TRI-COUNTIES REGIONAL CENTER
EXECUTIVE DIRECTOR REPORT
May 3, 2013

I. FY 2013-2014 BUDGET UPDATE

- **Attachment #1**: FY 2013-2014 Governor's Budget Highlights for Department of Developmental Services
- **Attachment #2**: ARCA Analysis of FY 2013-2014 Governor's Budget Proposal
- **Attachment #3**: CDCAN Report #003-2013- No New Cuts Proposed in Developmental Services Budget - 1.25% Payment Reduction for Regional Center Operations and Providers Will Sunset As Scheduled June 30, 2013
- **Attachment #4**: ARCA Position Statement on FY 2013-2014 Governor's Budget Proposal and Restoration of Early Start Services

Governor Brown issued his official annual State Budget Proposal on January 10, 2013. After almost a decade of ongoing reductions, the Governor's proposed 2013-2014 State Budget Proposal does not call for any new reductions to the Developmental Services budget. Adding to the positive news, the existing 1.25% payment reduction to both Regional Center Operations and Service Provider rates will sunset as previously scheduled on June 30, 2013. Also, ARCA is championing the restoration of Early Start Services prior to changes that were made in 2009 due to budget reductions. The Governor's Budget proposes FY 2013-2014 funding for regional centers at $4.3 billion ($2.5 billion General Fund), an increase of$203.5 million ($140.2 million General Fund) over the enacted 2012-2013 budget. The number of individuals with developmental disabilities served in the community by Regional Centers is expected to increase from 256,872 in the current year to 266,100 in FY 2013-2014 (**Attachments #1- #4**).

Legislative budget hearings in Sacramento are continuing to be held to review the Governor's Proposed Budget and will most likely continue for the next few months until a final State Budget agreement is reached by the Governor and the Legislature.

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

TRI-COUNTIES REGIONAL CENTER
EXECUTIVE DIRECTOR REPORT
May 3, 2013

II. AUTISM HEALTH INSURANCE PLAN MANDATE (SB 946) IMPLEMENTATION PLAN UPDATE

- **Attachment #5:** SB 946 Letter to Families
- **Attachment #6:** SB 946 Flow Chart
- **Attachment #7:** TCRC SB 946 Insurance Co-Payment Fact Sheet
- **Attachment #8:** TCADD Service Policy and Guidelines 10601
- **Attachment #9:** SB 946 Implementation & Outreach Activities Update from TCRC Autism Services Coordinator

On July 1, 2012 Senate Bill946 (Steinberg) went into effect, making California the28th state in the nation to pass an Autism Insurance Mandate. This new law requires California private insurance companies to contract with Qualified Autism Services Providers and cover behavioral intervention (ABA services). This new law also requires TCRC ensure individuals and families (current and those new to the regional center system) seek payment of all behavioral services through their health insurance carrier or service plan prior to seeking payment from regional centers. Families with Medi-Cal only and Cal-PERS PPO plans are not affected by this new law. However, Department of Managed Health Care recently released new draft regulations regarding the implementation of SB 946 that emphasize the expectation of Healthy Families (will be merged with Medi-Cal) and Cal-PERS plans to provide services based upon the original intent of AB 88, CA Mental Health Parity Act.

TCRC has developed a SB 946 local implementation plan. This plan includes a written notice sent out to all the individuals and families impacted informing them of the new law and inviting them to attend one of six informational sessions that were held at each TCRC office in June, 2012 to better understand the law and to answer their questions **(Attachment #5).** Additionally, TCRC held seven follow-up informational meetings in the Month of August, 2012 at each of the TCRC offices to offer families additional opportunities to learn about the SB 946 requirements and to answer questions. A final round of informational meetings were held at each of the TCRC offices in the month of December, 2012 to provide yet another opportunity for families to learn about the law and to answer questions **(Attachments #6-#8).**

TCRC will continue to work collaboratively with all individuals and families impacted by this change, utilizing the individual planning team process, to ensure as smooth a transition as possible. TCRC staff will support the person and family through their insurance company's process for accessing SB 946 services. When the insurance company approves services, the TCRC Service Coordinator will work with the family to request that the health plan waive any co-payments. If this is not possible, TCRC will offer to pay any co-payments for SB 946 services directly to the ABA service provider, using a service code that maximizes federal funding. Co- payments will be capped at $45 per co-payment to ensure cost-effectiveness. This cap was determined using Service Code 620 median rate minus a 15% administrative overhead. TCRC is addressing relevant deductibles and co-insurance costs on a case-by-case basis through the exception process. The Governor's recently released FY 2013-2014 State Budget Proposal calls for all SB 946 co-pays to be based on the family's ability to pay and to prohibit the payment of insurance deductibles. These two issues will most likely receive considerable attention at the upcoming legislative budget hearings. TCRC may need to make revisions in the future to our existing practices depending on the new requirements approved in the enacted budget for FY 2013-2014.

Service Coordinators continue to work with families who have not started to access their insurance for ABA services. Letters are being sent to these families informing them of the requirement to access and use their insurance coverage for ABA services and to offer assistance from TCRC in helping them with the transition process. The TCRC Autism Coordinator, Colleen Duncan, continues to work with staff internally, families, service providers, insurance companies, Area Board 9 and ARCA to address individual and systemic issues (**Attachments #9**).

In the event that a planning team is unable to agree on the transition steps or the transition to insurance is unsatisfactory, the Lanterman Act Notice of Action and Fair Hearing procedures remain available to TCRC, persons served by TCRC and their families to seek resolution.

III. Q&A

Department of Developmental Services

Governor's Budget Highlights

Edmund G. Brown Jr.
Governor
State of California

Diana S. Dooley
Secretary
California Health and Human Services Agency

Terri Delgadillo
Director
Department of Developmental Services

January 2013

DEPARTMENT OF DEVELOPMENTAL SERVICES
GOVERNOR'S BUDGET HIGHLIGHTS

PROGRAM HIGHLIGHTS

The Department of Developmental Services (the Department) is currently responsible under the Lanterman Developmental Disabilities Services Act (Lanterman Act) for ensuring that 258,424 persons with developmental disabilities receive the services and support they require to lead more independent and productive lives and to make choices and decisions about their lives.

California provides services and supports to individuals with developmental disabilities in two ways: the vast majority of people live in their families' homes or other community settings and receive state-funded services that are coordinated by one of 21 non-profit corporations known as regional centers. A small number of individuals live in four state-operated developmental centers and one state-operated community facility. The number of consumers with developmental disabilities in the community served by regional centers is expected to increase from 256,872 in the current year to 266,100 in Fiscal Year (FY) 2013-14. The number of individuals living in state-operated residential facilities will be 1,186 by the end of FY 2013-14.

The January 2013 Governor's Budget includes $4.9 billion total funds ($2.8 billion General Fund) for the Department in 2013-14; a net increase of $178.7 million above the revised 2012-13 budget, a 3.8 percent increase; and $193.1 million above the 2012-13 enacted budget.

COMMUNITY SERVICES PROGRAM

2012-13

To provide services and support to 256,872 persons with developmental disabilities in the community, the Governor's Budget updates FY 2012-13 funding to $4.2 billion total funds ($2.3 billion GF). The Governor's Budget includes an increase of $20.2 million total funds (-$18.9 million GF decrease) for regional center operations (OPS) and purchase of services (POS). This is composed of:

Caseload and Utilization

$36.0 million increase (-$3.0 million GF decrease) in regional center OPS and POS costs due to updated caseload and expenditure data including Home and Community Based Services (HCBS) waiver enrollment above budgeted levels.

Impacts from Other Departments

-$30.8 million decrease GF in POS to reflect the Department of Health Care Services (DHCS) withdrawal of implementation of Medi-Cal copayments for physician and dental office visits, emergency room visits, and hospital inpatient days.

Copayments for Health Care Related Services

$15.0 million increase GF to reflect increased expenditures associated with a recent regional center legal opinion that is expected to change regional center practices regarding funding of health insurance copayments and deductibles.

2013-14

The Governor's Budget projects an average community caseload of 266,100 individuals in the budget year, an increase of 10,128 consumers over the enacted budget. The estimate proposes 2013-14 funding for services and support to persons with developmental disabilities in the community at $4.3 billion total funds ($2.5 billion GF), an increase of $203.5 million ($140.2 million GF) over the enacted 2012-13 budget. The regional center budget changes include:

Caseload and Utilization

$177.5 million ($89.2 million GF) increase in regional center OPS and POS due to updated caseload and expenditure data including HCBS waiver enrollment above budgeted levels.

