local educational agency providing special education shall be responsible for reviewing and revising the individualized education program with the participation of a representative of the state hospital or developmental center and the educational rights holder, as defined in subdivision (b) of Section 56863. The public agency responsible for the individualized education program shall be responsible for all individual protections, including notification and due process.

SEC. 3. Section 56853 of the Education Code is amended to read:

56853. (a) This chapter does not affect the continued authority of the State Departments of Developmental Services and State Hospitals over educational programs for individuals not eligible for services under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) nor shall it affect the overall responsibility of the state hospitals and developmental centers for the care, treatment, and safety of individuals with exceptional needs under their control. The state hospitals and developmental centers shall continue to render appropriate and necessary developmental services, health related services, psychiatric services, and related services assigned to the state hospitals and developmental centers in the local written agreements, as part of their responsibilities for the care and treatment of state hospital and developmental center residents.

(b) For purposes of this section, “health-related services” shall include services provided by physicians, psychiatrists, psychologists, audiologists, registered nurses, social workers, physical therapists, occupational therapists, psychiatric technicians, rehabilitation therapists, and speech language pathologists, and shall be the responsibility of the state hospital or developmental center if the individual with exceptional needs requires these services while in the community program.

SEC. 4. Section 56857.5 of the Education Code is amended to read:

56857.5. (a) Community school agencies providing school programs on state hospital or developmental center grounds shall begin the orderly transfer of all state hospital or developmental center pupils whose individualized education programs indicate that a community school program is appropriate, to schools located in the community.

(b) All pupils covered by subdivision (a) shall be served in community schools other than on state hospital or developmental center grounds, and the contracting provisions of this chapter shall apply only to pupils in community school programs other than on state hospital or developmental center grounds.

(c) Waivers to subdivisions (a) and (b) may be granted only when approved by the State Superintendent of Public Instruction and either the Director of the State Department of Developmental Services, for individuals receiving developmental disability services pursuant to Division 4.1 (commencing with Section 4400) of the Welfare and Institutions Code, or the Director of State Hospitals, for individuals receiving mental health

services pursuant to Division 4 (commencing with Section 4000) of the Welfare and Institutions Code.

SEC. 5. Section 56858 of the Education Code is amended to read:

56858. (a) On the first day of each month, the State Department of Developmental Services or the State Department of State Hospitals, as appropriate, upon submission of an invoice by the county superintendent of schools, shall pay to the county superintendent of schools the amount projected to cover the cost of hospital or developmental center pupils educated in community school programs.

(b) The amount described in subdivision (a) shall be determined according to procedures agreed by the State Department of Developmental Services or the State Department of State Hospitals, and the State Department of Education.

(c) Upon completion of the fiscal year, the county superintendent of schools shall calculate the actual cost of hospital pupils educated in community schools according to procedures in subdivision (b) approved by the State Department of Developmental Services or the State Department of State Hospitals and the State Department of Education.

(d) If the calculated actual cost of educating these pupils is greater than the total amount the county superintendent of schools has received for the fiscal year pursuant to subdivision (a), the following years' distribution shall be adjusted accordingly.

(e) The county superintendent of schools shall distribute funds to participating districts on a pro rata basis.

SEC. 6. Section 56858.5 of the Education Code is amended to read:

56858.5. (a) A contract prescribed by this chapter shall become effective unless disapproved by the State Department of Finance or State Department of General Services within 20 working days of receipt of the contract. Each department shall have 10 working days to consider the contract.

(b) Contracts shall be submitted to the State Department of Developmental Services or the State Department of State Hospitals, as appropriate, for approval before May 15.

(c) A payment shall not be processed before contract approval, and educational services shall not be provided in the community school programs before contract approval.

SEC. 7. Section 56859 of the Education Code is amended to read:

56859. All certificated state hospital or developmental center employees hired to provide educational services to individuals with exceptional needs shall possess an appropriate California credential in special education. Certificated state hospital or developmental center employees who do not possess appropriate California credentials in special education shall be reassigned to provide educational services to individuals residing in state hospitals and developmental centers who are not eligible for services under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.).

SEC. 8. Section 56863 of the Education Code is amended to read:

56863. (a) The state hospital or developmental center, as part of the notification to the educational rights holder of their rights pursuant to the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 701 et seq.), and this part and implementing regulations, shall notify the educational rights holder of the right that the student can be considered for education programs other than on state hospital or developmental center grounds.

(b) For purposes of this section, “educational rights holder” means a parent, a legal guardian, a conservator, a person acting as a parent of a child, an adult student who is not conserved, a surrogate parent appointed pursuant to Section 300.519 of Title 34 of the Code of Federal Regulations, or any other person responsible for protecting the student’s rights and interests with respect to educational or developmental services, including any special education and related services.

(c) Information and records concerning state hospital and developmental center patients in the possession of the Superintendent shall be treated as confidential under Section 5328 of the Welfare and Institutions Code and the federal Privacy Act of 1974, Public Law 93-579.

SEC. 9. Section 19242 of the Government Code, as amended by Section 9 of Chapter 573 of the Statutes of 2022, is amended to read:

19242. (a) The department or its designee shall conduct competitive examinations to determine the qualifications and readiness of persons with disabilities for state employment. The examinations may include an on-the-job-performance evaluation and any other selection techniques deemed appropriate.

(b) (1) The department or its designee shall permit a person with a developmental disability to choose to complete a written examination or readiness evaluation, or to complete an internship, as described in this paragraph, in order to qualify for service in a position under the Limited Examination and Appointment Program. The use of an internship as a competitive examination of a person with a developmental disability shall consist of both of the following:

(A) Successful completion of an internship with a state agency of at least 512 hours in duration.

(B) Certification by the state agency that the employee has completed the internship and has demonstrated the skills, knowledge, and abilities necessary to successfully perform the requirements of the position.

(2) A person with a developmental disability who successfully completes the examination or internship required by this subdivision is deemed to meet the minimum qualifications, as determined by the board, for the position in which the internship was performed.

(c) Examination results may be ranked or unranked.

SEC. 10. Section 19242 of the Government Code, as amended by Section 10 of Chapter 573 of the Statutes of 2022, is repealed.

SEC. 11. Section 95020 of the Government Code is amended to read:

95020. (a) An eligible infant or toddler shall have an individualized family service plan. The individualized family service plan shall be used in

place of an individual program plan required pursuant to Sections 4646 and 4646.5 of the Welfare and Institutions Code, the individualized education program required pursuant to Section 56340 of the Education Code, or any other applicable service plan.

(b) For an infant or toddler who has been evaluated for the first time, a meeting to share the results of the evaluation, to determine eligibility and, for children who are eligible, to develop the initial individualized family service plan shall be conducted within 45 calendar days of receipt of the written referral. Evaluation results and determination of eligibility may be shared in a meeting with the family prior to the individualized family service plan. Written parent consent, or consent by a legal guardian, to evaluate and assess shall be obtained within the 45-day timeline. A regional center, local educational agency, or the designee of one of those entities shall initiate and conduct this meeting. Families shall be afforded the opportunity to participate in all decisions regarding eligibility and services. During intake and assessment, but no later than the individualized family service plan meeting, the parents, legal guardian, or conservator shall provide copies of any health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the individual, or, if appropriate, the parents, legal guardians, or conservators, do not have any benefits, the regional center shall not use that fact to negatively impact the services that the individual may or may not receive from the regional center.

(c) (1) Parents and legal guardians shall be fully informed of their rights, including the right to invite another person, including a family member or an advocate or peer parent, or any or all of them, to accompany them to any or all individualized family service plan meetings. Notwithstanding any other law, until June 30, 2024, and at the request of the parent or legal guardian, an individualized family service plan meeting shall be held by remote electronic communications.

(2) With parental consent, or consent by a legal guardian, a referral shall be made to the local family resource center or network. A request for consent shall be offered to the parents or the legal guardian at the initial individualized family service plan meeting and at any subsequent individualized family service plan meeting, if consent was not previously obtained.

(d) The individualized family service plan shall be in writing and shall address all of the following:

(1) A statement of the infant's or toddler's present levels of physical development including vision, hearing, and health status, cognitive development, communication development, social and emotional development, and adaptive developments.

(2) With the concurrence of the family, a statement of the family's concerns, priorities, and resources related to meeting the special developmental needs of the eligible infant or toddler.

(3) A statement of the major outcomes expected to be achieved for the infant or toddler and family where services for the family are related to meeting the special developmental needs of the eligible infant or toddler.

(4) The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions are necessary.

(5) (A) A statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler as identified in paragraph (3), including, but not limited to, the frequency, intensity, location, duration, and method of delivering the services, including by remote electronic communications, and ways of providing services in natural generic environments, including group training for parents and legal guardians on behavioral intervention techniques in lieu of some or all of the in-home parent and legal guardian training component of the behavior intervention services, and purchase of neighborhood preschool services and needed qualified personnel in lieu of infant development programs.

(B) Effective July 1, 2009, at the time of development, review, or modification of an infant's or toddler's individualized family service plan, the regional center shall consider both of the following:

(i) The use of group training for parents and legal guardians on behavior intervention techniques, in lieu of some or all of the in-home parent and legal guardian training component of the behavior intervention services.

(ii) The purchase of neighborhood preschool services and needed qualified personnel, in lieu of infant development programs.

(6) A statement of the agency responsible for providing the identified services.

(7) The name of the service coordinator who shall be responsible for facilitating implementation of the plan and coordinating with other agencies and persons.

(8) The steps to be taken to ensure transition of the infant or toddler upon reaching three years of age to other appropriate services. These may include, as appropriate, special education or other services offered in natural environments.

(9) The projected dates for the initiation of services in paragraph (5) and the anticipated duration of those services.

