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**WELFARE AND INSTITUTIONS CODE - WIC**

**DIVISION 7. MENTAL INSTITUTIONS [7100 - 7700]** (*Division 7 repealed and added by Stats. 1967, Ch. 1667.*)

**CHAPTER 2. State Hospitals for the Mentally Disordered [7200 - 7375]** (*Heading of Chapter 2 renumbered from Chapter 3 by Stats. 1979, Ch. 373.*)

**ARTICLE 4. Property and Support of Patients [7275 - 7296]** (*Article 4 added by Stats. 1967, Ch. 1667.*)

**7275.** (a) A patient in a state hospital, their estate, and the guardian or conservator and administrator of the estate of the patient shall cause the patient to be properly and suitably cared for and maintained, and shall pay the costs and charges for transportation to a state institution. The patient in a state hospital and the administrators of their estate, and the estate of the person shall be liable for their care, support, and maintenance in a state institution of which they are a patient. The liability shall exist whether the person has become a patient of a state institution pursuant to the provisions of this code or pursuant to the provisions of Sections 1026, 1368, 1369, 1370, and 1372 of the Penal Code.

(b) This section does not impose liability for the care of persons with intellectual disabilities in state hospitals.

(Amended by Stats. 2021, Ch. 143, Sec. 356. (AB 133) Effective July 27, 2021.)

**7276.** (a) The charge for the care and treatment of all persons who have mental health disorders at state hospitals for whom there is liability to pay therefor shall be determined pursuant to Section 4025. The Director of State Hospitals, or the director's designee, may reduce, cancel, or remit the amount to be paid by the estate liable for the care and treatment of a person who has a mental health disorder and who is a patient at a state hospital, on satisfactory proof that the estate is unable to pay the cost of that care and treatment or that the amount is uncollectible. If there has been a payment under this section, and the payment or any part thereof is refunded because of the death, leave of absence, or discharge of a patient of the hospital, that amount shall be paid by the hospital or the State Department of State Hospitals to the person who made the payment upon demand, and in the statement to the Controller the amounts refunded shall be itemized and the aggregate deducted from the amount to be paid into the State Treasury, as provided by law. If a person dies at any time while their estate is liable for their care and treatment at a state hospital, the claim for the amount due may be presented to the executor or administrator of their estate, and paid as a preferred claim, with the same rank in order of preference, as claims for expenses of last illness.

(b) (1) The State Department of State Hospitals shall develop and implement a financial assistance program that may reduce or cancel the amount that a patient owes for the cost of care and treatment. The financial assistance program shall provide a process for a patient to apply for financial assistance and the criteria used by the department to determine whether a patient is eligible for a waiver of all costs or discounted payment. The determination of need for financial assistance shall be based upon criteria set forth by the department.

(2) Criteria in determining a patient's eligibility for the financial assistance program shall be based on a patient's income, including their monetary assets. If the patient's income is determined to be at or below 300 percent of the federal poverty level, the patient shall be granted full relief of their cost of care and treatment.

(3) (A) If a patient does not qualify for full relief pursuant to paragraph (2), there shall be a sliding scale of debt relief for patients with an income above 300 percent of the federal poverty level, including payment plans.

(B) The department may develop reasonable payment plans suitable to the patient's ability to pay, as determined through the department's review of an application for financial assistance.

(C) The department and the patient shall negotiate the terms of the payment plan and take into consideration the patient's income, public benefit participation, employment and banking information, or other income to assess against the federal poverty level, as well as liabilities, including, but not limited to, child support, restitution, and essential living expenses. The department shall make all reasonable efforts to determine a patient's ability to pay.

(D) If the department and the patient cannot agree on the payment plan, the department shall use the reasonable payment plan described in subdivision (i) of Section 127400 of the Health and Safety Code.

(4) The department shall make its financial assistance program policy available to the public on the department's internet website.

(c) Notwithstanding 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 a departmental letter or other similar instruction, as necessary.

*(Amended by Stats. 2022, Ch. 47, Sec. 62. (SB 184) Effective June 30, 2022.)*

**7277.** The State Department of State Hospitals shall collect all the costs and charges mentioned in Section 7275, and shall determine, pursuant to Section 7275, and collect the charges for care and treatment rendered persons in community mental health clinics maintained by the department and may take action necessary to effect their collection within or without the state. The Director of State Hospitals may, however, at his or her discretion, refuse to accept payment of charges for the care and treatment in a state hospital of person with a mental health disorder or who has chronic alcoholism and who is eligible for deportation by the federal immigration authorities.

