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AB-136 Developmental services. (2021-2022)

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Assembly Bill No. 136

CHAPTER 76

An act to amend Sections 14669.22 and 95020 of the Government Code, to amend Sections 1502, 1507.2, 1524, 1534, 1538, 1538.55, 1548, and 1566.45 of, to amend the heading of Article 9 (commencing with Section 1567.50) of Chapter 3 of Division 2 of, and to add Sections 1507.35 and 1567.51 to, the Health and Safety Code, and to amend Sections 361.2, 727, 4418.7, 4474.17, 4512, 4519.5, 4640.6, 4643.5, 4646, 4684.50, 4684.53, 4684.55, 4684.58, 4684.60, 4684.63, 4684.65, 4684.68, 4684.70, 4684.73, 4684.74, 4685.8, 4691.12, 4870, 6500, 6502, 6509, 7505, 11402, 17731, 17732, and 17736 of, to amend the heading of Article 3.5 (commencing with Section 4684.50) of Chapter 6 of Division 4.5 of, to amend and repeal Section 4648.5 of, to amend, repeal, and add Section 4519 of, to add Sections 4511.1, 4511.5, 4519.9, 4519.10, 4620.4, 4620.5, 4641.1, 4684.76, 4684.77, 4685.9, 4870.1, and 19726 to, to repeal Section 4692 of, and to repeal and add Section 7500 of, the Welfare and Institutions Code, relating to developmental services, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor July 16, 2021. Filed with Secretary of State July 16, 2021.]

LEGISLATIVE COUNSEL'S DIGEST

AB 136, Committee on Budget. Developmental services.

(1) Existing law, the California Early Intervention Services Act, provides a statewide system of coordinated, comprehensive, family-centered, multidisciplinary, and interagency programs that are responsible for providing appropriate early intervention services and supports to all eligible infants and toddlers and their families. Under the act, direct services for eligible infants and toddlers and their families are provided by regional centers and local educational agencies. The act requires an eligible infant or toddler receiving services under the act to have an individualized family service plan, as specified. Existing law requires parents to be fully informed of their rights, including the right to invite another person, including a family member or an advocate or peer parent, to accompany them to any or all individualized family service plan meetings.

This bill, until June 30, 2022, and at the request of the parent or legal guardian, would require an individualized family service plan meeting to be held by remote electronic communications and would include remote electronic communications as a method of delivering services. By imposing new duties on local educational agencies that provide services under the act, the bill would impose a state-mandated local program.

(2) Existing law requires the State Department of Developmental Services and the State Department of Social Services to jointly implement a licensing program to provide special health care and intensive support services to adults in homelike community settings and specifically authorizes the departments to license and regulate Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHNs). Existing law defines an ARFPSHN to mean any adult residential facility that provides 24-hour health care and intensive support services in a homelike setting that is licensed to serve up to five adults with developmental disabilities.

This bill would expand that program to include licensing and regulation of Group Homes for Children with Special Health Care Needs (GHCSHNs). The bill would define GHCSHN to mean a group home that provides 24-hour health care and intensive support services in a homelike setting that is licensed to serve up to five children or nonminor dependents with developmental disabilities. The bill would impose specified requirements on a GHCSHN, similar to those imposed on an ARFPSHN, including requirements relating to operable automatic fire sprinklers and alternative power sources, allowable rates, staffing, consumer admission criteria, and individual health care plans. The bill would require an administrator of a GHCSHN to complete a 40-hour certification training program and to meet other licensing or education requirements, as specified, and would require the individual health care plan team for a client at a GHCSHN to be composed of specified individuals, including the regional center service coordinator, the GHCSHN administrator, and the consumer's primary care physician, or other physician, as specified.

(3) Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities by the State Department of Social Services. Under existing law, community care facilities include facilities that provide nonmedical residential care, day treatment, adult daycare, or foster family agency services. A person who violates the act, or who willfully or repeatedly violates any rule or regulation promulgated pursuant to the act, is guilty of a misdemeanor.

This bill would require a GHCSHN to possess a community care facility license and would subject a GHCSHN to specified provisions under the act, including unannounced inspections, specified reporting requirements, and civil penalties for specified violations of the act. The bill would authorize a GHCSHN to allow a client who has been diagnosed as terminally ill to remain in the facility, or allow a child who has been diagnosed as terminally ill to be placed in the facility if that person is already receiving hospice services, if certain conditions are met. By making a GHCSHN subject to the licensing requirements under the act, the bill would expand the applicability of an existing crime, thereby imposing a state-mandated local program.

Existing law defines a "community crisis home" for purposes of the act to mean a facility certified by the State Department of Developmental Services and licensed by the State Department of Social Services as an adult residential facility that provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center service, in need of crisis intervention services, and who would otherwise be at risk of admission to the acute crisis center at Fairview Developmental Center, Sonoma Developmental Center, an acute general hospital, acute psychiatric hospital, an institution for mental disease, or an out-of-state placement.

This bill would eliminate the reference to the Sonoma Developmental Center for purposes of that definition.

(4) Existing law establishes the jurisdiction of the juvenile court, which may adjudge a minor or nonminor to be a dependent or ward of the court under certain circumstances. Existing law authorizes a social worker or probation officer who has supervision over a dependent or ward of the court to place the child in specified homelike settings, including a group home for children.

This bill would require those group homes to be vendored by a regional center.

This bill would require a child or nonminor dependent who is a dependent or ward of the court, as specified, or who is in the custody of the county welfare department, who is or will be placed in a GHCSHN, to meet specified requirements, including that the child or nonminor dependent has a predictable and stable condition that can rapidly deteriorate, resulting in permanent injury or death, or that is dependent on specified medical treatment. The bill would also require a determination that the GHCSHN will provide the most effective and appropriate level of care for the child or nonminor dependent in the least restrictive environment and be consistent with the short- and long-term goals for the child or nonminor dependent. To the extent that the bill would impose new duties on counties, the bill would impose a state-mandated local program.

(5) Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. The services and supports to be provided to a regional center consumer are contained in an individual program plan, developed in accordance with prescribed requirements, and may include, but are not limited to, diagnosis, treatment, personal care, information and referral services, counseling, and specialized medical and dental care. Existing law sets forth the department's and the regional center's authority to establish provider rates and prohibits certain provider rate increases.

This bill, until June 30, 2022, would require a meeting regarding the provision of services and supports by the regional center to be held by remote electronic communications if requested by the consumer or, if appropriate, if requested by the consumer's parents, legal guardian, conservator, or authorized representative.

This bill, would require contracts between the department and regional centers to require the regional center to have, or contract for, implicit bias training and language access and cultural competency services and support, as specified. The bill would require the department to administer an enhanced language access and cultural competency initiative for individuals with developmental disabilities, their caregivers, and their family members and would require the department to require regional centers to implement this initiative through their contracts. The bill would also require regional centers to receive specialized funding allocations to

facilitate applications for payments authorized to protect the health and safety of consumers, as specified, for non-English speaking individuals served.

(6) Existing law, pending a specified certification by the Director of Developmental Services relating to the availability of funds, suspends the regional centers' authority to contract for camping services, social recreation services, educational services for children 3 to 17 years of age, inclusive, and nonmedical therapies, as specified.

This bill would end that suspension June 30, 2021, make the provision inoperative on July 1, 2022, and repeal it on January 1, 2022.

(7) Existing law requires a regional center contract to include specified staffing levels and expertise, including service coordinator-to-consumer ratios. Existing law requires a regional center to develop a plan of correction if it fails to maintain required service coordinator caseload ratios for two consecutive reporting periods, or otherwise demonstrates an inability to maintain appropriate staffing patterns. Existing law requires the plan of correction to be developed following input from specified entities and interested parties.

This bill would impose certain public meeting and reporting requirements on regional centers each time that new funds are appropriated in the annual Budget Act to the department for allocation to regional centers with the stated purpose of reducing caseload ratios. The bill would require a regional center to hold at least one public meeting during the year the appropriation is made to receive stakeholder input to help inform the way the regional center allocates new positions funded through the allocation to that regional center. Under the bill, the public meeting would fulfill a regional center's requirement to gather input regarding a plan of correction, as described above, if the plan of correction is discussed during the meeting

This bill would also require a regional center, on or before October 10 of the year of the appropriation of funds, and again by March 10 of that fiscal year, to report specified information to the department, including the number of new service coordinator positions created with the funds and data on current caseload ratios.

(8) Existing law prohibits a regional center from placing or funding the placement of a consumer in an ARFPSHN unless the individual health care plan team has prepared a written individual health care plan that can be fully and immediately implemented upon the consumer's placement.

This bill would apply that prohibition for a regional center placing or funding the placement of a consumer in a GHCSHN and would additionally require, for a GHCSHN, that the regional center consider and document every possible way to assist the child's family or guardian to maintain the child in the home of the family or guardian, as specified.

(9) Existing law requires the department, on or before March 1, 2019, to submit a rate study to specified committees of the Legislature regarding community-based services for individuals with developmental disabilities.

This bill would require the department to implement rate increases between April 1, 2022, and July 1, 2025, to raise service providers' rates to a specified amount reflected in the rate models that were included in the rate study described above. The bill would, however, subject the increases to a quality incentive program, as specified. The bill would require the department, with input from stakeholders, to develop quality measures, benchmarks, or both, for consumer outcomes and regional center and service provider performance. The bill would also require the department, on or before March 1, 2022, to provide a status update to the Legislature regarding progress toward implementing rate reform and creating an enhanced person-centered, outcomes-based system.

(10) Existing law, commencing with the first planned quarterly briefing after January 1, 2020, requires the State Department of Developmental Services to provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees of the Legislature addressing, among other things, regional center accountability, transparency, and oversight efforts.

This bill would require the department to provide information on, among other things, the development of GHCSHNs in those quarterly briefings.

(11) Existing law prohibits the department from expending funds, and a regional center from expending funds allocated to it by the department, for the purchase of any service outside the state unless the Director of Developmental Services or the director's designee has received, reviewed, and approved a plan for out-of-state service in the consumer's individual program plan. Existing law requires the department to authorize for no more than 6 months the purchase of out-of-state services when the director determines the proposed service or an appropriate alternative, as determined by the director, is not available from resources and facilities within the state. Existing law requires an extension beyond 6 months to be based on a new and complete comprehensive assessment of the consumer's needs, a review of available options, and a determination that the consumer's needs cannot be met in California. Existing law requires, if a regional center places a consumer out of state, the regional center to prepare a specified report for inclusion in the consumer's individual program plan and review and update that report every 3 months.

This bill, until December 31, 2021, would authorize the director to approve longer extensions for consumers who are receiving out-of-state services as of July 1, 2021, and would, until January 1 2022, decrease the frequency with which the report is required to be reviewed and updated for those consumers.

(12) Existing law requires the department and regional centers to annually collaborate to compile specified data relating to purchase of service authorization, utilization, and expenditure by each regional center. Existing law requires the department to consult with specified stakeholders to review the data, identify barriers to access to services and supports, and encourage development and expansion of culturally appropriate services. Existing law requires the department, subject to available funding, to allocate funding to regional centers or community-based organizations with department oversight to assist with implementation of the recommendations and plans developed pursuant to those provisions.

This bill would require the department, on or before December 31, 2021, to contract with an entity or entities with demonstrated experience in quantitative and qualitative data evaluation to design and conduct an independent evaluation of the efforts to promote equity and reduce disparities pursuant to those provisions. The bill would also require the department to establish a community navigator program and allocate funding for that program to promote the utilization of generic and regional center services, as specified. The bill would also require the department to consult stakeholders by August 31, 2021, and issue funding guidelines regarding the selection of community navigator programs. The bill would require a family resource center that receives funding pursuant to those provisions to report to the department, as specified, and for the department to post those reports on its internet website by November 1, 2022.

(13) Existing law requires the department to be responsible for securing, providing, and coordinating training to assist regional center consumers and their families, regional centers, and services and supports providers in acquiring the skills, knowledge, and competencies to achieve the purposes of the act. Existing law requires each direct care staff person employed in a licensed community care facility that receives regional center funding to satisfactorily complete 2 35-hour competency-based training courses, as specified.

This bill would require the department to develop and implement enhanced direct service professional training that promotes services that are person centered and culturally and linguistically sensitive, and that improve outcomes for individuals with intellectual and developmental disabilities, as specified.

(14) Existing law defines a “developmental disability” for purposes of the Lanterman Developmental Disabilities Services Act as a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for the individual. Under existing law, “developmental disability” includes intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions found to be closely related to intellectual disability or that require treatment similar to that required for individuals with an intellectual disability, but does not include other handicapping conditions that are solely physical in nature.

This bill would expand the definition of developmental disability to include a child who is 3 or 4 years of age who does not have one of the developmental disabilities listed above, but has significant functional limitations in at least 2 of the specified categories of major life activity, as determined by a regional center and as appropriate to the age of the child. The bill would establish provisional eligibility for regional center services on the basis of a disability for a child who meets these requirements. The bill would require that a child who is provisionally eligible be reassessed for continued eligibility for regional center services at least 90 days before turning 5 years of age. The bill would, among other things, require that an infant or toddler eligible for early intervention services from a regional center be assessed by the regional center at least 90 days prior to the date they turn 3 years of age for purposes of determining their ongoing eligibility, including provisional eligibility, for regional center services, as specified.

(15) Existing law sets forth the duties of the regional centers, including the development of individual program plans, the purchase of needed services to implement the plan, and monitoring of the delivery of those services. To provide more uniformity and consistency in the administrative practices and services of regional centers throughout the state, promote appropriateness of services, maximize efficiency of funding, and improve cost-effectiveness, among other things, existing law requires the department, in collaboration with stakeholders, to develop best practices for the administrative management of regional centers and for regional centers to use when purchasing services for consumers and families.

This bill would require the department, beginning as early as possible after July 1, 2021, but no later than September 1, 2021, to convene a workgroup composed of specified individuals, including regional center representatives and service providers, to make recommendations to the department for the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations. By January 10, 2022, the bill would require the department to provide a status update based on recommendations provided by the stakeholder workgroup, with an additional status update at the time of the Governor’s May Revision.

(16) Existing law requires contracts between the department and regional centers to specify the service area and the categories of persons that regional centers shall be expected to serve, as specified. Existing law requires regional centers to conduct casefinding activities, including notification of availability of service in English and other languages that may be appropriate to the service area, as specified.

This bill, subject to an appropriation, would require the department to establish and implement a system that promotes equity in access to services for regional center consumers by providing a pay differential to direct service professionals who can communicate in a language or medium other than English, as defined, as part of their regular job duties. The bill would specify various conditions for a direct service professional to meet in order to be eligible for the bilingual or multilingual differential, including that they pass an examination certifying their ability to communicate in the language or medium other than English. The bill would authorize the department to adopt emergency regulations to implement those provisions, as specified. The bill would require the department to provide a report to the Legislature detailing its plan to implement those provisions, as specified.

(17) Under existing law, the regional centers purchase needed services and supports for individuals with developmental disabilities through approved service providers, or arrange for their provision through other publicly funded agencies. The services and supports to be provided to a regional center consumer are contained in an individual program plan (IPP), developed in accordance with prescribed requirements.

Existing law requires the department, contingent upon approval of federal funding, to establish and implement a statewide Self-Determination Program, as defined, that would be available in every regional center catchment area to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP, in accordance with prescribed requirements. Under existing law, the statewide Self-Determination Program is phased in over 3 years to serve up to 2,500 regional center consumers and then is available to all regional center consumers on a voluntary basis, as specified. Existing law also requires the department and regional centers to annually collaborate to compile data relating to, among other things, the purchase of service authorization, utilization, and expenditure by each regional center.

This bill would require that, as of July 1, 2021, the Self-Determination Program be available to all eligible regional center consumers, and would eliminate the provisions related to the phase in of the program. The bill would require the program to set specified targets and benchmarks, address a choice of financial management services providers who meet standards and certification requirements established by the department, and address the long-term sustainability of the program, among other requirements. The bill would require the department, in implementing the program, to prioritize the use of funds to increase service access and equity and reduce disparities. The bill would add new requirements on the regional centers and financial management services providers in implementing the program, as specified. The bill would also require a participant, if eligible, and with the assistance of the regional center, if needed, to timely apply for Medi-Cal in order to maximize federal funding. The bill would authorize a participant to consider institutional deeming in order to qualify for Medi-Cal services. In implementing a regional center consumer's IPP under the program, the bill would require the IPP team to follow certain cost-effectiveness of services requirements, as specified.

This bill would require the department to establish an Office of the Self-Determination Program Ombudsperson to be headed by an individual to be known as the Self-Determination Program Ombudsperson. The bill would require the Director of the Department of Developmental Services, as soon as practicable, to appoint an ombudsperson qualified by training and experience to perform the duties of the office for a term of 4 years. The bill would require the office to be an independent and autonomous entity within the department and would prescribe specified duties and rights of the office, including providing information and assisting regional center consumers and their families in understanding their rights under the Self-Determination Program and annually compiling and reporting relevant data to the appropriate policy and fiscal committees of the Legislature, as specified.

(18) Existing law requires the State Department of Developmental Services, subject to specified state and federal funding, to provide a rate increase for specified developmental services, including supported employment services and vouchered community-based services. Existing law also requires the department, subject to those same conditions, to provide a rate increase to independent living programs, infant development programs, and early start specialized therapeutic services. Existing law suspends those rate increases on December 31, 2021, unless the Department of Finance makes a specified determination regarding General Fund revenues and expenditures.

This bill would repeal that conditional suspension, thereby increasing those rates indefinitely.

(19) Existing law generally prohibits a regional center from compensating certain vendors for providing any service to a consumer on specified holidays and generally prohibits a regional center from compensating certain entities for transporting a consumer to receive those services for any of the listed holidays.

This bill would repeal that prohibition.

(20) To encourage competitive integrated employment opportunities statewide for individuals with developmental disabilities, existing law requires the department to establish guidelines and oversee a program, to the extent funds are appropriated in the annual Budget Act for this purpose, to increase paid internship opportunities for individuals with developmental disabilities that produce outcomes consistent with the IPP. Existing law imposes various requirements on this internship program, including the maximum payment for internships and regional center reporting requirements on payments for internship placements.

This bill would establish additional payment standards for this program, including a payment of \$750 to be made to a regional center service provider that, on or after July 1, 2021, places an individual in a paid internship opportunity if the individual remains in the paid internship after 30 consecutive days. The bill, as of July 1, 2021, until June 30, 2025, would establish competitive integrated employment incentive payments for individuals who remain in competitive integrated employment for prescribed periods of time.

The bill would also require the department, subject to an appropriation in the Budget Act, to establish, by December 31, 2021, a program to increase pathways to competitive integrated employment that meets specified requirements.

(21) Existing law grants the department jurisdiction over various state hospitals, referred to as developmental centers, that provide care to persons with developmental disabilities. Existing law requires the department, no later than April 1, as specified, to submit a detailed plan to the Legislature whenever the department proposes the closure of a state developmental center. Existing law prohibits the admission of a person to a developmental center except under certain circumstances, including when the person is experiencing an acute crisis and is committed by a court to the acute crisis center at the Fairview Developmental Center or the Sonoma Developmental Center. Existing law includes those acute crisis centers in the definition of an acute crisis home and establishes certain procedures to be followed prior to, and following, a consumer's admission to an acute crisis home. Existing law authorizes the department to execute leases, lease-purchases, or leases with the option to purchase for real property necessary for the establishment or maintenance of Stabilization, Training, Assistance and Reintegration (STAR) homes to serve as acute crisis homes operated by the department.

This bill would, among other things, modify the definition of "acute crisis home operated by the department" to mean real property used to provide STAR services. The bill would make various changes to reflect the closures of certain state developmental centers.

(22) Existing law provides that a petition for the commitment of a person with a developmental disability to the department may be filed in the county in which that person is physically present.

This bill would authorize a petition for the commitment of a person with a developmental disability to the department who is in acute crisis to be filed in the superior court of the county that determined the question of acute crisis or the county in which the acute crisis home is located.

(23) Existing law, until June 30, 2021, authorizes a court to commit an individual who meets specified criteria for admission to Canyon Springs Community Facility.

This bill would extend that authorization until June 30, 2022.

(24) Existing law requires a state department, board, or commission to obtain prior approval of the Department of General Services to engage in any lease activity and subjects a lease agreement to approval by the department. Existing law exempts the State Department of Developmental Services from the requirement to receive approval from the Department of General Services for the lease, lease-purchase, or lease with the option to purchase the Stabilization, Training, Assistance and Reintegration (STAR) homes known as North STAR Home 1 and North STAR Home 2, both located in the City of Vacaville.

This bill would instead exempt the State Department of Developmental Services from the requirement to receive approval from the Department of General Services for the lease, lease-purchase, or lease with the option to purchase 5 STAR homes.

(25) This bill would appropriate \$6,000,000 from the Home and Community-Based Services American Rescue Plan Fund to the State Department of Developmental Services for one-time planning purposes related to the implementation of a uniform fiscal system and consumer electronic records management system.

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

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

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

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

SECTION 1. Section 14669.22 of the Government Code is amended to read:

14669.22. Notwithstanding any other law, the director shall exempt from the director's approval, or approval of the department, transactions entered into by the State Department of Developmental Services for the lease, lease-purchase, or lease with the option to purchase five Stabilization, Training, Assistance and Reintegration (STAR) homes, which serve individuals with developmental disabilities. The State Department of Developmental Services may, in its sole discretion, consult with the department in the review or preparation of any lease executed pursuant to this section.

SEC. 2. Section 95020 of the Government Code is amended to read:

95020. (a) An eligible infant or toddler shall have an individualized family service plan. The individualized family service plan shall be used in place of an individualized education program required pursuant to Sections 4646 and 4646.5 of the Welfare and Institutions Code, the individualized program plan required pursuant to Section 56340 of the Education Code, or any other applicable service plan.

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

(c) (1) Parents and legal guardians shall be fully informed of their rights, including the right to invite another person, including a family member or an advocate or peer parent, or any or all of them, to accompany them to any or all individualized family service plan meetings. Notwithstanding any other law, until June 30, 2022, and at the request of the parent or legal guardian, an individualized family service plan meeting shall be held by remote electronic communications.

(2) With parental consent, or consent by a legal guardian, a referral shall be made to the local family resource center or network.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) An early intervention service, as defined in subsection (4) of Section 1432 of Title 20 of the United States Code, and applicable regulations, that is provided or purchased through the regional center, local educational agency, or other participating agency. The State Department of Health Care Services and the State Department of Social Services shall provide services in accordance with state and federal law and applicable regulations, and up to the level of funding as appropriated by the Legislature. Early intervention services identified in an individualized family service plan that exceed the funding, statutory, and regulatory requirements of these departments shall be provided or purchased by regional centers or local educational agencies under subdivisions (b) and (c) of Section 95014. The State Department of Health Care Services and the State Department of Social Services shall not be required to provide early intervention services over their existing funding, statutory, and regulatory requirements.

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

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

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

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

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

SEC. 3. Section 1502 of the Health and Safety Code is amended to read:

1502. As used in this chapter:

- (a) "Community care facility" means any facility, place, or building that is maintained and operated to provide nonmedical residential care, day treatment, adult daycare, or foster family agency services for children, adults, or children and adults, including, but not limited to, the physically handicapped, mentally impaired, incompetent persons, and abused or neglected children, and includes the following:
- (1) "Residential facility" means any family home, group care facility, or similar facility determined by the department, for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual.
 - (2) "Adult day program" means any community-based facility or program that provides care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis.
 - (3) "Therapeutic day services facility" means any facility that provides nonmedical care, counseling, educational or vocational support, or social rehabilitation services on less than a 24-hour basis to persons under 18 years of age who would otherwise be placed in foster care or who are returning to families from foster care. Program standards for these facilities shall be developed by the department, pursuant to Section 1530, in consultation with therapeutic day services and foster care providers.
 - (4) "Foster family agency" means any public agency or private organization, organized and operated on a nonprofit basis, engaged in any of the following:
 - (A) Recruiting, certifying, approving, and training of, and providing professional support to, foster parents and resource families.
 - (B) Coordinating with county placing agencies to find homes for foster children in need of care.
 - (C) Providing services and supports to licensed or certified foster parents, county-approved resource families, and children to the extent authorized by state and federal law.
 - (5) "Foster family home" means any residential facility providing 24-hour care for six or fewer foster children that is owned, leased, or rented and is the residence of the foster parent or parents, including their family, in whose care the foster children have been placed. The placement may be by a public or private child placement agency or by a court order, or by voluntary placement by a parent, parents, or guardian. It also means a foster family home described in Section 1505.2.
 - (6) "Small family home" means any residential facility, in the licensee's family residence, that provides 24-hour care for six or fewer foster children who have mental disorders or developmental or physical disabilities and who require special care and supervision as a result of their disabilities. A small family home may accept children with special health care needs, pursuant to subdivision (a) of Section 17710 of the Welfare and Institutions Code. In addition to placing children with special health care needs, the department may approve placement of children without special health care needs, up to the licensed capacity.
 - (7) "Social rehabilitation facility" means any residential facility that provides social rehabilitation services for no longer than 18 months in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling. Program components shall be subject to program standards pursuant to Article 1 (commencing with Section 5670) of Chapter 2.5 of Part 2 of Division 5 of the Welfare and Institutions Code.
 - (8) (A) "Community treatment facility" means any residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment. Program components shall be subject to program standards developed and enforced by the State Department of Health Care Services pursuant to Section 4094 of the Welfare and Institutions Code.
 - (B) This section does not prohibit or discourage placement of persons who have mental or physical disabilities into any category of community care facility that meets the needs of the individual placed, if the placement is consistent with the licensing regulations of the department.
 - (9) (A) "Full-service adoption agency" means any licensed entity engaged in the business of providing adoption services, that does all of the following:
 - (i) Assumes care, custody, and control of a child through relinquishment of the child to the agency or involuntary termination of parental rights to the child.
 - (ii) Assesses the birth parents, prospective adoptive parents, or child.
 - (iii) Places children for adoption.
 - (iv) Supervises adoptive placements.

(B) Private full-service adoption agencies shall be organized and operated on a nonprofit basis. As a condition of licensure to provide intercountry adoption services, a full-service adoption agency shall be accredited and in good standing according to Part 96 (commencing with Section 96.1) of Title 22 of the Code of Federal Regulations, or supervised by an accredited primary provider, or acting as an exempted provider, in compliance with Subpart F (commencing with Section 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

(10) (A) "Noncustodial adoption agency" means any licensed entity engaged in the business of providing adoption services, that does all of the following:

- (i) Assesses the prospective adoptive parents.
- (ii) Cooperatively matches children freed for adoption, who are under the care, custody, and control of a licensed adoption agency, for adoption, with assessed and approved adoptive applicants.
- (iii) Cooperatively supervises adoption placements with a full-service adoptive agency, but does not disrupt a placement or remove a child from a placement.

(B) Private noncustodial adoption agencies shall be organized and operated on a nonprofit basis. As a condition of licensure to provide intercountry adoption services, a noncustodial adoption agency shall be accredited and in good standing according to Part 96 (commencing with Section 96.1) of Title 22 of the Code of Federal Regulations, or supervised by an accredited primary provider, or acting as an exempted provider, in compliance with Subpart F (commencing with Section 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

(11) "Transitional shelter care facility" means any group care facility that provides for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual. Program components shall be subject to program standards developed by the State Department of Social Services pursuant to Section 1502.3.

(12) "Transitional housing placement provider" means an organization licensed by the department pursuant to Section 1559.110 to provide transitional housing to foster children who are at least 16 years of age to promote their transition to adulthood. A transitional housing placement provider shall be privately operated and organized on a nonprofit basis.

(13) "Group home" means a residential facility that provides 24-hour care and supervision to children, delivered at least in part by staff employed by the licensee in a structured environment. The care and supervision provided by a group home shall be nonmedical, except as otherwise permitted by law.

(14) "Youth homelessness prevention center" means a group home licensed by the department to operate a program pursuant to Section 1502.35 to provide voluntary, short-term, shelter and personal services to homeless youth, youth who are at risk of homelessness, youth who are exhibiting status offender behavior, or runaway youth, as defined in paragraph (2) of subdivision (a) of Section 1502.35.

(15) "Enhanced behavioral supports home" means a facility certified by the State Department of Developmental Services pursuant to Article 3.6 (commencing with Section 4684.80) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, and licensed by the State Department of Social Services as an adult residential facility or a group home that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. An enhanced behavioral supports home shall have a maximum capacity of four consumers, shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations, and shall be eligible for federal Medicaid home- and community-based services funding.