Sunset of 1.25 Percent Payment Reduction

$46.7 million ($31.9 million GF) increase in OPS and POS to reflect the June 30, 2013 sunset of the 1.25 percent payment reduction.

Impacts from Other Departments

-$30.8 million decrease GF in POS to reflect the DHCS withdrawal of implementation of Medi-Cal copayments for physician and dental office visits, emergency room visits, and hospital inpatient days.

Copayments for Health Care Related Services

$9.9 million increase GF to reflect increased expenditures associated with a recent regional center legal opinion that is expected to change regional center practices regarding funding of health insurance copayments and deductibles. Proposed statute will limit the funding of health insurance copayments based on the family's ability to pay, modeled after existing programs, and prohibit the payment of deductibles.

Fund Shift:

$40.0 million fund shift from the California First Five Commission (Proposition 10) to GF for a net program change of $0.0 million.

Quality Assurance Fee (QAF)

$0.2 million increase ($0.0 million GF) in POS to reflect updated administration and service expenditures for day treatment and transportation costs of ICF-DD residents.

DEVELOPMENTAL CENTERS PROGRAM

2012-13

To provide services and support for 1,552 residents in developmental centers (average in-center population) the Governor's Budget updates FY 2012-13 funding to $545.1 million ($283.8 million GF), a decrease of $5.1 million ($2.4 million GF) over the FY 2012-13 enacted budget. Authorized positions decrease by 2.5. The developmental center budget changes include:

- Savings Shift of $2.9 million from Operating Expenses and Equipment (OE&E) to Personal Services (PS) based on a reduction of -36.0 positions driven by admissions and residential program reductions, and increased placements. The 2012 May Revision reflected a net decrease of $9.1 million which represented the DC's portion of the $200 million General Fund Savings Solutions. The Department initially displayed the savings in OE&E. This fund shift more accurately reflects the savings solutions as partially funded through position reductions.

- Net decrease of $7.2 million ($3.6 million GF) due to changes in State employee retirement and health benefit rates, and employee compensation reductions.

- $2.1 million ($1.3 million GF) and 33.5 position increase due to a higher than anticipated resident population on July 1, 2012, primarily based on fewer individuals transitioning from Lanterman Developmental Center to community settings. The increase includes $1.7 million ($0.9 million GF) and 27 positions in Level of Care (LOC) and $0.4 million ($0.3 million GF) and 6.5 positions in Non-Level of Care (NLOC).

2013-14

For FY 2013-14, the Governor's Budget provides services and support for 1,304 residents (average in-center population) in developmental centers, a decrease of 240 residents from the 2012-13 enacted budget. Funding decreases to $539.0 million ($279.3 million GF); a decrease of $11.2 million ($7.0 million GF) and authorized positions decreases to 4,768; a decrease of 388.5 positions below the enacted budget. By the end of the budget year there is expected to be 1,186 individuals residing in the state operated facilities. Adjustments to the enacted budget for the developmental centers include:

- -$25.4 million (-$14.4 million GF) and -352.5 position reduction due to the anticipated decrease of 223 residents primarily from the continuing transition of individuals into the community. Lanterman DC makes up almost half of the residential decline as 110 individuals are expected to transition into community living arrangements in the budget year. This reduction, along with unit consolidations results in a reduction of -$19.2 million (-$11.0 million GF) and -245 positions in LOC and -$6.2 million (-$3.4 million GF) and -107.5 positions NLOC.

- Savings shift of $2.9 million from OE&E to Personal Services (PS) based on a reduction of -36.0 positions and -17 residents driven by admissions and residential program reductions, and increased placements. The 2012 May Revision reflected a net decrease of $9.1 million which represented the DC's portion of the $200 million General Fund Savings Solutions. The Department initially displayed the savings in OE&E. This fund shift more accurately reflects the savings solutions.

- Net increase of $11.9 million ($6.2 million GF) due to changes in State employee retirement and health benefit rates, and employee compensation. Savings associated with the personal leave program (PLP) are not reflected in 2013-14 as most bargaining agreements expire at the end of this FY.

- $2.4 million ($1.3 million GF) for additional staff on residential units to ensure the supervisors (shift leads) on 10 ICF units are able to oversee and support the employees delivering direct care which are critical to the health and safety of residents. This change was necessary to help address licensing concerns regarding staffing levels.

LANTERMAN DEVELOPMENTAL CENTER CLOSURE UPDATE

The Governor's Budget continues to support Developmental Center and Community efforts towards closure of the Lanterman facility. The Department, working with regional centers, anticipates the transition of approximately 110 Lanterman Developmental Center (Lanterman) residents in FY 2012-13 consistent with the enacted budget. The Governor's Budget anticipates the transition of another 110 residents to community living arrangements in FY 2013-14.

- The Governor's Budget retains $0.7 million ($0.5 million GF) and 25.0 positions in 2012-13:

    - $2.0 million ($1.1 million GF) and 27.0 positions are retained (24 positions and $1.9 million LOC and 3 positions and $0.1 million NLOC) to reflect an additional 20 residents at Lanterman at the beginning of the year based on fewer residential placements in 2011-12.

    - Reduction of -2.0 positions associated with the fund shift from OE&E to personal services to more accurately reflect the previous $200 million General Fund Savings Solutions detailed above.

    - -$1.3 million (-$0.6 million GF) reduction due to changes in State employee retirement and health benefit rates, and employee compensation.

- The Governor's Budget reflects a net decrease in 2013-14 of -$10.3 million ($-5.7 million GF) and -178.0 positions:

  - -$12.4 million (-$6.8 million GF) reduction and -178.0 fewer positions due to the anticipated decline in the average in-center population from 184 to 85 residents, as compared to the enacted budget. This includes a reduction of -111 positions and -$8.6 million in LOC and -65 positions and -$3.8 million in NLOC.

  - $2.1 million ($1.1 million GF) increase due to changes in State employee retirement and health benefit rates, and employee compensation. Savings associated with the personal leave program (PLP) are not reflected in 2013-14 as explained above.

The Lanterman Closure Update Report and closure milestones will be released separately.

CAPITAL OUTLAY

The Governor's Budget does not include any new Capital Outlay requests.

HEADQUARTERS

2012-13

The Governor's Budget for FY 2012-13 updates funding for Headquarters' operations to $37.8 million ($24.2 million GF), a decrease of -$0.7 million (-$0.3 million GF) compared to the FY 2012-13 enacted budget. The Headquarters budget changes are due to changes in State employee retirement and health benefit rates, and employee compensation reductions.

2013-14

The Governor's Budget proposes headquarters operations funding for FY 2013-14 of $39.3 million ($25.0 million GF), an increase of $0.8 million ($0.5 million GF) compared to the FY 2012-13 enacted budget. The FY 2013-14 budget changes are due to changes in State employee retirement and health benefit rates, and employee compensation. Savings associated with the personal leave program (PLP) are not reflected in 2013-14 as explained above.

DEPARTMENT OF DEVELOPMENTAL SERVICES
2013-14 Governor's Budget

FUNDING SUMMARY
(Dollars in Thousands)

	2012-13	2013-14	Difference
BUDGET SUMMARY			
COMMUNITY SERVICES	$4,166,367	$4,349,632	$183,265
DEVELOPMENTAL CENTERS	545,075	539,022	-6,053
HEADQUARTERS SUPPORT	37,796	39,280	1,484
TOTALS, ALL PROGRAMS	**$4,749,238**	**$4,927,934**	**$178,696**
FUND SOURCES			
General Fund	$2,604,142	$2,759,396	$155,254
Reimbursements: Totals All	2,092,322	2,117,716	25,394
Medicaid (aka HCBS) Waiver	*1,129,428*	*1,169,109*	*39,681*
Medicaid (HCBS) Waiver Administration	*9,216*	*9,921*	*705*
Medicaid Administration (NHR)	*11,761*	*12,081*	*320*
Targeted Case Management	*138,693*	*142,347*	*3,654*
Targeted Case Management Admin.	*3,840*	*3,892*	*52*
Medi-Cal	*254,729*	*252,809*	*-1,920*
Title XX Block Grant	*225,060*	*225,060*	*0*
ICF-DD/State Plan Amendment	*52,915*	*55,630*	*2,715*
Quality Assurance Fees (DHCS)	*9,620*	*9,845*	*225*
California First Five Commission	*40,000*	*0*	*-40,000*
1915(i) State Plan Amendment	*161,804*	*169,122*	*7,318*
1915(k) Medicaid State Plan	*1,924*	*7,000*	*5,076*
Money Follows the Person	*14,867*	*14,867*	*0*
Homeland Security Grant	*57*	*391*	*334*
Race to the Top	*286*	*286*	*0*
Early Periodic Screening Diagnostic & Treatment	*11,793*	*16,516*	*4,723*
Other	*26,329*	*28,840*	*2,511*
Federal Trust Fund	55,083	55,041	-42
Lottery Education Fund	465	465	0
Program Development Fund (PDF)	9,553	9,553	0
Mental Health Services Fund	1,129	1,128	-1
Developmental Disabilities Svs Acct	150	150	0
AVERAGE CASELOAD			
Developmental Centers	1,552	1,304	-248
Regional Centers	256,872	266,100	9,228
AUTHORIZED POSITIONS			
Developmental Centers	5,154.0	4,768.0	-386.0
Headquarters	374.5	374.5	0.0