*(Amended by Stats. 2014, Ch. 144, Sec. 120. (AB 1847) Effective January 1, 2015.)*

**7277.1.** In the case of liability for care arising under Section 7275 during the lifetime of a decedent, in which the decedent has been a patient in a state hospital preceding the date of decedent's death, a claim for costs and charges shall be mailed within four months after written request therefor, in the form required by the department, by the fiduciary of the estate or trust or by any other person liable for the claim or any portion thereof.

*(Amended by Stats. 2021, Ch. 143, Sec. 358. (AB 133) Effective July 27, 2021.)*

**7278.** The State Department of State Hospitals shall, following the admission of a patient into a state hospital, cause an investigation to be made to determine the moneys, property, or interest in property, if any, the patient has, and whether the patient has a duly appointed and acting guardian to protect their property and their property interests.

*(Amended by Stats. 2021, Ch. 143, Sec. 359. (AB 133) Effective July 27, 2021.)*

**7279.** If any person committed to a state mental hospital has sufficient estate for the purpose, the guardian or conservator of the person's estate shall pay for the person's care, support, maintenance, and necessary expenses at the state hospital to the extent the estate is available after taking into account essential living expenses and other financial liabilities. The payment may be enforced by the order of the judge of the superior court where the guardianship or conservatorship proceedings are pending. On the filing of a petition therein by the department showing that the guardian or conservator has failed, refused, or neglected to pay for that care, support, maintenance, and expenses, the court, by order, shall direct the payment by the guardian or conservator. The order may be enforced in the same manner as are other orders of the court.

*(Amended by Stats. 2022, Ch. 47, Sec. 63. (SB 184) Effective June 30, 2022.)*

**7280.** The guardian or conservator of the estate of a person who is confined in a state hospital may, from time to time, pay to the state hospital moneys out of the estate to be used for the future personal needs of the person while in a state hospital and for burial expenses. These sums shall be credited to the patient's personal deposit account, subject to the provision relating to the deposit of funds in the patients' personal deposit fund.

*(Amended by Stats. 2014, Ch. 144, Sec. 122. (AB 1847) Effective January 1, 2015.)*

**7281.** There is at each institution under the jurisdiction of the State Department of State Hospitals and at each institution under the jurisdiction of the State Department of Developmental Services, a fund known as the patients' personal deposit fund. Any funds coming into the possession of the superintendent, belonging to any patient in that institution, shall be deposited in the name of that patient in the patients' personal deposit fund, except that if a guardian or conservator of the estate is appointed for the patient then the guardian or conservator shall have the right to demand and receive the funds. Only for patients at an institution under the jurisdiction of the State Department of Developmental Services, whenever the sum belonging to any one patient, deposited in the patients' personal deposit fund, exceeds the sum of five hundred dollars (\$500), the excess may be applied to the payment of the care, support, maintenance, and medical attention of the patient. After the death of the patient, any sum remaining in the patient's personal deposit account in excess of burial costs may be applied for payment of care, support, maintenance, and medical attention. Any of the funds belonging to a patient deposited in the patients' personal deposit fund may be used for the purchase of personal incidentals for the patient or may be applied in an amount not exceeding five hundred dollars (\$500) to the payment of the patient's burial expenses.

*(Amended by Stats. 2022, Ch. 47, Sec. 64. (SB 184) Effective June 30, 2022.)*

**7281.1.** A patient of an institution under the jurisdiction of the State Department of State Hospitals who participates in a sheltered workshop or vocational rehabilitation program shall not be required to return or remit any earnings received during the patient's participation to the institution for the cost of care, support, maintenance, and medical attention pursuant to Section 7281.

*(Added by Stats. 2019, Ch. 38, Sec. 45. (SB 78) Effective June 27, 2019.)*

**7282.** The State Department of State Hospitals with respect to a state hospital under its jurisdiction, or the State Department of Developmental Services with respect to a state hospital under its jurisdiction, may, in its own name, bring an action to enforce payment for the cost and charges of transportation of a person to a state hospital against any person, guardian, or conservator liable for transportation. The department also may, in its own name, bring an action to recover for the use and benefit of any state hospital or for the state the amount due for the care, support, maintenance, and expenses of any patient therein, against any county, or officer thereof, or against any person, guardian, or conservator liable for the care, support, maintenance, or expenses.