(16) "Community crisis home" means a facility certified by the State Department of Developmental Services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, and licensed by the State Department of Social Services pursuant to Article 9.7 (commencing with Section 1567.80), as an adult residential facility, providing 24-hour nonmedical care to individuals with developmental disabilities receiving regional center service, in need of crisis intervention services, and who would otherwise be at risk of admission to the acute crisis center at Fairview Developmental Center, an acute general hospital, acute psychiatric hospital, an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5 of the Welfare and Institutions Code, or an out-of-state placement. A community crisis home shall have a maximum capacity of eight consumers, as defined in subdivision (a) of Section 1567.80, shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations, and shall be eligible for federal Medicaid home- and community-based services funding.

(17) "Crisis nursery" means a facility licensed by the department to operate a program pursuant to Section 1516 to provide short-term care and supervision for children under six years of age who are voluntarily placed for temporary care by a parent or legal guardian due to a family crisis or stressful situation.

(18) "Short-term residential therapeutic program" means a residential facility operated by a public agency or private organization and licensed by the department pursuant to Section 1562.01 that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children. The care and supervision provided by a short-term residential therapeutic program shall be nonmedical, except as otherwise permitted by law. Private short-term residential therapeutic programs shall be organized and operated on a nonprofit basis. A short-term residential therapeutic program may be operated as a children's crisis residential program.

(19) "Private alternative boarding school" means a group home licensed by the department to operate a program pursuant to Section 1502.2 to provide youth with 24-hour residential care and supervision, that, in addition to providing educational services to youth, provides, or holds itself out as providing, behavioral-based services to youth with social, emotional, or behavioral issues. The care and supervision provided by a private alternative boarding school shall be nonmedical, except as otherwise permitted by law.

(20) "Private alternative outdoor program" means a group home licensed by the department to operate a program pursuant to Section 1502.21 to provide youth with 24-hour residential care and supervision, that provides, or holds itself out as providing, behavioral-based services in an outdoor living setting to youth with social, emotional, or behavioral issues. The care and supervision provided by a private alternative outdoor program shall be nonmedical, except as otherwise permitted by law.

(21) "Children's crisis residential program" means a facility licensed by the department as a short-term residential therapeutic program pursuant to Section 1562.02 and approved by the State Department of Health Care Services, or a county mental health plan to which the State Department of Health Care Services has delegated approval authority, to operate a children's crisis residential mental health program approval pursuant to Section 11462.011 of the Welfare and Institutions Code, to serve children experiencing mental health crises as an alternative to psychiatric hospitalization.

(22) "Group home for children with special health care needs" means a group home certified by the State Department of Developmental Services pursuant to Article 3.5 (commencing with Section 4684.50) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code and licensed by the State Department of Social Services pursuant to Article 9 (commencing with Section 1567.50) that provides 24-hour health care and intensive support services in a homelike setting. A group home for children with special health care needs shall have a maximum capacity of five children with developmental disabilities, as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code.

(b) "Department" or "state department" means the State Department of Social Services.

(c) "Director" means the Director of Social Services.

SEC. 4. Section 1507.2 of the Health and Safety Code is amended to read:

1507.2. Notwithstanding this chapter, a child with special health care needs, as defined in subdivision (a) of Section 17710 of the Welfare and Institutions Code, may be accepted in a specialized foster care home, as defined in subdivision (i) of Section 17710 of the Welfare and Institutions Code, or a group home for children with special health care needs, as defined in paragraph (22) of subdivision (a) of Section 1502, or retained beyond the age of 18, in accordance with Part 5.5 (commencing with Section 17700) of Division 9 of the Welfare and Institutions Code, relating to children with special health care needs. If the facility accepts a child with special health care needs, or retains a child with special health care needs beyond 18 years of age, the facility shall maintain all documents required as evidence of compliance with Part 5.5 (commencing with Section 17700) of Division 9 of the Welfare and Institutions Code in the files of the facility that are available for inspection by the foster family agency or licensing agency.

SEC. 5. Section 1507.35 is added to the Health and Safety Code, to read:

1507.35. (a) Notwithstanding any other law, a group home for children with special health care needs, as defined in paragraph (22) of subdivision (a) of Section 1502, may allow a client who has been diagnosed as terminally ill by their physician or surgeon to remain in the facility, or allow a person who has been diagnosed as terminally ill by their physician and surgeon to be placed in the facility if that person is already receiving hospice services and would continue to receive hospice services without disruption if they became a client, if all of the following conditions are met:

(1) The services of a hospice certified in accordance with federal Medicare conditions of participation and licensed pursuant to Chapter 8 (commencing with Section 1725) or Chapter 8.5 (commencing with Section 1745) have been obtained for the terminally ill client, or the terminally ill child to be accepted as a client, and approved by the authorized representative.

(2) The facility, in the judgment of an individual who has the right to make legal decisions on behalf of the client, has the ability to provide care and supervision appropriate to meet the needs of the terminally ill client, or the terminally ill child to be accepted as a client, and is in substantial compliance with regulations governing the operation of a group home for children with special health care needs.

(3) The hospice has agreed to design and provide for care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the facility.

(4) An agreement has been executed between the facility and the hospice regarding the care plan for the terminally ill client, or the terminally ill child to be accepted as a client. The care plan shall designate the primary caregiver, identify other caregivers, and outline the tasks the facility is responsible for performing and the approximate frequency with which they shall be performed. The care plan shall specifically limit the facility's role for care and supervision to those tasks authorized for a residential facility under this chapter.

(b) If the licensed hospice, the facility, or the authorized representative of the terminally ill client determines that the client's condition has changed so that continued residence in the facility will pose a threat to the health and safety of the terminally ill client or any other client, the facility may initiate procedures for removal or discharge.

(c) This section does not expand the scope of care and supervision for a group home for children with special health care needs and a facility shall not be required to alter or extend its license in order to retain a terminally ill client, or allow a terminally ill child to become accepted as a client of the facility, as authorized by this section.

(d) This section does not require any care or supervision to be provided by the group home for children with special health care needs beyond that which is permitted in this chapter.

(e) The department shall not be responsible for the evaluation of medical services provided to the client by the hospice and shall not have liability for the independent acts of the hospice.

(f) This section does not relieve a group home for children with special health care needs of its responsibility, for purposes of allowing a client who has been diagnosed as terminally ill to remain in the facility, to do both of the following:

(1) With regard to any client who is bedridden, as defined in subdivision (a) of Section 1566.45, to, within 48 hours of the client's retention in the facility, notify the local fire authority with jurisdiction in the bedridden client's location of the estimated length of time the client will retain their bedridden status in the facility.

(2) Secure a fire clearance approval from the city or county fire department, fire district, or any other local agency providing fire protection services, or the State Fire Marshal, whichever has primary fire protection jurisdiction.

SEC. 6. Section 1524 of the Health and Safety Code is amended to read:

1524. A license shall be forfeited by operation of law if one of the following occurs:

(a) The licensee sells or otherwise transfers the facility or facility property, except if change of ownership applies to transferring of stock if the facility is owned by a corporation, and if the transfer of stock does not constitute a majority change of ownership.

(b) The licensee surrenders the license to the department.

(c) (1) The licensee moves a facility from one location to another. The department shall develop regulations to ensure that the facilities are not charged a full licensing fee and do not have to complete the entire application process if applying for a license for the new location.

(2) This subdivision does not apply to a licensed foster family or a home certified by a licensed foster family agency. If a foster family home licensee or certified home parent moves to a new location, the existing license or certification may be transferred to the new location. All caregivers to whom this paragraph applies shall be required to meet all applicable licensing laws and regulations at the new location.

(d) The licensee dies. If an adult relative notifies the department of the relative's desire to continue operation of the facility and submits an application, the department shall expedite the application. The department shall promulgate regulations for expediting applications submitted pursuant to this subdivision.

(e) The licensee abandons the facility.

(f) If the certification issued by the State Department of Developmental Services to a licensee of an Adult Residential Facility for Persons with Special Health Care Needs or a Group Home for Children with Special Health Care Needs, licensed pursuant to Article 9 (commencing with Section 1567.50), is rescinded.

(g) If the certification issued by the State Department of Developmental Services to a licensee of an enhanced behavioral supports home, licensed pursuant to Article 9.5 (commencing with Section 1567.61), is rescinded.

(h) If the certificate of program approval issued by the State Department of Developmental Services, pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, to a licensee of a community

crisis home, licensed pursuant to Article 9.7 (commencing with Section 1567.80), is rescinded.

(i) (1) A group home license shall be forfeited by operation of law if the licensee transitions the entire group home facility to a short-term residential therapeutic program and receives a permanent short-term residential therapeutic program license.

(2) Notwithstanding paragraph (1), a group home license shall not be forfeited if the department approves the licensee to operate a short-term residential therapeutic program in an identifiable and physically separate unit on the same grounds.

(j) A group home license issued to a county shall be forfeited by operation of law if the county receives a license to operate a temporary shelter care facility in accordance with Section 1530.8.

(k) A temporary shelter care facility license issued to a private, nonprofit organization under contract with a county shall be forfeited by operation of law upon termination of the contract in accordance with Section 1530.8.

(l) A foster family home license is forfeited by operation of law, as provided in Section 1517.1 of this code or Section 16519.5 of the Welfare and Institutions Code.

SEC. 7. Section 1534 of the Health and Safety Code is amended to read:

1534. (a) (1) (A) Except for foster family homes, every licensed community care facility shall be subject to unannounced inspections by the department.

(B) Foster family homes shall be subject to announced inspections by the department, except that a foster family home shall be subject to unannounced inspections in response to a complaint, a plan of correction, or under any of the circumstances set forth in subparagraph (B) of paragraph (2).

(2) (A) The department may inspect these facilities as often as necessary to ensure the quality of care provided.

(B) The department shall conduct an annual unannounced inspection of a facility under any of the following circumstances:

(i) If a license is on probation.

(ii) If the terms of agreement in a facility compliance plan require an annual inspection.

(iii) If an accusation against a licensee is pending.

(iv) If a facility requires an annual inspection as a condition of receiving federal financial participation.

(v) In order to verify that a person who has been ordered out of a facility by the department is no longer at the facility.

(C) On and after January 1, 2017, and until January 1, 2018, the following shall apply:

(i) Except for foster family homes, the department shall conduct annual unannounced inspections of no less than 30 percent of every licensed community care facility not subject to an inspection under subparagraph (B).

(ii) The department shall conduct annual announced inspections of no less than 30 percent of foster family homes not subject to an inspection under subparagraph (B).

(iii) These inspections shall be conducted based on a random sampling methodology developed by the department.

(iv) The department shall inspect a licensed community care facility at least once every three years.

(D) On and after January 1, 2018, and until January 1, 2019, the following shall apply:

(i) The department shall conduct annual unannounced inspections of no less than 20 percent of adult residential facilities, adult day programs, social rehabilitation facilities, enhanced behavioral support homes for adults, and community crisis homes, as defined in Section 1502, that are not subject to an inspection under subparagraph (B).

(ii) These inspections shall be conducted based on a random sampling methodology developed by the department.

(iii) The department shall inspect an adult residential facility, adult day program, social rehabilitation facility, enhanced behavioral support home for adults, and community crisis home, as defined in Section 1502, at least once every two years.

(E) On and after January 1, 2019, the department shall conduct annual unannounced inspections of all adult residential facilities, adult day programs, social rehabilitation facilities, enhanced behavioral support homes for adults, and community crisis homes, as defined in Section 1502, and adult residential facilities for persons with special health care needs, as defined in Section 4684.50 of the Welfare and Institutions Code.

(F) On and after January 1, 2018, all of the following shall apply:

(i) Except for foster family homes, the department shall conduct annual unannounced inspections of no less than 20 percent of residential care facilities for children, as defined in Section 1502, including enhanced behavioral support homes for children, transitional housing placement providers, group homes for children with special health care needs, and foster family agencies not subject to an inspection under subparagraph (B).

(ii) The department shall conduct annual announced inspections of no less than 20 percent of foster family homes, as defined in Section 1502, not subject to an inspection under subparagraph (B).

(iii) The inspections in clauses (i) and (ii) shall be conducted based on a random sampling methodology developed by the department.

(iv) The department shall conduct unannounced inspections of residential care facilities for children, as defined in Section 1502, including enhanced behavioral support homes for children, transitional housing placement providers, group homes for children with special health care needs, and foster family agencies, and announced inspections of foster family homes, at least once every two years.

(3) In order to facilitate direct contact with group home or short-term residential therapeutic program clients, the department may interview children who are clients of group homes or short-term residential therapeutic programs at any public agency or private agency at which the client may be found, including, but not limited to, a juvenile hall, recreation or vocational program, or a public or nonpublic school. The department shall respect the rights of the child while conducting the interview, including informing the child that they have the right not to be interviewed and the right to have another adult present during the interview.

(4) The department shall notify the community care facility in writing of all deficiencies in its compliance with the provisions of this chapter and the rules and regulations adopted pursuant to this chapter, and shall set a reasonable length of time for compliance by the facility.

(5) Reports on the results of each inspection, evaluation, or consultation shall be kept on file in the department, and all inspection reports, consultation reports, lists of deficiencies, and plans of correction shall be open to public inspection.

(b) (1) This section does not limit the authority of the department to inspect or evaluate a licensed foster family agency, a certified family home, or any aspect of a program in which a licensed community care facility is certifying compliance with licensing requirements.

(2) (A) A foster family agency shall conduct an announced inspection of a certified family home during the annual recertification described in Section 1506 in order to ensure that the certified family home meets all applicable licensing standards. A foster family agency may inspect a certified family home as often as necessary to ensure the quality of care provided.

(B) In addition to the inspections required pursuant to subparagraph (A), a foster family agency shall conduct an unannounced inspection of a certified family home under any of the following circumstances:

(i) If a certified family home is on probation.

(ii) If the terms of the agreement in a facility compliance plan require an annual inspection.

(iii) If an accusation against a certified family home is pending.

(iv) If a certified family home requires an annual inspection as a condition of receiving federal financial participation.

(v) In order to verify that a person who has been ordered out of a certified family home by the department is no longer at the home.

(3) Upon a finding of noncompliance by the department, the department may require a foster family agency to deny or revoke the certificate of approval of a certified family home, or take other action the department may deem necessary for the protection of a child placed with the certified family home. The certified parent or prospective foster parent shall be afforded the due process provided pursuant to this chapter.

(4) If the department requires a foster family agency to deny or revoke the certificate of approval, the department shall serve an order of denial or revocation upon the certified or prospective foster parent and foster family agency that shall notify the certified or prospective foster parent of the basis of the department's action and of the certified or prospective foster parent's right to a hearing.

(5) Within 15 days after the department serves an order of denial or revocation, the certified or prospective foster parent may file a written appeal of the department's decision with the department. The department's action shall be final if the certified or prospective foster parent does not file a written appeal within 15 days after the department serves the denial or revocation order.

(6) The department's order of the denial or revocation of the certificate of approval shall remain in effect until the hearing is completed and the director has made a final determination on the merits.

(7) A certified or prospective foster parent who files a written appeal of the department's order with the department pursuant to this section shall, as part of the written request, provide their current mailing address. The certified or prospective foster parent shall subsequently notify the department in writing of any change in mailing address, until the hearing process has been completed or terminated.

(8) Hearings held pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. In all proceedings conducted in accordance with this section, the standard of proof shall be by a preponderance of the evidence.

(9) The department may institute or continue a disciplinary proceeding against a certified or prospective foster parent upon any ground provided by this section or Section 1550, enter an order denying or revoking the certificate of approval, or otherwise take disciplinary action against the certified or prospective foster parent, notwithstanding any resignation, withdrawal of application, forfeiture, surrender of the certificate of approval, or denial or revocation of the certificate of approval by the foster family agency.

(10) A foster family agency's failure to comply with the department's order to deny or revoke the certificate of approval by placing or retaining children in care shall be grounds for disciplining the licensee pursuant to Section 1550.

(c) This section shall become operative on January 1, 2017.

SEC. 8. Section 1538 of the Health and Safety Code is amended to read:

1538. (a) Any person may request an inspection of any community care facility, or certified family home or resource family of a foster family agency, in accordance with this chapter by transmitting to the state department notice of an alleged violation of applicable requirements prescribed by statutes or regulations of this state, including, but not limited to, a denial of access of any person authorized to enter the facility pursuant to Section 9701 of the Welfare and Institutions Code. A complaint may be made either orally or in writing.

(b) The substance of the complaint shall be provided to the licensee, or certified family home or resource family and foster family agency, no earlier than at the time of the inspection. Unless the complainant specifically requests otherwise, neither the substance of the complaint provided to the licensee, or certified family home or resource family and foster family agency, nor any copy of the complaint or any record published, released, or otherwise made available to the licensee, or certified family home or resource family and foster family agency, shall disclose the name of any person mentioned in the complaint except the name of any duly authorized officer, employee, or agent of the state department conducting the investigation or inspection pursuant to this chapter.

(c) (1) Upon receipt of a complaint, other than a complaint alleging denial of a statutory right of access to a community care facility, or certified family home or resource family of a foster family agency, the state department shall make a preliminary review and, unless the state department determines that the complaint is willfully intended to harass a licensee, certified family home, or resource family, or is without any reasonable basis, it shall make an onsite inspection of the community care facility, certified family home, or resource family home within 10 days after receiving the complaint, except where a visit would adversely affect the licensing investigation or the investigation of other agencies. In either event, the complainant shall be promptly informed of the state department's proposed course of action.

(2) If the department determines that the complaint is intended to harass, is without a reasonable basis, or, after a site inspection, is unfounded, then the complaint and any documents related to it shall be marked confidential and shall not be disclosed to the public. If the complaint investigation included a site visit, the licensee, or certified family home or resource family and foster family agency, shall be notified in writing within 30 days of the dismissal that the complaint has been dismissed.

(d) Upon receipt of a complaint alleging denial of a statutory right of access to a community care facility, or certified family home or resource family home of a foster family agency, the department shall review the complaint. The complainant shall be notified promptly of the department's proposed course of action.

(e) The department shall commence performance of complaint inspections of certified family homes upon the employment of sufficient personnel to carry out this function, and by no later than June 30, 1999. Upon implementation, the department shall

notify all licensed foster family agencies.

(f) Upon receipt of a complaint concerning the care of a client in an Adult Residential Facility for Persons with Special Health Care Needs or a Group Home for Children with Special Health Care Needs licensed pursuant to Article 9 (commencing with Section 1567.50), the department shall notify the appropriate regional center and the State Department of Developmental Services for the purposes of investigating the complaint.

(g) Upon receipt of a complaint concerning the vendorization of an Adult Residential Facility for Persons with Special Health Care Needs or a Group Home for Children with Special Health Care Needs, the department shall notify the State Department of Developmental Services for purposes of investigating the complaint.

SEC. 9. Section 1538.55 of the Health and Safety Code is amended to read:

1538.55. (a) The licensee of an Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN) or a Group Home for Children with Special Health Care Needs (GHCSHN), licensed pursuant to Article 9 (commencing with Section 1567.50), shall report to the department's Community Care Licensing Division, within the department's next working day and to the regional center with whom the ARFPSHN or the GHCSHN contracts, and the State Department of Developmental Services, within 24 hours upon the occurrence of any of the following events:

- (1) The death of any client from any cause.
- (2) The use of an automated external defibrillator.
- (3) Any injury to any client that requires medical treatment.
- (4) Any unusual incident that threatens the physical or emotional health or safety of any client.
- (5) Any suspected physical or psychological abuse of any client.
- (6) Epidemic outbreaks.
- (7) Poisonings.
- (8) Catastrophes.
- (9) Fires or explosions that occur in or on the premises.

(b) The licensee additionally shall submit a written report to the department's Community Care Licensing Division, the regional center with whom the ARFPSHN or the GHCSHN contracts, and the State Department of Developmental Services within seven days following any event set forth in subdivision (a), and shall include the following:

- (1) Client's name, age, sex, and date of admission.
- (2) The date and nature of event.
- (3) The attending physician's name, findings, and treatment, if any.
- (4) The disposition of the case.

(c) The department's Community Care Licensing Division shall notify the State Department of Developmental Services upon its findings of any deficiencies or of possible actions to exclude, pursuant to Section 1558, any individual from an ARFPSHN or a GHCSHN.

SEC. 10. Section 1548 of the Health and Safety Code is amended to read:

1548. (a) In addition to the suspension, temporary suspension, or revocation of a license issued under this chapter, the department shall levy civil penalties as follows:

(b) (1) The amount of the civil penalty shall be one hundred dollars (\$100) per day for each violation of this chapter if an agency or facility fails to correct a deficiency after being provided a specified length of time to correct that deficiency.

(A) If a licensee or a licensee's representative submits evidence to the department that the licensee has corrected a deficiency, and the department, after reviewing that evidence, has determined that the deficiency has been corrected, the civil penalty shall cease as of the day the department received that evidence.

(B) If the department deems it necessary, the department shall inspect the facility within five working days after the department receives evidence pursuant to subparagraph (A) to confirm that the deficiency has been corrected.

(C) If the department determines that the deficiency has not been corrected, the civil penalty shall continue to accrue from the date of the original citation.

(D) If the department is able to verify that the deficiency was corrected prior to the date on which the department received the evidence pursuant to subparagraph (A), the civil penalty shall cease as of that earlier date.

(2) (A) If the department issues a notification of deficiency to an agency or facility for a repeat violation of a violation specified in paragraph (1), the department shall assess an immediate civil penalty of two hundred fifty dollars (\$250) per repeat violation and one hundred dollars (\$100) for each day the repeat violation continues after citation. The notification of deficiency shall state the manner in which the deficiency constitutes a repeat violation and shall be submitted to a supervisor for review and approval.

(B) For purposes of this section, "repeat violation" means a violation within 12 months of a prior violation of a statutory or regulatory provision designated by the same combination of letters or numerals, or both letters and numerals.

(C) Notwithstanding subparagraphs (A) and (B), the department, in its sole discretion, may reduce the civil penalty for the cited repeat violation to the level of the underlying violation, as applicable, if it determines that the cited repeat violation is not substantially similar to the original violation.

(3) If the nature or seriousness of the violation or the frequency of the violation warrants a higher penalty or an immediate civil penalty assessment, or both, as provided in this chapter, a correction of the deficiency shall not impact the imposition of a civil penalty.

(c) The department shall assess an immediate civil penalty of five hundred dollars (\$500) per violation and one hundred dollars (\$100) for each day the violation continues after citation for any of the following serious violations:

(1) A violation that the department determines resulted in the injury or illness of a person in care.

(2) (A) Fire clearance violations, including, but not limited to, overcapacity, ambulatory status, inoperable smoke alarms, and inoperable fire alarm systems. The civil penalty shall not be assessed if the licensee has done either of the following:

(i) Requested the appropriate fire clearance based on ambulatory, nonambulatory, or bedridden status, and the decision is pending.

(ii) Initiated eviction proceedings.

(B) A licensee denied a clearance for bedridden residents may appeal to the fire authority, and, if that appeal is denied, may subsequently appeal to the Office of the State Fire Marshal, and shall not be assessed an immediate civil penalty until the final appeal is decided, or after 60 days has passed from the date of the citation, whichever is earlier.

(3) Absence of supervision, as required by statute or regulation.

(4) Accessible bodies of water, if prohibited in this chapter or regulations adopted pursuant to this chapter.

(5) Accessible firearms, ammunition, or both.

(6) Refused entry to a facility or any part of a facility in violation of Section 1533, 1534, or 1538.

(7) The presence of a person subject to a department Order of Exclusion on the premises.

(d) If the department issues a notification of deficiency to an agency or facility for a repeat violation specified in subdivision (c), the department shall assess an immediate civil penalty of one thousand dollars (\$1,000) per repeat violation and one hundred dollars (\$100) for each day the repeat violation continues after citation. The notification of deficiency shall state the manner in which the deficiency constitutes a repeat violation and shall be submitted to a supervisor for review and approval.

(e) (1) For a violation that the department determines resulted in the death of a resident at an adult residential facility, social rehabilitation facility, enhanced behavioral supports home licensed as an adult residential facility, adult residential facility for persons with special health care needs, or community crisis home, the civil penalty shall be fifteen thousand dollars (\$15,000).

(2) For a violation that the department determines resulted in the death of a person receiving care at an adult day program, the civil penalty shall be assessed as follows:

(A) Seven thousand five hundred dollars (\$7,500) for a facility licensed to care for 50 or fewer persons.

(B) Ten thousand dollars (\$10,000) for a facility licensed to care for 51 or more persons.

(3) For a violation that the department determines resulted in the death of a person receiving care at a therapeutic day services facility, community treatment facility, transitional shelter care facility, transitional housing placement provider, small family home, crisis nursery, group home, enhanced behavioral supports home licensed as a group home, group home for children with special health care needs, or short-term residential therapeutic program, the civil penalty shall be assessed as follows:

(A) Seven thousand five hundred dollars (\$7,500) for a facility licensed to care for 40 or fewer children.

(B) Ten thousand dollars (\$10,000) for a facility licensed to care for 41 to 100, inclusive, children.

(C) Fifteen thousand dollars (\$15,000) for a facility licensed to care for more than 100 children.

(4) For a violation that the department determines resulted in the death of a youth receiving care at a youth homelessness prevention center licensed as a group home, the civil penalty shall be five thousand dollars (\$5,000).

(5) For a violation that the department determines resulted in the death of a child receiving care through a foster family agency, the civil penalty shall be seven thousand five hundred dollars (\$7,500).

(6) For a violation that the department determines resulted in the death of an individual receiving care or services through a full-service or noncustodial adoption agency, the civil penalty shall be seven thousand five hundred dollars (\$7,500).

(f) (1) (A) For a violation that the department determines constitutes physical abuse, as defined in Section 15610.63 of the Welfare and Institutions Code, or resulted in serious bodily injury, as defined in Section 243 of the Penal Code, to a resident at an adult residential facility, social rehabilitation facility, enhanced behavioral supports home licensed as an adult residential facility, adult residential facility for persons with special health care needs, or community crisis home, the civil penalty shall be ten thousand dollars (\$10,000).

(B) For a violation that the department determines constitutes physical abuse, as defined in Section 15610.63 of the Welfare and Institutions Code, or resulted in serious bodily injury, as defined in Section 243 of the Penal Code, to a person receiving care at an adult day program, the civil penalty shall be assessed as follows:

(i) Two thousand five hundred dollars (\$2,500) for a facility licensed to care for 50 or fewer persons.

(ii) Five thousand dollars (\$5,000) for a facility licensed to care for 51 or more persons.

(C) For a violation that the department determines constitutes physical abuse, as defined in paragraph (2), or resulted in serious bodily injury, as defined in Section 243 of the Penal Code, to a person receiving care at a therapeutic day services facility, community treatment facility, transitional shelter care facility, transitional housing placement provider, small family home, crisis nursery, group home, enhanced behavioral supports home licensed as a group home, group home for children with special health care needs, or short-term residential therapeutic program, the civil penalty shall be assessed as follows:

(i) Two thousand five hundred dollars (\$2,500) for a facility licensed to care for 40 or fewer children.

(ii) Five thousand dollars (\$5,000) for a facility licensed to care for 41 to 100, inclusive, children.

(iii) Ten thousand dollars (\$10,000) for a facility licensed to care for more than 100 children.

(D) For a violation that the department determines constitutes physical abuse, as defined in paragraph (2), or resulted in serious bodily injury, as defined in Section 243 of the Penal Code, to a youth receiving care at a youth homelessness prevention center licensed as a group home, the civil penalty shall be one thousand dollars (\$1,000).

(E) For a violation that the department determines constitutes physical abuse, as defined in paragraph (2), or resulted in serious bodily injury, as defined in Section 243 of the Penal Code, to a child receiving care through a foster family agency, the civil penalty shall be two thousand five hundred dollars (\$2,500).

(F) For a violation that the department determines constitutes physical abuse, as defined in paragraph (2), or resulted in serious bodily injury, as defined in Section 243 of the Penal Code, to an individual receiving care or services through a full-service or noncustodial adoption agency, the civil penalty shall be two thousand five hundred dollars (\$2,500).

(2) For purposes of subparagraphs (C), (D), (E), and (F) of paragraph (1), "physical abuse" includes physical injury inflicted upon a child by another person by other than accidental means, sexual abuse as defined in Section 11165.1 of the Penal Code, neglect as defined in Section 11165.2 of the Penal Code, or unlawful corporal punishment or injury as defined in Section 11165.4 of the Penal Code if the person responsible for the child's welfare is a licensee, administrator, or employee of any facility licensed to care for children.

(g) (1) Before the assessment of a civil penalty pursuant to subdivision (e) or (f), the decision shall be approved by the program administrator of the Community Care Licensing Division.

(2) (A) The department shall reduce the amount of a civil penalty due pursuant to subdivision (e) or (f) by the amount of the civil penalty already assessed for the underlying violation.

(B) If the amount of the civil penalty that the department has already assessed for the underlying violation exceeds the amount of the penalty pursuant to subdivision (e) or (f), the larger amount shall prevail and be due and payable as already assessed by the department.