DEPARTMENT OF DEVELOPMENTAL SERVICES
2013-14 Governor's Budget

(Dollars in Thousands)

	2012-13	2013-14	Difference
Community Services Program			
Regional Centers	$4,166,367	$4,349,632	$183,265
Totals, Community Services	**$4,166,367**	**$4,349,632**	**$183,265**
General Fund	$2,296,105	$2,455,125	$159,020
Dev Disabilities PDF	9,267	9,267	0
Developmental Disabilities Svs Acct	150	150	0
Federal Trust Fund	52,006	52,006	0
Reimbursements	1,808,099	1,832,344	24,245
Mental Health Services Fund	740	740	0
Developmental Centers Program			
Personal Services	$439,481	$434,912	-$4,569
Operating Expense & Equipment	105,594	104,110	-1,484
Total, Developmental Centers	**$545,075**	**$539,022**	**-$6,053**
General Fund	$283,837	$279,264	-$4,573
Federal Trust Fund	510	510	0
Lottery Education Fund	465	465	0
Reimbursements	260,263	258,783	-1,480
Headquarters Support			
Personal Services	$33,353	$34,880	$1,527
Operating Expense & Equipment	4,443	$4,400	-43
Total, Headquarters Support	**$37,796**	**$39,280**	**$1,484**
General Fund	$24,200	$25,007	$807
Federal Trust Fund	2,567	2,525	-42
PDF	286	286	0
Reimbursements	10,354	11,074	720
Mental Health Services Fund	389	388	-1
Totals, All Programs	**$4,749,238**	**$4,927,934**	**$178,696**
Total Funding			
General Fund	$2,604,142	$2,759,396	$155,254
Federal Trust Fund	55,083	55,041	-42
Lottery Education Fund	465	465	0
Dev Disabilities PDF	9,553	9,553	0
Developmental Disabilities Svs Acct	150	150	0
Reimbursements	2,078,716	2,102,201	23,485
Mental Health Services Fund	1,129	1,128	-1
Caseloads			
Developmental Centers	1,552	1,304	-248
Regional Centers	256,872	266,100	9,228
Authorized Positions			
Developmental Centers	5,154.0	4,768.0	-386.0
Headquarters	374.5	374.5	0.0

Attachment #2

ASSOCIATION OF REGIONAL CENTER AGENCIES
ANALYSIS OF THE FY 2013-14 NOVEMBER ESTIMATE
(GOVERNOR'S BUDGET)
JANUARY 10, 2013

SPECIAL NOTE

The 1.25% payment reduction will sunset June 30, 2013.

FY 2012-13 (Current Year)

1. CASELOAD

The FY 2012-13 May Revision estimated the regional center Community Caseload to be 255,972 consumers for January 31, 2013. The November Estimate increases the January 31, 2013 caseload to 256,872, an increase of 900 consumers (a 0.35% increase).

2. PURCHASE OF SERVICE - $16.8 million Increase (0.5% Increase)

- $32.6 million increase to Purchase of Services due to updated caseload and expenditure data.
- $30.8 million decrease in Impacts from Other Departments due to DHCS's decision to withdraw its proposal to charge Medi-Cal copayments for physician and dental office visits, pharmacy copayments, emergency room visits, and hospital inpatient days. Only the hard cap on hearing aids remains in effect.
- $15 million increase to cover the cost of copayments for services paid for by health insurance companies pursuant to AB 946.

3. OPERATIONS - $3.4 Million Increase (0.6% Increase)

- $3.2 million increase to reflect updated caseload data.
- $63 thousand increase in Federal Compliance to reflect updated caseload data.
- $68 thousand decrease to reflect updated costs for various projects.
- $158 thousand increase to reflect updated regional center costs for State Employees in the Community.

FY 2013-14 (Budget Year)

1. CASELOAD

The budget anticipates an increase of 9,228 consumers (a 3.6% increase) over the 256,872 consumers projected for January 31, 2013.

2. PURCHASE OF SERVICE - $156.9 Million Increase (4.4% Increase)

- $121.7 million increase over current fiscal year for caseload and utilization growth.
- $40.0 million for the restoration of funds due to the sunset of the 1.25% payment reduction.
- $206 thousand increase in Quality Assurance fees related to the ICF-SPA to reflect updated utilization data.
- $5.1 million decrease to copayments for services paid by health insurance providers. This decrease is due to Trailer Bill Language which will limit regional center payments for insurance copayments based on the family's ability to pay and to prohibit the payment of insurance deductibles.

3. OPERATIONS – $26.4 Million Increase Over Current Year (4.9% Increase)

- $18.6 million increase in Staffing due to the projected increase in caseload.
- $6.7 million for the restoration of funds due to the sunset of the 1.25% payment reduction.
- $0.5 million increase in Federal Compliance due to the projected increase in caseload.
- $0.5 million increase in Projects to reflect updated costs for various projects.
- $38,000 increase in ICF-DD administrative fees for processing bills on behalf of the ICFs for payments made to day programs and transporters for services provided to consumers who reside in the ICFs.

ASSOCIATION OF REGIONAL CENTER AGENCIES
ANALYSIS OF NOVEMBER ESTIMATE FOR FISCAL YEAR 2013-14
JANUARY 14, 2013

PURCHASE OF SERVICE BUDGET

	Purchase of Service	Quality Assurance Fees	Impacts from Other Departments	Copayments	Total POS
FY 2012-13 Enacted Budget	**$3,548,845,000**	**$8,804,000**	**$31,187,000**	**$0**	**$3,588,836,000**
Update of Caseload, Utilization, and Expenditure Data	$32,646,000				$32,646,000
Decrease due to DHCS's Withdrawal of Proposed Copayments for Certain services			($30,832,000)		($30,832,000)
Copayments for Services Paid by Health Insurance				$15,000,000	$15,000,000
Updated FY 2012-13 Budget	**$3,581,491,000**	**$8,804,000**	**$355,000**	**$15,000,000**	**$3,605,650,000**
Update of Caseload, Utilization, and Expenditure Data	$121,760,000	$206,000			$121,966,000
Sunset of 1.25% Payment Reduction	$40,029,000				$40,029,000
Effect of TBL to Limit Copayments and Prohibit Paying Insurance Deductibles				($5,135,000)	($5,135,000)
Proposed FY 2013-14 Budget	**$3,743,280,000**	**$9,010,000**	**$355,000**	**$9,865,000**	**$3,762,510,000**

REGIONAL CENTER OPERATIONS BUDGET

	Operations	ICF-DD Administrative Fees	Total Operations
FY 2012-13 Enacted Budget	**$533,326,000**	**$1,631,000**	**$534,957,000**
Caseload and Expenditure Update	$3,376,000	$0	$3,376,000
Updated FY 2012-13 Budget	**$536,702,000**	**$1,631,000**	**$538,333,000**
Caseload and Expenditure Update	$19,695,000	$38,000	$19,733,000
Sunset of 1.25% Payment Reduction	$6,672,000		$6,672,000
Proposed FY 2013-14 Budget	**$563,069,000**	**$1,669,000**	**$564,738,000**

Attachment #3

Omar Noorzad - Re: CDCAN REPORT #003-2013 (JAN 10 2013): BREAKING NEWS - NO NEW CUTS TO DEVELOPMENTAL SERVICES BUDGET - 1.25% PAYMENT CUT WILL SUNSET AS SCHEDULED JUNE 30, 2013

From: "Marty Omoto - CDCAN (California Disability Community Action Network)" <martyomoto@rcip.com>
To: <CDCANreportlist01@rcip.com>
Date: 1/10/2013 10:11 AM
Subject: Re: CDCAN REPORT #003-2013 (JAN 10 2013): BREAKING NEWS - NO NEW CUTS TO DEVELOPMENTAL SERVICES BUDGET - 1.25% PAYMENT CUT WILL SUNSET AS SCHEDULED JUNE 30, 2013