*(Amended by Stats. 2021, Ch. 143, Sec. 360. (AB 133) Effective July 27, 2021.)*

**7282.1.** If a person who is or has been a recipient of services provided by the State Department of Developmental Services or the State Department of State Hospitals in a state hospital, or the guardian, conservator, or personal representative of the person, brings an action or claim against a third party for an injury, disorder, or disability, which resulted in the need for care, maintenance, or treatment in a state hospital, the person or the guardian, conservator, or personal representative shall within 30 days of filing the action or claim give to the Director of Developmental Services, for hospitals under the jurisdiction of the State Department of Developmental Services, or the Director of State Hospitals, for hospitals under the jurisdiction of the State Department of State Hospitals, written notice of the action or claim and of the name of the court or agency in which the action or claim is to be brought. Proof of the notice shall be filed in the action or claim. For pending actions or claims filed prior to January 1, 1986, proof of the notice shall be filed by February 1, 1986.

Any judgment, award, or settlement arising out of the action or claim shall be subject to a lien in favor of the Director of Developmental Services or the Director of State Hospitals, for hospitals under the jurisdiction of that department, for the cost of state hospital care and treatment furnished with respect to the subject of the action or claim, however:

- (a) A lien shall not attach to that portion of a money judgment awarded for pain and suffering.
- (b) A lien shall not attach if over 180 days has elapsed between the time when notice was given to the department and the time when the department has filed its lien with the court or agency in which the action or claim has been brought.
- (c) A lien authorized by this section shall not be placed for services which have been paid through the state Medi-Cal program.
- (d) This section shall not apply to actions or claims in which a final judgment, award, or settlement has been entered into prior to January 1, 1986.

*(Amended by Stats. 2012, Ch. 24, Sec. 172. (AB 1470) Effective June 27, 2012.)*

**7283.** All moneys collected by the State Department of State Hospitals and the State Department of Developmental Services for the cost and charges of transportation of persons to state hospitals shall be remitted by the department to the State Treasury for credit to, and shall become a part of, the current appropriation from the General Fund of the state for the transportation of persons with mental health disorders, correctional school, or other state hospital patients and shall be available for expenditure for those purposes. In lieu of exact calculations of moneys collected for transportation charges the department may determine the amount of collections by the use of those estimates or formula as approved by the Department of Finance.

*(Amended by Stats. 2014, Ch. 144, Sec. 123. (AB 1847) Effective January 1, 2015.)*

**7288.** Whenever it appears that a person who has been admitted to a state institution and remains under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services does not have a guardian or conservator of the estate and owns personal property which requires safekeeping for the benefit of the patient, the State Department of State Hospitals or the State Department of Developmental Services may remove or cause to be removed the personal property from wherever located to a place of safekeeping.

Whenever it appears that the patient does not own property of a value which would warrant guardianship or conservatorship proceedings, the expenses of removal and safekeeping shall be paid from funds appropriated for the support of the institution in which the patient is receiving care and treatment; provided, however, that if the sum on deposit to the credit of the patient in the patients' personal deposit fund exceeds the sum of three hundred dollars (\$300), the excess may be applied to the payment of the expenses of removal and safekeeping.

When it is determined by the superintendent, at any time after the removal for safekeeping of the personal property, that the patient is incurable or is likely to remain in a state institution indefinitely, then any of those articles of personal property which cannot be used by the patient at the institution may be sold at public auction and the proceeds therefrom shall first be applied in reimbursement

of the expenses so incurred, and the balance shall be deposited to the patient's credit in the patients' personal deposit fund. All moneys so received as reimbursement shall be deposited in the State Treasury in augmentation of the appropriation from which the expenses were paid.