(h) (1) A notification of a deficiency written by a representative of the department shall include a factual description of the nature of the deficiency fully stating the manner in which the licensee failed to comply with the specified statute or regulation, and, if applicable, the particular place or area of the facility in which the deficiency occurred. The department shall make a good faith effort to work with the licensee to determine the cause of the deficiency and ways to prevent any repeat violations.

(A) For an adult residential facility for persons with special health care needs, the department may consult with the State Department of Developmental Services in making a determination that a violation resulted in the death of a resident at the facility or that a violation constitutes physical abuse, as defined in Section 15610.63 of the Welfare and Institutions Code, or resulted in serious bodily injury, as defined in Section 243 of the Penal Code, to a resident at the facility.

(B) For a group home for children with special health care needs, the department may consult with the State Department of Developmental Services in making a determination that a violation resulted in the death of an individual receiving care at the facility or that a violation constitutes physical abuse, as defined in Section 15610.63 of the Welfare and Institutions Code, or resulted in serious bodily injury, as defined in Section 243 of the Penal Code, to an individual receiving care at the facility.

(2) The department shall adopt regulations setting forth the appeal procedures for deficiencies.

(i) (1) A licensee shall have the right to submit to the department a written request for a formal review of a civil penalty assessed pursuant to subdivision (e) or (f) within 15 business days of receipt of the notice of a civil penalty assessment and shall provide all available supporting documentation at that time. The review shall be conducted by the deputy director of the Community Care Licensing Division. The licensee may submit additional supporting documentation that was unavailable at the time of submitting the request for review within the first 30 business days after submitting the request for review. If the department requires additional information from the licensee, that information shall be requested within the first 30 business days after receiving the request for review. The licensee shall provide this additional information within 30 business days of receiving the request from the department. If the deputy director determines that the civil penalty was not assessed, or the finding of deficiency was not made, in accordance with applicable statutes or regulations of the department, the deputy director may amend or dismiss the civil penalty or finding of deficiency. The licensee shall be notified in writing of the deputy director's decision within 60 business days of the date when all necessary information has been provided to the department by the licensee.

(2) Upon exhausting the review described in paragraph (1), a licensee may further appeal that decision to an administrative law judge. Proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the department shall have all the powers granted by those provisions. In all proceedings conducted in accordance with this section, the standard of proof shall be by a preponderance of the evidence.

(3) If, in addition to an assessment of civil penalties, the department elects to file an administrative action to suspend or revoke the facility license that includes violations relating to the assessment of the civil penalties, the department review of the pending appeal shall cease and the assessment of the civil penalties shall be heard as part of the administrative action process.

(4) Civil penalties shall be due and payable when administrative appeals have been exhausted. Unless payment arrangements have been made that are acceptable to the department, a civil penalty not paid within 30 days shall be subject to late fees, as specified by the department in regulation.

(j) (1) A licensee shall have the right to submit to the department a written request for a formal review of any other civil penalty or deficiency not described in subdivision (i) within 15 business days of receipt of the notice of a civil penalty assessment or a finding of a deficiency, and shall provide all available supporting documentation at that time. The review shall be conducted by a regional manager of the Community Care Licensing Division. The licensee may submit additional supporting documentation that was unavailable at the time of submitting the request for review within the first 30 business days after submitting the request for review. If the department requires additional information from the licensee, that information shall be requested within the first 30 business days after receiving the request for review. The licensee shall provide this additional information within 30 business days of receiving the request from the department. If the regional manager determines that the civil penalty was not assessed, or the finding of the deficiency was not made, in accordance with applicable statutes or regulations of the department, the regional manager may amend or dismiss the civil penalty or finding of deficiency. The licensee shall be notified in writing of the regional

manager's decision within 60 business days of the date when all necessary information has been provided to the department by the licensee.

(2) Upon exhausting the review described in paragraph (1), the licensee may further appeal that decision to the program administrator of the Community Care Licensing Division within 15 business days of receipt of notice of the regional manager's decision. The licensee may submit additional supporting documentation that was unavailable at the time of appeal to the program administrator within the first 30 business days after requesting that appeal. If the department requires additional information from the licensee, that information shall be requested within the first 30 business days after receiving the request for the appeal. The licensee shall provide this additional information within 30 business days of receiving the request from the department. If the program administrator determines that the civil penalty was not assessed, or the finding of the deficiency was not made, in accordance with applicable statutes or regulations of the department, the program administrator may amend or dismiss the civil penalty or finding of deficiency. The licensee shall be notified in writing of the program administrator's decision within 60 business days of the date when all necessary information has been provided to the department by the licensee. The program administrator's decision is considered final and concludes the licensee's administrative appeal rights regarding the appeal conducted pursuant to this paragraph.

(3) Civil penalties shall be due and payable when administrative appeals have been exhausted. Unless payment arrangements have been made that are acceptable to the department, a civil penalty not paid within 30 days shall be subject to late fees, as specified by the department in regulation.

(k) The department shall adopt regulations implementing this section.

(l) The department shall, by January 1, 2016, amend its regulations to reflect the changes to this section made by Section 2 of Chapter 813 of the Statutes of 2014.

(m) As provided in Section 11466.31 of the Welfare and Institutions Code, the department may offset civil penalties owed by a group home or short-term residential therapeutic program against moneys to be paid by a county for the care of minors after the group home or short-term residential therapeutic program has exhausted its appeal of the civil penalty assessment. The department shall provide the group home or short-term residential therapeutic program a reasonable opportunity to pay the civil penalty before instituting the offset provision.

(n) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer the changes made by the act that added this subdivision through all-county letters or similar written instructions until regulations are adopted pursuant to the Administrative Procedure Act.

SEC. 11. Section 1566.45 of the Health and Safety Code is amended to read:

1566.45. (a) (1) For purposes of this section, "bedridden" means requiring assistance in turning and repositioning in bed or being unable to independently transfer to and from bed, except in a facility with appropriate and sufficient care staff, mechanical devices, if necessary, and safety precautions, as determined by the director in regulations.

(2) In developing the regulations for child residential facilities, the department shall take into consideration the size and weight of the child.

(3) For purposes of this section, the status of being bedridden shall not include a temporary illness or recovery from surgery that persists for 14 days or less.

(4) The determination of the bedridden status of persons with developmental disabilities shall be made by the Director of Social Services or their designated representative, in consultation with the Director of Developmental Services or their designated representative, after consulting the resident's individual safety plan. The determination of the bedridden status of all other persons with disabilities who are not developmentally disabled shall be made by the Director of Social Services, or their designated representative.

(b) A client shall not be admitted to or retained in a residential facility if the client requires 24-hour skilled nursing care, except for a facility licensed as an Adult Residential Facility for Persons with Special Health Care Needs or a Group Home for Children with Special Health Care Needs pursuant to Article 9 (commencing with Section 1567.50).

(c) A bedridden person may be admitted to, and remain in, a residential facility that secures and maintains an appropriate fire clearance. A fire clearance shall be issued to a facility in which one or more bedridden persons reside if either of the following conditions are met:

(1) The fire safety requirements are met. Clients who are unable to independently transfer to and from bed, but who do not need assistance to turn or reposition in bed, shall be considered nonambulatory for purposes of this paragraph.

(2) Alternative methods of protection are approved.

(d) Notwithstanding paragraph (3) of subdivision (a), a bedridden client may be retained in a residential facility in excess of 14 days if all of the following requirements are satisfied:

- (1) The facility notifies the department in writing that the person is recovering from a temporary illness or surgery.
- (2) The facility submits to the department, with the notification required in paragraph (1), a physician and surgeon's written statement to the effect that the client's illness or recovery is of a temporary nature. The statement shall contain an estimated date upon which the illness or recovery is expected to end or upon which the client is expected to no longer be confined to bed.
- (3) The department determines that the client's health and safety is adequately protected in the facility and that transfer to a higher level of care is not necessary.
- (4) This subdivision does not expand the scope of care and supervision of a residential facility.

(e) Notwithstanding the length of stay of a bedridden client, every residential facility admitting or retaining a bedridden client shall, within 48 hours of the client's admission or retention in the facility, notify the fire authority having jurisdiction over the bedridden client's location of the estimated length of time the client will retain their bedridden status in the facility.

(f) (1) The department and the Office of the State Fire Marshal, in consultation with the State Department of Developmental Services, shall each promulgate regulations that meet all of the following conditions:

(A) Are consistent with this section.

(B) Are applicable to facilities regulated under this chapter, consistent with the regulatory requirements of the California Building Standards Code for fire and life safety for the respective occupancy classifications into which the State Department of Social Services' community care licensing classifications fall.

(C) Permit clients to remain in homelike settings.

(2) At a minimum, these regulations shall do both of the following with regard to a residential care facility that provides care for six or fewer clients, at least one of whom is bedridden:

(A) Clarify the fire and life safety requirements for a fire clearance for the facility.

(B) Identify procedures for requesting the approval of alternative means of providing equivalent levels of fire and life safety protection. Either the facility, the client or client's representative, or local fire official may request from the Office of the State Fire Marshal a written opinion concerning the interpretation of the regulations promulgated by the State Fire Marshal pursuant to this section for a particular factual dispute. The State Fire Marshal shall issue the written opinion within 45 days following the request.

(g) For facilities that care for six or fewer clients, a local fire official shall not impose fire safety requirements stricter than the fire safety regulations promulgated for the particular type of facility by the Office of the State Fire Marshal or the local fire safety requirements imposed on any other single-family dwelling, whichever is more strict.

(h) This section and regulations promulgated thereunder shall be interpreted in a manner that provides flexibility to allow bedridden persons to avoid institutionalization and be admitted to, and safely remain in, community-based residential care facilities.

SEC. 12. The heading of Article 9 (commencing with Section 1567.50) of Chapter 3 of Division 2 of the Health and Safety Code is amended to read:

Article 9. Residential Facilities for Persons with Special Health Care Needs: Licensing

SEC. 13. Section 1567.51 is added to the Health and Safety Code, to read:

1567.51. (a) Notwithstanding that a community care facility means a place that provides nonmedical care under subdivision (a) of Section 1502, pursuant to Article 3.5 (commencing with Section 4684.50) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, the department shall jointly implement with the State Department of Developmental Services a licensing program to provide special health care and intensive support services to children in homelike community settings.

(b) The State Department of Social Services may license, subject to the following conditions, a Group Home for Children with Special Health Care Needs (GHCSHN) to provide 24-hour services to up to five children with developmental disabilities who have special health care and intensive support needs, as defined in subdivisions (f) and (h) of Section 4684.50 of the Welfare and Institutions Code.

(1) The State Department of Developmental Services shall be responsible for granting the certificate of program approval for a GHCSHN. The State Department of Social Services shall not issue a license unless the applicant has obtained a certification of program approval from the State Department of Developmental Services.

(2) The State Department of Social Services shall ensure that the GHCSHN meets the administration requirements under Article 2 (commencing with Section 1520) including, but not limited to, requirements relating to fingerprinting and criminal records under Section 1522.

(3) The State Department of Social Services shall administer employee actions under Article 5.5 (commencing with Section 1558).

(4) The regional center shall monitor and enforce compliance of the program and health and safety requirements, including monitoring and evaluating the quality of care and intensive support services. The State Department of Developmental Services shall ensure that the regional center performs these functions.

(5) The State Department of Developmental Services may decertify any GHCSHN that does not comply with program requirements. If the State Department of Developmental Services determines that urgent action is necessary to protect clients of the GHCSHN from physical or mental abuse, abandonment, or any other substantial threat to their health and safety, the State Department of Developmental Services may request the regional center or centers to remove the clients from the GHCSHN or direct the regional center or centers to obtain alternative services for the consumers within 24 hours.

(6) The State Department of Social Services may initiate proceedings for temporary suspension of the license pursuant to Section 1550.5.

(7) The State Department of Developmental Services, upon its decertification, shall inform the State Department of Social Services of the licensee's decertification, with its recommendation concerning revocation of the license, for which the State Department of Social Services may initiate proceedings pursuant to Section 1550.

(8) The State Department of Developmental Services and the regional centers shall provide the State Department of Social Services all available documentation and evidentiary support necessary for any enforcement proceedings to suspend the license pursuant to Section 1550.5, to revoke or deny a license pursuant to Section 1551, or to exclude an individual pursuant to Section 1558.

(9) The State Department of Social Services Community Care Licensing Division may enter into a memorandum of understanding with the State Department of Developmental Services to outline a formal protocol to address shared responsibilities, including monitoring responsibilities, complaint investigations, administrative actions, and closures.

(10) The licensee of a GHCSHN shall provide documentation that, in addition to the administrator requirements set forth under paragraph (5) of subdivision (a) of Section 4684.63 of the Welfare and Institutions Code, the administrator of a GHCSHN, prior to employment, has completed a minimum of 40 hours of initial training in the general laws, regulations and policies and procedural standards applicable to facilities licensed by the State Department of Social Services under Article 2 (commencing with Section 1520). Thereafter, the licensee shall provide documentation every two years that the administrator has completed 40 hours of continuing education in the general laws, regulations and policies and procedural standards applicable to group homes. The training specified in this section shall be provided by a vendor approved by the State Department of Social Services and the cost of the training shall be borne by the administrator or licensee.

(11) Section 1507.35 shall apply to a GHCSHN that allows a client who has been diagnosed as terminally ill by their physician or surgeon to remain in the facility, or allows a client who has been diagnosed as terminally ill by their physician or surgeon to be placed in the facility.

(c) (1) Notwithstanding paragraph (2) of subdivision (c) of Section 4684.53 of the Welfare and Institutions Code, the State Department of Social Services and the State Department of Developmental Services may adopt regulations to implement this section.

(2) (A) The State Department of Social Services and the State Department of Developmental Services may adopt emergency regulations to implement this section. The departments may readopt any emergency regulation authorized by this section that is the same as, or substantially equivalent to, emergency regulations previously adopted under this section.

(B) The initial adoption of regulations pursuant to this section and one readoption of emergency regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. Initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the

Secretary of State, and each shall remain in effect for no more than 180 days, by which time final regulations shall be adopted.

SEC. 14. Section 361.2 of the Welfare and Institutions Code is amended to read:

361.2. (a) If a court orders removal of a child pursuant to Section 361, the court shall first determine whether there is a parent of the child, with whom the child was not residing at the time that the events or conditions arose that brought the child within the provisions of Section 300, who desires to assume custody of the child. If that parent requests custody, the court shall place the child with the parent unless it finds that placement with that parent would be detrimental to the safety, protection, or physical or emotional well-being of the child. The fact that the parent is enrolled in a certified substance abuse treatment facility that allows a dependent child to reside with their parent shall not be, for that reason alone, prima facie evidence that placement with that parent would be detrimental.

(b) If the court places the child with that parent, the court may do any of the following:

(1) Order that the parent become legal and physical custodian of the child. The court may also provide reasonable visitation by the noncustodial parent. The court shall then terminate its jurisdiction over the child. The custody order shall continue unless modified by a subsequent order of the superior court. The order of the juvenile court shall be filed in any domestic relation proceeding between the parents.

(2) Order that the parent assume custody subject to the jurisdiction of the juvenile court and require that a home visit be conducted within three months. In determining whether to take the action described in this paragraph, the court shall consider any concerns that have been raised by the child's current caregiver regarding the parent. After the social worker conducts the home visit and files their report with the court, the court may then take the action described in paragraph (1), (3), or this paragraph. However, this paragraph does not imply that the court is required to take the action described in this paragraph as a prerequisite to the court taking the action described in either paragraph (1) or (3).

(3) Order that the parent assume custody subject to the supervision of the juvenile court. In that case the court may order that reunification services be provided to the parent or guardian from whom the child is being removed, or the court may order that services be provided solely to the parent who is assuming physical custody in order to allow that parent to retain later custody without court supervision, or that services be provided to both parents, in which case the court shall determine, at review hearings held pursuant to Section 366, which parent, if either, shall have custody of the child.

(c) The court shall make a finding, either in writing or on the record, of the basis for its determination under subdivisions (a) and (b).

(d) Part 6 (commencing with Section 7950) of Division 12 of the Family Code shall apply to the placement of a child pursuant to paragraphs (1) and (2) of subdivision (e).

(e) If the court orders removal pursuant to Section 361, the court shall order the care, custody, control, and conduct of the child to be under the supervision of the social worker who may place the child in any of the following:

(1) The home of a noncustodial parent, as described in subdivision (a), regardless of the parent's immigration status.

(2) The approved home of a relative, or the home of a relative who has been assessed pursuant to Section 361.4 and is pending approval pursuant to Section 16519.5, regardless of the relative's immigration status.

(3) The approved home of a nonrelative extended family member, as defined in Section 362.7, or the home of a nonrelative extended family member who has been assessed pursuant to Section 361.4 and is pending approval pursuant to Section 16519.5.

(4) The approved home of a resource family, as defined in Section 16519.5, or a home that is pending approval pursuant to paragraph (1) of subdivision (e) of Section 16519.5.

(5) A foster home considering first a foster home in which the child has been placed before an interruption in foster care, if that placement is in the best interest of the child and space is available.

(6) If it is known or there is reason to know that the child is an Indian child, as defined by Section 224.1, a home or facility in accordance with the placement preferences contained in Section 361.31 and the federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.).

(7) A suitable licensed community care facility, except a youth homelessness prevention center licensed by the State Department of Social Services pursuant to Section 1502.35 of the Health and Safety Code.

(8) With a foster family agency, as defined in subdivision (g) of Section 11400 and paragraph (4) of subdivision (a) of Section 1502 of the Health and Safety Code, to be placed in a suitable family home certified or approved by the agency, with prior approval of the county placing agency.

(9) A community care facility licensed as a group home for children vendored by a regional center pursuant to Section 56004 of Title 17 of the California Code of Regulations or a short-term residential therapeutic program, as defined in subdivision (ad) of Section 11400 of this code and paragraph (18) of subdivision (a) of Section 1502 of the Health and Safety Code. A child of any age who is placed in a community care facility licensed as a group home for children vendored by a regional center or a short-term residential therapeutic program shall have a case plan that indicates that placement is for purposes of providing short-term, specialized, and intensive treatment for the child, the case plan specifies the need for, nature of, and anticipated duration of this treatment, pursuant to paragraph (2) of subdivision (d) of Section 16501.1, and the case plan includes transitioning the child to a less restrictive environment and the projected timeline by which the child will be transitioned to a less restrictive environment. Any placement longer than six months shall be documented consistent with paragraph (3) of subdivision (a) of Section 16501.1 and, unless subparagraph (A) or (B) applies to the child, shall be approved by the deputy director or director of the county child welfare department no less frequently than every six months.

(A) A child under six years of age shall not be placed in a community care facility licensed as a group home for children vendored by a regional center or a short-term residential therapeutic program except under the following circumstances:

(i) If the facility meets the applicable regulations adopted under Section 1530.8 of the Health and Safety Code and standards developed pursuant to Section 11467.1 of this code, and the deputy director or director of the county child welfare department has approved the case plan.

(ii) The short-term, specialized, and intensive treatment period shall not exceed 120 days, unless the county has made progress toward or is actively working toward implementing the case plan that identifies the services or supports necessary to transition the child to a family setting, circumstances beyond the county's control have prevented the county from obtaining those services or supports within the timeline documented in the case plan, and the need for additional time pursuant to the case plan is documented by the caseworker and approved by a deputy director or director of the county child welfare department.

(iii) To the extent that placements pursuant to this paragraph are extended beyond an initial 120 days, the requirements of clauses (i) and (ii) shall apply to each extension. In addition, the deputy director or director of the county child welfare department shall approve the continued placement no less frequently than every 60 days.

(iv) In addition, if a case plan indicates that placement is for purposes of providing family reunification services, the facility shall offer family reunification services that meet the needs of the individual child and their family, permit parents, guardians, or Indian custodians to have reasonable access to their children 24 hours a day, encourage extensive parental involvement in meeting the daily needs of their children, and employ staff trained to provide family reunification services. In addition, one of the following conditions exists:

(I) The child's parent, guardian, or Indian custodian is also under the jurisdiction of the court and resides in the facility.

(II) The child's parent, guardian, or Indian custodian is participating in a treatment program affiliated with the facility and the child's placement in the facility facilitates the coordination and provision of reunification services.

(III) Placement in the facility is the only alternative that permits the parent, guardian, or Indian custodian to have daily 24-hour access to the child in accordance with the case plan, to participate fully in meeting all of the daily needs of the child, including feeding and personal hygiene, and to have access to necessary reunification services.

(B) A child who is 6 to 12 years of age, inclusive, may be placed in a community care facility licensed as a group home for children vendored by a regional center or a short-term residential therapeutic program under the following conditions:

(i) The deputy director of the county welfare department shall approve the case prior to initial placement.

(ii) The short-term, specialized, and intensive treatment period shall not exceed six months, unless the county has made progress or is actively working toward implementing the case plan that identifies the services or supports necessary to transition the child to a family setting, circumstances beyond the county's control have prevented the county from obtaining those services or supports within the timeline documented in the case plan, and the need for additional time pursuant to the case plan is documented by the caseworker and approved by a deputy director or director of the county child welfare department.

(iii) To the extent that placements pursuant to this paragraph are extended beyond an initial six months, the requirements of this subparagraph shall apply to each extension. In addition, the deputy director or director of the county child welfare department shall approve the continued placement no less frequently than every 60 days.

(10) Any child placed in a short-term residential therapeutic program shall be either of the following:

(A) A child who has been assessed as meeting one of the placement requirements set forth in subdivisions (b) and (e) of Section 11462.01.

(B) A child under six years of age who is placed with their minor parent or for the purpose of reunification pursuant to clause (iv) of subparagraph (A) of paragraph (9).

(11) This subdivision does not allow a social worker to place any dependent child outside the United States, except as specified in subdivision (f).

(f) (1) A child under the supervision of a social worker pursuant to subdivision (e) shall not be placed outside the United States prior to a judicial finding that the placement is in the best interest of the child, except as required by federal law or treaty.

(2) The party or agency requesting placement of the child outside the United States shall carry the burden of proof and shall show, by clear and convincing evidence, that placement outside the United States is in the best interest of the child.

(3) In determining the best interest of the child, the court shall consider, but not be limited to, all of the following factors:

(A) Placement with a relative.

(B) Placement of siblings in the same home.

(C) Amount and nature of any contact between the child and the potential guardian or caretaker.

(D) Physical and medical needs of the dependent child.

(E) Psychological and emotional needs of the dependent child.

(F) Social, cultural, and educational needs of the dependent child.

(G) Specific desires of any dependent child who is 12 years of age or older.

(4) If the court finds that a placement outside the United States is, by clear and convincing evidence, in the best interest of the child, the court may issue an order authorizing the social worker to make a placement outside the United States. A child subject to this subdivision shall not leave the United States prior to the issuance of the order described in this paragraph.

(5) For purposes of this subdivision, "outside the United States" shall not include the lands of any federally recognized American Indian tribe or Alaskan Natives.

(6) This subdivision shall not apply to the placement of a dependent child with a parent pursuant to subdivision (a).

(g) (1) If the child is taken from the physical custody of the child's parent, guardian, or Indian custodian and unless the child is placed with relatives, the child shall be placed in foster care in the county of residence of the child's parent, guardian, or Indian custodian in order to facilitate reunification of the family.

(2) If there are no appropriate placements available in the parent's, guardian's, or Indian custodian's county of residence, a placement may be made in an appropriate place in another county, preferably a county located adjacent to the parent's, guardian's, or Indian custodian's community of residence.

(3) This section does not require multiple disruptions of the child's placement corresponding to frequent changes of residence by the parent, guardian, or Indian custodian. In determining whether the child should be moved, the social worker shall take into consideration the potential harmful effects of disrupting the placement of the child and the parent's, guardian's, or Indian custodian's reason for the move.

(4) If it has been determined that it is necessary for a child to be placed in a county other than the child's parent's, guardian's, or Indian custodian's county of residence, the specific reason the out-of-county placement is necessary shall be documented in the child's case plan. If the reason the out-of-county placement is necessary is the lack of resources in the sending county to meet the specific needs of the child, those specific resource needs shall be documented in the case plan.

(5) If it has been determined that a child is to be placed out of county either in a group home for children vendored by a regional center or a short-term residential therapeutic program, or with a foster family agency for subsequent placement in a certified

foster family home, and the sending county is to maintain responsibility for supervision and visitation of the child, the sending county shall develop a plan of supervision and visitation that specifies the supervision and visitation activities to be performed and specifies that the sending county is responsible for performing those activities. In addition to the plan of supervision and visitation, the sending county shall document information regarding any known or suspected dangerous behavior of the child that indicates the child may pose a safety concern in the receiving county. Upon implementation of the Child Welfare Services Case Management System, the plan of supervision and visitation, as well as information regarding any known or suspected dangerous behavior of the child, shall be made available to the receiving county upon placement of the child in the receiving county. If placement occurs on a weekend or holiday, the information shall be made available to the receiving county on or before the end of the next business day.

(6) If it has been determined that a child is to be placed out of county and the sending county plans that the receiving county shall be responsible for the supervision and visitation of the child, the sending county shall develop a formal agreement between the sending and receiving counties. The formal agreement shall specify the supervision and visitation to be provided to the child, and shall specify that the receiving county is responsible for providing the supervision and visitation. The formal agreement shall be approved and signed by the sending and receiving counties prior to placement of the child in the receiving county. In addition, upon completion of the case plan, the sending county shall provide a copy of the completed case plan to the receiving county. The case plan shall include information regarding any known or suspected dangerous behavior of the child that indicates the child may pose a safety concern to the receiving county.

(h) (1) Subject to paragraph (2), if the social worker must change the placement of the child and is unable to find a suitable placement within the county and must place the child outside the county, the placement shall not be made until the social worker has served written notice on the parent, guardian, Indian custodian, the child's tribe, the child's attorney, and, if the child is 10 years of age or older, on the child, at least 14 days prior to the placement, unless the child's health or well-being is endangered by delaying the action or would be endangered if prior notice were given. The notice shall state the reasons that require placement outside the county. The child or parent, guardian, Indian custodian, or the child's tribe may object to the placement not later than seven days after receipt of the notice and, upon objection, the court shall hold a hearing not later than five days after the objection and prior to the placement. The court shall order out-of-county placement if it finds that the child's particular needs require placement outside the county.

(2) (A) The notice required prior to placement, as described in paragraph (1), may be waived if the child and family team has determined that the identified placement is in the best interest of the child, no member of the child and family team objects to the placement, and the child's attorney has been informed of the intended placement and has no objection, and, if applicable, the Indian custodian or child's tribe has been informed of the intended placement and has no objection.

(B) If the child is transitioning from a temporary shelter care facility, as described in Section 11462.022, and all of the circumstances set forth in subparagraph (A) do not exist, the county shall provide oral notice to the child's parents, guardian, Indian custodian, the child's tribe, the child's attorney, and, if the child is 10 years of age or older, to the child no later than one business day after the determination that out-of-county placement is necessary and the circumstances in subparagraph (A) do not exist. The oral notice shall state the reasons that require placement outside the county and shall be immediately followed by written notice stating the reasons. The child, parent, guardian, Indian custodian, or tribe may object to the placement not later than seven days after oral notice is provided and, upon objection, the court shall hold a hearing not later than two judicial days after the objection is made. The court may authorize that the child remain in the temporary shelter care facility pending the outcome of the hearing. The court shall order out-of-county placement if it finds that the child's particular needs require placement outside the county. This subparagraph does not preclude placement of the child without prior notice if the child's health or well-being is endangered by delaying the action or would be endangered if prior notice were given.

(i) If the court has ordered removal of the child from the physical custody of the child's parents pursuant to Section 361, the court shall consider whether the family ties and best interest of the child will be served by granting visitation rights to the child's grandparents. The court shall clearly specify those rights to the social worker.

(j) If the court has ordered removal of the child from the physical custody of the child's parents pursuant to Section 361, the court shall consider whether there are any siblings under the court's jurisdiction, or any nondependent siblings in the physical custody of a parent subject to the court's jurisdiction, the nature of the relationship between the child and their siblings, the appropriateness of developing or maintaining the sibling relationships pursuant to Section 16002, and the impact of the sibling relationships on the child's placement and planning for legal permanence.

(k) (1) An agency shall ensure placement of a child in a home that, to the fullest extent possible, best meets the day-to-day needs of the child. A home that best meets the day-to-day needs of the child shall satisfy all of the following criteria:

(A) The child's caregiver is able to meet the day-to-day health, safety, and well-being needs of the child.

(B) The child's caregiver is permitted to maintain the least restrictive family setting that promotes normal childhood experiences and that serves the day-to-day needs of the child.

(C) The child is permitted to engage in reasonable, age-appropriate day-to-day activities that promote normal childhood experiences for the foster child.

(2) The foster child's caregiver shall use a reasonable and prudent parent standard, as defined in paragraph (2) of subdivision (a) of Section 362.04, to determine day-to-day activities that are age appropriate to meet the needs of the child. This section does not permit a child's caregiver to permit the child to engage in day-to-day activities that carry an unreasonable risk of harm, or subject the child to abuse or neglect.

