

**ASSOCIATION OF REGIONAL CENTER AGENCIES
SUMMARY OF AB 104 – TRAILER BILL
FISCAL YEAR 2011-12
JUNE 15, 2011**

The following is a summary of the major provisions of AB 104. Please see AB 104 for the actual language, details, and exceptions.

Section 1 – Health Benefit Cards – Government Code Section 95020 (Amended)

Requires parents, legal guardians, or conservators of an infant or toddler to provide a copy of any health benefit cards under which the consumer is entitled to benefits at time intake and assessment and at the annual review.

Section 2 – Electronic Billing – Government Code Section 95020.5 (Added)

Beginning July 1, 2011, RCs to transition all providers of early intervention services, except for vouchers, to e-Billing, to be completed by July 1, 2012.

Section 3 – Juvenile Proceedings – W&I Code Section 709 (Amended)

In cases where a minor is suspected of having a developmental disability, changes who the Court will appoint to evaluate the minor from an “expert” to the regional center.

Section 4 – Juvenile Proceedings – W&I Code Section 712 (Amended)

In cases where a minor is suspected of having a developmental disability, changes who the Court will order to evaluate the minor from an “expert” to the regional center in the Court Orders.

Section 5 – Phase-Out of the Prevention Program – W&I Code Section 4435 (Amended)

1. Requires RC’s to continue serving Prevention Program consumers until the earliest of:
 - a. Child reaches age 36 months.
 - b. Child is determined eligible for RC Early Start services.
 - c. June 30, 2012.
2. Effective July 1, 2011 RCs are no longer to refer any at-risk babies to the Prevention Program previously established by this section.
3. The entire section of W&I Code 4435 (Prevention Program) becomes inoperative on July 1, 2012 and is repealed as of January 1, 2013.

Section 6 – Establishes the At-Risk Baby Program – W&I Code Section 4435 (Added)

1. Effective July 1, 2011, DDS to “establish a program for at-risk babies.”
2. Effective July 1, 2011, RCs to refer at-risk babies to the Family Resource Center.

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3. Requires DDS to contract with an organization representing one or more family resource centers to provide outreach, information, and referral services to generic agencies for children under 36 months of age who are otherwise not eligible for the California Early Intervention Program or Lanterman services.

Section 7 – Electronic Billing – W&I Code Section 4641.5 (Added)

Beginning July 1, 2011, RCs to transition all providers, except for vouchers, to e-Billing, to be completed by July 1, 2012.

Section 8 – Health Benefit Cards – W&I Code Section 4643 (Amended)

Requires parents, legal guardians, or conservators of a consumer to provide a copy of any health benefit cards under which the consumer is entitled to benefits at time assessment.

Section 9 – Health Benefit Cards – W&I Code Section 4646.4 (Amended)

Requires parents, legal guardians, or conservators of a consumer to provide a copy of any health benefit cards under which the consumer is entitled to benefits at the of development, scheduled review, or modification of an IPP or IFSP.

Section 10 – Transportation Access Plans – W&I Code Section 4646.5 (Amended)

IPPs to include a Transportation Access Plan when:

- a. The regional center is purchasing private, specialized transportation services or services from a residential, day, or other provider, excluding vouchered service providers, to transport the consumer to and from day or work services.
- b. The planning team has determined that a consumer's community integration and participation could be safe and enhanced through the use of public transportation services.
- c. The planning team has determined that generic transportation services are available and accessible.

Section 11 – Liquidation of FY 2007-08 and FY 2008-09 – W&I Code Section 4646.55 (Amended)

For the purposes of obtaining federal funding for day program and transportation services provided to residents of intermediate care facilities, the liquidation period for FY 2007-08 and FY 2008-09 is extended to December 31, 2011.

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Section 12 – IPPs – W&I Code Section 4648.35 (Amended)

This is a technical revision. Replaces “Effective July 1, 2009” and replaces it with the word “At”, so the section now begins:

“At the time of development, review, or modification of a consumer’s individual program plan (IPP) or individualized family service plan (IFSP), all of the following shall apply to a regional center:”

Section 13 – Education Funded Day Services – W&I Code Section 4648.55 (Added)

In certain circumstances prohibits RCs from providing day and transportation services if consumer is still eligible for services under the education system for consumers age 18 to 22 who have not yet graduated. The education system should provide appropriate services.

Section 14 – Community Care Facilities (CCFs) and Mixed Rates – W&I Code Sections 4681.7 (Added)

In certain circumstances RCs may pay a CCF a lower rate when consumer, who no longer requires the level of service provided by that CCF, requests to remain in the CCF.