(e) Each service identified in the individualized family service plan shall be designated as one of three types:

(1) An early intervention service, as defined in subsection (4) of Section 1432 of Title 20 of the United States Code, and applicable regulations, that is provided or purchased through the regional center, local educational agency, or other participating agency. The State Department of Health Care Services and the State Department of Social Services shall provide services in accordance with state and federal law and applicable regulations, and up to the level of funding as appropriated by the Legislature. Early intervention services identified in an individualized family service plan that exceed the funding, statutory, and regulatory requirements of these departments shall be provided or purchased by regional centers or local educational agencies

under subdivisions (b) and (c) of Section 95014. The State Department of Health Care Services and the State Department of Social Services shall not be required to provide early intervention services over their existing funding, statutory, and regulatory requirements.

(2) Another service, other than those specified in paragraph (1), that the eligible infant or toddler or their family may receive from other state programs, subject to the eligibility standards of those programs.

(3) A referral to a nonrequired service that may be provided to an eligible infant or toddler or their family. Nonrequired services are those services that are not defined as early intervention services or do not relate to meeting the special developmental needs of an eligible infant or toddler related to the disability, but that may be helpful to the family. The granting or denial of nonrequired services by a public or private agency is not subject to appeal under this title. Notwithstanding any other law or regulation to the contrary, effective July 1, 2009, with the exception of durable medical equipment, regional centers shall not purchase nonrequired services, but may refer a family to a nonrequired service that may be available to an eligible infant or toddler or their family.

(f) An annual review, and other periodic reviews, of the individualized family service plan for an infant or toddler and the infant's or toddler's family shall be conducted to determine the degree of progress that is being made in achieving the outcomes specified in the plan and whether modification or revision of the outcomes or services is necessary. The frequency, participants, purpose, and required processes for annual and periodic reviews shall be consistent with the statutes and regulations under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and this title, and shall be specified in regulations adopted pursuant to Section 95028. At the time of the review, the parents, legal guardian, or conservator shall provide copies of any health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the parents, legal guardian, or conservator have no such benefit cards, the regional center shall not use that fact to negatively impact the services that the individual may or may not receive from the regional center.

(g) (1) A regional center shall communicate and provide written materials in the family's native language during the assessment, evaluation, and planning process for the individualized family service plan, as required by Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and implementing regulations, and as required by Sections 11135 to 11139, inclusive, and implementing regulations, including providing alternative communication services pursuant to Sections 11161 and 11162 of Title 2 of the California Code of Regulations.

(2) The family's native language shall be documented in the individualized family service plan.

SEC. 12. Section 95021 of the Government Code is amended to read:

95021. (a) Notwithstanding any other law or regulation to the contrary, any vendor who provides applied behavioral analysis (ABA) services or intensive behavioral intervention services, or both, as defined in subdivision (c), shall:

(1) Conduct a behavioral assessment of each infant or toddler to whom the vendor provides these services.

(2) Design an intervention plan that shall include the service type, number of hours needed, and recommended parent participation to achieve the goals and objectives of the infant or toddler, as set forth in their individualized family service plan (IFSP). The intervention plan shall also set forth the frequency at which the progress of the infant or toddler shall be evaluated and reported.

(3) Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

(b) (1) Notwithstanding any other law or regulation to the contrary, regional centers shall:

(A) Only purchase ABA services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions.

(B) Not purchase either ABA or intensive behavioral intervention services for purposes of providing respite, day care, or school services.

(C) Discontinue purchasing ABA or intensive behavioral intervention services for an infant or toddler when their treatment goals and objectives, as described under subdivision (a), are achieved. ABA or intensive behavioral intervention services shall not be discontinued until the goals and objectives are reviewed and updated as required in paragraph (5) and shall be discontinued only if those updated treatment goals and objectives do not require ABA or intensive behavioral intervention services.

(D) For each infant or toddler, evaluate the vendor's intervention plan and number of service hours for ABA or intensive behavioral intervention no less than every six months, consistent with evidence-based practices. If necessary, the intervention plan's treatment goals and objectives shall be updated and revised.

(E) Not reimburse a parent for participating in a behavioral services treatment program.

(F) Not deny or delay the provision of ABA or intensive behavioral intervention services for an infant or toddler due to the lack of parent participation. A regional center shall not adopt, implement, or have in effect any policy or practice that prohibits or substantially prohibits the purchase of ABA or intensive behavioral intervention services due to the lack of parent participation. For purposes of this section, "substantially prohibits" means any policy or practice that generally prohibits a purchase of service, but includes a process for the regional center to allow exceptions.

(2) This subdivision shall not be construed to prohibit a regional center from highlighting the benefit of parental participation as recommended by the intervention plan.

(c) For purposes of this section, the following definitions shall apply:

(1) “Applied behavioral analysis” means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors that interfere with learning and social interaction.

(2) “Intensive behavioral intervention” means any form of applied behavioral analysis that is comprehensive, designed to address all domains of functioning, and provided in multiple settings for no more than 40 hours per week, across all settings, depending on the individual’s needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.

(3) “Evidence-based practice” means a decisionmaking process that integrates the best available scientifically rigorous research, clinical expertise, and individual’s characteristics. Evidence-based practice is an approach to treatment rather than a specific treatment. Evidence-based practice promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically observed, and research-supported evidence. The best available evidence, matched to infant or toddler circumstances and preferences, is applied to ensure the quality of clinical judgments and facilitates the most cost-effective care.

(4) “Parent” has the same meaning as defined in paragraph (44) of subdivision (b) of Section 52000 of Title 17 of the California Code of Regulations.

(5) “Parent participation” may include, but shall not be limited to, the following meanings:

(A) Completion of group instruction on the basics of behavior intervention.

(B) Implementation of intervention strategies according to the intervention plan.

(C) If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports.

(D) Participation in any needed clinical meetings.

(E) Purchase of suggested behavior modification materials or community involvement if a reward system is used.

SEC. 13. Section 4474.17 of the Welfare and Institutions Code is amended to read:

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

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

homes and wrap-around and mobile crisis services intended to prevent, deescalate, and treat consumers in crisis.

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

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

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

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

(b) Commencing with the first planned quarterly briefing after January 1, 2020, the department shall provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees

of the Legislature addressing some or all of the following, pursuant to the planning discussion described in paragraph (5) of subdivision (a):

- (1) Consumer health and safety, including safety net and crisis services.
- (2) The person-centered approach to planning, coordinating, delivering, and receiving services, including caseload ratio updates, compliance with home- and community-based services rules, competitive integrated employment, and housing supports.
- (3) Quality outcomes for consumers.
- (4) Efforts to identify and reduce disparities in regional center services.
- (5) Community development through community placement plans and community resource development plans, by regional center, and difficulties or issues in the provision of services or development of resources.
- (6) Implementation of any rate changes pending and being implemented.
- (7) Status, efforts, and outcomes related to the department headquarter's reorganization structure.
- (8) Regional center accountability, transparency, and oversight efforts.
- (9) Status on the development of Group Homes for Children with Special Health Care Needs, including information on how the needs of regional center consumers are assessed when developing new homes.
- (10) Status on the implementation of the provisional eligibility requirement of paragraph (2) of subdivision (a) of Section 4512.
- (11) Information pursuant to the provisions of subdivision (d) of Section 7505.
- (12) Status on the development of a training curriculum for direct service professionals, pursuant to Section 4511.5.
- (13) Most recent data regarding average per capita purchase of service expenditures for all age groups, by ethnicity and other factors, in addition to any other data that will aid in the illustration of progress, toward the active closure of racial, ethnic, and other disparities.
- (14) On an annual basis, status of the department's efforts to improve oversight of special incidents, as described in subdivision (b) of Section 54327 of Title 17 of the California Code of Regulations, and respond to special incident trends. This annual status update shall include a summary of the most recent annual report regarding special incidents involving individuals with developmental disabilities served by regional centers.

SEC. 14. Section 4512 of the Welfare and Institutions Code is amended to read:

4512. As used in this division:

- (a) (1) "Developmental disability" means a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for

individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

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

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

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

(3) (A) After an infant or toddler has been determined eligible for early intervention services from the regional center pursuant to Section 95014 of the Government Code, the regional center shall determine if the child is also provisionally eligible for regional center services on the basis of paragraph (2).

(B) An infant or toddler eligible for early intervention services from the regional center pursuant to Section 95014 of the Government Code shall be assessed by the regional center at least 90 days prior to the date that they turn three years of age for purposes of determining their ongoing eligibility for regional center services. That assessment initially shall determine if the child has a developmental disability under paragraph (1). If the regional center determines that the child does not have a developmental disability as defined in paragraph (1), the regional center shall determine if the child is provisionally eligible for regional center services on the basis of paragraph (2). If the regional center determines the child is not provisionally eligible, the regional center shall give adequate notice pursuant to Section 4701.

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

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

(b) “Services and supports for persons with developmental disabilities” means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process.

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

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

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

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

(f) "Circle of support" means a committed group of community members, who may include family members, meeting regularly with an individual

with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports. A circle of support generally includes a plurality of members who neither provide nor receive services or supports for persons with developmental disabilities and who do not receive payment for participation in the circle of support.

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

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

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

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

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

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

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

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

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

(n) “Authorized representative” means an individual appointed by the State Council on Developmental Disabilities pursuant to subdivision (a) of Section 4541 or who is an authorized representative, as defined in Section 4701.

SEC. 15. Section 4519.5 of the Welfare and Institutions Code is amended to read:

4519.5. (a) The department and the regional centers shall annually collaborate to compile and report, consistent with applicable federal and state privacy laws, data, including deidentified data in accordance with subdivision (m), in a uniform manner relating to purchase of service authorization, utilization, and expenditure by each regional center with respect to all of the following:

(1) The age of the consumer, categorized by the following:

(A) Birth to two years of age, inclusive.

(B) Three to 21 years of age, inclusive.

(C) Twenty-two years of age and older.

(2) Race or ethnicity of the consumer.

(3) Preferred language spoken by the consumer, and other related details, as feasible.

(4) Disability detail, in accordance with the categories established by subdivision (a) of Section 4512, and, if applicable, a category specifying that the disability is unknown.

(5) Residence type, subcategorized by age, race or ethnicity, and preferred language.