*(Amended by Stats. 2012, Ch. 24, Sec. 178. (AB 1470) Effective June 27, 2012.)*

**7289.** When a person who is a client of a state hospital or developmental center in the State Department of State Hospitals or the State Department of Developmental Services has no guardian or conservator of the estate and has money due or owing to him or her, the executive director of the institution of which the person is a client may, during the client's residence at the institution, collect an amount not to exceed three thousand dollars (\$3,000) of any money so due or owing upon furnishing to the person, representative, officer, body or corporation in possession of or owing any sums, an affidavit executed by the executive director or acting executive director. The affidavit shall contain the name of the institution of which the person is a client, and the statement that the total amount requested pursuant to the affidavit does not exceed the sum of three thousand dollars (\$3,000). Payments from retirement systems and annuity plans which are due or owing to the clients may also be collected by the executive director of the institution of which the person is a client, upon the furnishing of an affidavit executed by the executive director or acting executive director, containing the name of the institution of which the person is a client and the statement that the person is entitled to receive the payments. These sums shall be delivered to the executive director and shall be deposited by him or her in the clients' personal deposit fund as provided in Section 7281.

The receipt of the executive director shall constitute sufficient acquittance for any payment of money made pursuant to this section and shall fully discharge the person, representative, officer, body or corporation from any further liability with reference to the amount of money so paid.

The executive director of each institution shall render reports and accounts annually or more often as may be required by the department having jurisdiction over the hospital or the Department of Finance of all moneys of clients deposited in the clients' personal deposit accounts of the institution.

*(Amended by Stats. 2012, Ch. 24, Sec. 179. (AB 1470) Effective June 27, 2012.)*

**7289.1.** (a) The amount of three thousand dollars (\$3,000) as set forth in Section 7289, shall be adjusted annually, on January 1 by the State Department of Developmental Services as it applies to state hospitals or developmental centers under its jurisdiction, and by the State Department of State Hospitals as it applies to state hospitals under its jurisdiction, to reflect any increases or decreases in the cost of living occurring after December 31, 1967, so that the first adjustment becomes effective January 1, 1990. The indices of the California Consumer Price Index—All Urban as prepared by the Department of Industrial Relations, shall be used as the basis for determining the changes in the cost of living.

(b) In implementing the cost-of-living provisions of this section, the State Department of Developmental Services and the State Department of State Hospitals shall use the most recent December for computation of the percentage change in the cost of living after December 31, 1967. The amount of this adjustment shall be made by comparing the average index for the most recent December with the average index for December 1967. The product of any percentage increase or decrease in the average index and the amount set forth in Section 7289 shall be the adjusted amount subject to affidavit pursuant to the provisions of Section 7289.

*(Amended by Stats. 2012, Ch. 24, Sec. 180. (AB 1470) Effective June 27, 2012.)*

**7290.** The State Department of Developmental Services may enter into a special agreement, secured by a properly executed bond, with the relatives, guardian, conservator, or friend of any patient for the patient's care, support, maintenance, or other expenses at the institution. The agreement and bond shall be to the people of the State of California and action to enforce the same may be brought by the department. All charges due under this section, including the monthly rate for the patient's care and treatment, as established by or pursuant to law, shall be collected monthly. No patient, however, shall be permitted to occupy more than one room in any state institution.

*(Amended by Stats. 2022, Ch. 47, Sec. 69. (SB 184) Effective June 30, 2022.)*

**7293.** The State Department of State Hospitals shall present to the county, not more frequently than monthly, a claim for the amount due the state under Section 7291 which the county shall process and pay pursuant to the provisions of Chapter 4 (commencing with Section 29700) of Division 3 of Title 3 of the Government Code.

*(Amended by Stats. 2012, Ch. 24, Sec. 183. (AB 1470) Effective June 27, 2012.)*

**7294.** (a) A person who has been committed as a delinquent with a mental health disorder may be paroled or granted a leave of absence by the medical superintendent of the institution wherein the person is confined whenever the medical superintendent is of the opinion that the person has improved to such an extent that he or she is no longer a menace to the health and safety of others or that the person will receive benefit from the parole or leave of absence, and after the medical superintendent and the Director of State Hospitals have certified the opinion to the committing court.

(b) If, within 30 days after the receipt of the certification, the committing court orders the return of the person, the person shall be returned forthwith to await further action of the court. If, within 30 days after the receipt of the certification, the committing court does not order the return of the person to await the further action of the court, the medical superintendent may thereafter parole the person under the terms and conditions specified by the superintendent. A paroled inmate may, at any time during the parole period, be recalled to the institution. The period of parole shall in no case be less than five years, and shall be on the same general rules and conditions as parole of persons with mental health disorders.