SEC. 15. Section 727 of the Welfare and Institutions Code is amended to read:

727. (a) (1) If a minor or nonminor is adjudged a ward of the court on the ground that the minor or nonminor is a person described by Section 601 or 602, the court may make any reasonable orders for the care, supervision, custody, conduct, maintenance, and support of the minor or nonminor, including medical treatment, subject to further order of the court.

(2) In the discretion of the court, a ward may be ordered to be on probation without supervision of the probation officer. The court, in so ordering, may impose on the ward any and all reasonable conditions of behavior as may be appropriate under this disposition. A minor or nonminor who has been adjudged a ward of the court on the basis of the commission of any of the offenses described in subdivision (b) or paragraph (2) of subdivision (d) of Section 707, Section 459 of the Penal Code, or subdivision (a) of Section 11350 of the Health and Safety Code, shall not be eligible for probation without supervision of the probation officer. A minor or nonminor who has been adjudged a ward of the court on the basis of the commission of an offense involving the sale or possession for sale of a controlled substance, except misdemeanor offenses involving marijuana, as specified in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code, or of an offense in violation of Section 32625 of the Penal Code, shall be eligible for probation without supervision of the probation officer only if the court determines that the interests of justice would best be served and states reasons on the record for that determination.

(3) In all other cases, the court shall order the care, custody, and control of the minor or nonminor to be under the supervision of the probation officer.

(4) It is the responsibility, pursuant to Section 672(a)(2)(B) of Title 42 of the United States Code, of the probation agency to determine the appropriate placement for the ward once the court issues a placement order. In determination of the appropriate placement for the ward, the probation officer shall consider any recommendations of the child and family. The probation agency may place the minor or nonminor in any of the following:

(A) The approved home of a relative or the approved home of a nonrelative, extended family member, as defined in Section 362.7. If a decision has been made to place the minor in the home of a relative, the court may authorize the relative to give legal consent for the minor's medical, surgical, and dental care and education as if the relative caregiver were the custodial parent of the minor.

(B) A foster home, the approved home of a resource family, as defined in Section 16519.5, or a home or facility in accordance with the federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.).

(C) A suitable licensed community care facility, as identified by the probation officer, except a youth homelessness prevention center licensed by the State Department of Social Services pursuant to Section 1502.35 of the Health and Safety Code.

(D) A foster family agency, as defined in subdivision (g) of Section 11400 and paragraph (4) of subdivision (a) of Section 1502 of the Health and Safety Code, in a suitable certified family home or with a resource family.

(E) A minor or nonminor dependent may be placed in a group home vendored by a regional center pursuant to Section 56004 of Title 17 of the California Code of Regulations or a short-term residential therapeutic program, as defined in subdivision (ad) of Section 11400 and paragraph (18) of subdivision (a) of Section 1502 of the Health and Safety Code. The placing agency shall also comply with requirements set forth in paragraph (9) of subdivision (e) of Section 361.2, that includes, but is not limited to, authorization, limitation on length of stay, extensions, and additional requirements related to minors. For youth 13 years of age and older, the chief probation officer of the county probation department, or their designee, shall approve the placement if it is longer than 12 months, and no less frequently than every 12 months thereafter.

(F) (i) A minor adjudged a ward of the juvenile court shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities. A state or local regulation or policy shall not prevent, or create barriers to, participation in those activities. Each state and local entity shall ensure that private agencies that provide foster care services to wards have policies consistent with this section and that those agencies promote and protect the ability of wards to participate in

age-appropriate extracurricular, enrichment, and social activities. A short-term residential therapeutic program or a group home administrator, a facility manager, or their responsible designee, and a caregiver, as defined in paragraph (1) of subdivision (a) of Section 362.04, shall use a reasonable and prudent parent standard, as defined in paragraph (2) of subdivision (a) of Section 362.04, in determining whether to give permission for a minor residing in foster care to participate in extracurricular, enrichment, and social activities. A short-term residential therapeutic program or a group home administrator, a facility manager, or their responsible designee, and a caregiver shall take reasonable steps to determine the appropriateness of the activity taking into consideration the minor's age, maturity, and developmental level. For every minor placed in a setting described in subparagraphs (A) through (E), inclusive, age-appropriate extracurricular, enrichment, and social activities shall include access to computer technology and the internet.

(ii) A short-term residential therapeutic program or a group home administrator, facility manager, or their responsible designee, is encouraged to consult with social work or treatment staff members who are most familiar with the minor at the group home or short-term residential therapeutic program in applying and using the reasonable and prudent parent standard.

(G) For nonminors, an approved supervised independent living setting, as defined in Section 11400, including a residential housing unit certified by a licensed transitional housing placement provider.

(5) The minor or nonminor shall be released from juvenile detention upon an order being entered under paragraph (3), unless the court determines that a delay in the release from detention is reasonable pursuant to Section 737.

(b) (1) To facilitate coordination and cooperation among agencies, the court may, at any time after a petition has been filed, after giving notice and an opportunity to be heard, join in the juvenile court proceedings any agency that the court determines has failed to meet a legal obligation to provide services to a minor, for whom a petition has been filed under Section 601 or 602, to a nonminor, as described in Section 303, or to a nonminor dependent, as defined in subdivision (v) of Section 11400. In any proceeding in which an agency is joined, the court shall not impose duties upon the agency beyond those mandated by law. The purpose of joinder under this section is to ensure the delivery and coordination of legally mandated services to the minor. The joinder shall not be maintained for any other purpose. Nothing in this section shall prohibit agencies that have received notice of the hearing on joinder from meeting prior to the hearing to coordinate services.

(2) The court has no authority to order services unless it has been determined through the administrative process of an agency that has been joined as a party, that the minor, nonminor, or nonminor dependent is eligible for those services. With respect to mental health assessment, treatment, and case management services pursuant to an individualized education program developed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code, the court's determination shall be limited to whether the agency has complied with that chapter.

(3) For the purposes of this subdivision, "agency" means any governmental agency or any private service provider or individual that receives federal, state, or local governmental funding or reimbursement for providing services directly to a child, nonminor, or nonminor dependent.

(c) If a minor has been adjudged a ward of the court on the ground that the minor is a person described in Section 601 or 602, and the court finds that notice has been given in accordance with Section 661, and if the court orders that a parent or guardian shall retain custody of that minor either subject to or without the supervision of the probation officer, the parent or guardian may be required to participate with that minor in a counseling or education program, including, but not limited to, parent education and parenting programs operated by community colleges, school districts, or other appropriate agencies designated by the court.

(d) (1) The juvenile court may direct any reasonable orders to the parents and guardians of the minor who is the subject of any proceedings under this chapter as the court deems necessary and proper to carry out subdivisions (a), (b), and (c), including orders to appear before a county financial evaluation officer, to ensure the minor's regular school attendance, and to make reasonable efforts to obtain appropriate educational services necessary to meet the needs of the minor.

(2) If counseling or other treatment services are ordered for the minor, the parent, guardian, or foster parent shall be ordered to participate in those services, unless participation by the parent, guardian, or foster parent is deemed by the court to be inappropriate or potentially detrimental to the minor.

(e) The court may, after receipt of relevant testimony and other evidence from the parties, affirm or reject the placement determination. If the court rejects the placement determination, the court may instruct the probation department to determine an alternative placement for the ward, or the court may modify the placement order to an alternative placement recommended by a party to the case after the court has received the probation department's assessment of that recommendation and other relevant evidence from the parties.

SEC. 16. Section 4418.7 of the Welfare and Institutions Code is amended to read:

4418.7. (a) (1) If the regional center determines, or is informed by the consumer's parents, legal guardian, conservator, or authorized representative that the community placement of a consumer is at risk of failing, and that admittance to an acute crisis home operated by the department is a likelihood, or the regional center is notified by a court of a potential admission to an acute crisis home operated by the department, the regional center shall immediately notify the appropriate regional resource development project, the consumer, the consumer's parents, legal guardian, or conservator, and the regional center clients' rights advocate. For purposes of this section, "acute crisis home operated by the department" means property used to provide Stabilization, Training, Assistance and Reintegration (STAR) services.

(2) For purposes of this section, notification to the clients' rights advocate for the consumer's regional center shall include a copy of the most recent comprehensive assessment or updated assessment, and the time, date, and location of an individual program plan meeting held pursuant to subdivision (b). The regional center shall provide this notice as soon as practicable, but not less than seven calendar days prior to the meeting.

(b) In these cases, the regional resource development project shall immediately arrange for an assessment of the situation, including, visiting the consumer, if appropriate, determining barriers to successful integration, and recommending the most appropriate means necessary to assist the consumer to remain in the community. The regional center shall request assistance from the statewide specialized resource service pursuant to Section 4418.25, as necessary, in order to determine the most appropriate means necessary to assist the consumer to remain in the community and shall provide the information obtained from the statewide specialized resource service to the regional resource development project. If, based on the assessment, the regional resource development project determines that additional or different services and supports are necessary, the department shall ensure that the regional center provides those services and supports on an emergency basis. An individual program plan meeting, including the regional resource development project's representative, if necessary shall be convened as soon as possible to review the emergency services and supports and determine the consumer's ongoing needs for services and supports. The regional resource development project shall follow up with the regional center as to the success of the recommended interventions until the consumer's living arrangement is stable.

(c) (1) If the regional resource development project determines, based on the assessment conducted pursuant to subdivision (b), that the consumer referred to the regional resource development project by the court cannot be safely served in an acute crisis home operated by the department, the department shall notify the court in writing.

(2) (A) If the regional resource development project, in consultation with the regional center, the consumer, and the consumer's parents, legal guardian, or conservator, when appropriate, determines that admittance to an acute crisis home operated by the department is necessary due to an acute crisis, as defined in paragraph (1) of subdivision (d), and the director of the department or their designee has approved admission, the regional center shall immediately pursue the obtainment of a court order pursuant to Section 6506 for short-term admission and crisis stabilization.

(B) (i) The regional resource development project, in consultation with the regional center, the consumer, and, when appropriate, the consumer's parents, legal guardian, conservator, or authorized representative, shall not make a determination that admittance to an acute crisis home operated by the department is necessary due to an acute crisis, as defined in paragraph (1) of subdivision (d), unless the determination includes a regional center report detailing all considered community-based services and supports, including a community crisis home certified pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs at the time of the determination.

(ii) For purposes of complying with clause (i), the regional center shall not be required to consider out-of-state placements or mental health facilities, including institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, that are ineligible for federal Medicaid funding.

(d) (1) For purposes of this section, an "acute crisis" means, as a result of the consumer's behavior, all of the following are met:

(A) There is imminent risk for substantial harm to the consumer or others.

(B) The service and support needs of the consumer cannot be met in the community, including with supplemental services, as set forth in subparagraph (F) of paragraph (9) of subdivision (a) of Section 4648, and emergency and crisis intervention services, as set forth in paragraph (10) of subdivision (a) of Section 4648.

(C) Due to serious and potentially life-threatening conditions, the consumer requires a specialized environment for crisis stabilization.

(2) For purposes of paragraph (1), out-of-state placements or mental health facilities and other facilities, including institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, for which federal Medicaid funding is not available, shall not be deemed to be supplemental services or emergency and crisis intervention services.

(e) When an admission occurs due to an acute crisis, all of the following shall apply:

(1) As soon as possible following admission to an acute crisis home operated by the department, a comprehensive assessment shall be completed by the regional center in coordination with the regional resource development project and the acute crisis service staff. The comprehensive assessment shall include the identification of the services and supports needed for crisis stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to a noncrisis community setting. The regional center shall immediately submit a copy of the comprehensive assessment to the committing court. Immediately following the assessment, and not later than 30 days following admission, the regional center and the acute crisis home operated by the department shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients' rights advocate for the regional center shall be notified of the admission and the individual program plan meeting and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

(2) If transition is not expected within 90 days of admission, an individual program plan meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of crisis stabilization. If crisis services continue to be necessary, the regional center shall submit to the department an updated transition plan and a request for an extension of stay at the acute crisis home operated by the department of up to 90 days.

(3) (A) A consumer shall reside in an acute crisis home operated by the department no longer than six months before being placed into a community living arrangement pursuant to Section 4418.3, unless, prior to the end of the six months, all of the following have occurred:

(i) The regional center has conducted an additional comprehensive assessment based on information provided by the regional center, and the department determines that the consumer continues to be in an acute crisis.

(ii) The individual program planning team has developed a plan that identifies the specific services and supports necessary to transition the consumer into the community, and the plan includes a timeline to obtain or develop those services and supports.

(iii) The committing court has reviewed and, if appropriate, extended the commitment.

(B) The clients' rights advocate for the regional center shall be notified of the proposed extension pursuant to clause (iii) of subparagraph (A) and the individual program plan meeting to consider the extension, and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

(C) (i) A consumer's placement at an acute crisis home operated by the department shall not exceed one year unless both of the following occur:

(I) The regional center demonstrates significant progress toward implementing the plan specified in clause (ii) of subparagraph (A) identifying the specific services and supports necessary to transition the consumer into the community.

(II) Extraordinary circumstances exist beyond the regional center's control that have prevented the regional center from obtaining those services and supports within the timeline based on the plan.

(ii) If both of the circumstances described in subclauses (I) and (II) of clause (i) exist, the regional center may request, and the committing court may grant, an additional extension of the commitment, not to exceed 30 days.

(D) Consumers placed in the community after admission to an acute crisis home operated by the department pursuant to this section shall be considered to have moved from a developmental center for purposes of Section 4640.6.

(f) The department shall collect data on the outcomes of efforts to assist at-risk consumers to remain in the community. The department shall make aggregate data on the implementation of the requirements of this section available, upon request.

(g) Commencing January 1, 2015, admissions to an acute crisis home operated by the department pursuant to a court order for an acute crisis, as described in this section, shall be limited to a property used to provide STAR services.

(h) Acute crisis consumers may participate in day, work, education and recreational programs when the individual program plan identifies it is appropriate and consistent with the individual's treatment plan. The acute crisis homes shall assist the consumer with transitioning back to their prior residence, or an alternative community based residential setting, within the timeframe described in this section.

(i) The department may execute leases, lease-purchases, or leases with the option to purchase for real property necessary for the establishment or maintenance of STAR homes to serve as acute crisis homes operated by the department.

SEC. 17. Section 4474.17 of the Welfare and Institutions Code is amended to read:

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

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

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

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

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

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

(b) Commencing with the first planned quarterly briefing after January 1, 2020, the department shall provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees of the Legislature addressing some or all of the following, pursuant to the planning discussion described in paragraph (5) of subdivision (a):

(1) Consumer health and safety, including safety net and crisis services.

(2) The person-centered approach to planning, coordinating, delivering, and receiving services, including caseload ratio updates, compliance with home- and community-based services rules, competitive integrated employment, and housing supports.

(3) Quality outcomes for consumers.

(4) Efforts to identify and reduce disparities in regional center services.

(5) Community development through community placement plans and community resource development plans, by regional center, and difficulties or issues in the provision of services or development of resources.

(6) Implementation of any rate changes pending and being implemented.

(7) Status, efforts, and outcomes related to the department headquarter's reorganization structure.

(8) Regional center accountability, transparency, and oversight efforts.

(9) Status on the development of Group Homes for Children with Special Health Care Needs, including information on how the needs of regional center consumers are assessed when developing new homes.

(10) Status on the implementation of the provisional eligibility requirement of paragraph (2) of subdivision (a) of Section 4512.

(11) Information pursuant to the provisions of subdivision (c) of Section 7505.

(12) Status on the development of a training curriculum for direct service professionals, pursuant to Section 4511.5.

(13) Most recent data regarding average per capita purchase of service expenditures for all age groups, by ethnicity and other factors, in addition to any other data that will aid in the illustration of progress, toward the active closure of racial, ethnic, and other disparities.

SEC. 18. Section 4511.1 is added to the Welfare and Institutions Code, to read:

4511.1. (a) The Legislature finds and declares the following:

(1) Supporting service access and equity for persons with developmental disabilities and their families requires awareness, skill development, and training for regional center personnel.

(2) Ongoing implicit bias training enhances service access and equity in the developmental disabilities system.

(b) The department shall require regional centers to implement implicit bias training through its contracts pursuant to Section 4640.6 and shall establish course content and training frequency requirements for that training.

(c) All the regional center personnel shall comply with the implicit bias training requirements of paragraph (9) of subdivision (g) of Section 4640.6 and this section. This section shall additionally apply to regional center contractors involved in intake and assessment and eligibility determinations. The department shall specify the timelines by which training must be completed. Training shall be prioritized for regional center employees and contractors who are involved in eligibility determination or directly assist individuals and their families, or both, during the regional center intake and assessment processes, service coordination, and regional center employees who are involved in developing and implementing purchase of service policies and other policies, guidelines, instructions, or training materials utilized by regional centers when determining the service needs of consumers.

(d) The training described by this section may be procured either by the department or by a regional center that has obtained prior approval by the department. Each regional center and its contractors shall retain the training record of employees in their respective personnel files. Regional centers shall annually inform the department of the percentage of its contractors and regional center personnel, identified by job classification, who successfully have completed the training. A list and description of trainings procured by the department, or a regional center with approval by the department, shall be posted on the department's internet website.

(e) The department or regional center shall make reasonable efforts to procure training that considers all of the following:

(1) Trainers who are representative of the diversity of persons served by regional centers.

(2) Academic training in implicit bias or experience educating public benefit programs about implicit bias and its effects on people accessing and interacting with public benefit programs.

(3) The impact of implicit bias, explicit bias, and systemic bias on public benefit programs and the effect this can have on individuals seeking eligibility for and services through public benefit programs.

(4) Actionable steps trainees can take to recognize and address their own implicit biases.

SEC. 19. Section 4511.5 is added to the Welfare and Institutions Code, to read:

4511.5. (a) The Legislature finds and declares both of the following:

(1) Direct service professionals are critical to the provision of services and supports to individuals with intellectual and developmental disabilities.

(2) In recognition of the value of the services provided by direct service professionals, additional training and development will enhance the services they provide and foster a more sustainable workforce.

(b) (1) With input from stakeholders pursuant to subdivision (c), the department shall develop or utilize existing curriculum to implement enhanced direct service professional training that promotes services that are person centered and culturally and

linguistically sensitive, and that improve outcomes for individuals with intellectual and developmental disabilities.

(2) It is the intent of the Legislature to enhance the quality of services that consumers receive from their direct service professionals, including, but not limited to, improving direct service professional knowledge about general health and safety issues, employing principles of self-determination in order to promote dignity of the recipient and the provider, and working to improve quality of services and quality of life, including advancing health equity for consumers of regional center services.

(3) The training described in paragraph (1) in shall include, but is not limited to, all of the following elements:

- (A) Competency based.
- (B) Tiered training and certification.
- (C) Continuing education.
- (D) Outcome measures, as defined by the department, with input from stakeholders pursuant to subdivision (c).

(c) (1) The department shall consult with stakeholders throughout the implementation of this section. This consultation shall include facilitation of a process for providing input and comments on implementation.

(2) Stakeholders may include, but are not limited to, the following:

- (A) Consumers and families across different geographic regions of the state and from diverse racial and ethnic backgrounds, diverse consumer age groups and disabilities.
- (B) Regional center representatives.
- (C) Service providers representing a diverse range of service types and models.

(d) Implementation of this section is subject to an appropriation of funds for this purpose in the annual Budget Act.

SEC. 20. Section 4512 of the Welfare and Institutions Code is amended to read:

4512. As used in this division:

(a) (1) "Developmental disability" means a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

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

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

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

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

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

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

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

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

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

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

(f) "Circle of support" means a committed group of community members, who may include family members, meeting regularly with an individual with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports. A circle of support generally includes a plurality of members who neither provide nor receive services or supports for persons with developmental disabilities and who do not receive payment for participation in the circle of support.

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

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

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

(j) "Planning team" means the individual with developmental disabilities, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, the authorized representative, including those appointed

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

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

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

(A) Self-care.

(B) Receptive and expressive language.

(C) Learning.

(D) Mobility.

(E) Self-direction.

(F) Capacity for independent living.

(G) Economic self-sufficiency.

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

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

(n) "Authorized representative" means an individual appointed by the State Council on Developmental Disabilities pursuant to subdivision (a) of Section 4541 or who is an authorized representative, as defined in Section 4701.6.

SEC. 21. Section 4519 of the Welfare and Institutions Code is amended to read:

4519. (a) The department shall not expend funds, and a regional center shall not expend funds allocated to it by the department, for the purchase of any service outside the state unless the Director of Developmental Services or the director's designee has received, reviewed, and approved a plan for out-of-state service in the consumer's individual program plan developed pursuant to Sections 4646 to 4648, inclusive. Prior to submitting a request for out-of-state services, the regional center shall conduct a comprehensive assessment and convene an individual program plan meeting to determine the services and supports needed for the consumer to receive services in California and shall request assistance from the department's statewide specialized resource service in identifying options to serve the consumer in California. The request shall include details regarding all options considered and an explanation of why these options cannot meet the consumer's needs. The department shall authorize for no more than six months the purchase of out-of-state services when the director determines the proposed service or an appropriate alternative, as determined by the director, is not available from resources and facilities within the state. Any extension beyond six months shall be based on a new and complete comprehensive assessment of the consumer's needs, review of available options, and determination that the consumer's needs cannot be met in California. An extension shall not exceed six months. Until December 31, 2021, the director may authorize an extension for longer than six months for consumers who are receiving out-of-state services as of July 1, 2021. For the purposes of this section, the department shall be considered a service agency under Chapter 7 (commencing with Section 4700).

(b) Funds shall not be expended for the cost of interstate travel or transportation by regional center staff in connection with the purchase of any service outside the state unless authorized by the director or the director's designee.

(c) If a regional center places a consumer out of state pursuant to subdivision (a), it shall prepare a report for inclusion in the consumer's individual program plan. This report shall summarize the regional center's efforts to locate, develop, or adapt an appropriate program for the consumer within the state. This report shall be reviewed and updated every three months, and a copy shall be sent to the director. However, for consumers who are receiving out-of-state services as of July 1, 2021, the report may be reviewed and updated less frequently if the director determines a longer period between the reviews and updates is appropriate. Each comprehensive assessment and report shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to California.

(d) Notwithstanding subdivisions (a), (b), and (c), the State Department of Developmental Services or a regional center may expend funds allocated to it for the purchase of services for residents of this state and administrative costs incurred in providing services in the border areas of a state adjacent to California when the purchase is approved by the regional center director.

(e) Each regional center shall submit to the department by December 31, 2012, a transition plan for all consumers residing out of state as of June 30, 2012, for whom the regional center is purchasing services.

(f) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

SEC. 22. Section 4519 is added to the Welfare and Institutions Code, to read:

4519. (a) The department shall not expend funds, and a regional center shall not expend funds allocated to it by the department, for the purchase of any service outside the state unless the Director of Developmental Services or the director's designee has received, reviewed, and approved a plan for out-of-state service in the consumer's individual program plan developed pursuant to Sections 4646 to 4648, inclusive. Prior to submitting a request for out-of-state services, the regional center shall conduct a comprehensive assessment and convene an individual program plan meeting to determine the services and supports needed for the consumer to receive services in California and shall request assistance from the department's statewide specialized resource service in identifying options to serve the consumer in California. The request shall include details regarding all options considered and an explanation of why these options cannot meet the consumer's needs. The department shall authorize for no more than six months the purchase of out-of-state services when the director determines the proposed service or an appropriate alternative, as determined by the director, is not available from resources and facilities within the state. Any extension beyond six months shall be based on a new and complete comprehensive assessment of the consumer's needs, review of available options, and determination that the consumer's needs cannot be met in California. An extension shall not exceed six months. For the purposes of this section, the department shall be considered a service agency under Chapter 7 (commencing with Section 4700).

(b) Funds shall not be expended for the cost of interstate travel or transportation by regional center staff in connection with the purchase of any service outside the state unless authorized by the director or the director's designee.

(c) If a regional center places a consumer out of state pursuant to subdivision (a), it shall prepare a report for inclusion in the consumer's individual program plan. This report shall summarize the regional center's efforts to locate, develop, or adapt an appropriate program for the consumer within the state. This report shall be reviewed and updated every three months, and a copy shall be sent to the director. Each comprehensive assessment and report shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to California.

(d) Notwithstanding subdivisions (a), (b), and (c), the State Department of Developmental Services or a regional center may expend funds allocated to it for the purchase of services for residents of this state and administrative costs incurred in providing services in the border areas of a state adjacent to California when the purchase is approved by the regional center director.

(e) Each regional center shall submit to the department by December 31, 2012, a transition plan for all consumers residing out of state as of June 30, 2012, for whom the regional center is purchasing services.

(f) This section shall become operative January 1, 2022.

SEC. 23. Section 4519.5 of the Welfare and Institutions Code is amended to read:

4519.5. (a) The department and the regional centers shall annually collaborate to compile data in a uniform manner relating to purchase of service authorization, utilization, and expenditure by each regional center with respect to all of the following:

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

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

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

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

(2) Race or ethnicity of the consumer.

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

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

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

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

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

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

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

(e) Within three months of compiling the data with the department, and annually thereafter, each regional center shall meet with stakeholders in one or more public meetings regarding the data. The meeting or meetings shall be held separately from any meetings held pursuant to Section 4660. The regional center shall provide participants of these meetings with the data and any associated information related to improvements in the provision of developmental services to underserved communities and shall conduct a discussion of the data and the associated information in a manner that is culturally and linguistically appropriate for that community, including providing alternative communication services, as required by Sections 11135 to 11139.7, inclusive, of the Government Code and implementing regulations. Regional centers shall inform the department of the scheduling of those public meetings 30 days prior to the meeting. Notice of the meetings shall also be posted on the regional center's internet website 30 days prior to the meeting and shall be sent to individual stakeholders and groups representing underserved communities in a timely manner. Each regional center shall, in holding the meetings required by this subdivision, consider the language needs of the community and shall schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities.

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

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

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

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

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

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

(A) Review the data compiled pursuant to subdivision (a).

(B) Identify barriers to equitable access to services and supports among consumers and develop recommendations to help reduce disparities in purchase of service expenditures.

(C) Encourage the development and expansion of culturally appropriate services, service delivery, and service coordination.

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

(2) The department shall report the status of its efforts to satisfy the requirements of paragraph (1) during the 2016–17 legislative budget subcommittee hearing process.

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

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

(3) A community-based organization may submit a request for grant funding pursuant to this subdivision. The organization shall submit the request concurrently to the regional center of the jurisdiction in which the organization is located and to the department. The regional center shall provide the department with input regarding the request prior to the department's final determination on the request.

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

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

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

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

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

(ii) How statewide strategies were considered.

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

(iv) How funded activities will be evaluated.

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

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

(D) By May 1 of any year in which the information is available, evaluation results from prior grants. To ensure the department complies with this subparagraph, regional centers and community-based organizations receiving funding shall provide the department, by March 1 of the same year, with an evaluation of funded activities and the effectiveness of those activities in reducing disparities in the purchase of services, to the extent information is available.

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

SEC. 24. Section 4519.9 is added to the Welfare and Institutions Code, to read:

4519.9. (a) The department shall establish a community navigator program to promote the utilization of generic and regional center services by using community leaders, family members, or self-advocates to provide information and guidance to consumers and their families who could benefit from added support to navigate available resources.

(1) The program shall be structured to utilize individuals and families who are receiving or have received regional center services to provide education to those individuals who are or may be eligible for regional center services regarding the developmental disabilities services system, agencies available to assist them, and other available resources.

(2) The program shall focus on cultural and linguistic competency in supporting individuals and families to improve equitable access to regional center services.

(b) The department shall engage stakeholders to obtain input on key elements for the community navigator program by August 31, 2021.

(c) The department shall allocate funding to family resource centers to administer community navigator programs.

(1) To the extent possible, each funded program shall share a culture or ethnicity, or both, community, and language with the individuals and families they support when offering assistance and education to reduce barriers in accessing services.

(2) Each program funded pursuant to this subdivision shall assist individuals and families in accessing and utilizing generic and regional center services in their communities, including, but not limited to, assistance in building trust with regional center staff, education on available services, guidance on how to request needed services, and support from peers in the community who have experience with the regional center system.

(d) The department shall issue funding guidelines regarding the selection of community navigator programs and the conditions under which the funding shall be used consistent with the requirements of this section. The guidelines shall be exempt from the rulemaking process of Chapter 3.5 (commencing with Section 11340) of Part 1 Division 3 of Title 2 of the Government Code.

(e) A family resource center receiving funding for the purpose of the community navigator program shall report to the department in a manner and within a time period determined and outlined in guidance by the department on how the funding allocations were used and shall include recommendations of priorities for activities that may be effective in addressing disparities, including removing barriers to accessing and utilizing generic and regional center services. The department shall post these reports on its internet website by November 1, 2022.