(6) Number of instances when the written copy of the individual program plan was provided at the request of the consumer and, when appropriate, the consumer’s parents, legal guardian or conservator, or authorized representative, in a language other than a threshold language, as defined by paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations, if that written copy was provided more than 60 days after the request.

(7) Number of instances when the written copy of the individual program plan was provided at the request of the consumer and, when appropriate, the consumer’s parents, legal guardian or conservator, or authorized representative, in a threshold language, as defined by paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations, if that written copy was provided more than 45 days after the request, in violation of paragraph (5) of subdivision (a) of Section 4646.5.

(8) Beginning with data for the fiscal year of 2023–24, the numbers, percentages, and total and per capita expenditure and authorization amounts, by age, as applicable, according to race or ethnicity and preferred language, for all combined residence types and for consumers living in the family home, regarding the following service types:

(A) Camping and associated travel expenses.

(B) Social recreation activities.

(C) Educational services.

(D) Nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.

(b) The data reported pursuant to subdivision (a) shall also include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, and by residence type, as set forth in paragraph (5) of subdivision (a), who have been determined to be eligible for regional center services, but are not receiving purchase of service funds.

(c) (1) (A) By March 31, 2013, each regional center shall post the data described in this section that are specific to the regional center on its website. Commencing on December 31, 2013, each regional center shall annually post these data by December 31. Each regional center shall maintain all previous years' data on its website.

(B) Commencing December 31, 2023, each regional center shall post its data uniformly with all other regional centers, using the same criteria, format, and organization.

(2) Notwithstanding the requirement pursuant to paragraph (1), if the information required to be posted pursuant to this section is produced and posted by the department for each regional center, each regional center instead may link to that information from its internet website.

(d) By March 31, 2013, the department shall post the information described in this section on a statewide basis on its website. Commencing December 31, 2013, the department shall annually post this information by December 31. The department shall maintain all previous years' data on its website. The department shall also post notice of any regional center stakeholder meetings on its website.

(e) In addition to maintaining hyperlinks to each regional center's reports on its internet website, commencing December 1, 2024, the department shall also post the data compiled pursuant to subdivisions (a) and (b), and the data compiled pursuant to Section 4519.6, in the same uniform manner as reported by the regional centers, as follows:

(1) On a statewide aggregate basis.

(2) On an aggregate basis according to particular geographical areas, as determined by the department in consultation with stakeholders.

(3) The department shall provide trend analysis on the changes observed in data over time, including increasing and decreasing utilization of services by any of the characteristics cited in subdivision (a).

(f) After December 1, 2024, the department and regional centers shall post information required to be posted pursuant to this section in machine-readable format.

(g) Within three months of compiling the data with the department, and annually thereafter, each regional center shall meet with stakeholders in one or more public meetings regarding the data. The meeting or meetings shall be held separately from any meetings held pursuant to Section 4660. The regional center shall provide participants of these meetings with the data and any associated information related to improvements in the provision of

developmental services to underserved communities and shall conduct a discussion of the data and the associated information in a manner that is culturally and linguistically appropriate for that community, including providing alternative communication services, as required by Sections 11135 to 11139.7, inclusive, of the Government Code and implementing regulations. Regional centers shall inform the department of the scheduling of those public meetings 30 days prior to the meeting. Notice of the meetings shall also be posted on the regional center's website 30 days prior to the meeting and shall be sent to individual stakeholders and groups representing underserved communities in a timely manner. Each regional center shall, in holding the meetings required by this subdivision, consider the language needs of the community and shall schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities.

(h) (1) Consistent with subdivision (h) of Section 4648, regional centers shall annually provide each individual with their purchase of services data and any associated information related to improvements in the provision of developmental services to them. If requested, regional centers shall conduct a discussion of the data and the associated information in a manner that is culturally and linguistically appropriate for that individual, including providing alternative communication services, as required by Sections 11135 to 11139.7, inclusive, of the Government Code and implementing regulations.

(2) When implemented in the statewide case management system, the information described in paragraph (1) shall be available to individuals through the consumer portal. If requested, regional centers shall conduct a discussion of the data and the associated information in a manner that is culturally and linguistically appropriate for that individual, including providing alternative communication services, as required by Sections 11135 to 11139.7, inclusive, of the Government Code and implementing regulations.

(i) (1) Each regional center shall annually report to the department regarding its implementation of the requirements of this section. The report shall include, but shall not be limited to, all of the following:

(A) Actions the regional center took to improve public attendance and participation at stakeholder meetings, including, but not limited to, attendance and participation by underserved communities.

(B) Copies of minutes from the meeting and attendee comments.

(C) Whether the data described in this section, including data deidentified pursuant to subdivision (m) of this section, indicate a need to reduce disparities in the purchase of services among consumers in the regional center's catchment area. If the data do indicate that need, the regional center's recommendations and plan to promote equity, and reduce disparities, in the purchase of services.

(2) Each regional center and the department shall annually post the reports required by paragraph (1) on its website by August 31.

(j) (1) The department shall, on a twice-a-year basis, consult with stakeholders, including consumers and families that reflect the ethnic and language diversity of regional center consumers, regional centers, advocates, providers, family resource centers, the protection and advocacy agency described in Section 4901, and those entities designated as University Centers for Excellence in Developmental Disabilities Education, Research, and Service pursuant to Section 15061 of Title 42 of the United States Code, to achieve the following objectives:

(A) Review the data compiled pursuant to subdivisions (a) and (b).

(B) Identify barriers to equitable access to services and supports among consumers, including consumers whose purchase of services data have been deidentified pursuant to subdivision (m), and develop recommendations to help reduce disparities in purchase of service expenditures.

(C) Identify gaps in, and encourage the development and expansion of, culturally appropriate services, service delivery, and service coordination.

(D) Identify best practices to reduce disparity and promote equity.

(E) Maximize transparency whenever possible, including aggregation by region or display as percentages, as necessary.

(2) The department shall notify the Legislature when information is posted on its internet website pursuant to this section.

(k) (1) Subject to available funding, the department shall allocate funding to regional centers or community-based organizations with department oversight to assist with implementation of the recommendations and plans developed pursuant to subdivisions (i) and (j). Activities funded through these allocations may include, but are not limited to, pay differentials supporting direct care bilingual staff of community-based service providers, parent or caregiver education programs, cultural competency training for regional center staff, outreach to underserved populations, or additional culturally appropriate service types or service delivery models.

(2) Each regional center shall consult with stakeholders regarding activities that may be effective in addressing disparities in the receipt of regional center services and the regional center's proposed requests for the funding specified in paragraph (1). Each regional center shall identify the stakeholders it consulted with, including groups whose purchase of services data have been deidentified, and include information on how it incorporated the input of stakeholders into its requests.

(3) A community-based organization may submit a request for grant funding pursuant to this subdivision. In order to protect confidential data, the department or a regional center may waive a grant application requirement to provide data supporting that application, if that data would be subject to deidentification pursuant to applicable federal or state privacy laws. The organization shall submit the request concurrently to the regional center of the jurisdiction in which the organization is located and to the department. The regional center shall provide the department with input regarding the request prior to the department's final determination on the request.

(4) The department shall review requests for funding within 45 days from the deadline specified in the department's guidance to regional centers and community-based organizations.

(5) Each regional center and community-based organization receiving funding shall report annually to the department, in a manner determined by the department, on how the funding allocations were used and shall include recommendations of priorities for activities that may be effective in addressing disparities, based on the consultation with stakeholders.

(6) The department shall post the following information on its website:

(A) By September 1 of any year in which grant funding is available and has not been allocated, a structure for the grant program, including all of the following information:

(i) How community-based organizations reflecting groups that are disadvantaged by disparities in the purchase of services will be invited to participate in the grant program, including groups whose purchase of services data have been deidentified.

(ii) How statewide strategies were considered.

(iii) How the department will ensure grant funds are not used for activities that regional centers are otherwise required by statute or regulation to conduct.

(iv) How funded activities will be evaluated.

(v) How community-based organizations reflecting groups that are impacted by disparities can receive a waiver for the submission of data supporting that application, if that data would be subject to deidentification pursuant to applicable federal or state privacy laws.

(B) By October 1 of any year in which grant funding is available and has not been allocated, the final invitation for requests for funding or another mechanism through which requests for funding are solicited.

(C) By January 1 of any year in which grant funding has been allocated, a list of grant recipients, funding level per grant, and a description of the funded project.

(D) By May 1 of any year in which the information is available, evaluation results from prior grants. To ensure the department complies with this subparagraph, regional centers and community-based organizations receiving funding shall provide the department, by March 1 of the same year, with an evaluation of funded activities and the effectiveness of those activities in reducing disparities in the purchase of services, to the extent information is available. The provision of data by community-based organizations reflecting groups that are impacted by disparities whose purchase of services data otherwise would have to be deidentified pursuant to applicable federal or state privacy laws may be waived for the purpose of reporting grant outcomes pursuant to this subdivision.

(I) On or before December 31, 2021, the department shall contract with an entity or entities with demonstrated experience in quantitative and qualitative data evaluation to design and conduct an independent evaluation of the efforts to promote equity and reduce disparities pursuant to subdivision (k).

(m) (1) The data compiled pursuant to subdivisions (a) and (b) shall be deidentified in accordance with Section 164.514 of Title 45 of the Code of Federal Regulations or with updated regulations regarding the deidentification of data in accordance with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) prior to that data being disclosed publicly to third parties, including, but not limited to, stakeholders, or posted on internet websites.

(2) The department shall deidentify purchase of services data pertaining to any regional center in a manner that maximizes transparency.

SEC. 16. Section 4519.10 of the Welfare and Institutions Code is amended to read:

4519.10. (a) The Legislature finds and declares all of the following:

(1) The current service provider rate structure in the system administered by the State Department of Developmental Services lacks transparency, remains complex, is not tied to person-centered outcomes, and varies across providers who provide the same service in the same region.

(2) In 2016, the Legislature funded a rate study to address the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities.