CDCAN

CDCAN DISABILITY RIGHTS REPORT

CALIFORNIA DISABILITY COMMUNITY ACTION NETWORK
#003-2013 – January 10, 2013 – Thursday
Advocacy Without Borders: One Community – Accountability With Action
CDCAN Reports go out to over 65,000 people with disabilities, mental health needs, seniors, people with traumatic brain and other injuries, people with MS, Alzheimer's and other disorders, veterans with disabilities and mental health needs, families, workers, community organizations, facilities and advocacy groups including those in the Asian/Pacific Islander, Latino, American Indian, Indian, African-American communities; policymakers, and others across the State.
Sign up for these free reports by going to the CDCAN website. Website: www.cdcan.us
To reply to THIS Report write:
Marty Omoto at martyomoto@rcip.com Twitter: martyomoto New Phone: 916-757-9549

California Budget Crisis – Breaking News:

NO NEW CUTS PROPOSED IN DEVELOPMENTAL SERVICES BUDGET – 1.25% PAYMENT REDUCTION FOR REGIONAL CENTER OPERATIONS AND PROVIDERS WILL SUNSET AS SCHEDULED JUNE 30, 2013

SACRAMENTO, CA (CDCAN) [Last updated 01/10/2013 10:02 AM] – After more than a decade of on-going major reductions, Governor Jerry Brown's proposed 2013-2014 State Budget will not call for any new reductions to the developmental services budget that funds programs and services for over 260,000 children and adults with developmental disabilities.

The Governor's proposed budget, released this morning, assumes that the existing 1.25% payment reduction to both regional center operations and most regional center providers will end, as scheduled, on June 30, 2013.

CDCAN will report within the hour details of the Governor's other proposals impacting people with disabilities, mental health needs, seniors including Medi-Cal, In-Home Supportive Services and other programs.

3PM CONFERENCE CALL ON STATE BUDGET WITH CALIFORNIA HEALTH & HUMAN SERVICES SECRETARY DIANA DOOLEY

- As previously reported yesterday, Governor Brown's top health and human services official will host a statewide conference call on the Governor's proposed 2013-2014 State Budget plan, this afternoon (January 10th) at 3:00 PM (Pacific Time).
- The call is open to the public.

- In previous such calls, there was time allocated for brief questions from the public. Instructions on how and when to ask questions will be announced during the call.
- California Health and Human Services Agency Secretary Dooley oversees all the health and human services departments including those dealing with Medi-Cal, senior services, health facilities, developmental services, CalWORKS, mental health, licensing of various health and community facilities and workers.
- Dooley will also have on hand during the conference call department directors and other senior department officials – including those dealing with Medi-Cal, developmental services, public health, CalWORKS, In-Home Supportive Services, to provide information

CONFERENCE CALL INFORMATION
WHEN: January 10, 2013 – Thursday
TIME: 3:00 PM (agency officials advise, given the expected large numbers, that people call in 10 minutes – 2:50 PM – to register with the conference call operator in order to be placed into the conference call in time)
*TOLL FREE CONFERENCE CALL NUMBER: **(800) 857-9660***
*PASSCODE: **CHHS Budget***

VERY URGENT!!!!!!

January 10, 2013
PLEASE HELP CDCAN CONTINUE ITS WORK
WE MAY NOT BE ABLE TO CONTINUE!!!

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CDCAN – NEW MAILING ADDRESS:
1500 West El Camino Avenue Suite 499
Sacramento, CA 95833
[replaces 1225 8th Street Suite 480, Sacramento, CA 95814]
NEW Phone: 916-757-9549 (replaces 916-212-0237)

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

ARCA
ASSOCIATION OF REGIONAL CENTER AGENCIES
915 L Street, Suite 1440 • Sacramento, California 95814 • 916.446.7961 • Fax: 916.446.6912

April 5, 2013

Honorable Bill Monning
Chair, Senate Budget & Fiscal Review - Subcommittee #3
State Capitol, Room 4066
Sacramento, CA 95814

RE: Department of Developmental Services - Governor's 2013-14 Proposed Budget

Dear Senator Monning:

The Association of Regional Center Agencies (ARCA) represents the nonprofit regional centers that serve over 250,000 Californian children and adults with developmental disabilities. We appreciate the opportunity to provide our comments on the Governor's proposed Budget for 2013-14 for the Department of Developmental Services (DDS). Attached is ARCA's position on the Governor's proposed budget for the DDS.

ARCA appreciates the Governor's proposal to allow the 1.25% provider and regional center operations payment reductions to sunset. Restoring provider rates and regional center operations funding is an important step toward ensuring an adequate network of community-based service providers as well as sufficient regional center staff members to carry out the promises of the Lanterman Act while meeting federally-mandated caseload ratios. However, as California's developmental services system has endured over $1 billion in cuts in recent years, additional steps are needed to restore the system.

In 2009 eligibility criteria for California's Early Start program was tightened in order to achieve fiscal savings. As a result, many young children have gone without necessary early childhood intervention and therapeutic services. As intervention is most effective when provided at the youngest age possible, restoration of the Early Start program eligibility criteria should be a priority. This important step represents an essential investment in the future of our children.

In addition to several years of payment reductions, community-based service providers have faced other challenges as a result of the state's fiscal crisis. One such obstacle is the requirement that providers who receive in excess of $500,000 per year have a financial audit completed, oftentimes at a cost of $10,000 or more. ARCA proposes that this threshold be raised to $2 million, which is consistent with the requirements established in the Nonprofit Integrity Act of 2004.

As California recovers from its fiscal crisis, it is imperative that the state work to repair the infrastructure to support individuals with developmental disabilities in community-based settings.

Sincerely,

/s/

Eileen Richey
Executive Director

Cc: Members, Senate Budget & Fiscal Review Subcommittee #3
Jennifer Troia, Consultant, Senate Budget and Fiscal Review Subcommittee #3
Mareva Brown, Chief Consultant, Senate Human Services Committee
Kirk Feely, Senate Republican Fiscal Office
Diane Van Maren, President Pro Tempore's Consultant, Health
Jackie Wong, President Pro Tempore's Consultant, Human Services
Shawn Martin, Legislative Analyst's Office
Lishaun Francis, Legislative Analyst's Office
John Doyle, Department of Finance
Carla Castaneda, Department of Finance
Han Wang, Department of Finance
Terri Delgadillo, Department of Developmental Services
Lark Park, Governor's Advisor, Health and Human Services

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Position Statement
Governor's Proposed Budget for Fiscal Year 2013-14

The following represents ARCA's positions regarding the proposals included in the Governor's proposed Budget for FY 2013-14.

Purchase of Service (POS)

FY 2012-13

1. As this is just a technical adjustment, ARCA takes no position on the net decrease of $8.0 million General Fund ($32.6 million total funds increase) due to updated caseload and expenditures data.

2. ARCA supports the $15.0 million General Fund increase to fund health insurance co-payments.

3. ARCA takes no position on the $30.8 million General Fund decrease to Impacts from Other Departments to reflect DHCS's outcome regarding Medi-Cal co-payments.

FY 2013-14

NOTE: The following are increases and decreases in funding from the FY 2012-13 Enacted Budget.

1. ARCA supports the $67.0 million General Fund ($154.4 million total funds) increase due to caseload growth and increased service utilization.

2. ARCA supports the $9.9 million General Fund increase associated with the funding of health insurance co-payments. ARCA recommends a comprehensive analysis of the sufficiency of this amount to fund anticipated service costs, as the proposed trailer bill expands the copayment funding beyond behavioral health treatment to encompass all health insurance copayments. With the implementation of California's autism insurance mandate in July 2012, individuals with developmental disabilities and their families have been faced with insurance co-payments for services that were once wholly funded by regional centers. These services are critical interventions demonstrated to ameliorate developmental delays, and in the case of intensive behavioral intervention for young children with autism, have been demonstrated to be transformational. This transition has been a difficult one for many. Due to the complexity of the proposed policy relative to the funding of co-payments, this issue would be better addressed through the appropriate policy committee to allow for necessary debate and public input, particularly from impacted individuals with developmental disabilities and their families, including those for whom the implementation of the proposed trailer bill language relative to this issue would pose a barrier to needed services. Another consideration is the large amount of regional center staff time that would be spent determining the appropriate level of financial support, particularly in light of complex and still uncertain changes to California's health care market as the provisions of the Affordable Care Act take effect.