SEC. 25. Section 4519.10 is added to the Welfare and Institutions Code, to read:

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

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

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

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

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

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

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

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

(E) The consolidation of certain service codes.

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

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

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

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

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

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

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

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

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

(B) Commencing in the 2022–23 fiscal year, the department shall continue the adjusted rate provided in the 2021–22 fiscal year and, additional funding shall be available for the quality incentive program described in subdivision (e).

(C) Commencing July 1, 2023, and continuing through the 2024–25 fiscal year, the department shall adjust rates to equal one-half of the difference between rates in effect March 31, 2022, and the fully-funded rate model for each provider, and additional funding shall be available for the quality incentive program described in subdivision (e).

(D) Commencing July 1, 2025, the department shall implement the fully-funded rate models using two payment components, a base rate equaling 90 percent of the rate model, and a quality incentive payment, equaling up to 10 percent of the rate model, to be implemented through the quality incentive program described in subdivision (e).

(2) (A) Effective July 1, 2025, it is the intent of the Legislature that rates be uniform within service categories and adjusted for geographic cost differentials, including differentials in wages, the cost of travel, and the cost of real estate.

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

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

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

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

(1) (A) The department shall, with input from stakeholders develop quality measures or benchmarks, or both, for consumer outcomes and regional center and service provider performance. Measures or benchmarks, or both, shall initially include process- and performance-related measures for service providers and, by the conclusion of the 2025–26 fiscal year, shall also evolve to include outcome measures at the individual consumer level. In developing the proposed measures or benchmarks, or both, the department shall do all of the following:

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

(ii) Provide documents, which may include, but are not limited to, updates, concept papers, interim reports, proposals, and performance and quality measures and benchmarks, and revisions to these materials, to the Legislature and post

these materials on an internet website for public comment at least 30 days, as required by the Centers for Medicare and Medicaid Services prior to submitting a request for federal funding.

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

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

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

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

(f) On or before March 1, 2022, the department shall provide a status update to the Legislature regarding progress toward implementing rate reform and creating an enhanced person-centered, outcomes-based system. The status update may include, but is not limited to, information about all of the following:

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

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

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

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

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

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

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

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

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

SEC. 26. Section 4620.4 is added to the Welfare and Institutions Code, to read:

4620.4. (a) (1) The Legislature finds and declares that more than a quarter of Californians are foreign born, and more than 10 percent of the state's population speaks English "not well" or "not at all." Access to accurate, timely, understandable, and culturally sensitive and competent information and referral services for these communities is a critical need. A review of 2018-19 purchase of service expenditures reflects the following average per capita expenditures for all age groups by ethnicity, illustrating existing disparity gaps in the developmental services system:

(A) Twenty-seven thousand nine hundred thirty-one dollars (\$27,931) for individuals who are White.

(B) Twenty-two thousand nine hundred forty-one dollars (\$22,914) for individuals who are Black or African American.

(C) Fourteen thousand eight hundred thirty-six dollars (\$14,836) for individuals who are Asian.

(D) Eleven thousand seven hundred sixty dollars (\$11,760) for individuals who are Latinx or Hispanic.

(2) Language access and culturally competent services are critical components to advance health and human services equity and improve outcomes for all Californians served under the Lanterman Act.

(b) The State Department of Developmental Services shall administer an enhanced language access and cultural competency initiative for individuals with developmental disabilities, their caregivers, and their family members. The department shall require regional centers to implement this initiative through its contracts pursuant to Section 4640.6. The primary goal is to improve quality and facilitate more consistent access to information and services.

(c) Allowable uses of the funds provided to regional centers include, but are not limited to, all of the following:

(1) Identification of vital documents and internet website content for translation, as well as points of public contact in need of oral and sign language interpretation services.

(2) Orientations and specialized group and family information sessions with ample and publicized question and answer periods, scheduled at times considered most convenient for working families and in consultation with community leaders.

(3) Regular and periodic language needs assessments to determine threshold languages for document translation.

(4) Coordination and streamlining of interpretation and translation services.

(5) Implementation of quality control measures to ensure the availability, accuracy, readability, and cultural appropriateness of translations.

(d) The use of these funds shall not supplant any existing efforts or funds for similar purposes, but are intended to augment and provide maximum additional benefit to the greatest number of persons served, their caregivers, and their families.

(e) The department shall report annually, beginning January 10, 2022, as part of the Governor's Budget and the May Revision, how these funds are being utilized and what remaining needs for language access and culturally competent services are identified by people served, the community, and regional centers as the initiative implements.

(f) Regional centers shall receive specialized funding allocations to facilitate applications for payments authorized to protect the health and safety of consumers, pursuant to paragraph (1) of subdivision (a) of Section 4681.6, for non-English speaking individuals served. Funded activities shall include specialized outreach and case management services toward identifying which individuals might have an unaddressed need for a health and safety waiver and assisting with guiding individuals through the application process to meet those needs. Regional centers shall track the number of individuals served through this effort and provide this information to the department on at least an annual basis.

SEC. 27. Section 4620.5 is added to the Welfare and Institutions Code, immediately following Section 4620.3, to read:

4620.5. (a) Beginning as early as possible after July 1, 2021, but no later than September 1, 2021, the department shall convene a workgroup, which shall be composed of individuals described under subdivision (b), to make recommendations to the department for the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations.

(b) The director shall appoint members to the stakeholder group and shall consider all of the following individuals to serve as members of that group:

(1) Individuals or consultants with expertise in developing performance indicators and incentive programs within developmental disability systems or community-based long-term services and supports systems.

(2) Consumers and families across different geographic regions of the state, who have diverse racial and ethnic backgrounds, diverse consumer age groups, and disabilities.

(3) Regional center representatives.

(4) Service providers.

(5) Representatives of other state agencies or entities with whom the department routinely collaborates for the coordination of services for people with developmental disabilities, and who additionally have expertise in setting or reporting indicators and benchmarks, including reporting to the federal Centers for Medicare and Medicaid Services.

(6) Representatives of California's University Centers for Excellence in Developmental Disabilities, the State Council on Developmental Disabilities, the protection and advocacy agency specified in Division 4.7 (commencing with Section 4900), and consumer and family advocacy groups.

(c) By January 10, 2022, as part of the Governor's Budget, the department shall provide a status update based on recommendations provided by the stakeholder workgroup, with an additional status update at the time of the Governor's May Revision. These recommendations may include all of the following:

(1) Priority areas for performance indicators and benchmarks, including, but not limited to, all of the following:

- (A) Equity in service access and purchase of services.
- (B) Consumer employment and associated metrics.
- (C) Integration of consumers in the community.
- (D) Person-centered planning.
- (E) Compliance with federal home and community-based standards.
- (F) Consumer and family experience and satisfaction.
- (G) Innovation in service availability and delivery.

(2) Surveys or other measures to assess consumer and family experience, satisfaction, and recommendations, in addition the use of data available through the National Core Indicators.

(3) Benchmarks, and a method for establishing benchmarks, to create meaningful comparisons and understanding of variation in performance within and between regional centers.

(4) Measures under development or already implemented by federal funding agencies for long-term services and supports, home and community-based services, incentive payments, required reporting, and the efficient and effective implementation of performance improvement systems.

(5) Additional criteria for demonstrating performance improvement, including improvement beyond benchmarks.

(6) The methodology, structure, and types of incentives to be used, including, if appropriate, a payment schedule and implementation timeline, for incentive payments to regional centers to achieve or exceed performance benchmarks. This methodology and structure shall include how the department shall take into consideration variations among regional centers, expectations for regional center community engagement activities, and any significant demographic, including economic or other differences, impacting a regional center's performance and how the department might build the identified benchmarks into regional center performance contracts.

(7) A process, based on the input from regional centers and other stakeholders, the department shall use on at least an annual basis to evaluate the success of a quality improvement process, including any incentive payment program.

SEC. 28. Section 4640.6 of the Welfare and Institutions Code is amended to read:

4640.6. (a) In approving regional center contracts, the department shall ensure that regional center staffing patterns demonstrate that direct service coordination are the highest priority.

(b) Contracts between the department and regional centers shall require that regional centers implement an emergency response system that ensures that a regional center staff person will respond to a consumer, or individual acting on behalf of a consumer, within two hours of the time an emergency call is placed. This emergency response system shall be operational 24 hours per day, 365 days per year.

(c) Contracts between the department and regional centers shall require regional centers to have service coordinator-to-consumer ratios, as follows:

(1) An average service coordinator-to-consumer ratio of 1 to 62 for all consumers who have not moved from the developmental centers to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 79 consumers for more than 60 days.

(2) An average service coordinator-to-consumer ratio of 1 to 45 for all consumers who have moved from a developmental center to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 59 consumers for more than 60 days.

(3) Commencing January 1, 2004, the following coordinator-to-consumer ratios shall apply:

- (A) All consumers three years of age and younger and for consumers enrolled in the Home and Community-based Services Waiver program for persons with developmental disabilities, an average service coordinator-to-consumer ratio of 1 to 62.

(B) All consumers who have moved from a developmental center to the community since April 14, 1993, and have lived continuously in the community for at least 12 months, an average service coordinator-to-consumer ratio of 1 to 62.

(C) All consumers who have not moved from the developmental centers to the community since April 14, 1993, and who are not described in subparagraph (A), an average service coordinator-to-consumer ratio of 1 to 66.

(4) (A) Notwithstanding paragraphs (1) to (3), inclusive, an average service coordinator-to-consumer ratio of 1 to 25 for all consumers with complex needs.

(B) The coordinator-to-consumer ratio specified in this paragraph shall not be authorized for a consumer for more than 12 months after the consumer is no longer receiving the services described in clause (i) or (ii) of subparagraph (C), after the consumer is no longer placed in a facility described in clause (iii), (iv), (v), (vi), (vii), or (viii) of subparagraph (C), or after the department has made the determination described in clause (ix) of subparagraph (C), unless an extension is granted. An extension shall be based on a new and complete comprehensive assessment of the consumer's needs. An extension may be granted one time, and shall not exceed six months.

(C) For the purposes of this paragraph, a "consumer with complex needs" means a consumer who is any of the following:

(i) Receiving regional center-funded mobile crisis services by a department-approved vendor, or has received those services within the past six months.

(ii) Receiving state-operated crisis assessment stabilization team services, or has received those services within the past six months.

(iii) Placed in a community crisis home, as defined in Section 4698.

(iv) Placed in an acute crisis home operated by the department, pursuant to Section 4418.7.

(v) Placed in a locked psychiatric setting or has been placed in a locked psychiatric setting in the past six months.

(vi) Placed in an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5.

(vii) Placed out of state as a result of appropriate services being unavailable within the state, pursuant to Section 4519.

(viii) Placed in a county jail and eligible for diversion pursuant to Chapter 2.8 (commencing with Section 1001.20) of Title 6 of Part 2 of the Penal Code or found incompetent to stand trial as described in Section 1370.1 of the Penal Code.

(ix) A person the department has determined cannot be safely served in a developmental center, as described in Section 6510.5.

(5) For purposes of paragraph (3), service coordinators may have a mixed caseload of consumers three years of age and younger, consumers enrolled in the Home and Community-based Services Waiver program for persons with developmental disabilities, and other consumers if the overall average caseload is weighted proportionately to ensure that overall regional center average service coordinator-to-consumer ratios as specified in paragraph (3) are met. For purposes of paragraph (3), in no case shall a service coordinator have an assigned caseload in excess of 84 for more than 60 days.

(d) For purposes of this section, "service coordinator" means a regional center employee whose primary responsibility includes preparing, implementing, and monitoring consumers' individual program plans, securing and coordinating consumer services and supports, and providing placement and monitoring activities.

(e) In order to ensure that caseload ratios are maintained pursuant to this section, each regional center shall provide service coordinator caseload data to the department, annually for each fiscal year. The data shall be submitted in the format, including the content, prescribed by the department. Within 30 days of receipt of data submitted pursuant to this subdivision, the department shall make a summary of the data available to the public upon request. The department shall verify the accuracy of the data when conducting regional center fiscal audits. Data submitted by regional centers pursuant to this subdivision shall:

(1) Only include data on service coordinator positions as defined in subdivision (d). Regional centers shall identify the number of positions that perform service coordinator duties on less than a full-time basis. Staffing ratios reported pursuant to this subdivision shall reflect the appropriate proportionality of these staff to consumers served.

(2) Be reported separately for service coordinators whose caseload includes any of the following:

(A) Consumers who are three years of age and older and who have not moved from the developmental center to the community since April 14, 1993.

(B) Consumers who have moved from a developmental center to the community since April 14, 1993.

(C) Consumers who are younger than three years of age.

(D) Consumers enrolled in the Home and Community-based Services Waiver program.

(3) Not include positions that are vacant for more than 60 days or new positions established within 60 days of the reporting month that are still vacant.

(4) For purposes of calculating caseload ratios for consumers enrolled in the Home and Community-based Services Waiver program, vacancies shall not be included in the calculations.

(f) The department shall provide technical assistance and require a plan of correction for any regional center that, for two consecutive reporting periods, fails to maintain service coordinator caseload ratios required by this section or otherwise demonstrates an inability to maintain appropriate staffing patterns pursuant to this section. Plans of correction shall be developed following input from the state council, local organizations representing consumers, family members, regional center employees, including recognized labor organizations, and service providers, and other interested parties.

(g) Each time that new funds are appropriated in the annual Budget Act to the department for allocation to regional centers with the stated purpose of reducing caseload ratios, both of the following shall occur:

(1) Each regional center shall hold at least one public meeting during that year to receive stakeholder input to help inform the way the regional center allocates new positions funded through the allocation to that regional center. Stakeholders may include the state council, local organizations representing consumers, family members, community-based organizations that represent the ethnic and language diversity of the regional center catchment area, regional center employees, including recognized labor organizations and service providers, and other interested parties. The public meeting required by this paragraph fulfills a regional center's requirement under subdivision (f) to gather input regarding its plan of correction if the plan of correction is discussed during the meeting.

(2) On or before October 10 of the year of the appropriation of funds, and again by March 10 of that fiscal year, and in a format prescribed by the department, each regional center shall report the following information to the department:

(A) The number of new service coordinator positions created with the funds allocated to reduce caseload ratios.

(B) Data on current caseload ratios as of March 1 and October 1, respectively.

(C) Any other information determined by the department.

(3) The department shall post the information required to be reported by a regional center pursuant to paragraph (2) on its internet website.

(h) Contracts between the department and regional center shall require the regional center to have, or contract for, all of the following areas:

(1) Criminal justice expertise to assist the regional center in providing services and supports to consumers involved in the criminal justice system as a victim, defendant, inmate, or parolee.

(2) Special education expertise to assist the regional center in providing advocacy and support to families seeking appropriate educational services from a school district.

(3) Family support expertise to assist the regional center in maximizing the effectiveness of support and services provided to families.

(4) Housing expertise to assist the regional center in accessing affordable housing for consumers in independent or supportive living arrangements.

(5) Community integration expertise to assist consumers and families in accessing integrated services and supports and improved opportunities to participate in community life.

(6) Quality assurance expertise, to assist the regional center to provide the necessary coordination and cooperation with the state council, in conducting quality-of-life assessments and coordinating the regional center quality assurance efforts.

(7) Each regional center shall employ at least one consumer advocate who is a person with developmental disabilities.

(8) Other staffing arrangements related to the delivery of services that the department determines are necessary to ensure maximum cost-effectiveness and to ensure that the service needs of consumers and families are met.

(9) Implicit bias training, pursuant to Section 4511.1, to increase service access and equity in the developmental services system.

(10) Language access and cultural competency services and support, pursuant to Section 4620.4, to allow consistent access to information and services and to advance person-centered health and human services equity outcomes toward the diminishment of racial, ethnic, and other disparities.

(i) Any regional center proposing a staffing arrangement that substantially deviates from the requirements of this section shall request a waiver from the department. Prior to granting a waiver, the department shall require a detailed staffing proposal, including, but not limited to, how the proposed staffing arrangement will benefit consumers and families served, and shall demonstrate clear and convincing support for the proposed staffing arrangement from constituencies served and impacted, that include, but are not limited to, consumers, families, providers, advocates, and recognized labor organizations. In addition, the regional center shall submit to the department any written opposition to the proposal from organizations or individuals, including, but not limited to, consumers, families, providers, and advocates, including recognized labor organizations. The department may grant waivers to regional centers that sufficiently demonstrate that the proposed staffing arrangement is in the best interest of consumers and families served, complies with the requirements of this chapter, and does not violate any contractual requirements. A waiver shall be approved by the department for up to 12 months, at which time a regional center may submit a new request pursuant to this subdivision.

(j) From February 1, 2009, to June 30, 2010, inclusive, the following shall not apply:

(1) The service coordinator-to-consumer ratio requirements of paragraph (1), and subparagraph (C) of paragraph (3), of subdivision (c).

(2) The requirements of subdivision (e). The regional centers shall, instead, maintain sufficient service coordinator caseload data to document compliance with the service coordinator-to-consumer ratio requirements in effect pursuant to this section.

(3) The requirements of paragraphs (1) to (6), inclusive, of subdivision (h).

(k) From July 1, 2010, until June 30, 2013, the following shall not apply:

(1) The service coordinator-to-consumer ratio requirements of paragraph (1), and subparagraph (C) of paragraph (3), of subdivision (c).

(2) The requirements of paragraphs (1) to (6), inclusive, of subdivision (h).

(l) (1) Any contract between the department and a regional center entered into on and after January 1, 2003, shall require that all employment contracts entered into with regional center staff or contractors be available to the public for review, upon request. For purposes of this subdivision, an employment contract or portion thereof may not be deemed confidential nor unavailable for public review.

(2) Notwithstanding paragraph (1), the social security number of the contracting party may not be disclosed.

(3) The term of the employment contract between the regional center and an employee or contractor shall not exceed the term of the state's contract with the regional center.

SEC. 29. Section 4641.1 is added to the Welfare and Institutions Code, to read:

4641.1. (a) The Legislature finds and declares all of the following:

(1) The provision of services that are culturally and linguistically responsive to consumers is instrumental to improving access and equity in the developmental services system.

(2) Direct service professionals are critical to the provision of services and supports to individuals with intellectual and developmental disabilities and their families.

(3) In recognition of the value of effective communication between direct service professionals and the consumers and families they serve, the provision of a pay differential for bilingual and multilingual direct service professionals will increase consumer access to staff who speak their preferred language.

(b) The department, subject to an appropriation, shall establish and implement a system that promotes equity in access to services for regional center consumers by providing a pay differential to direct service professionals who can communicate in a language or medium other than English as part of their regular job duties.

(c) Notwithstanding any other law, a direct service professional described in subdivision (b) is eligible for a bilingual or multilingual differential if both of the following conditions are met:

(1) The duties currently assigned to the direct service professional require regular communication in a language or medium other than English with an individual that has a developmental disability, and when appropriate, their families.

(2) The direct service professional passes an examination certifying their ability to communicate in the language or medium other than English.

(3) For the purpose of this section, "medium other than English" includes, but is not limited to, American Sign Language and other sign languages and augmentative and alternative communication.

(d) The department may adopt emergency regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code. The department is exempted from the requirement that it describe specific facts showing the need for immediate action.

(e) Prior to implementation, the department shall provide a report to the Legislature detailing its plan to implement a wage differential for bilingual and multilingual staff.

SEC. 30. Section 4643.5 of the Welfare and Institutions Code is amended to read:

4643.5. (a) If a consumer is, or has been determined to be, eligible or provisionally eligible for services by a regional center, the consumer shall also be considered eligible or provisionally eligible by any other regional center if the consumer has moved to another location within the state.

(b) An individual who is determined by any regional center to have a developmental disability or to be provisionally eligible shall remain eligible for services from regional centers unless a regional center, following a comprehensive reassessment, concludes that the original determination is clearly erroneous.

(c) Whenever a consumer transfers from one regional center catchment area to another, the level and types of services and supports specified in the consumer's individual program plan (IPP) shall be authorized and secured, if available, pending the development of a new IPP for the consumer. If these services and supports do not exist, the regional center shall convene a meeting to develop a new IPP within 30 days. Prior to approval of the new IPP, the regional center shall provide alternative services and supports that best meet the IPP objectives in the least restrictive setting. The department shall develop guidelines that describe the responsibilities of regional centers in ensuring a smooth transition of services and supports from one regional center to another, including, but not limited to, pretransferring planning and a dispute resolution process to resolve disagreements between regional centers regarding their responsibilities related to the transfer of case management services.

(d) (1) The following procedures shall apply to a consumer who is transferred from one regional center's catchment area to a different catchment area and meets any of the following conditions:

(A) The consumer has an order for foster care placement.

(B) The consumer is awaiting foster care placement.

(C) The consumer is placed in out-of-home care through voluntary placement as defined in subdivision (o) of Section 11400.

(2) (A) The county social worker or county probation officer shall immediately send a notice of relocation to the consumer's regional center of origin, which is the sending regional center, regarding a consumer who meets the criteria set forth in paragraph (1). The consumer's court-appointed attorney may also provide written notice of relocation. The notice of relocation shall be deemed received when the sending regional center receives written notice of relocation.

(B) Upon receiving the notice of relocation, the sending regional center shall immediately send a notice of transfer, and records needed for the planning process, including, but not limited to, the current IPP or individualized family services plan (IFSP), assessments, contact information for the consumer, the caregiver, the consumer's legal guardian, the current developmental services decisionmaker, and the current educational rights holder, by priority mail, facsimile, or email, to the receiving regional center, which is the regional center in the catchment area that the child will be transferred to.

(C) (i) The receiving regional center shall provide the sending regional center with contact information for a staff member who is available to confer with the planning team at the sending regional center regarding the types of services and providers available to address the service needs of the consumer in the consumer's new residential location.

(ii) Within 14 days of the notice of transfer, the receiving regional center shall provide the sending regional center with information regarding appropriate vendors and services to meet the needs of the consumer.

(iii) The sending regional center shall confer with the planning team and, using information provided by the receiving regional center, determine whether changes to the current IPP or IFSP are needed to meet the service needs of the

consumer in the new residential location.

(iv) Prior to transfer of case management, the sending regional center shall ensure that services needed to support the consumer in the new residential location are included in the IPP or IFSP and the consumer is receiving the services and supports listed in the new or revised IPP or IFSP.

(3) (A) In the case of a consumer receiving services under this division, notwithstanding subdivision (g) of Section 4646, the sending regional center shall make every reasonable effort to initiate services, as provided for in the consumer's current IPP, as soon as possible following the notice of transfer to a new catchment area, but no later than 30 days from the date of notice of transfer. Efforts shall begin in advance of the IPP meeting. If all services identified in the consumer's IPP have not been initiated within 30 calendar days of the notice of transfer, the regional center shall report to the court of jurisdiction as described in subparagraph (B).

(B) If all services identified in the consumer's IPP have not been initiated within 30 calendar days after the notice of transfer, the sending regional center shall report in writing to the court, the county social worker or probation officer, as applicable, and the developmental services decisionmaker, all services that are being provided to the consumer, and the process to secure any additional services that have been identified in the consumer's IPP but not yet initiated. If all services identified in the consumer's IPP have not been initiated within 30 days, the regional center shall report in writing to the court, county social worker, probation officer, as applicable, and the developmental services decisionmaker at 30-day intervals until all services are initiated.

(C) (i) Services shall continue to be provided pursuant to subparagraph (A), pending the court's appointment of a developmental services decisionmaker, pursuant to subdivision (g) of Section 319, subdivision (a) of Section 361, or subdivision (b) of Section 726.

(ii) If the regional center is unable to obtain confirmation of the parent's, guardian's, or current developmental services decisionmaker's participation in the IPP meeting, the regional center shall notify the court having jurisdiction, the county placing agency, and the consumer's attorney that the appointment of a new developmental services decisionmaker may be necessary.

(4) In the case of a consumer receiving services under the California Early Intervention Program pursuant to Title 14 (commencing with Section 95000) of the Government Code, the following procedures shall apply:

(A) The sending regional center shall make every reasonable effort to initiate services, as provided for in the consumer's current IFSP, as soon as possible following the notice of transfer but no later than 30 calendar days from the date of notice of transfer. Efforts shall begin in advance of the IFSP meeting. If all services identified in the consumer's IFSP have not been initiated within 30 calendar days of the notice of transfer, the regional center shall report to the court of jurisdiction as described in subparagraph (B).

(B) If all services identified in the consumer's IFSP have not been initiated within 30 calendar days of the notice of transfer, the sending regional center shall report in writing to the court, the county social worker or probation officer, as applicable, and the educational rights holder, all services that are being provided to the consumer, and the process to secure any additional services that have been identified in the consumer's IFSP but not initiated. If all services identified in the consumer's IFSP have not been initiated within 30 days, the regional center shall report in writing to the court, county social worker, probation officer, as applicable, and the educational rights holder at 30-day intervals until all services are initiated.

(C) (i) Services not requiring consent shall continue to be provided pursuant to subparagraph (A) pending the court's appointment of an educational rights holder, pursuant to subdivision (g) of Section 319, subdivision (a) of Section 361, or subdivision (b) of Section 726.

(ii) If the regional center is unable to obtain confirmation of the parent's, guardian's, or current educational rights holder participation in the IFSP meeting, the regional center shall notify the court of jurisdiction, the county placing agency, and the consumer's attorney that the appointment of a new educational rights holder may be necessary.

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

(1) "Consumer" refers to individuals as defined in Section 4512 and any eligible infant or toddler, as defined in Section 95014 of the Government Code.

(2) "Initiation of services" means the point at which the consumer begins to receive a particular service and may include assessment procedures for services, if necessary, if those services begin immediately following the completion of the assessment.

(3) "Notice of relocation" means a written notice informing a regional center that currently serves a consumer described in subdivision (d) that the consumer has been relocated to a foster home that is located in a catchment area that is not served by that regional center. "Notice of relocation" includes, at a minimum, the following information:

(A) The consumer's name, date of birth, and current address.

(B) The name of the consumer's caregiver.

(C) The court of jurisdiction.

(D) The name of, and contact information for, the consumer's educational rights holder or developmental services decisionmaker, if applicable.

(E) The name of, and contact information for, any person who may provide authorization and consent for the release of the consumer's regional center records or vendor assessment records, or both.

(4) "Notice of transfer" means a written notice that a consumer described in paragraph (1) of subdivision (d) is transferring from a regional center located in one catchment area to a regional center located in a different catchment area and includes, at a minimum, the following information:

(A) The consumer's name and date of birth.

(B) The name of, and contact information for, the consumer's parent, or the consumer's educational rights holder or developmental services decisionmaker, if applicable.

(C) The name of, and contact information for, the consumer's current caregiver.

(D) A copy of the consumer's current IFSP or IPP.

(E) The name of, and contact information for, the child's county social workers.

SEC. 31. Section 4646 of the Welfare and Institutions Code is amended to read:

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

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

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

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

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

(f) Notwithstanding any other law, until June 30, 2022, a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise the individual program plan, shall be held by remote electronic communications if

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

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

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

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

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

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

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

SEC. 32. Section 4648.5 of the Welfare and Institutions Code is amended to read:

4648.5. (a) Notwithstanding any other law or regulations to the contrary, effective July 1, 2009, and ending on June 30, 2021, a regional center's authority to purchase the following services shall be suspended pending implementation of the Individual Choice Budget and certification by the Director of Developmental Services that the Individual Choice Budget has been implemented and will result in state budget savings sufficient to offset the costs of providing the following services:

(1) Camping services and associated travel expenses.

(2) Social recreation activities, except for those activities vendored as community-based day programs.

(3) Educational services for children three to 17, inclusive, years of age.

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

(b) For regional center consumers receiving services described in subdivision (a) as part of their individual program plan (IPP) or individualized family service plan (IFSP), the prohibition in subdivision (a) shall take effect on August 1, 2009.

(c) An exemption may be granted on an individual basis in extraordinary circumstances to permit purchase of a service identified in subdivision (a) when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability, or the service is necessary to enable the consumer to remain in their home and no alternative service is available to meet the consumer's needs.

(d) This section shall become inoperative on July 1, 2021, and as of January 1, 2022 is repealed.

SEC. 33. The heading of Article 3.5 (commencing with Section 4684.50) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code is amended to read:

Article 3.5. Adult Residential Facilities for Persons with Special Health Care Needs and Group Homes for Children with Special Health Care Needs

SEC. 34. Section 4684.50 of the Welfare and Institutions Code is amended to read:

4684.50. (a) (1) "Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN)" means any adult residential facility that provides 24-hour health care and intensive support services in a homelike setting that is licensed to serve up to five adults with developmental disabilities as defined in Section 4512.

(2) "Group Home for Children with Special Health Care Needs (GHCSHN)" means a group home, as described in paragraph (22) of subdivision (a) of Section 1502 of the Health and Safety Code and licensed pursuant to Article 9 (commencing with Section 1567.50) of the Health and Safety Code, that provides 24-hour health care and intensive support services in a homelike setting that is licensed to serve up to five children or nonminor dependents with developmental disabilities as defined in Section 4512.