(3) The department, with the help of a consultant, completed the rate study in 2019 and subsequently submitted the study's findings and recommendations to the Legislature. Among other things, the study recommended all of the following:

(A) Within each service category, rate models that include components that may be regularly updated.

(B) Regional differentials to account for regional variance in the cost of living and doing business.

(C) Enhanced rates for services delivered in other languages, including American Sign Language.

(D) An optional add-on for direct service professional levels and wage differentials based on training and demonstrated competency.

(E) The consolidation of certain service codes.

(4) The rate study's fiscal impact analysis indicated that full implementation of these rate models would cost an additional one billion one hundred million dollars (\$1,100,000,000) from the General Fund, or one billion eight hundred million dollars (\$1,800,000,000) of total funds, in the 2019–20 fiscal year.

(5) The recommendations from the rate study and the associated rate models have not been implemented, even as rate study findings informed supplemental rate increases for many service categories in the 2019–20 fiscal year and three additional service categories in the 2020–21 fiscal year.

(6) For Medi-Cal eligible consumers, the department receives federal Medicaid reimbursements to support home- and community-based services provided to those consumers.

(7) Direct service professionals employed by service providers are critical to the quality and provision of services and supports to individuals with intellectual and developmental disabilities.

(8) A prevailing need and challenge within the developmental services system is moving from a compliance-based system to an outcomes-based system. Outcome measures must reinforce the system's core values of meeting individual needs based on person-centered planning. The implementation of rates, pursuant to this section, should support this person-centered transformation through consideration of incentive payments, alternative payment models, alternative service delivery, lessons learned from the COVID-19 pandemic period, person-centered and culturally and linguistically sensitive and competent approaches, training of direct service professionals, compliance with the federal home- and community-based services rule set to take effect on March 17, 2023, and methods for assessing and reporting outcomes.

(9) To improve consumer outcomes and experiences and measure overall system performance, four goals should guide rate reform:

- (A) Consumer experience.
- (B) Equity.
- (C) Quality and outcomes.
- (D) System efficiencies.

(b) Therefore, it is the intent of the Legislature to phase in funding and policies beginning in the 2021–22 fiscal year to implement rate reform, which shall include a quality incentive program, create an enhanced person-centered, outcomes-based system, and complete this transformation by July 1, 2025.

(c) (1) (A) Commencing April 1, 2022, the department shall implement a rate increase for service providers that equals one-quarter of the difference between current rates and the fully funded rate model for each provider.

(B) Commencing January 1, 2023, and continuing through the 2023–24 fiscal year, the department shall adjust rates to equal one-half of the difference between rates in effect March 31, 2022, and the fully funded rate model for each provider, and additional funding shall be available for the quality incentive program described in subdivision (e).

(i) Notwithstanding any other law or regulation, it is the intent of the Legislature that the majority of the rate increase described in this subparagraph for the 2022–23 fiscal year be used for the purpose of enhancing wages and benefits for staff who spend a minimum of 75 percent of their time providing direct services to consumers.

(ii) Commencing January 1, 2023, a provider shall not spend a smaller percentage of the rate increase on direct care staff wages and benefit costs than the corresponding percentage included for direct care staff wages and benefit costs in the rate models for each specific service.

(iii) A provider granted a rate increase pursuant to this section shall maintain documentation, subject to audit by the department or regional center, that the portion of the rate increase identified in this subparagraph was used to increase wages, salaries, or benefits of eligible staff members spending a minimum of 75 percent of their time providing direct services to consumers at least at the same percentage as provided in the rate models.

(iv) For the purpose of this subparagraph, “direct services” are services, supports, care, supervision, or assistance provided by staff directly to a consumer to address the consumer’s needs, as identified in the individual program plan, and includes staff’s participation in training and other activities directly related to providing services to consumers, as well as program preparation functions as defined in Section 54302 of Title 17 of the California Code of Regulations.

(v) Commencing July 1, 2023, a vendor shall be in compliance with the home- and community-based final rule, effective March 17, 2014, or implementing a corrective action plan, to be eligible for the quality incentive program described in subdivision (e).

(C) (i) Commencing July 1, 2024, the department shall implement the fully funded rate models. The fully funded rate models shall be implemented using two payment components, a base rate equaling 90 percent of the rate model, and a quality incentive payment, equaling up to 10 percent of the rate model, to be implemented through the quality incentive program described in subdivision (e).

(ii) Notwithstanding any other law, commencing July 1, 2024, the rate models shall be updated to account for the current and any subsequent changes to the statewide minimum wage, as established by Section 1182.12 of the Labor Code, or other relevant statute.

(2) (A) Effective July 1, 2024, it is the intent of the Legislature that rates be uniform within service categories and adjusted for geographic cost differentials, including differentials in wages, the cost of travel, and the cost of real estate.

(B) Providers who were not identified as requiring a rate increase in the rate study are not eligible for rate adjustments pursuant to paragraph (1).

(d) (1) Beginning in the 2021–22 fiscal year, the department shall implement a hold harmless policy for providers whose rates exceed rate model recommendations. The policy shall freeze a provider’s existing rates until June 30, 2026, after which time the provider’s rates shall be adjusted to equal the rates for other providers in the provider’s service category and region.

(2) Beginning July 1, 2024, the department shall also implement a hold harmless policy for providers whose rates in effect on January 1, 2023, exceed 90 percent of the rate model. The policy shall freeze a provider’s base rate at the rate in effect on January 1, 2023, until June 30, 2026, after which time the provider’s base rates shall be adjusted to equal the base rates for other providers in the provider’s service category and region. The provider shall be eligible for a quality incentive payment that, when added to their base rate, equals the fully funded rate model.

(3) Notwithstanding paragraphs (1) and (2), the department may adjust rates as a result of reviews or audits.

(e) In conjunction with implementing rate reform, the department shall implement a quality incentive program in order to improve consumer outcomes, service provider performance, and the quality of services.

(1) (A) The department shall, with input from stakeholders, develop quality measures or benchmarks, or both, for consumer outcomes and regional center and service provider performance. Given the time necessary to identify and develop the measures or benchmarks described in this paragraph, the department may establish quality measures or benchmarks, or both, in the initial years of the quality incentive program that focus on building capacity, developing reporting systems, gathering baseline data, and similar activities while working towards meaningful outcome measures at the individual consumer level for all services. Measures or benchmarks, or both, shall initially include process- and performance-related measures for service providers and, by the conclusion of the 2025–26 fiscal year, shall also evolve to include outcome measures at the individual consumer level. In developing the proposed measures or benchmarks, or both, the department shall do all of the following:

(i) Gather public input through regularly held public meetings that are accessible both virtually and by telephone. Public meeting agendas and meeting materials shall be posted at least three days in advance of any meeting and shared by various means, including internet website updates, focus groups, and other communication.

(ii) Provide documents, which may include, but are not limited to, updates, concept papers, interim reports, proposals, and performance and quality measures and benchmarks, and revisions to these materials, to the Legislature and post these materials on an internet website for public comment at least 30 days, as required by the Centers for Medicare and Medicaid Services, prior to submitting a request for federal funding.

(iii) Seek input from subject matter experts to understand options for outcomes-based system structures using person-centered planning and alternative payment models.

(B) (i) On or before April 1, 2022, proposed quality measures or benchmarks, or both, shall be provided to the Legislature and posted for public comment, as described in subparagraph (A). After the department has considered public comments and modified the proposed quality measures or benchmarks, or both, as needed, the measures or benchmarks, or both, shall be finalized and implemented in the 2022–23 fiscal year.

(ii) On or before April 1 of any subsequent year in which the department proposes new or revised quality measures or benchmarks, or both, the proposed measures or benchmarks, or both, shall be provided to the Legislature and posted for public comment, as described in subparagraph (A). After the department has considered public comments and modified the proposed quality measures or benchmarks, or both, as needed, the measures or benchmarks, or both, shall be finalized and implemented in the upcoming fiscal year.

(C) Beginning in the 2024–25 fiscal year, there will be opportunity for eligible providers to earn full quality incentive payments through one or more measures.

(2) (A) The department shall develop a quality incentive payment structure for providers meeting the quality measures or benchmarks, or both,

developed pursuant to paragraph (1). The department shall issue written directives to define the way quality incentive payments will be made to service providers based on quality measures or benchmarks, or both, developed and implemented under this subdivision.

(B) The department shall determine each provider's quality incentive payment percentage prior to the start of the fiscal year by measuring the provider's performance against the quality measures or benchmarks for the most recently available reporting period. The department shall provide a written communication to the fiscal and policy committees of the Legislature that reports on the total amount of quality incentive payments estimated to be paid to providers pursuant to this section. This written communication shall be made as soon as is practicable, but no later than 60 days after the quality incentive payment percentages are determined and the providers are informed of their payments.

(f) On or before March 1, 2024, the department shall provide a status update to the Legislature regarding progress toward implementing rate reform and creating an enhanced person-centered, outcomes-based system. The status update may include, but is not limited to, information about all of the following:

(1) Additional changes that may be necessary to effectively implement rate reform, including adding and amending statutes, regulations, and other departmental policies.

(2) Compliance with rules of the federal Medicaid program, including the home- and community-based services final rule effective on March 17, 2014, and state compliance consistent with the current federal guidance, including all of the following:

(A) A definition of what it means to be compliant with the rules of the federal Medicaid program.

(B) Whether there are certain service categories that are unlikely to achieve compliance due to the structure of the service, and, if so, which categories this includes.

(C) Data about the total number of providers within each service category and the estimated number of providers that have not yet achieved compliance.

(3) Program and system improvement efforts made as a result of the state's home- and community-based services additional federal funding, including the one-time investment implemented beginning in the 2021–22 state fiscal year, including a description of how the department will build on the investments.

(g) For purposes of this section, “rate model” means a rate model included in the rate study submitted to the Legislature pursuant to Section 4519.8.

(h) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this section by means of written directives or similar instructions through July 1, 2025.

(i) Implementation of this section is contingent upon the approval of federal funding.