In light of these concerns, ARCA proposes the following policy to address regional center funding of costs associated with accessing health care plan funding for behavioral health services:

a. Regional centers shall fund health care plan co-payments for costs associated with behavioral health treatment services identified in the Individual Program Plan and related to the developmental disability.

b. Regional centers shall fund health care plan coinsurance costs associated with behavioral health treatment services identified in the Individual Program Plan and related to the developmental disability. This payment shall be limited to the in-network coinsurance rate unless insufficient in-network providers are available.

c. Regional centers shall fund health care plan deductibles for behavioral health treatment services identified in the Individual Program Plan and related to the developmental disability if the family's income does not exceed 400 percent of the federal poverty level and if the payment will result in a calendar year cost savings to the state.

3. ARCA takes no position on the $30.8 million General Fund decrease to Impacts from Other Departments to reflect DHCS' outcome regarding Medi-Cal co-payments.

4. ARCA supports the increase of $27.3 million General Fund ($40.0 million total funds) to reflect the sunset of the 1.25% payment reduction on June 30, 2013.

5. ARCA would support the full restoration of cumulative POS cuts made in recent years, a goal not anticipated in this budget. These cuts have required community-based providers to operate under stagnant rates for several years, while the costs associated with providing services has risen.

6. ARCA supports the $0.2 million total funds ($0.0 General Fund) increase to Quality Assurance Fees for Intermediate Care Facilities (ICFs). This is a result of DDS's effort to bill Medi-Cal for day programs and transportation services provided to residents of ICFs. This has been a workload burden for regional centers, as they have had to process payments for services rendered back to FY 2007-08. As we have been in the past, regional centers remain committed to working with DDS to maximize federal revenues.

7. ARCA supports the increase of $40 million General Fund ($0 total funds) to reflect a funding shift from First 5 California (Proposition 10) to General Fund.

Developmental Centers

ARCA supports the development of a comprehensive plan to close the state's remaining developmental centers. California's developmental centers are aging facilities that would require significant fiscal investment to meet current building code standards, an amount estimated in 1998 to be in excess of $900 million.[1] Planning for the closure of the state's remaining developmental centers would be consistent with a nationwide trend towards providing necessary services in community-based settings. Fourteen states have already closed all institutions for individuals with developmental disabilities.

Regional centers take very seriously their charge to provide oversight for the health and safety of individuals they serve, both in the community and in the developmental centers. ARCA recommends the Legislature fund the regional center Operations and Purchase of Services necessary to develop appropriate community options for individuals living in state developmental centers. To ensure a smooth transition, DDS, developmental centers, and the Regional Resource Development Project staff will need to work cooperatively with regional centers, residents, and their families to develop and implement a plan to transition services for individuals to the community "one person at a time." The plan should include adequate resources and person-centered planning to address the unique needs of each individual transitioning from a developmental center into a community setting.

The restrictions placed on developmental center admissions last year speaks to California's commitment to serve individuals – even those with challenging service needs – in community settings. In order to succeed, supportive public policy, comprehensive planning, and sufficient funds are needed to develop appropriate supports that would allow the remaining developmental center residents to transition to communities of their choosing, as well as to provide appropriate community services to individuals being deflected from entry into developmental centers and other restrictive settings.

Annual Family Program Fee

ARCA opposes the proposed trailer bill language that would make the Annual Family Program Fee permanent. Rather, ARCA urges the Legislature to allow the program to sunset, as the fee puts an unnecessary barrier between families and the support services they need. "The fee" was a response to a financial crisis that has begun to ease, and the cost of administering the program likely exceeds the financial benefit to the state.

Early Start

ARCA continues to oppose the cuts made to services for at-risk infants and toddlers. ARCA urges the prioritization of the restoration of Early Start Program eligibility criteria and services to their status prior to Fiscal Year 2009-2010 to ensure the seamless provision of services to children at this vulnerable developmental stage. Restoration of funding for needed services, such as speech and physical therapies, for children with risk factors or milder developmental delays provides them the opportunity to reach their full developmental potential in early childhood. During Federal Fiscal Year 2008, in excess of 40% of the infants and toddlers served in the Early Start program on the basis of being "at risk" for developmental disabilities entered the program lagging behind same-age peers in

[1] California, Department of Developmental Services, Plan for the Closure of Lanterman Developmental Center (Sacramento 2010) 26.

each of three critical developmental areas and exited the program with age-appropriate skills.[2] This cost-effective approach is a wise investment in the future of California's children.

In response to the state's budget shortfall in 2009, eligibility criteria for the program was constricted and the Prevention Resource and Referral Service (PRRS) was established to provide solely case management services to children formerly eligible for full Early Start Services, including those infants and toddlers with risk factors for developmental disabilities and two year olds with significant but less severe developmental delays. In response to the changes, families who are coping with the shock of a child presenting with risk factors or delays must rely on available community resources for direct services for these young children, which are often financially stretched and unable to meet the high demand. This leaves families of young, vulnerable children in the untenable position of knowing that services are needed but oftentimes having no means to access them. Children who have lost funded services include those with extremely low birth weight, medical complications, language delays suggestive of autism, and those born to parents with developmental disabilities who may have difficulty obtaining necessary services for their young children. Children from economically disadvantaged areas are disproportionately referred to regional centers later than their peers due to less access to developmental screening services in underprivileged communities; as a result, they are being found ineligible for Early Start services due to needing to display a higher level of delay at age two, which creates an insurmountable barrier to services. The number of children receiving Early Start and PRRS assistance combined is still significantly less than the number served by Early Start prior to changes to the eligibility criteria, which is suggestive of children with risk factors and more mild developmental delays going without required support and services.

Service Provider Audit Requirements

Beginning in 2011, a community-based service provider billing in excess of $250,000 annually has been required to obtain an annual independent review of its financial statements. Those receiving in excess of $500,000 per year are required to have a financial audit completed. ARCA would support a proposal to eliminate the independent review requirement and to raise the audit threshold to $2 million, which would be consistent with the requirements established in the Nonprofit Integrity Act of 2004. ARCA believes these changes would relieve the financial burden of funding an audit from smaller regional center vendors who can least afford it without compromising client service quality. This compromise position would allow smaller vendors to devote greater resources to services for individuals with developmental disabilities while continuing to provide in-depth financial oversight to larger vendors.

Operations (OPS)

FY 2012-13

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[2] California, Department of Developmental Services, State of California Annual Performance Report for Federal Fiscal Year 2008: Part C of the Federal Individuals with Disabilities Education Act (Sacramento, 2010) 24.

ARCA Position Statement
Governor's Proposed Budget for Fiscal Year 2013-14

1. As this is just a technical adjustment, ARCA takes no position on the net increase of $5.0 million General Fund ($3.4 million total funds increase) due to updated caseload and expenditures data.

FY 2013-14

NOTE: The following are increases and decreases in funding from the FY 2012-13 Enacted Budget.

1. ARCA supports the increase of $22.2 million General Fund ($23.1 million total funds) to reflect updated caseloads and costs.

2. ARCA supports the restoration of $4.6 million General Fund ($6.7 million total funds) due to the June 30, 2013 sunset of the 1.25% reduction to the Operations budget. This reduction began in February 2009 as a 3% reduction and was then increased to 4.25% beginning July 1, 2010. This was then reduced to 1.25% beginning July 1, 2012. These various reductions have further exacerbated the burden regional centers face to provide services to over 250,000 individuals with developmental disabilities while struggling to maintain mandated caseload ratios with an already underfunded budget and assuring compliance with the Lanterman Act and other State and federal statutory requirements. Regional centers have struggled under this burden of reduced funding in complying with the many federal requirements to maintain continued federal funding from the HCBS Waiver, Targeted Case Management, the 1915(i) State Plan Amendment, the 1915(k) State Plan, and Money Follows the Person programs. Regional center staff play a crucial role in bringing in over $1 billion in federal reimbursements from the HCBS waiver and Targeted Case Management programs.

a. Regional center Operations still maintains an unallocated reduction that was instituted in the early 1990s.

b. The bulk of the regional center Operations budget is calculated using the Core Staffing formula. The salaries in the Core Staffing formula, with few exceptions, have not been updated since 1991. This has resulted in the regional center Operations budget being underfunded by approximately $166 million.

c. Continued erosion of caseload ratios will lead to reduced monitoring of individual services, which could undermine the health and safety of individuals, jeopardize the continued receipt of over $1 billion in HCBS waiver funds, and prevent regional centers from providing the current level of advocacy for school-age individuals.

3. ARCA would also support the restoration of the FY 2001-02 unallocated reduction of $10.6 million and the restoration of the FY 2004-05 unallocated reduction of $6.0 million. These unallocated reductions continue to be deducted from regional center operations budgets year after year, further frustrating the efforts of regional centers to capture federal funds.