(3) For purposes of this article, an ARFPSHN or a GHCSHN may only be established in a facility approved pursuant to Section 4688.5 or through an approved regional center community placement plan pursuant to Section 4418.25.

(b) "Consultant" means a person professionally qualified by training and experience to give expert advice, information, training, or to provide health-related assessments and interventions specified in a consumer's individual health care plan.

(c) "Direct care personnel" means all personnel who directly provide program or nursing services to consumers. Administrative and licensed personnel shall be considered direct care personnel when directly providing program or nursing services to clients. Consultants shall not be considered direct care personnel.

(d) "Individual health care plan" means the plan that identifies and documents the health care and intensive support service needs of a consumer.

(e) "Individual health care plan team" means those individuals who develop, monitor, and revise the individual health care plan for consumers residing in an ARFPSHN or a GHCSHN.

(1) For an ARFPSHN or a GHCSHN, the team shall, at a minimum, be composed of all of the following individuals:

(A) Regional center service coordinator and other regional center representative, as necessary.

(B) Consumer, and, if appropriate, the consumer's parents, legal guardian or conservator, or authorized representative.

(C) Consumer's primary care physician, or other physician as designated by the regional center.

(D) ARFPSHN or GHCSHN administrator.

(E) ARFPSHN or GHCSHN registered nurse.

(F) Others deemed necessary for developing a comprehensive and effective plan.

(2) For a GHCSHN, in addition to the individuals listed in paragraph (1), the team shall, at a minimum, include all of the individuals required for an individualized health care team as described in subdivision (d) of Section 17710.

(f) "Intensive support needs" means the consumer requires physical assistance in performing four or more of the following activities of daily living:

(1) Eating.

(2) Dressing.

(3) Bathing.

(4) Transferring.

(5) Toileting.

(6) Continence.

(g) "Special health care needs" for an ARFPSHN means the consumer has health conditions that are predictable and stable, as determined by the individual health care plan team, and for which the individual requires nursing supports for any of the following types of care:

(1) Nutrition support, including total parenteral feeding and gastrostomy feeding, and hydration.

(2) Cardiorespiratory monitoring.

(3) Oxygen support, including continuous positive airway pressure and bilevel positive airway pressure, and use of other inhalation-assistive devices.

(4) Nursing interventions for tracheostomy care and suctioning.

(5) Nursing interventions for colostomy, ileostomy, or other medical or surgical procedures.

(6) Special medication regimes including injection and intravenous medications.

(7) Management of insulin-dependent diabetes.

(8) Bowel care management, including enemas or suppositories.

(9) Indwelling urinary catheter/catheter procedure.

(10) Treatment for antimicrobial resistant infections.

(11) Treatment for wounds or pressure injuries.

(12) Postoperative care and rehabilitation.

(13) Pain management and palliative care.

(14) Renal dialysis.

(h) "Special health care needs" for a GHCSHN means a predictable and stable condition, as determined by the individual health care plan team, as described in paragraph (2) of subdivision (e), that can rapidly deteriorate, resulting in permanent injury or death, or that requires specialized in-home health care, as described in subdivisions (a) and (g) of Section 17710.

SEC. 35. Section 4684.53 of the Welfare and Institutions Code is amended to read:

4684.53. (a) The State Department of Developmental Services and the State Department of Social Services shall jointly implement a licensing program to provide special health care and intensive support services to adults, and a licensing program to provide special health care and intensive support services to children, in homelike community settings.

(b) The programs shall be implemented through approved community placement plans, as follows:

(1) For an adult who is identified by a regional center as an adult who could benefit from placement in an ARFPSHN.

(2) For a child who is identified by a regional center as a child who could benefit from placement in a GHCSHN.

(c) (1) Each ARFPSHN shall possess a community care facility license issued pursuant to Article 9 (commencing with Section 1567.50) of Chapter 3 of Division 2 of the Health and Safety Code. Until the Department of Social Services creates a stand-alone chapter for ARFPSHNs, each ARFPSHN shall be subject to the requirements of Chapter 1 (commencing with Section 80000) of Division 6 of Title 22 of the California Code of Regulations, except for Article 8 (commencing with Section 80090).

(2) Each GHCSHN shall possess a community care facility license issued pursuant to Article 9 (commencing with Section 1567.50) of Chapter 3 of Division 2 of the Health and Safety Code, and shall be subject to the requirements of Chapter 1 (commencing with Section 80000) and Chapter 5 (commencing with Section 84000) of Division 6 of Title 22 of the California Code of Regulations, except that Article 8 (commencing with Section 80090) of Chapter 1 of Division 6 of Title 22 of the California Code of Regulations shall not apply.

(d) For purposes of this article, a health facility licensed pursuant to subdivision (e) or (h) of Section 1250 of the Health and Safety Code may place its licensed bed capacity in voluntary suspension for the purpose of licensing the facility to operate an ARFPSHN or a GHCSHN if the facility is selected to participate pursuant to Section 4684.58. Consistent with subdivision (a) of Section 4684.50, any facility licensed pursuant to this section shall serve up to five adults or up to five children. A facility's bed capacity

shall not be placed in voluntary suspension until all consumers residing in the facility under the license to be suspended have been relocated. A consumer shall not be relocated unless it is reflected in the consumer's individual program plan developed pursuant to Sections 4646 and 4646.5.

(e) Each ARFPSHN and each GHCSHN are subject to the requirements of Subchapters 5 to 9, inclusive, of Chapter 1 of, and Subchapters 2 and 4 of Chapter 3 of, Division 2 of Title 17 of the California Code of Regulations.

(f) Each ARFPSHN and each GHCSHN shall ensure that an operable automatic fire sprinkler system is installed and maintained.

(g) Each ARFPSHN and each GHCSHN shall have an operable automatic fire sprinkler system that is approved by the State Fire Marshal and that meets the National Fire Protection Association (NFPA) 13D standard for the installation of sprinkler systems in single- and two-family dwellings and manufactured homes. A local jurisdiction shall not require a sprinkler system exceeding this standard by amending the standard or by applying standards other than NFPA 13D. A public water agency shall not interpret this section as changing the status of a facility from a residence entitled to residential water rates, nor shall a new meter or larger connection pipe be required of the facility.

(h) Each ARFPSHN and each GHCSHN shall provide an alternative power source to operate all functions of the facility for a minimum of six hours in the event the primary power source is interrupted. The alternative power source shall comply with the manufacturer's recommendations for installation and operation. The alternative power source shall be maintained in safe operating condition, and shall be tested every 14 days, or as per the manufacturer's recommended schedule, under the full load condition for a minimum of 10 minutes. Written records of inspection, performance, exercising period, and repair of the alternative power source shall be regularly maintained on the premises and available for inspection by the State Department of Developmental Services.

SEC. 36. Section 4684.55 of the Welfare and Institutions Code is amended to read:

4684.55. (a) A regional center may not pay a rate to an ARFPSHN or a GHCSHN for a consumer that exceeds the rate in the State Department of Developmental Services' approved community placement plan for that facility unless the regional center demonstrates that a higher rate is necessary to protect a consumer's health and safety, and the department has granted prior written authorization.

(b) The payment rate for ARFPSHN or GHCSHN services shall be negotiated between the regional center and the ARFPSHN or GHCSHN.

(c) The established rate for a full month of service shall be made by the regional center if a consumer is temporarily absent from the ARFPSHN or from the GHCSHN for 14 days or less per month. If the consumer's temporary absence is due to the need for inpatient care in a health facility, as defined in subdivision (a), (b), or (c) of Section 1250 of the Health and Safety Code, the regional center shall continue to pay the established rate as long as no other consumer occupies the vacancy created by the consumer's temporary absence, or until the individual health care plan team has determined that the consumer will not return to the facility. In all other cases, the established rate shall be prorated for a partial month of service by dividing the established rate by 30.44 then by multiplying the quotient by the number of days the consumer resided in the facility.

SEC. 37. Section 4684.58 of the Welfare and Institutions Code is amended to read:

4684.58. (a) The regional center may recommend for participation, to the State Department of Developmental Services, an applicant to provide services as part of an approved community placement plan if the applicant meets all of the following requirements:

(1) The applicant employs or contracts with a program administrator who has a successful record of administering residential services for at least two years, as evidenced by substantial compliance with the applicable state licensing requirements.

(2) The applicant prepares and submits, to the regional center, a complete facility program plan that includes, but is not limited to, all of the following:

(A) The total number of the consumers to be served.

(B) A profile of the consumer population to be served, including their health care and intensive support needs.

(C) A description of the program components, including a description of the health care and intensive support services to be provided.

(D) A week's program schedule, including proposed consumer day and community integration activities.

(E) A week's proposed program staffing pattern, including licensed, unlicensed, and support personnel and the number and distribution of hours for such personnel.

(F) An organizational chart, including identification of lead and supervisory personnel.

(G) The consultants to be utilized, including their professional disciplines and hours to be worked per week or month, as appropriate.

(H) The plan for accessing and retaining consultant and health care services, including assessments, in the areas of physical therapy, occupational therapy, respiratory therapy, speech pathology, audiology, pharmacy, dietary/nutrition, dental, and other areas required for meeting the needs identified in consumers' individual health care plans.

(I) A description, including the size, layout, location, and condition of the proposed home.

(J) A description of the equipment and supplies available, or to be obtained, for programming and care.

(K) The type, location, and response time of emergency medical service personnel.

(L) The in-service training program plan for at least the next 12 months, that shall include the plan for ensuring that the direct care personnel understands their roles and responsibilities related to implementing individual health care plans, prior to, or within, the first seven days of providing direct care in the home and for ensuring the administrator understands the unique roles, responsibilities, and expectations for administrators of community-based facilities.

(M) The plan for ensuring that outside services are coordinated, integrated, and consistent with those provided by the ARFPSHN or the GHCSHN.

(N) Written certification that an alternative power system required by subdivision (h) of Section 4684.53 meets the manufacturer's recommendations for installation and operation.

(3) Submits a proposed budget itemizing direct and indirect costs, total costs, and the rate for services.

(4) The applicant submits written certification that they have the ability to comply with all of the requirements of Section 1520 of the Health and Safety Code.

(b) The regional center shall provide all documentation specified in paragraphs (2) to (4), inclusive, of subdivision (a) and a letter recommending program certification to the State Department of Developmental Services.

(c) The State Department of Developmental Services shall either approve or deny the recommendation and transmit its written decision to the regional center and to the State Department of Social Services within 30 days of its decision. The decision of the State Department of Developmental Services not to approve an application for program certification shall be the final administrative decision.

(d) Any change in the ARFPSHN or the GHCSHN operation that alters the contents of the approved program plan shall be reported to the State Department of Developmental Services and the contracting regional center, and approved by both agencies, prior to implementation.

SEC. 38. Section 4684.60 of the Welfare and Institutions Code is amended to read:

4684.60. The vendoring regional center shall, before placing a consumer into an ARFPSHN or a GHCSHN, ensure that the ARFPSHN or the GHCSHN has a license issued by the State Department of Social Services for not more than five adults, in the case of an ARFPSHN, or not more than five children, in the case of a GHCSHN, and a contract with the regional center that includes, at a minimum, all of the following:

(a) The names of the regional center and the licensee.

(b) A requirement that the contractor shall comply with all applicable statutes and regulations, including Section 4681.1.

(c) The effective date and termination date of the contract.

(d) The definition of terms.

(e) A requirement that the execution of any amendment or modification to the contract be in accordance with all applicable federal and state statutes and regulations and be by mutual agreement of both parties.

(f) A requirement that the licensee and the agents and employees of the licensee, in the performance of the contract, shall act in an independent capacity, and not as officers or employees or agents of the regional center.

- (g) A requirement that the assignment of the contract for consumer services shall not be allowed.
- (h) The rate of payment per consumer.
- (i) Incorporation, by reference, of the ARFPSHN's or the GHCSHN's approved program plan.
- (j) A requirement that the contractor verify, and maintain for the duration of the project, possession of commercial general liability insurance in the amount of at least one million dollars (\$1,000,000) per occurrence.
- (k) Contractor performance criteria.

SEC. 39. Section 4684.63 of the Welfare and Institutions Code is amended to read:

4684.63. (a) Each ARFPSHN and each GHCSHN shall do all of the following:

(1) Meet the minimum requirements for a Residential Facility Service Level 4-i pursuant to Sections 56004 and 56013 of Title 17 of the California Code of Regulations, and ensure that all of the following conditions are met:

- (A) That a licensed registered nurse, licensed vocational nurse, or licensed psychiatric technician, is awake and on duty 24-hours per day, seven days per week.
- (B) That a licensed registered nurse is awake and on duty at least eight hours per person, per week.
- (C) That at least two staff on the premises are awake and on duty if providing care to four or more consumers.

(2) Ensure the consumer remains under the care of a physician at all times and is examined by the primary care physician at least once every 60 days, or more often if required by the consumer's individual health care plan.

(3) Ensure that an administrator is on duty at least 20 hours per week to ensure the effective operation of the ARFPSHN or the GHCSHN.

(4) For an ARFPSHN, ensure that the administrator completes the 35-hour administrator certification training program pursuant to paragraph (1) of subdivision (c) of Section 1562.3 of the Health and Safety Code without exception, has at least one year of administrative and supervisory experience in a licensed residential program for persons with developmental disabilities, and is one or more of the following:

- (A) A licensed registered nurse.
- (B) A licensed nursing home administrator.
- (C) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities.
- (D) An individual with a bachelors degree or more advanced degree in the health or human services field and two years of experience working in a licensed residential program for persons with developmental disabilities and special health care needs.

(5) For a GHCSHN, ensure that the administrator completes the 40-hour administrator certification training program pursuant to paragraph (1) of subdivision (c) of Section 1522.41 of the Health and Safety Code without exception, has at least one year of administrative and supervisory experience in a licensed residential program for persons with developmental disabilities, and is one or more of the following:

- (A) A licensed registered nurse.
- (B) A licensed nursing home administrator.
- (C) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities.
- (D) An individual with a bachelors degree or more advanced degree in the health or human services field and two years of experience working in a licensed residential program for persons with developmental disabilities and special health care needs.

(b) The regional center shall require an ARFPSHN or a GHCSHN to provide additional professional, administrative, or supportive personnel whenever the regional center determines, in consultation with the individual health care plan team, that additional personnel are needed to provide for the health and safety of consumers.

(c) Each ARFPSHN and each GHCSHN shall ensure that all direct care personnel complete the training requirements specified in Section 4695.2.

SEC. 40. Section 4684.65 of the Welfare and Institutions Code is amended to read:

4684.65. (a) A regional center shall not place, or fund the placement for, any consumer in an ARFPSHN or a GHCSHN unless the following requirements are met:

(1) The individual health care plan team has prepared a written individual health care plan that can be fully and immediately implemented upon the consumer's placement.

(2) For placements in a GHCSHN, the regional center considers and documents every possible way to assist the child's family or guardian to maintain the child in the home of the family or guardian, or return the child to the home of the family or guardian, when living at home is the preferred objective in the child's individual program plan.

(b) (1) An ARFPSHN and GHCSHN shall only accept, for initial admission, consumers who meet both of the following requirements:

(A) Reside in a developmental center at the time of the proposed placement.

(B) Have an individual program plan that specifies special health care and intensive support needs that indicate the appropriateness of placement in an ARFPSHN or a GHCSHN.

(2) Except as provided in paragraph (3), if a vacancy in an ARFPSHN or a GHCSHN occurs due to the permanent relocation or death of a resident, the vacancy may be filled by a consumer who meets the requirements of paragraph (1).

(3) If there is no resident residing in a developmental center from any regional center who meets the requirements of subparagraph (B) of paragraph (1), a vacancy may be filled by a consumer of any regional center who does not reside in a developmental center if the consumer otherwise meets the requirements of subparagraph (B) of paragraph (1), the regional center demonstrates that the placement is necessary to protect the consumer's health or safety, and the department has granted prior written authorization.

(c) The ARFPSHN or the GHCSHN shall not admit a consumer if the individual health care plan team determines that the consumer is likely to exhibit behaviors posing a threat of substantial harm to others, or has a serious health condition that is unpredictable or unstable. A determination that the individual is a threat to others may only be based on objective evidence or recent behavior and a determination that the threat cannot be mitigated by reasonable interventions.

SEC. 41. Section 4684.68 of the Welfare and Institutions Code is amended to read:

4684.68. (a) The individual health care plan shall include, at a minimum, all of the following:

(1) An evaluation of the consumer's current health.

(2) A description of the consumer's ability to perform the activities of daily living.

(3) A list of all current prescription and nonprescription medications the consumer is using.

(4) A list of all health care and intensive support services the consumer is currently receiving or may need upon placement in the ARFPSHN or the GHCSHN.

(5) A written statement from the consumer's primary care physician familiar with the health care needs of the consumer, or other physician as designated by the regional center, that the consumer's medical condition is predictable and stable, and that the consumer's level of care is appropriate for the ARFPSHN or the GHCSHN.

(6) Provision for the consumer to be examined by the consumer's primary care physician at least once every 60 days, or more frequently if indicated.

(7) A list of the appropriate professionals assigned to provide the health care as described in the plan.

(8) A description of, and plan for providing, any training required for all direct care personnel to meet individuals' needs.

(9) The name of the individual health care plan team member, and an alternate designee, who is responsible for day-to-day monitoring of the consumer's health care plan and ensuring its implementation as written.

(10) Identification of the legally authorized representative to make health care decisions on the consumer's behalf, if the consumer lacks the capacity to give informed consent.

(11) The name and telephone number of the person or persons to notify in case of an emergency.

(12) The next meeting date of the individual health care plan team, that shall be at least every six months, to evaluate and update the individual health care plan.

(b) In addition to Section 80075 of Title 22 of the California Code of Regulations, and if applicable for a GHCSHN, Sections 84075 and 84275 of Title 22 of the California Code of Regulations, the ARFPSHN and the GHCSHN shall comply with all of the following requirements:

(1) Medications shall be given only on the order of a person lawfully authorized to prescribe.

(2) Medications shall be administered as prescribed and shall be recorded in the consumer record. The name and title of the person administering the medication or treatment, and the date, time, and dosage of the medication administered shall be recorded. Initials may be used provided the signature of the person administering the medication or treatment is recorded on the medication or treatment record.

(3) Preparation of dosages for more than one scheduled administration time shall not be permitted.

(4) Persons administering medications shall confirm each consumer's identity prior to the administration.

(5) Medications shall be administered within two hours after dosages are prepared and shall be administered by the same person who prepared the dosages. Dosages shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber.

(6) All medications shall be administered only by those persons specifically authorized to do so by their respective scope of practice, with the exception of emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock as described in subdivision (a) of Section 1507.25 of the Health and Safety Code.

(7) No medication shall be administered to or used by any consumer other than the consumer for whom the medication was prescribed.

(8) Medication errors and adverse drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug or another practitioner responsible for the medical care of the consumer. Minor adverse reactions that are identified in the literature accompanying the product as a usual or common side effect, need not be reported to the practitioner immediately, but in all cases shall be recorded in the consumer's record. Medication errors include, but are not limited to, the failure to administer a drug ordered by a prescriber within one hour of the time prescribed, administration of any drugs other than prescribed or the administration of a dose not prescribed.

SEC. 42. Section 4684.70 of the Welfare and Institutions Code is amended to read:

4684.70. (a) The State Department of Social Services, in administering the licensing program, shall not have any responsibility for evaluating consumers' level of care or health care provided by an ARFPSHN or a GHCSHN. Any suspected deficiencies in a consumer's level of care or health care identified by the State Department of Social Services' personnel shall be reported immediately to the appropriate regional center and the State Department of Developmental Services for investigation.

(b) The regional center shall have responsibility for monitoring and evaluating the implementation of the consumer's individual plan objectives, including, but not limited to, the health care and intensive support service needs identified in the consumer's individual health care plan and the consumer's integration and participation in community life.

(c) For each consumer placed in an ARFPSHN or a GHCSHN, the regional center shall assign a service coordinator pursuant to subdivision (b) of Section 4647.

(d) A regional center licensed registered nurse shall visit, with or without prior notice, the consumer, in person, at least monthly in the ARFPSHN or the GHCSHN, or more frequently if specified in the consumer's individual health care plan. At least four of these visits, annually, shall be unannounced.

(e) The State Department of Developmental Services shall monitor and ensure the regional centers' compliance with the requirements of this article. The monitoring shall include onsite visits to all the ARFPSHNs and the GHCSHNs at least every six months.

SEC. 43. Section 4684.73 of the Welfare and Institutions Code is amended to read:

4684.73. (a) In addition to any other contract termination provisions, a regional center may terminate its contract with an ARFPSHN or a GHCSHN if the regional center determines that the ARFPSHN or the GHCSHN is unable to maintain substantial

compliance with state laws, regulations, or its contract with the regional center, or the ARFPSHN or the GHCSHN demonstrates an inability to ensure the health and safety of the consumers.

(b) The ARFPSHN or the GHCSHN may appeal a regional center's decision to terminate its contract by sending, to the executive director of the contracting regional center, a detailed statement containing the reasons and facts demonstrating why the termination is inappropriate. The appeal must be received by the regional center within 10 working days from the date of the letter terminating the contract. The executive director shall respond with their decision within 10 working days of the date of receipt of the appeal from the ARFPSHN or the GHCSHN. The executive director shall submit their decision to the State Department of Developmental Services on the same date that it is signed. The decision of the executive director shall be the final administrative decision.

(c) The Director of Developmental Services may rescind an ARFPSHN's or a GHCSHN's program certification if, in their sole discretion, an ARFPSHN or a GHCSHN does not maintain substantial compliance with an applicable statute, regulation, or ordinance, or cannot ensure the health and safety of the consumers. The decision of the Director of Developmental Services shall be the final administrative decision. The Director of Developmental Services shall transmit their decision rescinding an ARFPSHN's or a GHCSHN's program certification to the State Department of Social Services and the regional center with their recommendation as to whether to revoke the ARFPSHN's or the GHCSHN's license.

(d) In addition to complying with Section 1524.1 of the Health and Safety Code, an ARFPSHN or GHCSHN licensee that is unable to continue to provide services to consumers in the facility shall, upon the date on which a new ARFPSHN license is issued pursuant to Sections 1520 and 1525 of the Health and Safety Code, or a new GHCSHN license is issued pursuant to Sections 1520, 1520.1, and 1525 of the Health and Safety Code, arrange with the regional center or department the transfer of all information, property, and documents related to the operation of the facility and the provision of services to the consumers. The department or the regional center shall take all steps permitted by this article to ensure that at all times the consumers who are residing in the facility receive services set forth in their individual health care plans.

SEC. 44. Section 4684.74 of the Welfare and Institutions Code is amended to read:

4684.74. The State Department of Developmental Services shall only approve the development of ARFPSHNs or GHCSHNs that are directly associated with the identification of the need of regional center consumers residing in or at risk of placement in larger congregate settings.

SEC. 45. Section 4684.76 is added to the Welfare and Institutions Code, to read:

4684.76. For a child or nonminor dependent who has been adjudged a dependent of the court pursuant to Section 300, a child who has not been adjudged a dependent of the court pursuant to Section 300 but who is in the custody of the county welfare department, or a child who has been adjudged a ward of the court pursuant to Section 601 or 602 and placed in the care and custody of the county probation department, who is or will be placed in a GHCSHN, the following shall apply:

(a) The child or nonminor dependent shall have a predictable and stable condition, as determined by the individualized health care plan team, that can rapidly deteriorate, resulting in permanent injury or death, or that is dependent upon one or more of the following:

- (1) Nutrition support, including enteral feeding tube or total parenteral feeding.
- (2) Cardiorespiratory monitoring.
- (3) Oxygen support.
- (4) A ventilator.
- (5) Nursing interventions for tracheostomy care and suctioning.
- (6) Nursing interventions for colostomy, ileostomy, or other medical or surgical procedures.
- (7) Special medication regimes including injection and intravenous medications.
- (8) Urinary catheterization.
- (9) Renal dialysis.

(b) The child or nonminor dependent has been assessed pursuant to Section 4096 and it is determined that the GHCSHN will provide the most effective and appropriate level of care for the child or nonminor dependent in the least restrictive environment and be consistent with the short- and long-term goals for the child or nonminor dependent.

(c) In addition to the individuals identified in paragraph (2) of subdivision (e) of Section 4684.50, the individual health care plan team shall, at a minimum, include:

(1) Any person who holds the right to make developmental services decisions for the child, including any person designated by the court pursuant to paragraph (4) of subdivision (j) of Section 319 or paragraph (5) of subdivision (a) of Section 361.

(2) The child welfare caseworker.

(3) A representative of the child or nonminor dependent's tribe or Indian custodian, as applicable.

(d) The child welfare agency shall continue to be responsible to make all efforts required by law to complete any steps necessary to finalize the permanent placement of the child or nonminor dependent, including, but not limited to, the provision of specialized permanency services as defined in paragraph (9) of subdivision (a) of Section 16501.

(e) The child welfare agency shall review whether the child can be transitioned to a less restrictive environment pursuant to paragraph (9) of subdivision (e) of Section 361.2.

SEC. 46. Section 4684.77 is added to the Welfare and Institutions Code, to read:

4684.77. (a) If a child requires a living arrangement in a GHCSHN, the regional center shall make every effort to secure placement, consistent with the individual program plan, in a GHCSHN that is reasonably close proximity to the home of the legal guardian.

(b) (1) If a GHCSHN in reasonably close proximity to the home of the family or guardian cannot be secured by the regional center, the regional center shall include with the individual program plan a written statement of its efforts to locate, develop, or adapt appropriate services and supports in a living arrangement within close proximity to the family home and what steps will be taken by the regional center to develop the services and supports necessary to return the child to the family home or within close proximity of the family home.

(2) The statement required pursuant to paragraph (1) shall be updated every six months, or as agreed to by the parents or guardians, and a copy shall be forwarded to the parents or guardians of the minor and to the director of the department.

(c) This section shall not be construed to impede the movement of consumers to other geographic areas or the preference of the legal guardian for the placement of their minor child.

SEC. 47. Section 4685.8 of the Welfare and Institutions Code is amended to read:

4685.8. (a) The department shall implement a statewide Self-Determination Program. The Self-Determination Program shall be available in every regional center catchment area to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP. As of July 1, 2021, the program shall begin to be available on a voluntary basis to all regional center consumers who are eligible for the Self-Determination Program.

(b) The department, in establishing the statewide program, shall do both of the following:

(1) Set targets and benchmarks as set forth in paragraph (1) of subdivision (r).

(2) Address all of the following:

(A) Oversight of expenditure of self-determined funds and the achievement of participant outcomes over time.

(B) Increased participant control over which services and supports best meet the participant's needs and the IPP objectives. A participant's unique support system may include the purchase of existing service offerings from service providers or local businesses, hiring their own support workers, or negotiating unique service arrangements with local community resources.

(C) Comprehensive person-centered planning, including an individual budget and services that are outcome based.

(D) Consumer and family training to ensure understanding of the principles of self-determination, the planning process, and the management of budgets, services, and staff.

(E) Choice of independent facilitators, who meet standards and certification requirements established by the department, and who can assist with the functions specified in paragraph (2) of subdivision (c).

(F) Choice of financial management services providers who meet standards and certification requirements established by the department, and who can carry out the functions specified in paragraph (1) of subdivision (c).

(G) Innovation that will more effectively allow participants to achieve their goals.

(H) Long-term sustainability of the Self-Determination Program by doing all of the following:

(i) Requiring IPP teams, when developing the individual budget, to determine the services, supports and goods necessary for each consumer based on the needs and preferences of the consumer, and when appropriate the consumer's family, and the effectiveness of each option in meeting the goals specified in the IPP, and the cost effectiveness of each option, as specified in subparagraph (D) of paragraph (6) of subdivision (a) of Section 4648.

(ii) The department may review final individual budgets that are at or above a spending threshold determined by the department of all individual budgets and use information from its review in the aggregate to develop additional program guidance and verify compliance with federal and state laws and other requirements.

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

(1) "Financial management services" means services or functions that assist the participant to manage and direct the distribution of funds contained in the individual budget, and ensure that the participant has the financial resources to implement their IPP throughout the year. These may include bill paying services and activities that facilitate the employment of service and support workers by the participant, including, but not limited to, fiscal accounting, tax withholding, compliance with relevant state and federal employment laws, assisting the participant in verifying provider qualifications, including criminal background checks, and expenditure reports. The financial management services provider shall meet the applicable requirements of Title 17 of the California Code of Regulations and other specific qualifications or certifications established by the department. The costs of financial management services shall be paid by the participant out of the participant's individual budget, except for the cost of obtaining the criminal background check specified in subdivision (u).