SEC. 17. Section 4646 of the Welfare and Institutions Code is amended to read:

4646. (a) It is the intent of the Legislature to ensure that the individual program plan and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and the family, if appropriate, as well as promoting community integration, independent, productive, and normal lives, and stable and healthy environments. It is the further intent of the Legislature to ensure that the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.

(b) The individual program plan is developed through a process of individualized needs determination. The individual with developmental disabilities and, if appropriate, the individual's parents, legal guardian or conservator, or authorized representative, shall have the opportunity to actively participate in the development of the plan.

(c) An individual program plan shall be developed for any person who, following intake and assessment, is found to be eligible for regional center services. These plans shall be completed within 60 days of the completion of the assessment. At the time of intake, the regional center shall inform the consumer and, if appropriate, the consumer's parents, legal guardian or conservator, or authorized representative, of the services available through the state council and the protection and advocacy agency designated by the Governor pursuant to federal law, and shall provide the address and telephone numbers of those agencies.

(d) Individual program plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's individual program plan and purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting.

(e) Regional centers shall comply with the request of a consumer or, if appropriate, the request of the consumer's parents, legal guardian, conservator, or authorized representative, that a designated representative receive written notice of all meetings to develop or revise the individual program plan and of all notices sent to the consumer pursuant to Section 4710. The designated representative may be a parent or family member.

(f) Notwithstanding any other law, until June 30, 2024, a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise the individual program plan, shall be held by remote electronic communications if requested by the consumer

or, if appropriate, if requested by the consumer's parents, legal guardian, conservator, or authorized representative.

(g) At the conclusion of an individual program plan meeting, an authorized representative of the regional center shall provide to the consumer, in written or electronic format, a list of the agreed-upon services and supports, and, if known, the projected start date, the frequency and duration of the services and supports, and the provider. The authorized representative of the regional center shall sign the list of agreed-upon services and supports at that time. The consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative shall sign the list of agreed-upon services and supports prior to its implementation. The consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, may elect to delay receipt of the list of agreed-upon services and supports pending final agreement, as described in subdivision (h). If the consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, elects to delay the receipt of the list of agreed-upon services and supports for 15 days, the list shall be provided in the preferred language of the consumer, or of the consumer's parent, legal guardian, or authorized representative.

(h) If a final agreement regarding the services and supports to be provided to the consumer cannot be reached at a program plan meeting, then a subsequent program plan meeting shall be convened within 15 days, or later at the request of the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative or if agreed to by the planning team. The list of the agreed-upon services and supports described in subdivision (g) and signed by the authorized representative of the regional center shall be provided, in writing or electronically, at the conclusion of the subsequent program plan meeting, and shall be provided in the preferred language of the consumer, or of the consumer's parent, legal guardian, conservator, or authorized representative. Additional program plan meetings may be held with the agreement of the regional center representative and the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative.

(i) An authorized representative of the regional center and the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative shall sign the individual program plan and the list of the agreed-upon services and supports prior to its implementation. If the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, does not agree with all components of the individual program plan, the consumer may indicate that disagreement on the plan. Disagreement with specific plan components shall not prohibit the implementation of services and supports agreed to by the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative. If the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, does not agree with the plan in whole or in part, the consumer shall be sent written notice of their appeal rights, as required by Sections 4701 and 4710.

(j) (1) A regional center shall communicate in the consumer's preferred language, or, if appropriate, the preferred language of the consumer's family, legal guardian, conservator, or authorized representative, during the planning process for the individual program plan, including during the program plan meeting, and including providing alternative communication services, as required by Sections 11135 to 11139.8, inclusive, of the Government Code and implementing regulations.

(2) A regional center shall provide alternative communication services, including providing copies of the list of services and supports, and the individual program plan in the preferred language of the consumer or the consumer's family, legal guardian, conservator, or authorized representative, or both, as required by Sections 11135 to 11139.8, inclusive, of the Government Code and implementing regulations.

(3) The preferred language of the consumer or the consumer's family, legal guardian, conservator, or authorized representative, or both, shall be documented in the individual program plan.

SEC. 18. Section 4646.4 of the Welfare and Institutions Code is amended to read:

4646.4. (a) Regional centers shall ensure, at the time of development, scheduled review, or modification of a consumer's individual program plan developed pursuant to Sections 4646 and 4646.5, or of an individualized family service plan pursuant to Section 95020 of the Government Code, the establishment of an internal process. This internal process shall ensure adherence with federal and state law and regulation, and if purchasing services and supports, shall ensure all of the following:

(1) Conformance with the regional center's purchase of service policies, as approved by the department pursuant to subdivision (d) of Section 4434.

(2) Utilization of generic services and supports if appropriate, in accordance with all of the following:

(A) The individualized family service planning team for infants and toddlers eligible under Section 95014 of the Government Code may determine that a medical service identified in the individualized family service plan is not available within 60 calendar days through the family's private health insurance policy or health care service plan or under the Medi-Cal program and therefore, in compliance with the timely provision of service requirements contained in Part 303 (commencing with Section 303.1) of Title 34 of the Code of Federal Regulations, will be authorized for purchase-of-service funding by the regional center.

(B) The individual program plan team under Section 4646 may determine that a medical service identified in the individual program plan is not available within 60 calendar days through the family's private health insurance policy or health care service plan or under the Medi-Cal program and therefore, in compliance with paragraph (1) of subdivision (d) of Section 4659, will be authorized for purchase-of-service funding by the regional center.

(C) For purposes of this paragraph, a regional center shall authorize the provision of medical services through the purchase of services during any plan delays, including the appeals process.

(3) (A) Utilization of other services and sources of funding as contained in Section 4659.

(B) For purposes of this paragraph, a regional center shall authorize the provision of medical or dental services through the purchase of services during any plan delays, including the appeals process.

(4) Consideration of the family's responsibility for providing similar services and supports for a minor child without disabilities in identifying the consumer's service and support needs as provided in the least restrictive and most appropriate setting. In this determination, regional centers shall take into account the consumer's need for extraordinary care, services, supports and supervision, and the need for timely access to this care.

(5) Commencing October 1, 2022, consideration of information obtained from the consumer and, if appropriate, the parents, legal guardian, conservator, or authorized representative about the consumer's need for the services, barriers to service access, and other information.

(b) At the time of development, scheduled review, or modification of a consumer's individual program plan developed pursuant to Sections 4646 and 4646.5, or of an individualized family service plan pursuant to Section 95020 of the Government Code, the consumer, or, if appropriate, the parents, legal guardian, or conservator, shall provide copies of their health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the individual, or, if appropriate, the parents, legal guardians, or conservators, do not have health benefits, the regional center shall not use that fact to negatively impact the services that the individual may or may not receive from the regional center.

(c) Final decisions regarding the consumer's individual program plan shall be made pursuant to Section 4646.

(d) Final decisions regarding the individualized family service plan shall be made pursuant to Section 95020 of the Government Code.

SEC. 19. Section 4685.10 of the Welfare and Institutions Code is amended to read:

4685.10. (a) The department may adopt regulations to implement and comply with home and community-based settings and person-centered service plan requirements in Sections 441.530(a)(1) and 441.725 of Title 42 of the Code of Federal Regulations. Any regulations shall be adopted in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) Notwithstanding subdivision (a) and Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may issue administrative program directives to ensure compliance with Sections 441.530(a)(1) and 441.725 of Title 42 of the Code of Federal Regulations until the time regulations are adopted. It is the intent of the Legislature that the department be allowed this temporary authority

as necessary to implement compliance with the federal requirements only until completion of the regulatory process.

SEC. 20. Section 4686.2 of the Welfare and Institutions Code is amended to read:

4686.2. (a) Notwithstanding any other law or regulation to the contrary, any vendor who provides applied behavioral analysis (ABA) services, or intensive behavioral intervention services or both, as defined in subdivision (d), shall:

(1) Conduct a behavioral assessment of each consumer to whom the vendor provides these services.

(2) Design an intervention plan that shall include the service type, number of hours needed, and recommended parent participation to achieve the consumer's goals and objectives, as set forth in the consumer's individual program plan (IPP) or individualized family service plan (IFSP). The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.

(3) Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

(b) (1) Notwithstanding any other law or regulation to the contrary, regional centers shall:

(A) Only purchase ABA services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions.

(B) Not purchase either ABA or intensive behavioral intervention services for purposes of providing respite, day care, or school services.

(C) Discontinue purchasing ABA or intensive behavioral intervention services for a consumer when the consumer's treatment goals and objectives, as described under subdivision (a), are achieved. ABA or intensive behavioral intervention services shall not be discontinued until the goals and objectives are reviewed and updated as required in subparagraph (D) and shall be discontinued only if those updated treatment goals and objectives do not require ABA or intensive behavioral intervention services.

(D) For each consumer, evaluate the vendor's intervention plan and number of service hours for ABA or intensive behavioral intervention no less than every six months, consistent with evidence-based practices. If necessary, the intervention plan's treatment goals and objectives shall be updated and revised.

(E) Not reimburse a parent for participating in a behavioral services treatment program.

(F) Not deny or delay the provision of ABA or intensive behavioral intervention services for a minor consumer due to the lack of parent participation. A regional center shall not adopt, implement, or have in effect any policy or practice that prohibits or substantially prohibits the purchase of ABA or intensive behavioral intervention services due to the lack of parent participation. For purposes of this section, "substantially prohibits"

means any policy or practice that generally prohibits a purchase of service, but includes a process for the regional center to allow exceptions.

(2) This subdivision shall not be construed to prohibit a regional center from highlighting the benefit of parental participation, as recommended by the intervention plan.

(c) For purposes of this section, the following definitions shall apply:

(1) “Applied behavioral analysis” means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors that interfere with learning and social interaction.

(2) “Intensive behavioral intervention” means any form of applied behavioral analysis that is comprehensive, designed to address all domains of functioning, and provided in multiple settings for no more than 40 hours per week, across all settings, depending on the individual’s needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.