ARCA

ARCA Action Alert!

A Chance To Restore Early Start!

Within the next two weeks, two Budget Subcommittees in the Legislature will be discussing the developmental services Budget. This is our chance to urge restoration of the Early Start program! Our opportunities will occur on April 11th in the Senate (Subcommittee #3 on Health and Human Services, a.k.a. "Sub 3"), and on April 17th in the Assembly (Subcommittee #1 on Health and Human Services, a.k.a. "Sub 1"). We need you to call, email, or visit committee members and share your stories about why Early Start matters, and why it must be restored to pre-Budget reduction status! You can even testify at the meetings!

Early Start provides services for children with, or at risk of, developmental disability. Quick action and intensive therapies make a life-long difference for infants and children, and save the state money in the long run. In 2008, for example, over 40% of children in Early Start reached the developmental levels of their peers! But cuts since 2009 have left thousands of at-risk infants and children without early treatments that could have a life-changing positive effect on them.

The members and staff of these two subcommittees need to know that Early Start funding must be returned to what it was before 2009. Even if you are not a constituent of these legislators, you can still advocate for restoration. Email a short note asking for them to "prioritize the restoration of Early Start to its pre-2009 levels." Or call and ask to speak with the person who advises the legislator on health and human services issues, and tell them how you've been affected!

Share your story about why this program matters to you and your community, and why Early Start is how better results start!

Senate - "Sub 3" April 11th @ 9:30am	**Assembly - "Sub 1" April 17th @ 1:30pm**	
Senator Monning (chair) *email*: http://tinyurl.com/S3-SenM *Phone*: 916.651.4017	Assemblymember Mitchell (chair) *Email:* http://tinyurl.com/S1-AsmM *Phone*: 916.319.2054	Assemblymember Mansoor *Email:* http://tinyurl.com/S1-AsmMn *Phone*: 916.319.2074
Senator Emmerson *email:* http://tinyurl.com/S3-SenE *Phone: 916.651.4023*	Assemblymember Chesbro *Email:* http://tinyurl.com/S1-AsmC *Phone*: 916.319.2002	Consultant Nicole Vazquez *email*: http://tinyurl.com/S1-ConV *Phone*: 916.319.2099
Senator DeSaulnier *email:* http://tinyurl.com/S3-SenD *Phone*: 916.651.4007	Assemblymember Dickinson *Email:* http://tinyurl.com/S1-AsmD *Phone*: 916.319.2007	Republican Sub 3 Consultant Kirk Feely *Email:* http://tinyurl.com/S3-RepK
Consultant Jennifer Troia *email*: http://tinyurl.com/S3-ConT *Phone:* 916.651.4103	Assemblymember Grove *Email:* http://tinyurl.com/S1-AsmG *Phone*: 916.319.2034	Republican Sub 1 Consultant Julie Souliere *Email:* http://tinyurl.com/S1-RepJ

Since the Sub 3 meets on the 11th, and Sub 1 is on the 17th, your input matters most **now**. Please contact Sub 3 by noon on the 10th, and Sub 1 before the 16th! Many of the email links are for forms that have ultra-limited space, so this is a time for the "30-second elevator speech" on why this matters!

Attachment #5

Tri-Counties
Regional Center
SAN LUIS OBISPO • SANTA BARBARA • VENTURA

520 E. Montecito Street
Santa Barbara, CA 93103
T/ 800.322.6994
F/ 805.884.7229
www.tri-counties.org

May 31, 2012

Dear Parent,

These are exciting times of change in California and we are writing to let you know about a new law that will help you obtain behavioral intervention treatment, including applied behavioral analysis (ABA) for your child or adult loved one with autism or pervasive developmental disorder (PDD).

On July 1, 2012, Senate Bill 946 becomes law, making California the 28th state in the nation to pass an Autism Insurance Mandate. This new law requires California private insurance companies to contract with Qualified Autism Services Providers and cover behavioral intervention. **Families with Medi-Cal only are not affected by this new law.** More information about this new law is enclosed.

Tri-Counties Regional Center (TCRC) will be holding information sessions in each office during the month of June to help families understand the law and how TCRC will be working with families and providing assistance to you during the transition. In the event that the Planning Team is unable to agree on the transition steps or the transition to insurance is unsatisfactory, the Lanterman Fair Hearing procedures remain available to persons served and their families.

Please join us to learn more. RSVP as soon as possible by calling your local TCRC office. Spanish translation will be available. Please request Spanish translation when calling to RSVP.

Autism Insurance Training Schedule
All Sessions will be held from 6:00pm -7:30pm

Wednesday	June 6	Atascadero	(805) 461-7402
Thursday	June 7	San Luis Obispo	(805) 543-2833
Wednesday	June 13	Santa Maria	(805) 922-4640
Wednesday	June 20	Simi Valley	(805) 522-8030
Thursday	June 21	Santa Barbara	(805) 962-7881
Thursday	June 27	Oxnard	(805) 485-3177

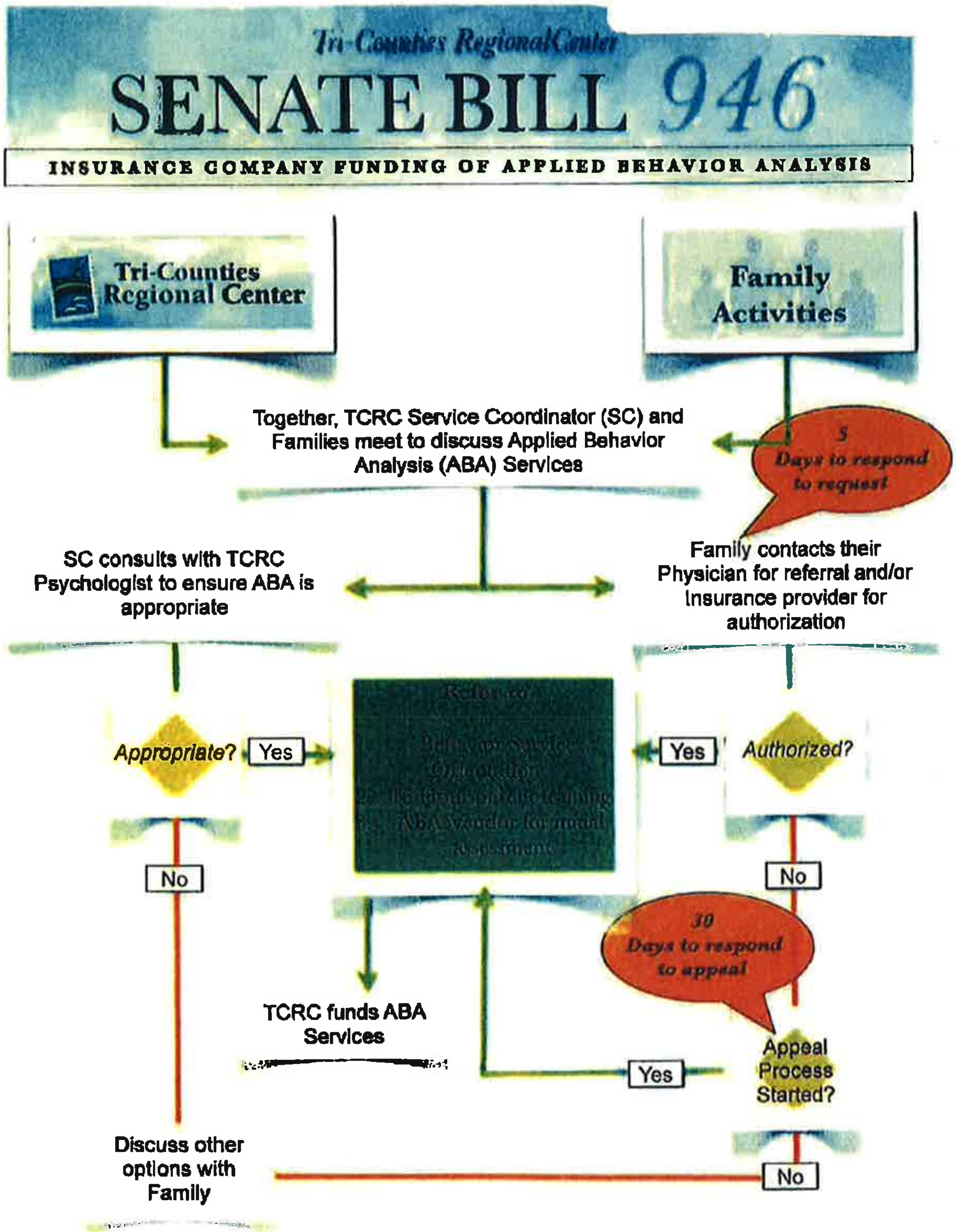
Senate Bill 946 is Good News for California and brings families a new opportunity to receive essential services. TCRC looks forward to working with you and the health insurance providers to implement this historic change.