(2) "Independent facilitator" means a person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to their IPP and is not employed by a person providing services to the participant. The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP. The independent facilitator is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports. The cost of the independent facilitator, if any, shall be paid by the participant out of the participant's individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at the independent facilitator's own cost. The independent facilitator shall meet standards and certification requirements established by the department.

(3) "Individual budget" means the amount of regional center purchase of service funding available to the participant for the purchase of services and supports necessary to implement the IPP. The individual budget shall be determined using a fair, equitable, and transparent methodology.

(4) "IPP" means individual program plan, as described in Section 4646.

(5) "Participant" means an individual, and when appropriate, the participant's parents, legal guardian or conservator, or authorized representative, who has been deemed eligible for, and has voluntarily agreed to participate in, the Self-Determination Program.

(6) "Self-determination" means a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in their IPP. Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion. The Self-Determination Program shall only fund services and supports provided pursuant to this division that the federal Centers for Medicare and Medicaid Services determines are eligible for federal financial participation.

(7) "Spending Plan" means the plan the participant develops to use their available individual budget funds to purchase goods, services, and supports necessary to implement their individual program plan (IPP). The spending plan shall identify the cost of each good, service, and support that will be purchased with regional center funds. The total amount of the spending plan cannot exceed the amount of the individual budget. A copy of the spending plan shall be attached to the participant's IPP.

(d) Participation in the Self-Determination Program is fully voluntary. A participant may choose to participate in, and may choose to leave, the Self-Determination Program at any time. A regional center shall not require or prohibit participation in the Self-Determination Program as a condition of eligibility for, or the delivery of, services and supports otherwise available under this division. Participation in the Self-Determination Program shall be available to any regional center consumer who meets the following eligibility requirements:

(1) The participant has a developmental disability, as defined in Section 4512, and is receiving services pursuant to this division.

(2) The consumer does not live in a licensed long-term health care facility, as defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations. An individual, and when appropriate the individual's parent, legal guardian or conservator, or authorized representative, who is not eligible to participate in the Self-Determination Program pursuant to this paragraph may request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that the individual is reasonably expected to transition to the community within 90 days. In that case, the regional center shall initiate person-centered planning services within 60 days of that request.

(3) The participant agrees to all of the following terms and conditions:

(A) The participant shall receive an orientation that meets the standards set or developed by the department to the Self-Determination Program prior to enrollment, which includes the principles of self-determination, the role of the independent facilitator and the financial management services provider, person-centered planning, and development of a budget.

(B) The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

(C) The participant shall only purchase services and supports necessary to implement their IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.

(D) The participant shall manage Self-Determination Program services and supports within the participant's individual budget.

(E) The participant shall utilize the services of a financial management services provider of their own choosing and who is vendored by a regional center and who meets the qualifications in paragraph (1) of subdivision (c).

(F) The participant may utilize the services of an independent facilitator of their own choosing for the purpose of providing services and functions as described in paragraph (2) of subdivision (c). If the participant elects not to use an independent facilitator, the participant may use their regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

(G) If eligible, with the assistance of the regional center, if needed, timely apply for Medi-Cal in order to maximize federal funding. The participant may consider institutional deeming in order to qualify for Medi-Cal services.

(e) A participant who is not Medi-Cal eligible may participate in the Self-Determination Program and receive self-determination services and supports if all other program eligibility requirements are met and the services and supports are otherwise eligible for federal financial participation.

(f) The additional federal financial participation funds generated by the former participants of the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, or pursuant to Article 4 (commencing with Section 4669.2) of Chapter 5, shall be used to maximize the ability of Self-Determination Program participants to direct their own lives and to ensure the department and regional centers successfully implement the program as follows:

(1) First, to offset the cost to the department for the criminal background check conducted pursuant to subdivision(u) and other administrative costs incurred by the department in implementing the Self-Determination Program.

(2) With the remaining funds, the department, in consultation with stakeholders, including a statewide self-determination advisory workgroup, shall prioritize the use of the funds to meet the needs of participants, increase service access and equity, and reduce disparities, and to implement the program, including costs associated with all of the following:

(A) Independent facilitators to assist with a participant's initial person-centered planning meeting.

(B) Development of the participant's initial individual budget.

(C) Joint training of consumers, family members, regional center staff, and members of the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (v).

(D) Regional center operations to increase support for transition to the Self-Determination Program or for caseload ratio enhancement.

(E) To offset the costs to the regional centers in implementing the Self-Determination Program.

(F) To support the Statewide Self-Determination Advisory Committee established pursuant to paragraph (2) of subdivision (v).

(g) If at any time during participation in the Self-Determination Program a regional center determines that a participant is no longer eligible to continue in, or a participant voluntarily chooses to exit, the Self-Determination Program, the regional center shall provide for the participant's transition from the Self-Determination Program to other services and supports. This transition shall include the development of a new IPP that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(h) An individual determined to be ineligible for or who voluntarily exits the Self-Determination Program shall be permitted to return to the Self-Determination Program upon meeting all applicable eligibility criteria and upon approval of the participant's planning team, as described in subdivision (j) of Section 4512. An individual who has voluntarily exited the Self-Determination Program shall not return to the program for at least 12 months.

(i) An individual who participates in the Self-Determination Program may elect to continue to receive self-determination services and supports if the individual transfers to another regional center catchment area, provided that the individual remains eligible for the Self-Determination Program pursuant to subdivision (d). The balance of the participant's individual budget shall be reallocated to the regional center to which the participant transfers.

(j) The IPP team shall utilize the person-centered planning process to develop the IPP for a participant. The IPP shall detail the goals and objectives of the participant that are to be met through the purchase of participant-selected services and supports. The IPP team shall determine the individual budget to ensure the budget assists the participant to achieve the outcomes set forth in the participant's IPP and ensures their health and safety. The completed individual budget shall be attached to the IPP.

(k) The participant shall implement their IPP, including choosing and purchasing the services and supports allowable under this section necessary to implement the plan. A participant is exempt from the cost control restrictions regarding the purchases of services and supports pursuant to Section 4648.5. A regional center shall not prohibit the purchase of any service or support that is otherwise allowable under this section.

(l) A participant shall have all the rights established in Sections 4646 to 4646.6, inclusive, and Chapter 7 (commencing with Section 4700).

(m) (1) Except as provided in paragraph (4), the IPP team shall determine the initial and any revised individual budget for the participant using the following methodology:

(A) (i) Except as specified in clause (ii), for a participant who is a current consumer of the regional center, their individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

(ii) An adjustment may be made to the amount specified in clause (i) if both of the following occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures. When adjusting the budget, the IPP team shall document the specific reason for the adjustment in the IPP.

(II) The regional center certifies on the individual budget document that regional center expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

(iii) For purposes of clauses (i) and (ii), the amount of the individual budget shall not be increased to cover the cost of the independent facilitator or the financial management services.

(B) For a participant who is either newly eligible for regional center services or who does not have 12 months of purchase service expenditures, the participant's individual budget shall be calculated as follows:

(i) The IPP team shall identify the services and supports needed by the participant and available resources, as required by Section 4646.

(ii) The regional center shall calculate the cost of providing the services and supports to be purchased by the regional center by using the average cost paid by the regional center for each service or support unless the regional center determines that the consumer has a unique need that requires a higher or lower cost. The IPP team also shall document the specific reason for the adjustment in the IPP. The regional center shall certify on the individual budget document that

this amount would have been expended using regional center purchase of service funds regardless of the individual's participation in the Self-Determination Program.

(iii) For purposes of clauses (i) and (ii), the amount of the individual budget shall not be increased to cover the cost of the independent facilitator or the financial management services.

(2) The amount of the individual budget shall be available to the participant each year for the purchase of program services and supports. An individual budget shall be calculated no more than once in a 12-month period, unless revised to reflect a change in circumstances, needs, or resources of the participant using the process specified in clause (ii) of subparagraph (A) of paragraph (1).

(3) The spending plan shall be assigned to uniform budget categories developed by the department in consultation with stakeholders and distributed according to the timing of the anticipated expenditures in the IPP and in a manner that ensures that the participant has the financial resources to implement the IPP throughout the year.

(4) The department, in consultation with stakeholders, may develop alternative methodologies for individual budgets that are computed in a fair, transparent, and equitable manner and are based on consumer characteristics and needs, and that include a method for adjusting individual budgets to address a participant's change in circumstances or needs.

(n) Annually, participants may transfer up to 10 percent of the funds originally distributed to any budget category set forth in paragraph (3) of subdivision(m) to another budget category or categories. Transfers in excess of 10 percent of the original amount allocated to any budget category may be made upon the approval of the regional center or the participant's IPP team.

(o) Consistent with the implementation date of the IPP, the IPP team shall annually ascertain from the participant whether there are any circumstances or needs that require a change to the annual individual budget. Based on that review, the IPP team shall calculate a new individual budget consistent with the methodology identified in subdivision (m).

(p) (1) The department, as it determines necessary, may adopt regulations to implement the procedures set forth in this section. Any regulations shall be adopted in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Notwithstanding paragraph (1) and Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and only to the extent that all necessary federal approvals are obtained, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of program directives or similar instructions until the time regulations are adopted. It is the intent of the Legislature that the department be allowed this temporary authority as necessary to implement program changes only until completion of the regulatory process.

(q) The department, in consultation with stakeholders, shall develop informational materials about the Self-Determination Program. The department shall ensure that regional centers are trained in the principles of self-determination, the mechanics of the Self-Determination Program, and the rights of consumers and families as candidates for, and participants in, the Self-Determination Program.

(r) Each regional center shall be responsible for implementing the Self-Determination Program as a term of its contract under Section 4629. As part of implementing the program, the regional center shall do all of the following:

(1) Meet the Self-Determination targets approved by the department, meet benchmarks established by the department in areas including timely enrollment, diversity of consumers served, and reduction of disparities in the individual budget of participants from racial and ethnic communities, and be eligible for incentives for exceeding these targets and benchmarks once the department has established a performance incentives program.

(2) Develop and implement an outreach and training plan about the Self-Determination program for the diverse communities served by the regional center, including in congregate settings. Information shall be provided in plain language, in alternative formats and alternative modes of communication and provide language access as required by state and federal law. Obtain input from stakeholders, including consumers and families that reflect the ethnic and language diversity of the regional center's consumers, about the effectiveness of this outreach and training and other activities that may be effective in reducing disparities in these programs.

(3) Annually report the enrollment, individual budget data, and purchase of service expenditure data for the Self-Determination Program consistent with the criteria in subdivisions (a) to (c), inclusive, of Section 4519.5.

(4) Assist eligible participants and their families in applying for Medi-Cal, in order to maximize federal funding and assist interested participants who wish to pursue institutional deeming in order to qualify for Medi-Cal services.

(5) At least annually, in addition to annual certification, conduct an additional review of all final individual budgets for participants at the regional center which are at or above a spending threshold that is specified by the department through directive consistent with federal and state requirements. This information may be used in the aggregate to provide training, program guidance, and verify compliance with state and federal requirements.

(6) Review the spending plan to verify that goods and services eligible for federal financial participation are not used to fund goods or services available through generic agencies.

(7) Contract with local consumer or family-run organizations and consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision(v) to conduct outreach through local meetings or forums to consumers and their families to provide information about the Self-Determination Program and to help ensure that the program is available to a diverse group of participants, with special outreach to underserved communities.

(8) Collaborate with the local consumer or family-run organizations identified in paragraph (1) to jointly conduct training about the Self-Determination Program. The regional center shall consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision(v) in planning for the training, and the local volunteer advisory committee may designate members to represent the advisory committee at the training.

(9) Train all service coordinators and fair hearing specialists in the principles of self-determination, the mechanics of the Self-Determination Program, and the rights of consumers and families. The training shall be conducted in collaboration with the local volunteer advisory committee.

(10) Provide payment to the financial management services provider for spending plan expenses through a not less than semi-monthly pay schedule.

(s) The financial management services provider shall provide the participant and the regional center service coordinator with a monthly individual budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.

(t) Only the financial management services provider is required to apply for vendorization in accordance with Subchapter 2 (commencing with Section 54300) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations for the Self-Determination Program. All other service and support providers shall not be on the federal debarment list and shall have applicable state licenses, certifications, or other state required documentation, including documentation of any other qualifications required by the department, but are exempt from the vendorization requirements set forth in Title 17 of the California Code of Regulations when serving participants in the Self-Determination Program.

(u) To protect the health and safety of participants in the Self-Determination Program, the department shall require a criminal background check in accordance with all of the following:

(1) The department shall issue a program directive that identifies nonvendored providers of services and supports who shall obtain a criminal background check pursuant to this subdivision. At a minimum, these staff shall include both of the following:

(A) Individuals who provide direct personal care services to a participant.

(B) Other nonvendored providers of services and supports for whom a criminal background check is requested by a participant or the participant's financial management service.

(2) Subject to the procedures and requirements of this subdivision, the department shall administer criminal background checks consistent with the department's authority and the process described in Sections 4689.2 to 4689.6, inclusive.

(3) The department shall electronically submit to the Department of Justice fingerprint images and related information required by the Department of Justice of nonvendored providers of services and supports, as specified in paragraph (1), for purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on their own recognizance pending trial or appeal.

(4) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this section. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the department.

(5) The Department of Justice shall provide a state or federal response to the department pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(6) The department shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1).

(7) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this subdivision.

(8) The fingerprints of any provider of services and supports who is required to obtain a criminal background check shall be submitted to the Department of Justice prior to employment. The costs of the fingerprints and the financial management service's administrative cost authorized by the department shall be paid by the services and supports provider or the provider's employing agency. Any administrative costs incurred by the department pursuant to this subdivision shall be offset by the funds specified in subdivision (g).

(9) If the criminal record information report shows a criminal history, the department shall take the steps specified in Section 4689.2. The department may prohibit a provider of services and supports from becoming employed, or continuing to be employed, based on the criminal background check, as authorized in Section 4689.6. The provider of services and supports who has been denied employment shall have the rights set forth in Section 4689.6.

(10) The department may utilize a current department-issued criminal record clearance to enable a provider to serve more than one participant, as long as the criminal record clearance has been processed through the department and no subsequent arrest notifications have been received relative to the cleared applicant.

(11) Consistent with subdivision (h) of Section 4689.2, the participant or financial management service that denies or terminates employment based on written notification from the department shall not incur civil liability or unemployment insurance liability.

(v) To ensure the effective implementation of the Self-Determination Program and facilitate the sharing of best practices and training materials commencing with the implementation of the Self-Determination Program, local and statewide advisory committees shall be established as follows:

(1) Each regional center shall establish a local volunteer advisory committee to provide oversight of the Self-Determination Program and identify a regional center liaison to the committee. The regional center and the State Council on Developmental Disabilities shall each appoint one-half of the membership of the committee. The committee shall consist of the regional center clients' rights advocate, consumers, family members, and other advocates, and community leaders, including a representative from a family resource center. A majority of the committee shall be consumers and their family members. The committee shall reflect the multicultural diversity and geographic profile of the catchment area. The committee shall review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements of this section, and may make ongoing recommendations for improvement to the regional center and the department. Annually, the regional center shall confirm, in writing, that the committee meets the requirements specified in this paragraph and provide the department with the name of the staff liaison and the names of the committee members, the positions they fill on the committee, and which entity appointed them to the committee.

(2) The State Council on Developmental Disabilities shall form a volunteer committee, to be known as the Statewide Self-Determination Advisory Committee, comprised of the chairs of the 21 local advisory committees or their designees. The council shall convene the Statewide Self-Determination Advisory Committee twice annually, or more frequently in the sole discretion of the council. The Statewide Self-Determination Advisory Committee shall meet by teleconference or other means established by the council to identify self-determination best practices, effective consumer and family training materials, implementation concerns, systemic issues, ways to enhance the program, and recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports. The council shall synthesize information received from the Statewide Self-Determination Advisory Committee, local advisory committees, and other sources, share the information with consumers, families, regional centers, and the department, and make recommendations, as appropriate, to increase the program's effectiveness in furthering the principles of self-determination.

(w) The department shall annually provide the following information to the appropriate policy and fiscal committees of the Legislature:

(1) Number and characteristics of participants, by regional center, including the number of participants who entered the program upon movement from a developmental center.

(2) Types and amount of services and supports purchased under the Self-Determination Program, by regional center.

(3) Range and average of individual budgets, by regional center, including adjustments to the budget to address the adjustments permitted in clause (ii) of subparagraph (A) of paragraph (1) of subdivision (m).

(4) The number and outcome of appeals concerning individual budgets, by regional center.

(5) The number and outcome of fair hearing appeals, by regional center.

(6) The number of participants who voluntarily withdraw from the Self-Determination Program and a summary of the reasons why, by regional center.

(7) The number of participants who are subsequently determined to no longer be eligible for the Self-Determination Program and a summary of the reasons why, by regional center.

(x) (1) The State Council on Developmental Disabilities shall issue an interim report to the Legislature, in compliance with Section 9795 of the Government Code, no later than June 30, 2021, on the status of the Self-Determination Program authorized by this section, barriers to its implementation, and recommendations to enhance the effectiveness of the program. The interim report shall provide an update to the program's status, each regional center's cap on participation and progress toward that cap, the most recent statewide and per-regional-center participant count, and the historical trend in the statewide participation count since the start of the program. The department shall assist in providing available information to the council in order to facilitate the timely issuance of the report.

(2) The council, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research, and Service, may work with regional centers to survey participants regarding participant satisfaction under the Self-Determination Program and, when data is available, the traditional service delivery system, including the proportion of participants who report that their choices and decisions are respected and supported and who report that they are able to recruit and hire qualified service providers, and to identify barriers to participation and recommendations for improvement.

(3) The council, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research, and Service, shall issue a report to the Legislature, in compliance with Section 9795 of the Government Code, by December 31, 2022, on the status of the Self-Determination Program authorized by this section, and provide recommendations to enhance the effectiveness of the program. This review shall include the program's effectiveness in furthering the principles of self-determination, including all of the following:

(A) Freedom, which includes the ability of adults with developmental disabilities to exercise the same rights as all citizens to establish, with freely chosen supporters, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them; and for families to have the freedom to receive unbiased assistance of their own choosing when developing a plan and to select all personnel and supports to further the life goals of a minor child.

(B) Authority, which includes the ability of a person with a disability, or family, to control a certain sum of dollars in order to purchase services and supports of their choosing.

(C) Support, which includes the ability to arrange resources and personnel, both formal and informal, that will assist a person with a disability to live a life in the community that is rich in community participation and contributions.

(D) Responsibility, which includes the ability of participants to take responsibility for decisions in their own lives and to be accountable for the use of public dollars, and to accept a valued role in their community through, for example, competitive employment, organizational affiliations, spiritual development, and general caring of others in their community.

(E) Confirmation, which includes confirmation of the critical role of participants and their families in making decisions in their own lives and designing and operating the system that they rely on.

SEC. 48. Section 4685.9 is added to the Welfare and Institutions Code, to read:

4685.9. (a) The department shall establish an Office of the Self-Determination Program Ombudsperson.

(b) The Office of the Self-Determination Program Ombudsperson shall be headed by an individual, to be known as the Self-Determination Program Ombudsperson. As soon as is practicable, the Director of the Department of Developmental Services shall appoint an ombudsperson qualified by training and experience to perform the duties of the office for a term of four years. The director may reappoint the ombudsperson for consecutive terms.

(c) The office shall be an independent and autonomous entity within the department for the purpose of monitoring the implementation of Section 4685.8 and to assist regional center clients and Self-Determination Program consumers and their families to participate fully in the Self-Determination Program as authorized pursuant to Section 4685.8

(d) The office shall have all of the following rights and duties:

(1) Providing information and assisting regional center consumers and their families in understanding their rights under the Self-Determination Program, including the process, goals, and objectives of the program and facilitating solutions to disagreements regarding eligibility and services.

(2) Deciding whether to investigate complaints regarding the implementation of the Self-Determination Program, and recommending to the department strategies for change and improvement of the Self-Determination Program. Disclosure of information shall occur only as necessary to carry out the mission of the office and as permitted by law.

(3) Annually compiling and reporting to the appropriate policy and fiscal committees of the Legislature relevant data collected over the course of the year, including, but not limited to, the number of contacts to the office, the number of complaints made, including the type of those complaints, the number of investigations performed by the office, the trends and issues that arose in the course of investigating complaints, the number of referrals made, and the number of pending complaints.

(4) Recommending to the department and the Legislature changes to, including, but not limited to, relevant laws, regulations, policies, and actions that it determines to be appropriate and provide and facilitate public comment on, including, but not limited to, relevant laws, regulations, policies, and actions.

(5) Establishing a dedicated telephone number at which regional center consumers and other stakeholders may contact the office.

(e) The department shall include, on the portion of its internet website dedicated to the Self-Determination Program, a link to the internet website of the office.

SEC. 49. The Legislature finds and declares that Section 48 of this act, which adds Section 4685.9 to the Welfare and Institutions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy of consumers with respect to personal information contained within investigations performed by the ombudsperson, it is necessary that those investigations be confidential.

SEC. 50. Section 4691.12 of the Welfare and Institutions Code is amended to read:

4691.12. (a) (1) Notwithstanding any other law or regulation, to the extent funds are appropriated in the annual Budget Act for this purpose, and contingent upon the approval of federal funding, the department shall provide a rate increase effective January 1, 2020, for all of the following services:

(A) Specified services for which rates are set by the department or through negotiations between the regional centers and service providers.

(B) Rates paid for supported employment services, as specified in subdivisions (a) and (b) of Section 4860.

(C) Vouchered community-based services, as specified in paragraph (7) of subdivision (c) of Section 4688.21.

(2) The rate increase shall be applied to rates in effect on December 31, 2019, less the amount of any one-time rate increases for developmental services, as authorized in the Budget Act of 2018 (Chapter 29 of the Statutes of 2018). The rate increase shall be applied as a percentage, and this percentage shall be the same for all providers within each service category, as established by the department and set forth in the supplemental rate increase schedule posted on the department's internet website.

(3) The rate increase provided in this subdivision shall not apply to those services for which rates are determined by other entities, including, but not limited to, the State Department of Health Care Services or the State Department of Social Services, or are usual and customary.

(b) (1) Notwithstanding any other law or regulation, to the extent funds are appropriated in the annual Budget Act for this purpose, and contingent upon the approval of federal funding, the department shall provide a rate increase effective January 1, 2021, for all of the following services:

(A) Independent living programs that use the service code identified in paragraph (35) of subdivision (a) of Section 54342 of Title 17 of the California Code of Regulations.

(B) Infant development programs that use the service code identified in paragraph (37) of subdivision (a) of Section 54342 of Title 17 of the California Code of Regulations.

(C) Early start specialized therapeutic services provided by vendors classified by a regional center as early start specialized therapeutic services providers pursuant to Section 54356 of Title 17 of the California Code of Regulations.

(2) The rate increase shall be applied to rates in effect on December 31, 2020. The rate increase shall be applied as a percentage, and this percentage shall be the same for all providers within each service category, as established by the department and set forth in the rate increase schedule posted on the department's internet website.

SEC. 51. Section 4692 of the Welfare and Institutions Code is repealed.

SEC. 52. Section 4870 of the Welfare and Institutions Code is amended to read:

4870. (a) To encourage competitive integrated employment opportunities statewide for individuals with developmental disabilities, the department shall establish guidelines and oversee a program, to the extent funds are appropriated in the annual Budget Act for this purpose, to increase paid internship opportunities for individuals with developmental disabilities that produce outcomes consistent with the individual program plan. The department shall consult with the State Council on Developmental Disabilities, regional centers, employers, supported employment provider organizations, and clients' rights advocates, to establish a program that shall be administered by community service providers and that meets all of the following criteria:

(1) Internships shall not exceed 1,040 hours per year for each individual placed in an internship.

(2) Payments for internship hours under this program shall include all required employer-related costs.

(3) Individuals participating in an internship shall be paid at or above minimum wage and equal to the customary wage paid by the employer for the same or similar work performed by individuals who do not have disabilities.

(4) A payment of seven hundred fifty dollars (\$750) shall be made to the regional center service provider if both of the following apply:

(A) On or after July 1, 2021, the regional center provider places an individual in a paid internship opportunity.

(B) That individual remains in the paid internship after 30 consecutive days.

(5) An additional payment of one thousand dollars (\$1,000) shall be made to the regional center provider for an individual described in paragraph (4) who remains in the paid internship for 60 consecutive days.

(6) Placements shall be made into competitive, integrated work environments.

(7) Placements shall be made into internships that develop vocational skills that will facilitate paid employment opportunities in the future.

(8) Regional centers shall increase awareness of these internships to consumers outside of current employment programs through outreach to consumers once the program is implemented, as well as during the individual program plan process.

(b) The department shall require annual reporting by regional centers and vendors that ensures program accountability and achievement of program goals. This shall include, but is not limited to, all of the following:

(1) The number of interns placed who might not otherwise have achieved the placement absent this internship program.

(2) Types of employment in which interns are placed.

(3) Length of internships.

(4) Demographic information of interns.

(5) Amount of each intern placement payment.

(6) Employment-related supports provided by another agency or individual to the intern.

(7) Number of interns who subsequently entered paid employment, including salary and benefit information.

(8) Any additional information, as determined by the department.

(c) (1) The department shall include in its annual May Revision fiscal estimate a description of the implementation of the program, including, but not limited to, a description of the stakeholder consultation, the data described in subdivision (b), aggregated by regional center and statewide, and any recommendations for program changes that may be necessary or desirable to maximize program effectiveness and accountability.

(2) It is the intent of the Legislature that the amounts included in this section be considered for changes or adjustments as part of the budget process that develops the budget for the 2025–26 fiscal year.

(d) Consistent with the individual program plan, the program shall increase sustained and appropriate competitive integrated employment placements by regional center service providers, as follows:

(1) A payment of one thousand dollars (\$1,000) shall be made to the regional center service provider that, on or after July 1, 2016, places an individual into competitive integrated employment, and the individual is still competitively employed after 30 consecutive days, as described in subdivision (o) of Section 4851 and subdivision (d) of Section 4868.

(2) An additional payment of one thousand two hundred fifty dollars (\$1,250) shall be made to the regional center service provider for an individual described in paragraph (1) who remains in competitive integrated employment for six consecutive months.

(3) An additional payment of one thousand five hundred dollars (\$1,500) shall be made to the regional center service provider for an individual described in paragraphs (1) and (2) who remains in competitive integrated employment for 12 consecutive months.

(4) Notwithstanding paragraphs (1) to (3), inclusive, effective July 1, 2021, until June 30, 2025, the competitive integrated employment incentive payments for each milestone shall be as follows:

(A) A payment of two thousand dollars (\$2,000) if the individual is still engaged in competitive employment after 30 consecutive days, as described in subdivision (o) of Section 4851 and subdivision (d) of Section 4868.

(B) An additional payment of two thousand five hundred dollars (\$2,500), if the individual in subparagraph (A) remains in competitive integrated employment for six consecutive months.

(C) An additional payment of three thousand dollars (\$3,000), if the individual in subparagraph (B) remains in competitive integrated employment for 12 consecutive months.

(e) Regional centers shall annually report to the department the payments for placements pursuant to subdivision (d). The information shall be reported in a format determined by the department, and shall include the number of individuals placed in internships or other employment as described in this section each year.

(f) The payments made pursuant to this section shall not be in addition to the placement payments made pursuant to subdivision (d) of Section 4860.

(g) Regional center service providers that place individuals into internships under subdivision (a) are not eligible for the employment placement incentives under this section, until the individual is transitioned into a competitive integrated employment placement that is not funded as an internship.

SEC. 53. Section 4870.1 is added to the Welfare and Institutions Code, to read:

4870.1. (a) In addition to the program described Section 4870, subject to an appropriation in the Budget Act, the department shall establish, by December 31, 2021, a program to increase pathways to competitive integrated employment that shall meet both of the following requirements:

(1) (A) Be developed in consultation with stakeholders as specified in subparagraph (B).

(B) Consultation with stakeholders pursuant to subparagraph (A) shall commence no later than September 30, 2021, and shall include individuals with disabilities, including those served by the program, family members, employers and provider association representatives, consumer advocates, disability provider representatives, including regional centers, members of the Developmental Services Task Force, and legislative staff.

(2) Provide contracts or grants for entities to develop and implement innovative and replicable strategies and practices to increase paid work experiences and employment opportunities for regional center consumers.

(b) The department shall include in its annual May Revision fiscal estimate a description of the implementation of the program including, but not limited to, all of the following:

(1) A description of the stakeholder consultation.

(2) Data about the number and start date of funded grants or contracts.

(3) The number of enrolled participants.

(4) The number of employed participants.

(5) Any recommendations for program changes that may be necessary or desirable to maximize program effectiveness.

(c) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this section by means of written directives or similar instructions, without taking any regulatory action.