(3) “Evidence-based practice” means a decisionmaking process that integrates the best available scientifically rigorous research, clinical expertise, and individual’s characteristics. Evidence-based practice is an approach to treatment rather than a specific treatment. Evidence-based practice promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically observed, and research-supported evidence. The best available evidence, matched to consumer circumstances and preferences, is applied to ensure the quality of clinical judgments and facilitates the most cost-effective care.

(4) “Parent participation” may include, but shall not be limited to, the following meanings:

(A) Completion of group instruction on the basics of behavior intervention.

(B) Implementation of intervention strategies, according to the intervention plan.

(C) If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports.

(D) Participation in any needed clinical meetings.

(E) Purchase of suggested behavior modification materials or community involvement if a reward system is used.

SEC. 21. Section 4688.22 is added to the Welfare and Institutions Code, to read:

4688.22. (a) The Legislature finds and declares all of the following:

(1) The Legislature places a high priority on promoting the full inclusion and independence of individuals with developmental disabilities, including through opportunities for recreation, consistent with Section 4501 and paragraphs (6) and (7) of subdivision (b) of Section 4502.

(2) As such, it is the intent of the Legislature for social recreation services, camping services, and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music, to be made widely

available to consumers, not only for socialization, but to lead the lives they want in the community.

(3) It is further the intent of the Legislature to prioritize increasing access to those services, especially for consumers who are children, subject to disparities in the receipt of regional center services, or unable to afford paying for services upfront and awaiting reimbursement.

(4) It is further the intent of the Legislature for regional centers to prioritize access to those services, not only by referring consumers and their families to existing opportunities for social recreation services and camping services, but also by funding those services directly along with the supports they may need to access them, increasing the availability of vendors, and expediting vendorizations accordingly.

(5) It is further the intent of the Legislature for the department to prioritize and expedite any policies, procedures, or written directives that may be necessary to facilitate regional center efforts to increase access, collect data, or track expenditures pertaining to these services.

(b) Effective July 1, 2023, a regional center shall not require a consumer or family member to do any of the following:

(1) Exhaust services under the In-Home Supportive Services program (Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9) in order for their regional center to consider funding or to authorize purchasing social recreation services, camping services, and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.

(2) Exchange respite hours or any other service or support authorized by the regional center for service hours of social recreation services, camping services, or nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music, as a condition of service authorization by the regional center of social recreation services, camping services, and nonmedical therapies.

(3) Pay a copayment, or a similar shared pay arrangement aimed at offsetting costs, in order to receive social recreation services, camping services, or nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.

(c) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement the provision of social recreation services, camping services, and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music, by means of written directives or similar instructions consistent with this section, including, but not limited to, the provision of those services as participant-directed services.

SEC. 22. Section 4689.1 of the Welfare and Institutions Code is amended to read:

4689.1. (a) The Legislature declares that it places a high priority on providing opportunities for adults with developmental disabilities to live with families approved by family home agencies and to receive services

and supports in those settings as determined by the individual program plan. Family home agencies may offer services and supports in family homes or family teaching homes. All requirements of this section and Sections 4689.2 to 4689.6, inclusive, shall apply to a family home and a family teaching home.

(b) For purposes of this section, “family home” means a home that is owned, leased, or rented by, and is the family residence of, the family home provider or providers, and in which services and supports are provided to a maximum of two adults with developmental disabilities regardless of their degree of disability, and who do not require continuous skilled nursing care.

(c) For purposes of this section, “family teaching home” means a home that is owned, leased, or rented by the family home agency wherein the family home provider and the individual have independent residences, either contiguous or attached, and in which services and supports are provided to a maximum of three adults with developmental disabilities regardless of their degree of disability, and who do not require continuous skilled nursing care.

(d) For purposes of this section, “family home agency” means a private for-profit or not-for-profit agency that is vendored to do all of the following:

- (1) Recruit, approve, train, and monitor family home providers.
- (2) Provide social services and in-home support to family home providers.
- (3) Assist adults with developmental disabilities in moving into approved family homes.

(e) For purposes of ensuring that regional centers may secure high-quality services that provide supports in natural settings and promote inclusion and meaningful participation in community life for adults with developmental disabilities, the department shall promulgate regulations for family home agencies, family teaching homes, and family homes that shall include, but not be limited to, standards and requirements related to all of the following:

(1) Selection criteria for regional centers to apply in vendoring family home agencies, including, but not limited to, all of the following:

- (A) The need for service.
- (B) The experience of the agency or key personnel in providing the same or comparable services.
- (C) The reasonableness of the agency’s overhead.
- (D) The capability of the regional center to monitor and evaluate the vendor.

(2) Vendorization.

(3) Operation of family home agencies, including, but not limited to, all of the following:

- (A) Recruitment.
 - (B) Approval of family homes.
 - (C) Qualifications, training, and monitoring of family home providers.
 - (D) Assistance to consumers in moving into approved family homes.
 - (E) The range of services and supports to be provided.
 - (F) Family home agency staffing levels, qualifications, and training.
- (4) Program design.

- (5) Program and consumer records.
- (6) Family homes.
- (7) Rates of payment for family home agencies and approved family home providers. Regional center reimbursement to family home agencies for services in a family home shall not exceed rates established pursuant to subdivision (b) of Section 4681.5 for individuals who reside in a community care facility, as defined in Section 1502 of the Health and Safety Code, that is vendored for four beds or fewer.
- (8) The department and regional center's monitoring and evaluation of the family home agency and approved homes, which shall be designed to ensure that services do all of the following:
 - (A) Conform to applicable laws and regulations and provide for the consumer's health and well-being.
 - (B) Assist the consumer in understanding and exercising their individual rights.
 - (C) Are consistent with the family home agency's program design and the consumer's individual program plan.
 - (D) Maximize the consumer's opportunities to have choices in where the consumer lives, works, and socializes.
 - (E) Provide a supportive family home environment, available to the consumer 24 hours per day, that is clean, comfortable, and accommodating to the consumer's cultural preferences, values, and lifestyle.
 - (F) Are satisfactory to the consumer, as indicated by the consumer's quality of life as assessed by the consumer, their family, and, if appointed, conservator, or significant others, or all of these, as well as by evaluation of outcomes relative to individual program plan objectives.
- (9) Monthly monitoring visits by family home agency social service staff to approved family homes and family teaching homes.
- (10) Procedures whereby the regional center and the department may enforce applicable provisions of law and regulation, investigate allegations of abuse or neglect, and impose sanctions on family home agencies and approved family homes and family teaching homes, including, but not limited to, all of the following:
 - (A) Requiring movement of a consumer from a family home under specified circumstances.
 - (B) Termination of approval of a family home or family teaching home.
 - (C) Termination of the family home agency's vendorization.
- (11) Appeal procedures.
 - (f) Each adult with developmental disabilities placed in a family home or family teaching home shall have the rights specified in this division, including, but not limited to, the rights specified in Section 4503.
 - (g) Prior to placement in a family home of an adult with developmental disabilities who has a conservator, consent of the conservator shall be obtained.
 - (h) The adoption of any emergency regulations to implement this section that are filed with the Office of Administrative Law within one year of the date on which the act that added this section took effect shall be deemed to

be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare.

SEC. 23. Section 4783 of the Welfare and Institutions Code is amended to read:

4783. (a) (1) The Family Cost Participation Program is hereby created in the State Department of Developmental Services for the purpose of assessing a cost participation to parents, as defined in Section 50215 of Title 17 of the California Code of Regulations, who have a child to whom all of the following applies:

(A) The child has a developmental disability or is eligible for services under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code).

(B) The child is zero to 17 years of age, inclusive.

(C) The child lives in the parents' home.

(D) The child receives services and supports purchased through the regional center.

(E) The child is not eligible for Medi-Cal.

(2) Notwithstanding any other law, a parent described in subdivision (a) shall participate in the Family Cost Participation Program established pursuant to this section.

(3) Application of this section to children zero to two years of age, inclusive, shall be contingent upon approval by the United States Department of Education.

(b) (1) The department shall develop and establish a Family Cost Participation Schedule that shall be used by regional centers to assess the parents' cost participation. The schedule shall consist of a sliding scale for families with an annual gross income not less than 400 percent of the federal poverty guideline, and be adjusted for the level of annual gross income and the number of persons living in the family home.

(2) The schedule established pursuant to this section shall be exempt from the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(c) Family cost participation assessments shall only be applied to respite, daycare, and camping services that are included in the child's individual program plan or individualized family service plan for children zero to two years of age, inclusive.

(d) If there is more than one minor child living in the parents' home and receiving services or supports paid for by the regional center, or living in a 24-hour out-of-home facility, including a developmental center, the assessed amount shall be adjusted as follows:

(1) A parent that meets the criteria specified in subdivision (b) with two children shall be assessed at 75 percent of the respite, daycare, and camping services in each child's individual program plan or individualized family service plan for each child living at home.

(2) A parent that meets the criteria specified in subdivision (b) with three children shall be assessed at 50 percent of the respite, daycare, and camping

services included in each child's individual program plan or individualized family service plan for each child living at home.

(3) A parent that meets the criteria specified in subdivision (b) with four children shall be assessed 25 percent of the respite, daycare, and camping services included in each child's individual program plan or individualized family service plan for each child living at home.

(4) A parent that meets the criteria specified in subdivision (b) with more than four children shall be exempt from participation in the Family Cost Participation Program.

(e) For each child, the amount of cost participation shall be less than the amount of the parental fee that the parent would pay if the child lived in a 24-hour, out-of-home facility.

(f) Commencing January 1, 2005, each regional center shall be responsible for administering the Family Cost Participation Program.

(g) Family cost participation assessments or reassessments shall be conducted as follows:

(1) (A) A regional center shall assess the cost participation for all parents of current consumers who meet the criteria specified in this section. A regional center shall use the most recent individual program plan or individualized family service plan for this purpose.

(B) A regional center shall assess the cost participation for parents of newly identified consumers at the time of the initial individual program plan or the individualized family service plan.