Sincerely,

Omar Noorzad, Ph.D.
Executive Director

Pag ENHANCING THE QUALITY OF LIFE FOR PE

Attachment #6



Attachment #7

Tri-Counties Regional Center

SB 946 – Autism Health Insurance Plan Mandate
INSURANCE CO-PAYMENTS

August 2012

A. GENERAL GUIDELINES

1. **TCRC will pay co-payment amounts ("co-pays") for Applied Behavior Analysis ("ABA") sessions provided to persons served and their families who are covered by private insurance up to $45 per day.**

2. TCRC will not require any financial justification from families to approve co-pays.

3. TCRC will pay the ABA service provider directly for family co-pays.

4. TCRC will not reimburse families directly for insurance co-pays. This eliminates any potential IRS income penalties for the family.

5. TCRC will only reimburse co-pays for ABA treatments at this time. (OT, PT, SLP or other medically necessary services are not included in this reimbursement procedure).

6. Early Start services and insurance reimbursement are regulated differently; contact the Service Coordinator or the Early Start Manager in the local TCRC office if there are questions about insurance funded services for children 0-3.

7. ABA service providers may waive the co-pay requirement if direct reimbursement from TCRC violates any of the health plan or business procedures of the ABA service provider.

8. Health Plans may also waive co-pays. Information will be provided to Service Coordinators and Managers as provided by the Health Plans.

9. TCRC will reimburse co-pays using Medicaid Waiver billable service codes.

10. Families who are on the Medicaid Waiver and have private insurance will need to use private insurance as the primary funding source.

11. Families receiving Medi-Cal only and who do not have private insurance are not affected by SB 946 and ABA services will be fully funded by TCRC.

12. Information on participating Health Plans and ABA Providers is available on TCRC's website.

Attachment #8

TRI-COUNTIES REGIONAL CENTER

Enhancing the Quality of Life for Persons with Developmental Disabilities

Policies & Guidelines

Policies and Guidelines - 10601

SERVICE POLICY GUIDELINES

Behavior Intervention Services
Tri-Counties Regional Center enhances the quality of life for persons with developmental disabilities by working with individuals and their families to secure assessment and treatment supports and services that maximize their opportunities and choices for living, learning, working, and pursuing recreational activities in their community.

Tri-Counties Regional Center will coordinate, support and advocate for individuals to obtain appropriate behavior intervention services in their community. Tri-Counties Regional Center works with and advocates within the communities it serves to develop and identify appropriate behavior intervention services provided by professionals experienced with and sensitive to the needs of individuals with developmental disabilities. Such services maximize the potential for individuals to develop, and/or prevent deterioration, in areas of their development.

Behavior intervention services are prescribed assessments or treatments provided directly by, or under the supervision of, a qualified licensed or certified professional trained in behavior management. This service is intended to assist persons served and parents or care givers when the individual exhibits maladaptive, harmful, socially unacceptable, or developmentally unacceptable behaviors. Behavior intervention services use specialized methods of teaching important social and adaptive skills and of training family members, or primary care givers, in the effective use of positive behavior management skills. All parents or care givers will be expected to attend a brief orientation to behavior intervention services by Tri-Counties Regional Center staff before services commence. Tri-Counties Regional Center endorses only the use of non-aversive behavior intervention techniques which are evidence-based.

Access to specialized behavior intervention services directly related to the developmental disability of the individual may be necessary for the functional ability of some individuals. Tri-Counties Regional Center may authorize funding for behavior intervention services when an individual exhibits maladaptive, harmful, socially unacceptable, or developmentally unacceptable behaviors that constitute a danger or have a significant adverse effect on their participation in school or work, on family functioning, or on residential options.

The period, frequency and total amount of behavior intervention services is determined by the Planning Team, including a Tri-Counties Regional Center psychologist or physician and service provider. The provision of behavior intervention services is based on the needs of the individual or family as determined by an initial or follow up behavioral assessment. Typically, the behavior intervention service is time limited to achieve both behavioral goals for the individual and training goals for the family or care givers. In addition, the Planning Team may determine that periodic support is needed on a consultative basis to ensure the continued success of past intervention services. The intent for provision of such consultative services is to offer guidance and preventive intervention.

In some situations, intensive family support provided in the form of behavior intervention services may be required to address persistent aberrant behaviors of their children. These behavior intervention services may be offered when the parent or care giver participates as the primary agent of change. The intent for provision of such behavior intervention services is for the parent or care giver to be provided with technical supervision and support. Before intensive behavior intervention services begin, the parent or care giver is expected to attend a group parent training program that explains intensive behavior intervention, expectations of service provision, and the parent participation necessary for the intensive services to be successful. Review of the intensive behavior intervention services is expected to take place at least every six months through the planning team process involving the parent, Tri-Counties Regional Center service coordinator and clinician, and the service provider. The purpose of the review is to assure the satisfaction of the parent, the quality assurance of the service provision, and the effectiveness of the behavior program.

When the need is directly related to, or is the direct result of, a developmental disability and all generic and private resources, including private medical insurance, deny a necessary service, Tri-Counties Regional Center may authorize funding for the purchase of specialized behavior intervention services recommended by the Planning Team. For persons with a diagnosis of Autism or Pervasive Developmental Disorder (PDD), SB 946, effective July 1, 2012, requires privately funded health insurance plans to cover behavioral intervention treatment, including applied behavioral analysis (ABA). Tri-Counties Regional Center staff will support the person and family through their insurance company's process for accessing SB 946 services. When the insurance company approves services, the Tri-Counties Regional Center service coordinator will work with the family to request that the health plan waive any co-payments. If this is not possible, Tri-Counties Regional Center will offer to pay any co-payments for SB 946 services directly to the provider, using a service code that maximizes federal funding. Co-payments will be capped at a level that assures cost-effectiveness.

For persons in public school programs and individuals who reside in Level 4 behavior facilities or in health care facilities, behavior intervention services are expected to be provided as part of the individual's program, rather than as a separately funded service. Tri-Counties Regional Center service coordinators will actively advocate with local education agencies and health care facility providers to ensure the delivery of required and mandated services.

Services for children that the Tri-counties Regional Center clinical team suspect of having autism should begin as soon as eligibility for regional center services has been determined and the IFSP or IPP has been developed. The IFSP or IPP may include the need for intensive services. Tri-Counties Regional Center will coordinate services and supports with other public agencies, including the schools, which have a legal responsibility to serve children with autism or other developmental disabilities. Services for children with autism should be systematically planned and involve developmentally appropriate activities that target specific objectives. They should also have a strong and continuous parent training component.

Children up to three years of age suspected of having autism, served under the California Early Intervention Services Act's Early Start program, should receive a total of up to 25 hours per week of intervention. Included in this total are services from all agencies, including Tri-Counties Regional Center as necessary, that address the core deficits associated with autism. It does not include services that address other needs which are not specific to autism, such as physical therapy and California Children Services (CCS) services.

Starting at three years of age, preschool children eligible for regional center services with a diagnosis of autism under the Lanterman Act should have the school as their primary program of educational intervention. Up to 15 hours per week of Tri-counties Regional Center funded services that address the core deficits associated with autism may be used to supplement the school program. This does not include services that address other needs which are not specific to autism, such as physicial therapy and CCS services.

By seven years of age, children with autism should be enrolled in a school program with approximately 30 hours per week of educational instruction. Up to 10 hours per week of Tri-Counties Regional Center funded services that address the core deficits associated with autism may be used to supplement the school program. This does not include services that address other needs which are not specific to autism, such as physical therapy and CCS services.

Tri-Counties Regional Center will advocate for and work with individuals and their family members to ensure that generic and private service providers discharge their obligations to meet the needs of persons with developmental disabilities. It is the financial responsibility of individuals or their families to pay premiums and meet any required deductible amount or co-payment liabilities, except as noted above for SB 946 services, as determined by generic resources and/or private insurance carriers. Except as legally prohibited by the terms of a Special Needs Trust, trust funds established for the care or benefit of a person served are considered a private resource, and therefore it is expected that this source of funds be used prior to regional center funds.