Section 15 – Paraprofessionals to Provide Behavior Intervention Services – W&I Code Section 4686.3 (Added)

Establishes the use of paraprofessionals to provide behavior modification services.

Section 16 – Attendance Forms for Behavior Modification Services – W&I Code 4686.31 (Added)

Requires DDS to develop attendance forms to be used by providers of certain behavior modification services to consumers under the age of 18. These forms are to be signed by the parents or guardian of the consumers and sent to the RC with the provider’s invoice.

Section 17 – Senior Programs – W&I Code 4688.1 (Amended)

Effective July 1, 2011 RCs are no longer to refer consumers to the Senior Programs established by this section.

Section 18 – Alternative Customized Programs (CEOs) – W&I Code 4688.2 (Amended)

Effective July 1, 2011 RCs are no longer to refer consumers alternative customized programs (also known as Custom Endeavor Options or CEOs) established by this section.

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Section 19 – Tailored Day Services and Vouchered Day Services – W&I Code 4688.21 (Added)

1. Establishes the Tailored Day Services which allows consumers to attend day programs on a flex schedule to meet their needs.
2. Establishes the use of vouchers for day services to replace the traditional day program. Consumers, parents, or Guardians vendored for the voucher must use a Financial Management Services (FMS) entity to provide payroll type services.

Section 20 – Supported Living Services (SLS): Shared Services and Independent Assessments – W&I Code 4689 (Amended)

1. For consumers receiving SLS and who share a household with another person receiving SLS, the IPP team will consider sharing like services where one service provider can provide a service for both consumers at the same time.
2. Establishes the use of independent assessments of the SLS services to assist the IPP team in evaluating the consumer's needs.
3. Effective July 1, 2011, requires the RCs to have an independent assessment of the consumer's SLS needs if the consumer's SLS expenditures exceed 125% of the statewide average for SLS.

Section 21 – Day Programs and Billing for Half Days – W&I Code 4690.6 (Added)

Requires day programs to bill for half days when the consumer's attendance is less than 65% of the program's normal "day".

Section 22 – Annual Family Program Fee – W&I Code 4785 (Added)

1. A \$200 fee shall be assessed for all consumers living with their parents under the age of 18 whose family's adjusted gross income is 400% or more of the federal poverty level unless:
 - a. The consumer receives only respite, day care, or camping services.
 - b. The consumer does not receive any services beyond eligibility determination, needs assessment, and service coordination.
 - c. The consumer is on Medi-Cal.
2. The fee may be reduced to \$150 if the family can demonstrate that their adjusted gross income is less than 800% of the federal poverty level.

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3. This section sunsets June 30, 2013, unless extended.

Section 23 – Porterville Developmental Center (DC) Secure Treatment Facility Population Cap – W&I Code 7502.5 (Amended)

Limits the population at Porterville’s secure treatment facility at 230 residents.

Section 24 – 4.25% Payment Reduction – Section 10 of Chapter 13 of the Third Extraordinary Session of the Statutes of 2009, as amended by Section 16 of Chapter 9 of the Statutes of 2011 (Amended)

This expands the types of vendors who are subject to the 4.25% payment reduction. These vendors had previously been exempt under the “usual and customary” rate exception. The vendors added are:

- a. Crisis and behavioral services provided by a nationally certified or state-licensed professional, consistent with the professional’s scope of practice, as set forth in the Business and Professions Code.
- b. Services of group practices providing behavioral intervention.
- c. Parent-coordinator home-based behavioral intervention for children with autism.
- d. Individual or family training.
- e. Registered nurse services.
- f. Therapy services, including physical, speech, occupational, recreational, and music therapy.
- g. Audiology services.
- h. Independent living specialist services.
- i. Translator and interpreter services.
- j. Mobility training, socialization training, or community integration training services.
- k. Community activities support, program support, or parenting support services.
- l. Personal assistance services.
- m. Tutoring services.
- n. Creative arts services.
- o. Early start specialized therapeutic services.

Section 25 – Liquidation of FY 2007-08 and FY 2001-09 – Budget Acts of 2007 and 2008 (Amended)

For the purposes of obtaining federal funding for day program and transportation services provided to residents of intermediate care facilities, the liquidation period for FY 2007-08 and FY 2008-09 is extended to December 31, 2011.

Section 26 – Review of DDS’s Budgeting Methodology for DCs

DDS to pay the Office of Statewide Audits and Evaluations for a review of DDS’s budgeting methodology for DCs.