(C) Reassessments for cost participation shall be conducted as part of the individual program plan or individual family service plan review pursuant to subdivision (b) of Section 4646.5 of this code or subdivision (f) of Section 95020 of the Government Code.

(D) The parents are responsible for notifying the regional center when a change in family income occurs that would result in a change in the assessed amount of cost participation.

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

(3) A regional center shall notify parents of the parents' assessed cost participation within 10 working days of receipt of the parents' complete income documentation.

(4) Parents who have not provided copies of income documentation pursuant to paragraph (2) shall be assessed the maximum cost participation based on the highest income level adjusted for family size until the appropriate income documentation is provided. Parents who subsequently provide income documentation that results in a reduction in their cost participation shall be reimbursed for the actual cost difference incurred for services identified in the individual program plan or individualized family service plan for respite, daycare, and camping services, for 90 calendar days preceding the reassessment. The actual cost difference is the difference between the maximum cost participation originally assessed and the

reassessed amount using the parents' complete income documentation, that is substantiated with receipts showing that the services have been purchased by the parents.

(5) The executive director of the regional center may grant a cost participation adjustment for parents who incur an unavoidable and uninsured catastrophic loss with direct economic impact on the family or who substantiate, with receipts, significant unreimbursed medical costs associated with care for a child who is a regional center consumer. A redetermination of the cost participation adjustment shall be made at least annually.

(h) A provider of respite, daycare, or camping services shall not charge a rate for the parents' share of cost that is higher than the rate paid by the regional center for its share of cost.

(i) The department shall develop, and regional centers shall use, all forms and documents necessary to administer the program established pursuant to this section. The forms and documents shall be posted on the department's internet website. A regional center shall provide appropriate materials to parents at the initial individual program plan or individualized family service plan meeting and subsequent individual program plan or individualized family service plan review meetings. These materials shall include a description of the Family Cost Participation Program.

(j) The department shall include an audit of the Family Cost Participation Program during its audit of a regional center.

(k) (1) Parents of children 3 to 17 years of age, inclusive, may appeal an error in the amount of the parents' cost participation to the executive director of the regional center within 30 days of notification of the amount of the assessed cost participation. The parents may appeal to the Director of Developmental Services, or the director's designee, any decision by the executive director made pursuant to this subdivision within 15 days of receipt of the written decision of the executive director.

(2) Parents of children 3 to 17 years of age, inclusive, who dispute the decision of the executive director pursuant to paragraph (5) of subdivision (g) shall have a right to a fair hearing as described in, and the regional center shall provide notice pursuant to, Chapter 7 (commencing with Section 4700). This paragraph shall become inoperative on July 1, 2006.

(3) On and after July 1, 2006, a parent described in paragraph (2) shall have the right to appeal the decision of the executive director to the Director of Developmental Services, or the director's designee, within 15 days of receipt of the written decision of the executive director.

(l) For parents of children zero to two years of age, inclusive, the complaint, mediation, and due process procedures set forth in Sections 52170 to 52174, inclusive, of Title 17 of the California Code of Regulations shall be used to resolve disputes regarding this section.

(m) The department may adopt emergency regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and

the department is exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this subdivision.

(n) By April 1, 2005, and annually thereafter, the department shall report to the appropriate fiscal and policy committees of the Legislature on the status of the implementation of the Family Cost Participation Program established under this section. On and after April 1, 2006, the report shall contain all of the following:

(1) The annual total purchase of services savings attributable to the program per regional center.

(2) The annual costs to the department and each regional center to administer the program.

(3) The number of families assessed a cost participation per regional center.

(4) The number of cost participation adjustments granted pursuant to paragraph (5) of subdivision (g) per regional center.

(5) The number of appeals filed pursuant to subdivision (k) and the number of those appeals granted, modified, or denied.

(o) Commencing July 1, 2022, to June 30, 2024, inclusive, regional centers shall suspend existing and new assessments and reassessments of the cost participation. The suspensions shall no longer occur on or after July 1, 2024.

SEC. 24. Section 4785 of the Welfare and Institutions Code is amended to read:

4785. (a) (1) A regional center shall assess an annual family program fee, as described in subdivision (b), from parents whose adjusted gross family income is at or above 400 percent of the federal poverty level based upon family size and who have a child to whom all of the following apply:

(A) The child has a developmental disability or is eligible for services under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code).

(B) The child is less than 18 years of age.

(C) The child lives with the child's parent.

(D) The child or family receives services beyond eligibility determination, needs assessment, and service coordination.

(E) The child does not receive services through the Medi-Cal program.

(2) An annual family program fee shall not be assessed or collected pursuant to this section if the child receives only respite, daycare, or camping services from the regional center, and a cost for participation is assessed to the parents under the Family Cost Participation Program.

(3) The annual family program fee shall be initially assessed by a regional center at the time of the development, scheduled review, or modification of the individual program plan (IPP) pursuant to Sections 4646 and 4646.5, or the individualized family services plan (IFSP) pursuant to Section 95020

of the Government Code, but no later than June 30, 2012, and annually thereafter.

(4) Application of this section to children zero to two years of age, inclusive, shall be contingent upon necessary approval by the United States Department of Education.

(b) (1) The annual family program fee for parents described in paragraph (1) of subdivision (a) shall be two hundred dollars (\$200) per family, regardless of the number of children in the family with developmental disabilities or who are eligible for services under the California Early Intervention Services Act.

(2) Notwithstanding paragraph (1), parents described in paragraph (1) of subdivision (a) who demonstrate to the regional center that their adjusted gross family income is less than 800 percent of the federal poverty level shall be required to pay an annual family program fee of one hundred fifty dollars (\$150) per family, regardless of the number of children in the family with developmental disabilities or who are eligible for services under the California Early Intervention Services Act.

(c) At the time of intake or at the time of development, scheduled review, or modification of a consumer's IPP or IFSP, but no later than June 30, 2012, the regional center shall provide to parents described in paragraph (1) of subdivision (a) a form and an envelope for the mailing of the annual family program fee to the department. The form, which shall include the name of the children in the family currently being served by a regional center and their unique client identifiers, shall be sent, with the family's annual program fee, to the department.

(d) The department shall notify each regional center at least quarterly of the annual family program fees collected.

(e) The regional center shall, within 30 days after notification from the department pursuant to subdivision (d), provide a written notification to the parents from whom the department has not received the annual family program fees. Regional centers shall notify the department if a family receiving notification pursuant to this section has failed to pay its annual family program fees based on the subsequent notice pursuant to subdivision (d). For these families, the department shall pursue collection pursuant to the Accounts Receivable Management Act (Chapter 4.3 (commencing with Section 16580) of Part 2 of Division 4 of Title 2 of the Government Code).

(f) A regional center may grant an exemption to the assessment of an annual family program fee if the parents demonstrate any of the following:

(1) That the exemption is necessary to maintain the child in the family home.

(2) The existence of an extraordinary event that impacts the parents' ability to pay the fee or the parents' ability to meet the care and supervision needs of the child.

(3) The existence of a catastrophic loss that temporarily limits the ability of the parents to pay and creates a direct economic impact on the family. For purposes of this paragraph, catastrophic loss may include, but is not

limited to, natural disasters, accidents involving, or major injuries to, an immediate family member, and extraordinary medical expenses.

(g) Services shall not be delayed or denied for a consumer or child based upon the lack of payment of the annual family program fee.

(h) For purposes of this section, “parents” means the parents, whether natural, adoptive, or both, of a child with developmental disabilities under 18 years of age.

(i) Parents described in paragraph (1) of subdivision (a) shall be jointly and severally responsible for the annual family program fee, unless a court order directs otherwise.

(j) (1) “Total adjusted gross family income” means income acquired, earned, or received by parents as payment for labor or services, support, gift, or inheritance, or parents’ return on investments. It also includes the community property interest of a parent in the gross adjusted income of a stepparent.

(2) The total adjusted gross family income shall be determined by adding the gross income of both parents, regardless of whether they are divorced or legally separated, unless a court order directs otherwise, or unless the custodial parent certifies in writing that income information from the noncustodial parent cannot be obtained from the noncustodial parent and in this circumstance only the income of the custodial parent shall be used to determine the annual family program fee.

(k) Commencing July 1, 2022, to June 30, 2024, inclusive, regional centers shall suspend existing and new assessments, reassessments, and collections of the annual family program fee. The suspensions shall no longer occur on or after July 1, 2024.

SEC. 25. Section 4785.2 is added to the Welfare and Institutions Code, to read:

4785.2. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action and after the effective date of statutory suspensions identified in subdivision (o) of Section 4783 and subdivision (k) of Section 4785, may implement, interpret, or make specific the recommendations provided in the plan required by Section 4785.1 by means of program directives or similar instructions to streamline program administration and standardize procedures. It is the intent of the Legislature that the department be allowed this temporary authority as necessary to implement program changes only until completion of the regulatory process.

SEC. 26. Section 4868 of the Welfare and Institutions Code is amended to read:

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

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

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

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

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

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

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

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

(4) Identifying existing sources of consumer data that can be used to provide demographic information for individuals, including, but not limited to, age, gender, ethnicity, types of disability, and geographic location of consumers, and that can be matched with employment data to identify outcomes and trends of the Employment First Policy.

(5) Recommending goals for measuring employment participation and outcomes for various consumers within the developmental services system.

(6) Recommending legislative, regulatory, and policy changes for increasing the number of individuals with developmental disabilities in integrated employment, self-employment, and microenterprises, and who earn wages at or above minimum wage, including, but not limited to, recommendations for improving transition planning and services for students with developmental disabilities who are 14 years of age or older. This shall include, but shall not be limited to, the development of a policy with the intended outcome of significantly increasing the number of individuals with developmental disabilities who engage in integrated employment, self-employment, and microenterprises, and in the number of individuals who earn wages at or above minimum wage. This proposed policy shall be in furtherance of the intent of this division that services and supports be available to enable persons with developmental disabilities to approximate the pattern of everyday living available to people without disabilities of the same age and that support their integration into the mainstream life of the community, and that those services and supports result in more independent, productive, and normal lives for the persons served. The proposed policy shall not limit service and support options otherwise available to consumers,

or the rights of consumers, or, where appropriate, parents, legal guardians, or conservators to make choices in their own lives.