(c) When a person has been paroled for five consecutive years, if in the opinion of the medical superintendent and the Director of State Hospitals the person is no longer a menace to the health, person, or property of himself or herself or of any other person, the medical superintendent, subject to the approval of the Director of State Hospitals, may discharge the person. The committing court shall be furnished with a certified copy of the discharge and shall thereupon dispose of the court case as it deems necessary and proper.

(d) When, in the opinion of the medical superintendent, a person previously committed as a delinquent with a mental health disorder will not benefit by further care and treatment under any facilities of the department and should be returned to the jurisdiction of the court, the superintendent of the institution and the Director of State Hospitals shall certify the opinion to the committing court, including therein a report, diagnosis, and recommendation concerning the person's future care, supervision, or treatment. Upon receipt of the certification, the committing court shall forthwith order the return of the person to the court. The person shall be entitled to a court hearing and to present witnesses in his or her own behalf, to be represented by counsel and to cross-examine any witness who testifies against him or her. After considering all the evidence before it, the court may make a further order or commitment with reference to the person as may be authorized by law.

*(Amended by Stats. 2014, Ch. 144, Sec. 125. (AB 1847) Effective January 1, 2015.)*

**7295.** (a) To ensure its safety and security, a state hospital that is under the jurisdiction of the State Department of State Hospitals, as listed in Section 4100, may develop a list of items that are deemed contraband and prohibited on hospital grounds and control and eliminate contraband on hospital grounds.

(b) The State Department of State Hospitals shall develop a list of items that shall be deemed contraband at every state hospital.

(c) A state hospital shall form a contraband committee, comprised of hospital management and employees designated by the hospital's director, to develop the list of contraband items. The committee shall develop the list with the participation of patient representatives, or the patient government of the hospital, if one is available, and the Office of Patients' Rights.

(d) Each hospital's list of contraband items developed pursuant to subdivision (a), and the statewide list of contraband items developed pursuant to subdivision (b), are subject to review and approval by the Director of State Hospitals or his or her designee.

(e) A list of contraband items developed pursuant to subdivision (a) shall be updated and subject to review and approval by the director of the department, or the director's designee, no less often than every six months.

(f) If an item presents an emergent danger to the safety and security of a facility, the item may be placed immediately on a contraband list by the Director of State Hospitals or the executive director of the state hospital, but this placement shall be reviewed by the contraband committee, if applicable, and approved by the Director of State Hospitals or the director's designee within six weeks.

(g) The lists of contraband items developed pursuant to this section shall be posted prominently in every unit of the hospital and throughout the hospital, and provided to a patient upon request.

(h) The lists of contraband items developed pursuant to this section shall be posted on the hospital's Internet Web site.

(i) For the purposes of this section, "contraband" means materials, articles, or goods that a patient is prohibited from having in his or her possession because the materials, articles, or goods present a risk to the safety and security of the facility.

(j) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the hospital and the department may implement, interpret, or make specific this section without taking regulatory action.

(k) The State Department of State Hospitals may adopt emergency regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) related to the management, inspection, and disposition of contraband items that have been identified by the department pursuant to this section. The adoption of emergency regulations under this subdivision is deemed to address an emergency, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the Director of State Hospitals is hereby exempted for this purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code. This subdivision shall become inoperative on June 30, 2026, unless a later enacted statute deletes or extends that date.

*(Amended by Stats. 2024, Ch. 999, Sec. 6. (AB 177) Effective September 30, 2024.)*

**7296.** (a) To the extent administratively feasible and within available resources, the State Department of State Hospitals shall do all of the following:

(1) Provide any eligible patient with assistance in obtaining an original or replacement identification card pursuant to subdivision (i) of Section 14902 of the Vehicle Code.

(2) Facilitate the process between a patient and those entities holding documentation, such as a birth certificate or social security card, required for a patient to obtain an identification card. This assistance shall include, without limitation, the provision of any necessary notary services, assistance with obtaining forms, and any required correspondence.

(3) Provide an eligible patient with the verification of eligibility described in clause (iii) of subparagraph (A) of paragraph (1) of subdivision (i) of Section 14902 of the Vehicle Code.

(b) For purposes of this section, "eligible patient" means a patient who is currently housed in a facility described in Section 4100, is preparing to be discharged unconditionally or through a conditional release program, and who qualifies to obtain an original or replacement identification pursuant to subdivision (i) of Section 14902 of the Vehicle Code.

*(Added by Stats. 2024, Ch. 40, Sec. 54. (SB 159) Effective June 29, 2024.)*