If a generic or private resource initially denies a required behavior intervention service that Tri-Counties Regional Center has determined to be their responsibility, that denial will be considered for appeal and/or referral to the Department of Managed Health Care for an independent medical review. Tri-Counties Regional Center may authorize funding for a behavior intervention service while the individual or family member pursues coverage or appeals a denial of service by a generic or private resource, including private health insurance, under the following circumstances:

- The Planning Team will make the determination that the service is required to protect the individual's health and safety, or that a prolonged wait for the service will have an irreversible impact on the individual's health and safety; and
- The Planning Team will consider the individual's risk for regression and the capacity of the individual to regain any loss of function or ability if the service is not provided in a timely manner.

Tri-Counties Regional Center will not authorize funding of any behavior intervention service that is considered experimental, optional or elective in nature. The expected result from the provision of a behavior intervention service must meet measurable outcomes as stated on the person's Individual Program Plan. The provision of behavior intervention service must be both clinically and fiscally an effective use of public funds.

Exception Policy:
Tri-Counties Regional Center recognizes that some individual needs are so unique that they may not be addressed in this Service Policy and may require an exception. Such requests for an exception to a Service Policy will be made through the Planning Team process.

April 2013

This report reflects the combined efforts of staff across Services & Supports, Accounting, Federal Programs, Clinical and Community and Organizational Development Departments to respond to the implementation requirements of SB 946. TCRC's Clinical Director provides leadership to the ARCA Psychologists & Clinical Directors group on the implementation of SB 946 statewide, and TCRC's Autism Coordinator participates in the Southern California Autism Coordinators group, also providing regional and statewide coordination of SB946 implementation efforts.

New Benefits Coordinator

The position filled by Pedro Mendoza, effective March 4. Pedro is a former TCRC Service Coordinator who is bilingual and has been with TCRC for nearly 14 years. Pedro is currently focusing on assisting staff and families who have experienced delays and/or denials from health plans to complete complaints and/or appeals with the appropriate regulatory agency charged with oversight of the health plan. A referral process has been developed and approved by TCRC Managers for work with the Benefits Coordinator. First priority is SB946 support; future work will support other Medi-Cal, Social Security and related generic resource access issues.

Pedro is currently working on 8 insurance denials for ABA services; and will be assisting these 8 families filed a complaint with Department of Managed Health Care (DMHC) and Department of California Insurance. (5 Oxnard, 1 Simi Valley, 1 Santa Barbara and 1 Santa Maria). Meeting with Oxnard Children's Team held April 24th, Simi Children's Team meeting May 1, remaining offices to be scheduled, to review role and support available from Benefits Coordinator. The total of insurance denials identified to date includes: Oxnard (11), Simi Valley (13), Santa Barbara (6), Santa Maria (8), Atascadero (9) and San Luis Obispo (10).

New FAQ

Benefits Coordinator, Autism Coordinator and POS Manager are currently developing a new list of Frequently Asked Questions which will be posted for staff in May.

Payment of Co-Pays, Co-Insurance & Deductibles

Staff has completed procedures and checklists to clarify the process and documentation needed for Service Coordinators to authorize TCRC payment of co-pays and co-insurance costs for ABA treatment provided by health plans. Staff also completed a procedure for Service Coordinators to follow when requesting exceptions for family assistance with the individual's portion of deductible required for ABA treatment. A tracking process is in place to capture the type of insurance families have and the status of attempts to access insurance funded ABA services. Accounting staff work closely with ABA vendors to obtain accurate rate and billing information. Service Coordinators are expected to review each family's "Explanation of Benefits" received from health plan to verify that TCRC is funding the correct portion of deductible charged to the family for the eligible individual's ABA services.

Worksheets, instructions and guidelines for staff completion of POS authorizations are now available on the internal intranet for TCRC staff. The Benefits Coordinator is currently scheduling staff training on the procedures related to insurance access and the process for assisting families to file complaints regarding delays and denials of ABA service from health plans. Many questions continue regarding clarification of self- funded and federally funded plans and out of state health plans coverage of ABA and both the Autism Coordinator and Benefits Coordinator are assisting staff and families to understand their coverage and appeal rights.

Clinical Director and Autism Coordinator are working with vendors to resolve referral and billing issues (types of paperwork needed so that the referral can be processed for medical insurance purposes, how to work with families to initiate complaints to DMHC if their insurer is delaying services, etc.). Clinical Director also has consulted with ABA vendors to improve report content to expedite insurance related referrals.

Healthy Families Transition to Medi-Cal

SB & SLO Counties began transitioning Healthy Families recipients to CenCal, the managed Medi-Cal provider. TCRC continues to serve those Medi-Cal eligible individuals who meet TCRC eligibility.

Ventura County transition of Healthy Families to Gold Coast Health Plan will begin August 1. Clinical Director, Autism Coordinator and Benefits Coordinator participated in a meeting held April 30 with the new Medical Director for Gold Coast which provided a positive opportunity to share information about how TCRC can assist in a smooth transition for families. TCRC will provide Gold Coast with information regarding local qualified autism services providers available to provide services, guidelines for qualifications and assessment criteria, and additional resources for training so Gold Coast staff can become more familiar with autism and appropriate treatments. TCRC has also been asked to provide orientation for Gold Coast members to inform them about TCRC resources and eligibility.

Questions remain regarding the individuals who were eligible for services through Healthy Families but may not meet eligibility for Regional Center and how Gold Coast (and the entire statewide transition) will deal with the impact of those who may "fall through the cracks".

KAISER – Families currently served under Healthy Families Kaiser contract will be able to remain with Kaiser and will not be served by Gold Coast.

KAISER has also begun to allow "Bridge Referrals" allowing families who have experienced delays in service with their contracted vendor to be referred to other local vendors who have capacity available. TCRC staff clarified the new process with Kaiser, and provided Kaiser with additional Qualified Autism Services Providers to assist them to expand their ABA network capacity. This is a significant and welcome change in the Kaiser process for families, and a direct result of the ongoing advocacy efforts of many stakeholders and advocates. Any Kaiser Plan member families experiencing delays would contact the Kaiser Woodland Hills Autism Coordinator directly to request a "bridge referral".

Behavioral Services Orientations

Families new to requesting behavioral services receive insurance information at monthly Behavioral Services Orientations in each office. Information about the law and TCRC's implementation efforts, as well as and resources to assist families to access their insurance continue to be available on the TCRC website. Eighty-Five (85) families attended Behavioral Services Orientations to date in 2013.

Legislation

April also marked the release of a number of autism related legislation bills which staff reviewed and provided feedback to Senator Steinberg's staff. Included among proposed legislation is a bill to extend SB946 through 2019 (it is currently scheduled to sunset in 2014.)

There is a proposed budget trailer bill pending which would prohibit Regional Centers from paying any portion of health insurance deductibles. While complex to monitor, a process has been established to verify that Regional Center funding is solely contributing to Regional Center eligible individuals for ABA only.

April Autism Awareness Month/Outreach month provided many opportunities to highlight issues with SB946 and the needs of individuals with autism seeking health care plan services. TCRC Clinical Director and Autism Coordinator provided input to questions used in an upcoming Kinetic Flow survey regarding transition needs as well as questions used in two statewide surveys administered by Area Board 9 and The Autism Society of California. Two hundred surveys (200) were returned to Area Board & Six hundred (600) were received by Autism Society. Staff also assisted with distribution of survey links throughout local, regional and statewide networks.

Autism Coordinator and Clinical Director participated in the semi-annual Autism Services Panel, an event which provides information on the roles of TCRC, the schools, health care plans and support resources available.

TCRC selected Autism Coordinator, Colleen Duncan, as one of two recipients of TCRC's Annual Spirit of Excellence award for her work to implement SB946. In addition, the Ventura County Autism Society selected Colleen for the 2013 Awesome in Autism Award, again for the efforts to support families through the insurance transition process. VC Autism Society held the County's first "Aut 2 Run" fundraiser which registered 1000 individuals (including TCRC staff teams and families) who participated in 5 & 10 k events at CAL State University at Channel Islands, formerly the Camarillo State Developmental Center which housed many local individuals served by TCRC. TCRC had a booth at this event with information and resources about the insurance laws.

Ventura and Santa Barbara Autism Societies both sponsored training events for families and law enforcement on "Planning Your Autism Emergency". This is the second year over 100 law enforcement were trained in Ventura County. Over 60 law enforcement representatives completed four hours of training in SB County. Several police officers also volunteered to attend the family training in Santa Barbara to demonstrate the commitment to support individuals with autism. TCRC staff also participated in these training events. Dr. Steven Graff, TCRC Clinical Director taught the Autism class for the Ventura County Sheriff's Office and was certified by the Police Officers Standards and Training (POST) organization for teaching about autism to first responders.