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

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

(2) “Integrated employment” means “integrated work,” as defined in Section 4851.

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

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

(e) The committee, by July 1, 2011, and annually thereafter, shall provide a report to the appropriate policy committees of the Legislature and to the Governor describing its work and recommendations. The report due by July 1, 2011, shall include the proposed policy described in paragraph (4) of subdivision (c).

(f) This section shall become inoperative on July 1, 2024, and, as of January 1, 2025, is repealed.

SEC. 27. Section 4868 is added to the Welfare and Institutions Code, to read:

4868. For purposes of this chapter, the following definitions shall apply:

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

(b) “Integrated employment” means “integrated work,” as defined in Section 4851.

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

(d) “Self-employment” means an employment setting in which an individual works in a chosen occupation, for profit or fee, in the individual’s

own small business, with control and responsibility for decisions affecting the conduct of the business.

(e) This section shall become operative on July 1, 2024.

SEC. 28. Section 4868.5 is added to the Welfare and Institutions Code, to read:

4868.5. (a) There is in the California Health and Human Services Agency the Office of Employment First.

(b) The office's mission is to coordinate the Employment First Policy, as described in Section 4869, in order to reduce redundancy, ensure coordination of all employment support services across all agencies and departments, avoid fragmentation of services, guide strategic planning, and promote racial equity toward employment for individuals with developmental disabilities.

(c) The office shall have all of the following responsibilities:

(1) Identify and disseminate best practices.

(2) Develop effective strategies for partnerships with entities, including, but not limited to, employers, foundations, advocates, and other entities committed to creating integrated community employment opportunities.

(3) Provide technical assistance, as requested, to develop and implement strategies for equity in employment.

(4) Make recommendations for legislative, regulatory, and policy changes consistent with the Employment First Policy, as described in Section 4869.

(d) The office shall be under the control of an executive officer known as the Chief Employment First Officer who has the authority to do all of the following:

(1) Establish or improve reporting mechanisms to measure the success of employment programs for individuals with developmental disabilities and drive quality improvement.

(2) Monitor progress on employment for individuals with developmental disabilities, including, but not limited to, preparing monitoring instruments and issuing reports.

(3) Link data collection systems across state government entities through the development of a unique identification system.

(4) Track, analyze, and publicize service code utilization and vocational outcomes across the system.

(e) (1) The office shall form a standing Employment First Committee consisting of all of the following members:

(A) At least one designee of each of the members of the State Council on Developmental Disabilities specified in subparagraphs (B), (C), (D), (F), and (H) of paragraph (2) of subdivision (b) of Section 4521.

(B) A member of the consumer advisory committee of the state council.

(2) The responsibilities of the committee shall include, but need not be limited to, identifying ways services can be coordinated by state and local agencies to avoid disconnection of services and to improve accessibility of services.

(f) On or before June 30, 2025, and annually thereafter, the office shall provide a report to the appropriate policy committees of the Legislature and

to the Governor describing its work and recommendations made pursuant to this section.

(g) This section shall become operative on July 1, 2024.

SEC. 29. Section 7502.6 of the Welfare and Institutions Code is amended to read:

7502.6. (a) Notwithstanding any other law or regulation, commencing September 28, 2018, and until June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023, whichever is earlier, a court may order the commitment of an individual to a separate and distinct unit of Canyon Springs Community Facility, as provided in paragraph (4) of subdivision (a) of Section 7505. No more than 10 beds at the facility shall be designated for this purpose.

(b) Prior to admission to Canyon Springs Community Facility of an individual meeting the criteria of paragraph (4) of subdivision (a) of Section 7505, the regional center and regional resource development project shall follow the preadmission procedures, including notification and assessment procedures, specified in subdivisions (a) to (c), inclusive, of Section 4418.7. Upon admission, the postadmission procedures and timelines specified in subdivision (e) of Section 4418.7 shall apply.

SEC. 30. Section 7505 of the Welfare and Institutions Code is amended to read:

7505. (a) Notwithstanding any other law, the State Department of Developmental Services shall not admit anyone to a developmental center unless the person has been determined eligible for services under Division 4.5 (commencing with Section 4500) and the person is any of the following:

(1) An adult committed by a court to Porterville Developmental Center, secure treatment program, pursuant to Section 1370.1 of the Penal Code.

(2) Committed by a court to an acute crisis home operated by the department pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7.

(3) An adult committed by a court to Porterville Developmental Center, secure treatment program, pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 as a result of involvement with the criminal justice system, and the court has determined the person is mentally incompetent to stand trial.

(4) A person committed by a court to Canyon Springs Community Facility pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 on or before June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023, whichever is earlier, who otherwise meets the criteria for admission described in Section 4418.7 due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7.

(5) (A) A person committed by a court to the Canyon Springs Community Facility pursuant to Article 2 (commencing with Section 6500) of Chapter

2 of Part 2 of Division 6 on or before June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023, whichever is earlier, who is currently admitted to either an acute psychiatric hospital or an acute crisis facility pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, but who requires continued treatment to achieve stabilization and successful community transition.

(B) Prior to admission pursuant to this paragraph, the regional center shall prepare an assessment for inclusion in the consumer's file detailing all considered community-based services and supports, including, but not limited to, rate adjustments as provided by law, supplemental services as set forth in subparagraph (F) of paragraph (10) of subdivision (a) of Section 4648, emergency and crisis intervention services as set forth in paragraph (11) of subdivision (a) of Section 4648, community crisis home services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs. Prior to admission, the Director of Developmental Services or the director's designee shall certify that there are no community-based options that can meet the consumer's needs.

(C) When a person is admitted to Canyon Springs Community Facility pursuant to this paragraph, the regional center shall notify the clients' rights advocate, as described in Section 4433, of the admission. A comprehensive assessment shall be completed by the regional center in coordination with Canyon Springs Community Facility staff. The comprehensive assessment shall include the identification of the services and supports needed for stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to a community setting. Immediately following the comprehensive assessment, and not later than 30 days following admission, the regional center and staff at the Canyon Springs Community Facility shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients' rights advocate for the regional center shall be notified of the individual program plan meeting and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

(D) The population of consumers admitted pursuant to this paragraph shall not exceed five. An admission to Canyon Springs Community Facility pursuant to this paragraph shall not extend beyond June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023, whichever is earlier.

(E) For purposes of this paragraph, "acute psychiatric hospital" means a facility as defined in subdivision (b) of Section 1250 of the Health and Safety Code, including an institution for mental disease.

(6) (A) A person exercising the right of return described in Section 4508 on or before June 30, 2021.

(B) Prior to admission pursuant to this paragraph, the regional center shall prepare an assessment for inclusion in the consumer's file detailing all considered community-based services and supports, including, but not limited to, rate adjustments as provided by law, supplemental services as set forth in subparagraph (F) of paragraph (10) of subdivision (a) of Section 4648, emergency and crisis intervention services as set forth in paragraph (11) of subdivision (a) of Section 4648, community crisis home services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs. Prior to admission, the Director of Developmental Services or the director's designee shall certify that there are no community-based options that can meet the consumer's needs.

(C) When a person is admitted pursuant to this paragraph, the regional center shall notify the clients' rights advocate, as described in Section 4433, of the admission. A comprehensive assessment shall be completed by the regional center in coordination with developmental center staff. The comprehensive assessment shall include the identification of the services and supports needed for stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to a community setting. Immediately following the comprehensive assessment, and not later than 30 days following admission, the regional center and staff at the developmental center shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients' rights advocate for the regional center shall be notified of the individual program plan meeting and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

(D) Notwithstanding Section 4508, the population of consumers admitted pursuant to this paragraph shall not exceed five. An admission pursuant to this paragraph shall not extend beyond June 30, 2023.

(7) Committed by a court to Porterville Developmental Center, pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, as described in Section 4418.7. The population of consumers admitted pursuant to this paragraph shall not exceed 10. An admission pursuant to this paragraph shall not extend beyond June 30, 2023, or upon the opening of the state-operated community acute crisis homes approved for development in the Budget Act of 2019.

(8) Committed by a court pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 to a completed and licensed complex needs home identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023.

(b) A person admitted to the Canyon Springs Community Facility pursuant to paragraphs (4) and (5) of subdivision (a) shall be subject to enhanced monitoring that includes the following:

(1) Department clinical staff shall make monthly monitoring visits to observe the implementation of treatment plans.

(2) The department shall conduct monthly calls with regional centers to update transition planning and identify available placement options.

(3) The facility shall complete an initial transition plan within 60 days from admission.

(4) The facility shall conduct a transition review meeting 45 days prior to transitioning an individual from the facility.

(c) The State Department of Developmental Services shall not admit a person to a developmental center after July 1, 2012, as a result of a criminal conviction or when the person is competent to stand trial for the criminal offense and the admission is ordered in lieu of trial.

(d) Commencing with the first quarterly update to legislative staff after July 1, 2021, in the information provided pursuant to Section 4474.17, the State Department of Developmental Services shall provide a written update regarding efforts to reduce the reliance on Canyon Springs Community Facility for admissions due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7 and the development of additional community resources, including person-centered efforts. The update shall include data and descriptors of people admitted to Canyon Springs Community Facility in the previous year, including age and duration of stay to date, the status of transition planning meetings for those individuals, and their discharge status. For persons admitted to Canyon Springs Community Facility beginning July 1, 2022, the update shall include all alternative placement options examined for each person prior to admission.

SEC. 31. The sum of ten million eight hundred thousand dollars (\$10,800,000) is hereby appropriated from the General Fund to the State Department of Developmental Services to support the implementation of the Coordinated Family Support Services Pilot Program, as established in Section 4688.06 of the Welfare and Institutions Code.

SEC. 32. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SEC. 33. This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.