SEC. 54. Section 6500 of the Welfare and Institutions Code is amended to read:

6500. (a) For purposes of this article, the following definitions shall apply:

(1) "Dangerousness to self or others" shall include, but not be limited to, a finding of incompetence to stand trial pursuant to the provisions of Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code when the defendant has been charged with murder, mayhem, aggravated mayhem, a violation of Section 207, 209, or 209.5 of the Penal Code in which the victim suffers intentionally inflicted great bodily injury, robbery perpetrated by torture or by a person armed with a dangerous or deadly weapon or in which the victim suffers great bodily injury, carjacking perpetrated by torture or by a person armed with a dangerous or deadly weapon or in which the victim suffers great bodily injury, a violation of subdivision (b) of Section 451 of the Penal Code, a violation of paragraph (1) or (2) of subdivision (a) of Section 262 or paragraph (2) or (3) of subdivision (a) of Section 261 of the Penal Code, a violation of Section 288 of the Penal Code, any of the following acts when committed by force, violence, duress, menace, fear of immediate and unlawful bodily injury on the victim or another person: a violation of paragraph (1) or (2) of subdivision (a) of Section 262 of the Penal Code, a violation of Section 264.1, 286, or 287 of, or former Section 288a of, the Penal Code, or a violation of subdivision (a) of Section 289 of the Penal Code; a violation of Section 459 of the Penal Code in the first degree, assault with intent to commit murder, a violation of Section 220 of the Penal Code in which the victim suffers great bodily injury, a violation of Section 18725, 18740, 18745, 18750, or 18755 of the Penal Code, or if the defendant has been charged with a felony involving death, great bodily injury, or an act which poses a serious threat of bodily harm to another person.

(2) "Developmental disability" shall have the same meaning as defined in subdivision (a) of Section 4512.

(b) (1) A person with a developmental disability may be committed to the State Department of Developmental Services for residential placement other than in a state developmental center or state-operated community facility, as provided in subdivision (a) of Section 6509, if the person is found to be a danger to self or others.

(A) An order of commitment made pursuant to this paragraph shall expire automatically one year after the order of commitment is made.

(B) This paragraph does not prohibit any party enumerated in Section 6502 from filing subsequent petitions for additional periods of commitment. If subsequent petitions are filed, the procedures followed shall be the same as with the initial petition for commitment.

(2) A person with a developmental disability shall not be committed to the State Department of Developmental Services for placement in a state developmental center or state-operated community facility pursuant to this article unless the person meets the criteria for admission to a developmental center or state-operated community facility pursuant to paragraph (2), (3), (4), (5), or (7) of subdivision (a) of Section 7505 and is dangerous to self or others, or as a result of an acute crisis, or the person currently is a resident of a state developmental center or state-operated community facility pursuant to an order of commitment made pursuant to this article prior to July 1, 2012, and is being recommitted pursuant to paragraph (4) of this subdivision.

(3) If the person with a developmental disability is in the care or treatment of a state hospital, developmental center, or other facility at the time a petition for commitment is filed pursuant to this article, proof of a recent overt act while in the care and treatment of a state hospital, developmental center, or other facility is not required in order to find that the person is a danger to self or others.

(4) If subsequent petitions are filed with respect to a resident of a state developmental center or a state-operated community facility committed prior to July 1, 2012, the procedures followed and criteria for recommitment shall be the same as with the initial petition for commitment.

(5) In any proceedings conducted under the authority of this article, the person alleged to have a developmental disability shall be informed of their right to counsel by the court and, if the person does not have an attorney for the proceedings, the court shall immediately appoint the public defender or other attorney to represent them. The person shall pay the cost for the legal services if the person is able to do so. At any judicial proceeding under this article, allegations that a person has a developmental disability and is dangerous to self or others, or as a result of an acute crisis, shall be presented by the district attorney for the county unless the board of supervisors, by ordinance or resolution, delegates this authority to the county counsel. The regional center shall inform the clients' rights advocate, as described in Section 4433, when a petition is filed

under this section and when a petition expires. The clients' rights advocate for the regional center may attend any judicial proceedings to assist in protecting the individual's rights.

(c) (1) An order of commitment made pursuant to this article with respect to a person described in paragraph (3) of subdivision (a) of Section 7505 shall expire automatically one year after the order of commitment is made. This section does not prohibit a party enumerated in Section 6502 from filing subsequent petitions for additional periods of commitment. If subsequent petitions are filed, the procedures followed shall be the same as with an initial petition for commitment.

(2) An order of commitment made pursuant to this article on or after July 1, 2012, with respect to the admission to a developmental center or state-operated community facility of a person described in paragraph (2), (4), or (7) of subdivision (a) of Section 7505 shall expire automatically six months after the earlier of the order of commitment pursuant to this section or the order of a placement in a developmental center pursuant to Section 6506, unless the regional center, prior to the expiration of the order of commitment, notifies the court in writing of the need for an extension. The required notice shall state facts demonstrating that the individual continues to be in acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, and the justification for the requested extension, and shall be accompanied by the comprehensive assessment and plan described in subdivision (e) of Section 4418.7. An order granting an extension shall not extend the total period of commitment beyond one year, including a placement in a developmental center pursuant to Section 6506. If, prior to expiration of one year, the regional center notifies the court in writing of facts demonstrating that, due to circumstances beyond the regional center's control, the placement cannot be made prior to expiration of the extension, and the court determines that good cause exists, the court may grant one further extension of up to 30 days. The court may also issue any orders the court deems appropriate to ensure that necessary steps are taken to ensure that the individual can be safely and appropriately transitioned to the community in a timely manner. The required notice shall state facts demonstrating that the regional center has made significant progress implementing the plan described in subdivision (e) of Section 4418.7 and that extraordinary circumstances exist beyond the regional center's control that have prevented the plan's implementation. This paragraph does not preclude the individual or a person acting on the person's behalf from making a request for release pursuant to Section 4800, or counsel for the individual from filing a petition for habeas corpus pursuant to Section 4801. Notwithstanding subdivision (a) of Section 4801, for purposes of this paragraph, judicial review shall be in the superior court of the county that issued the order of commitment pursuant to this section.

(3) An order of commitment made pursuant to this article on or after January 1, 2020, with respect to the admission to an institution for mental disease, as described in subparagraph (C) of paragraph (9) of subdivision (a) of Section 4648, shall expire automatically six months after the earlier of the order of commitment pursuant to this section, the order of a placement in an institution for mental disease pursuant to Section 6506, or the date the regional center placed the individual in the institution for mental disease, unless the regional center notifies the court in writing of the need for an extension. The required notice shall state facts demonstrating that the individual continues to be in acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, and the justification for the requested extension, and shall be accompanied by the comprehensive assessment and plan described in clause (v) of subparagraph (C) of paragraph (9) of subdivision (a) of Section 4648. An order granting an extension shall not extend the total period of commitment beyond one year, including a placement in an institution for mental disease pursuant to Section 6506. If, prior to expiration of one year, the regional center notifies the court in writing of facts demonstrating that, due to circumstances beyond the regional center's control, the placement cannot be made prior to expiration of the extension, and the court determines that good cause exists, the court may grant one further extension of up to 30 days. The court may also issue any orders the court deems appropriate in order for necessary steps to be taken to ensure that the individual can be safely and appropriately transitioned to the community in a timely manner. The required notice shall state facts demonstrating that the regional center has made significant progress implementing the plan described in clause (v) of subparagraph (C) of paragraph (9) of subdivision (a) of Section 4648 and that extraordinary circumstances exist beyond the regional center's control that have prevented the plan's implementation. This paragraph does not preclude the individual or any person acting on their own behalf from making a request for release pursuant to Section 4800, or counsel for the individual from filing a petition for habeas corpus pursuant to Section 4801. Notwithstanding subdivision (a) of Section 4801, for purposes of this paragraph, judicial review shall be in the superior court of the county that issued the order of commitment pursuant to this section.

SEC. 55. Section 6502 of the Welfare and Institutions Code is amended to read:

6502. A petition for the commitment of a person with a developmental disability to the State Department of Developmental Services who has been found incompetent to stand trial pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code when the defendant has been charged with one or more of the offenses identified or described in Section 6500, may be filed in the superior court of the county that determined the question of mental competence of the defendant. All other petitions may be filed in the county in which that person is physically present. A petition for the commitment of a person with a developmental disability to the State Department of Developmental Services who is in acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, may be filed in the superior court of the county that determined the question of acute crisis or

the county in which the acute crisis home is located. The following persons may request the person authorized to present allegations pursuant to Section 6500 to file a petition for commitment:

- (a) The parent, guardian, conservator, or other person charged with the support of the person with a developmental disability.
- (b) The probation officer.
- (c) The Department of Corrections and Rehabilitation, Division of Juvenile Justice.
- (d) Any person designated for that purpose by the judge of the court.
- (e) The Secretary of the Department of Corrections and Rehabilitation.
- (f) The regional center director or the director's designee.

The request shall state the petitioner's reasons for supposing the person to be eligible for admission thereto, and shall be verified by affidavit.

SEC. 56. Section 6509 of the Welfare and Institutions Code is amended to read:

6509. (a) If the court finds that the person has a developmental disability, and is a danger to self or to others, or is in acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, the court may make an order that the person be committed to the State Department of Developmental Services for suitable treatment and habilitation services. For purposes of this section, "suitable treatment and habilitation services" means the least restrictive residential placement necessary to achieve the purposes of treatment. Care and treatment of a person committed to the State Department of Developmental Services may include placement in any of the following:

(1) A licensed community care facility, as defined in Section 1502 of the Health and Safety Code, or a health facility, as defined in Section 1250 of the Health and Safety Code, other than a developmental center or state-operated facility.

(2) On or after January 1, 2015, the acute crisis center at Sonoma Developmental Center, A property used to provide Stabilization, Training, Assistance and Reintegration (STAR) services operated by the department if the person meets the criteria for admission pursuant to paragraph (2) of subdivision (a) of Section 7505.

(3) The secure treatment program at Porterville Developmental Center, if the person meets the criteria for admission pursuant to paragraph (3) of subdivision (a) of Section 7505.

(4) Canyon Springs Community Facility, if the person meets the criteria for admission pursuant to paragraph (4), (5), or (6) of subdivision (a) of Section 7505.

(5) On or after July 1, 2019, the acute crisis center at Porterville Developmental Center, if the person meets the criteria for admission pursuant to paragraph (7) of subdivision (a) of Section 7505.

(6) Any other appropriate placement permitted by law.

(b) (1) The court shall hold a hearing as to the available placement alternatives and consider the reports of the regional center director or designee and the developmental center director or designee submitted pursuant to Section 6504.5. After hearing all the evidence, the court shall order that the person be committed to the placement that the court finds to be the most appropriate and least restrictive alternative. If the court finds that release of the person can be made subject to conditions that the court deems proper and adequate for the protection and safety of others and the welfare of the person, the person shall be released subject to those conditions.

(2) The court, however, may commit a person with a developmental disability who is not a resident of this state under Section 4460 for the purpose of transportation of the person to the state of legal residence pursuant to Section 4461. The State Department of Developmental Services shall receive the person committed to it and shall place the person in the placement ordered by the court.

(c) If the person has at any time been found mentally incompetent pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code arising out of a complaint charging a felony offense specified in Section 290 of the Penal Code, the court shall order the State Department of Developmental Services to give notice of that finding to the designated placement facility and the appropriate law enforcement agency or agencies having local jurisdiction at the site of the placement facility.

(d) For persons residing in the secure treatment program at the Porterville Developmental Center, at the person's annual individual program plan meeting the team shall determine if the person should be considered for transition from the secure treatment program to an alternative placement. If the team concludes that an alternative placement is appropriate, the regional center, in coordination with the developmental center, shall conduct a comprehensive assessment and develop a proposed plan

to transition the individual from the secure treatment program to the community. The transition plan shall be based upon the individual's needs, developed through the individual program plan process, and shall ensure that needed services and supports will be in place at the time the individual moves. Individual supports and services shall include, when appropriate for the individual, wrap-around services through intensive individualized support services. The clients' rights advocate for the regional center shall be notified of the individual program plan meeting and may participate in the meeting unless the consumer objects on their own behalf. The individual's transition plan shall be provided to the court as part of the notice required pursuant to subdivision (e).

(e) If the State Department of Developmental Services decides that a change in placement is necessary, it shall notify, in writing, the court of commitment, the district attorney, the attorney of record for the person, and the regional center of its decision at least 15 days in advance of the proposed change in placement. The court may hold a hearing and either approve or disapprove of the change or take no action, in which case the change shall be deemed approved. At the request of the district attorney or of the attorney for the person, a hearing shall be held.

SEC. 57. Section 7500 of the Welfare and Institutions Code is repealed.

SEC. 58. Section 7500 is added to the Welfare and Institutions Code, to read:

7500. There is established in the state, Porterville Developmental Center, in Tulare County, a state hospital for the care and treatment of persons with developmental disabilities.

SEC. 59. Section 7505 of the Welfare and Institutions Code is amended to read:

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

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

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

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

(4) A person committed by a court on or before June 30, 2022, to Canyon Springs Community Facility pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 who otherwise meets the criteria for admission described in Section 4418.7 due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7.

(5) (A) A person committed by a court on or before June 30, 2022, to the Canyon Springs Community Facility pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6, who is currently admitted to either an acute psychiatric hospital or an acute crisis facility pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, but who requires continued treatment to achieve stabilization and successful community transition.

(B) Prior to admission pursuant to this paragraph, the regional center shall prepare an assessment for inclusion in the consumer's file detailing all considered community-based services and supports, including, but not limited to, rate adjustments as provided by law, supplemental services as set forth in subparagraph (F) of paragraph (9) of subdivision (a) of Section 4648, emergency and crisis intervention services as set forth in paragraph (10) of subdivision (a) of Section 4648, community crisis home services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs. Prior to admission, the Director of Developmental Services or the director's designee shall certify that there are no community-based options that can meet the consumer's needs.

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

and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients' rights advocate for the regional center shall be notified of the individual program plan meeting and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

(D) The population of consumers admitted pursuant to this paragraph shall not exceed five. An admission pursuant to this paragraph shall not extend beyond June 30, 2022.

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

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

(B) Prior to admission pursuant to this paragraph, the regional center shall prepare an assessment for inclusion in the consumer's file detailing all considered community-based services and supports, including, but not limited to, rate adjustments as provided by law, supplemental services as set forth in subparagraph (F) of paragraph (9) of subdivision (a) of Section 4648, emergency and crisis intervention services as set forth in paragraph (10) of subdivision (a) of Section 4648, community crisis home services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs. Prior to admission, the Director of Developmental Services or the director's designee shall certify that there are no community-based options that can meet the consumer's needs.

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

(D) Notwithstanding Section 4508, the population of consumers admitted pursuant to this paragraph shall not exceed five. An admission pursuant to this paragraph shall not extend beyond June 30, 2022.

(7) Committed by a court to Porterville Developmental Center, pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, as described in Section 4418.7. The population of consumers admitted pursuant to this paragraph shall not exceed 10. An admission pursuant to this paragraph shall not extend beyond December 31, 2020, or upon the opening of the state-operated community acute crisis homes approved for development in the Budget Act of 2019.

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

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

SEC. 60. Section 11402 of the Welfare and Institutions Code is amended to read:

11402. In order to be eligible for AFDC-FC, a child or nonminor dependent shall be placed in one of the following:

(a) Prior to January 1, 2021:

(1) The approved home of a relative, provided the child or youth is otherwise eligible for federal financial participation in the AFDC-FC payment.

(2) The approved home of a nonrelative extended family member, as described in Section 362.7.

(3) The licensed family home of a nonrelative.

(b) The approved home of a resource family, as defined in Section 16519.5, if either of the following is true:

(1) The caregiver is a nonrelative.

(2) The caregiver is a relative, and the child or youth is otherwise eligible for federal financial participation in the AFDC-FC payment.

(c) A small family home, as defined in paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code.

(d) A housing unit, as described in Section 1559.110 of the Health and Safety Code, certified by a licensed transitional housing placement provider, as defined in paragraph (12) of subdivision (a) of Section 1502 of the Health and Safety Code and subdivision (r) of Section 11400.

(e) An approved supervised independent living setting for nonminor dependents, as described in subdivision (w) of Section 11400.

(f) A licensed foster family agency, as defined in subdivision (g) of Section 11400 and paragraph (4) of subdivision (a) of Section 1502 of the Health and Safety Code, for placement into a certified or approved home used exclusively by the foster family agency.

(g) A short-term residential therapeutic program, as defined in subdivision (ad) of Section 11400 and paragraph (18) of subdivision (a) of Section 1502 of the Health and Safety Code.

(h) An out-of-state group home that meets the requirements of paragraph (2) of subdivision (c) of Section 11460, provided that the placement worker, in addition to complying with all other statutory requirements for placing a child or youth in an out-of-state group home, documents that the requirements of Section 7911.1 of the Family Code have been met.

(i) A community treatment facility, as defined in paragraph (8) of subdivision (a) of Section 1502 of the Health and Safety Code, and as set forth in Article 5 (commencing with Section 4094) of Chapter 3 of Part 1 of Division 4.

(j) A community care facility licensed pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code and vendored by a regional center pursuant to Section 56004 of Title 17 of the California Code of Regulations, unless the facility is a Group Home for Children with Special Health Care Needs, as defined in paragraph (2) of subdivision (a) of Section 4684.50.

(k) The home of a nonrelated legal guardian or the home of a former nonrelated legal guardian if the guardianship of a child or youth who is otherwise eligible for AFDC-FC has been dismissed due to the child or youth attaining 18 years of age.

(l) A dormitory or other designated housing of a postsecondary educational institution in which a minor dependent who is enrolled at the postsecondary educational institution is living independently, as described in Section 11402.7.

(m) On or after April 1, 2021, a residential family-based treatment facility for substance abuse, in which an eligible child is placed with a parent in treatment, licensed pursuant to Chapter 7.5 (commencing with Section 11834.01) of Part 2 of Division 10.5 of the Health and Safety Code, and the placement and facility meets all of the requirements of subdivision (j) of Section 672 of Title 42 of the United States Code.

SEC. 61. Section 17731 of the Welfare and Institutions Code is amended to read:

17731. (a) The county shall develop a plan to place children with special health care needs in foster care. This plan shall be submitted to the State Department of Social Services and the State Department of Health Care Services, not later than April 1, 1990, before beginning placement of children with special health care needs in specialized foster care homes. This subdivision shall not invalidate any placement made before April 1, 1990. A county that has not submitted a plan by April 1, 1990, shall not continue to make placements of children with special health care needs until the plan has been submitted.

(b) Unless a local lead agency has been designated within the county, as described in Item 4260-113-890 of the Budget Act of 1989, the county department of social services shall be the lead agency with the responsibility of developing the plan to be submitted pursuant to subdivision (a). The county plan shall be formalized in an interagency agreement between the county department of social services and the other county and private agencies that are the involved parties.

(c) The county plan shall meet all the requirements specified in this subdivision. The regional center shall not be required to submit a plan. However, all requirements specified in this subdivision shall be met prior to a regional center placement of a child who is not a court dependent and who has special health care needs.

(1) (A) Prior to the placement of a child with special health care needs, an individualized health care plan, which may be the hospital discharge plan, shall be prepared for the child and, if necessary, in-home health support services shall be arranged. The individualized health care plan team shall be convened by the county department of social services caseworker or the regional center caseworker, to discuss the specific responsibilities of the person or persons specified in subdivision (h) of

Section 17710 for provision of in-home health care in accordance with the individualized health care plan developed by the child's physician or their designee. The plan may also include the identification of any available and funded medical services that are to be provided to the child in the home, including, but not limited to, assistance from registered nurses, licensed vocational nurses, public health nurses, physical therapists, and respite care workers. The individualized health care plan team shall delineate in the individualized health care plan the coordination of health and related services for the child and the appropriate number of hours needed to be provided by any health care professional designated to monitor the child's individualized health care plan pursuant to paragraph (8), including, if the child is in a certified home, the registered nurse employed by or on contract with the foster family agency to supervise and monitor the child.

(B) If the child's placement is in a Group Home for Children with Special Health Care Needs, as defined in paragraph (2) of subdivision (a) of Section 4684.50, the individualized health care plan shall include all of the requirements under subdivision (a) of Section 4684.68.

(2) A child welfare services case plan or regional center individual program plan shall be developed in accordance with applicable regulations, and arrangements made for nonmedical support services.

(3) Foster parents shall be trained by health care professionals pursuant to the discharge plan of the facility releasing the child being placed in, or currently in, foster care. Additional training shall be provided as needed during the placement of the child and to the child's biological parent or parents if the child is being reunified with the child's family.

(4) Children with special health care needs shall be placed in the home of the prospective foster parent subsequent to training by a health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care.

(5) Assistant caregivers, on-call assistants, respite care workers, and other personnel caring for children with special health care needs shall complete training or additional training by a health care professional in accordance with paragraph (3).

(6) A foster parent who is a health care professional or staff member who is a health care professional shall not be required to complete any training or additional training determined by the responsible individualized health care plan team to be unnecessary on the basis of their professional qualification and expertise.

(7) No health care professional shall provide in-home health care to any child with special health care needs placed in a group home after November 1, 1993, unless the individual health care plan team for the child:

(A) Documents that the health care professional has the necessary qualifications and expertise to meet the child's in-home health care needs.

(B) Updates the documentation provided pursuant to subparagraph (A) each time the child's special health care needs change.

(8) Specialized foster care homes, group homes, and short-term residential therapeutic programs caring for children with special health care needs shall be monitored by the county or regional center according to applicable regulations. The health care plan for each child with special health care needs shall designate which health care professional shall monitor the child's ongoing health care, including in-home health care provided by persons specified in subdivision (h) of Section 17710. Where the child is placed in a certified home, the designated health care professional shall be the registered nurse employed by or on contract with the foster family agency to supervise and monitor the child.

(9) The workload of the health care professional supervising or monitoring a child's ongoing health care in a certified home shall be based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional. In no case shall the health care professional's regular workload based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional be more than 40 hours per week.

(10) The child's individualized health care plan shall be reassessed at least every six months during the time the child is placed in the specialized foster care home, to ensure that specialized care payments are appropriate to meet the child's health care needs.

(11) The placement agencies shall coordinate the sources of funding and services available to children with special health care needs in order to maximize the social services provided to these children and to avoid duplication of programs and funding.

SEC. 62. Section 17732 of the Welfare and Institutions Code is amended to read:

17732. (a) No more than two children with or without special health care needs shall reside in a specialized foster care home with the following exceptions:

(1) A specialized foster care home may have a third child with or without special health care needs placed in that home provided that the capacity, as determined by the department or county pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code or Article 2 (commencing with Section 16519.5) of Chapter 5 of Part 4 is not exceeded and provided that all of the following conditions have been met:

(A) The child's placement worker has determined and documented that no other placement is available.

(B) For each child in placement and the child to be placed, the child's placement worker has determined that the child's psychological and social needs will be met by placement in the home and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in children placed in the specialized foster care home and the two-child capacity limit is exceeded.

(C) The individualized health care plan team responsible for the ongoing care of each child with special health care needs involved has considered the number of adoptive, biological, and foster children, and children in guardianship living in the home and determined that the two-child limit may be exceeded without jeopardizing the health and safety of that child, and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in children placed in the specialized foster care home and the two-child capacity limit is exceeded.

(2) A licensed small family home may exceed the two-child placement limit and accept children with or without special health care needs up to capacity, as determined by the department pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code, if the conditions in paragraph (1) have been met for both the third foster child and each foster child placed thereafter, and the following additional conditions have been met:

(A) At least one of the children in the facility is a regional center client monitored in accordance with Section 56001 and following of Title 17 of the California Code of Regulations.

(B) Whenever four or more children are physically present in the facility, the licensee of the small family home has the assistance of a caregiver to provide specialized in-home health care to the children except that:

(i) Night assistance shall not be required for those hours that the individualized health care plan team for each child with special health care needs has documented that the child will not require specialized medical services during that time.

(ii) The department may determine that additional assistance is required to provide appropriate care and supervision for all children in placement. The determination shall only be made after consultation with the appropriate regional center and any appropriate individual health care teams.

(C) On-call assistance is available at all times to respond in case of an emergency. The on-call assistant shall meet the requirements of paragraph (5) of subdivision (c) of Section 17731.

(D) The home is sufficient in size to accommodate the needs of all children in the home.

(b) Notwithstanding Section 1523.1 of the Health and Safety Code, a foster family home that has more than three children with special health care needs in its care as of January 1, 1992, and that applies for licensure as a small family home in order to continue to provide care for those children, shall be exempt from the application fee.

(c) Except for children with special health care needs placed in group homes before January 1, 1992, or placed in a group home for children with special health care needs, as defined in paragraph (22) of subdivision (a) of Section 1502 of the Health and Safety Code, a child with special health care needs shall not be placed in any group home, short-term residential therapeutic programs, or combination of group homes, or combination of short-term residential therapeutic programs, for longer than a short-term placement of 120 calendar days. The short-term placement in the group home or short-term residential therapeutic program shall be on an emergency basis for the purpose of arranging a subsequent placement in a less restrictive setting, such as with the child's natural parents or relatives, with a foster parent or foster family agency, or with another appropriate person or facility. The 120-day limitation shall not be extended, except by the approval of the director or their designee. For children placed after January 1, 1992, the 120-day limitation shall begin on the effective date of the amendments to this section made during the 1993 portion of the 1993–94 Regular Session.

(d) A child with special health care needs shall not be placed in a group home or short-term residential therapeutic program unless the child's placement worker has determined and documented that the group home or short-term residential therapeutic program has a program that meets the specific needs of the child being placed and there is a commonality of needs with the other children in the group home or short-term residential therapeutic program.

(e) The Legislature finds and declares that the amendments to this section made by the act that added this subdivision are declaratory of existing law.

SEC. 63. Section 17736 of the Welfare and Institutions Code is amended to read:

17736. Notwithstanding any other law, including Sections 1250, 1251, 1254, 1270, 1501, 1502, 1505, 1507, 1521, 1530.6 (as added by Chapter 391 of the Statutes of 1977), 1550, 11002, and 11154 of the Health and Safety Code, and Sections 2052, 2725, 2732, and 2795 of the Business and Professions Code, all of the following apply:

(a) (1) Counties and regional centers shall be permitted to place children with special health care needs in foster family homes, small family homes, group homes, short-term residential therapeutic programs, foster family agencies, and resource families.

(2) Foster family agencies shall be permitted to place children with special health care needs in certified family homes and resource families.

(b) Counties, regional centers, and foster family agencies shall permit all of the following:

(1) A foster parent, an assistant caregiver, an on-call assistant, and a respite caregiver meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a specialized foster care home, specialized in-home health care to a child, as described in the child's individualized health care plan.

(2) The licensee and other personnel meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a group home, specialized in-home health care to a child, as described in the child's individualized health care plan, provided that the child was placed as of November 1, 1993, or placed in a group home for children with special health care needs, as defined in paragraph (22) of subdivision (a) of Section 1502 of the Health and Safety Code.

SEC. 64. Section 19726 is added to the Welfare and Institutions Code, to read:

19726. (a) The Department of Rehabilitation shall establish by December 31, 2021, subject to appropriation within the Budget Act, a targeted disability employment program to increase employment opportunities for people with disabilities to work toward and achieve competitive integrated employment. The program shall meet both of the following requirements:

(1) Be developed in consultation with the Department of Developmental Services and other stakeholders specified in subparagraph (B) of paragraph (1) of subdivision (a) of Section 4870.1.

(2) Provide contracts or grants for entities to initiate a targeted marketing campaign and incentivize employers to hire individuals with disabilities through technical assistance, contracts or grants to make workplaces accessible, develop industry-recognized work-based learning opportunities, and support employment training for managers and human resources professionals.

(b) The Department shall provide evaluation reports on the implementation of the program required pursuant to subdivision (a) to the Legislature, no later than May 14, 2022, May 14, 2023, and May 14, 2024, that shall include all of the following:

(1) A description of the stakeholder consultation.

(2) The number of contracts or grants issued.

(3) The number of businesses targeted for the media campaign.

(4) The number of businesses that received technical assistance.

(5) The number of entities that received contracts or grants to make workplaces accessible.

(6) The number of work-based learning programs established through partnerships with entities.

(7) The number of participants in the program who are working toward or who have achieved competitive integrated employment.

SEC. 65. To the extent that this act has an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any new program or higher level of service provided by a local agency pursuant to this act above the level for which funding has been provided shall not require a subvention of funds by the state or otherwise be subject to Section 6 of Article XIII B of the California Constitution.

With regard to certain other costs that may be incurred by a local agency or school district, no reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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

SEC. 66. The sum of six million dollars (\$6,000,000) is hereby appropriated from the Home and Community-Based Services American Rescue Plan Fund to the State Department of Developmental Services for one-time planning purposes related to the implementation of a uniform fiscal system and consumer electronic records management system. These funds shall be available for encumbrance or expenditure until June 30, 2022.

SEC. 67. This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.