

Date of Hearing: April 2, 2024

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

AB 1876 (Jackson) – As Introduced January 22, 2024

**SUBJECT:** Developmental services: individual program plans and individual family service plans: remote meetings

**SUMMARY:** Removes the June 30, 2024 sunset for remote individual program plan (IPP) and individualized family service plan (IFSP) meetings; thereby, permits remote IPP and IFSP meetings indefinitely.

**EXISTING LAW:**

- 1) Establishes the “Lanterman Developmental Disabilities Act” (Lanterman Act), which states that California is responsible for providing an array of services and supports sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, at each stage of life, and to support their integration into the mainstream life of the community. (Welfare and Institutions Code [WIC] § 4500 *et seq.*)
- 2) Establishes a system of nonprofit regional centers, overseen by the California Department of Developmental Services (DDS), to provide fixed points of contact in the community for all persons with developmental disabilities and their families, and to coordinate services and supports best suited to them throughout their lifetime. (WIC § 4620)
- 3) Provides the Director of DDS the authority to issue directives to regional centers when necessary to protect a consumer’s health, safety, welfare, or when needed to ensure that regional centers comply with the Lanterman Act or other state or federal law. (WIC § 4639.6)
- 4) Establishes an IPP as the process to ensure that services and supports are customized to meet the needs of consumers who are served by regional centers for the purpose of alleviating 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 independent, productive, and normal lives. (WIC § 4512(b))
- 5) Requires decisions concerning the consumer’s goals, objectives, and services and supports included in their IPP to be made by agreement between the regional center representative and the consumer or, when appropriate, the consumer’s parents, legal guardian, conservator, or authorized representative, at the program plan meeting. (WIC § 4646(d))
- 6) Requires the IPP planning processes to include:
  - a) A statement of the individual’s goals and objectives, a schedule of the type and nature of services to be provided and other specified information and considerations;
  - b) Review and modification, as necessary, by the regional center’s planning team no less frequently than every three years; and,
  - c) Statewide training and review of the IPP plan creation. (WIC § 4646.5)

- 7) Requires parents and legal guardians to 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 IFSP meetings. Requires, until June 30, 2024, and at the request of the parent or legal guardian, an IFSP meeting to be held by remote electronic communications. (Government Code § 95020 (c)(1))

**FISCAL EFFECT:** Unknown, this bill has not been analyzed by a fiscal committee.

**COMMENTS:**

**Background:** *Lanterman Developmental Disabilities Act* originally became statute in 1969. The Lanterman Act provides entitlement to services and supports for individuals ages three and older who have a qualifying developmental disability. Qualifying disabilities include autism, epilepsy, cerebral palsy, intellectual disabilities, and other conditions closely related to intellectual disabilities that require similar treatment. To qualify, an individual must have a disability that is substantial that began before the age of 18 and is expected to be lifelong. There are no income-related eligibility criteria. Direct responsibility for implementation of the Lanterman Act's service system is shared by DDS and a statewide network of 21 regional centers, which are private, community-based nonprofit entities, that contract with DDS to carry out many of the state's responsibilities.

As of August 2023, the 21 regional centers served 459,395 consumers, providing services such as: information and referral; assessment and diagnosis; counseling; lifelong individualized planning and service coordination; purchase of necessary services included in the IPP; resource development; outreach; assistance in finding and using community and other resources; advocacy for the protection of legal, civil and service rights; early intervention services for at risk infants and their families; genetic counseling; family support; planning, placement, and monitoring for 24-hour out-of-home care; training and educational opportunities for individuals and families; and, community education about developmental disabilities. Regional centers services vary at each location. One location might offer one program and the next might offer what they consider an alternative or offer nothing comparable. Geographically, regional centers' spending also varies.

*Individual Program Plans Individualized Family Service Plan are Crucial to the Lives of Regional Center Consumers.* IPPs are developed by a series of planning discussions and interactions with the IPP team—including, among other individuals, the consumer, their legally authorized representative, and one or more regional center representatives—and is based on the consumer's needs and choices. IPP meetings are designed to help people with developmental disabilities outline in a person-centered manner a "preferred future" by identifying a preferred place to live, favorite people with whom to socialize, and preferred types of daily activities, including preferred jobs.

As required by the Lanterman Act, the IPP promotes community integration and maximizes opportunities for each consumer to develop relationships, be part of community life, increase control over their life, and acquire increasingly positive roles in the community. The IPP must give the highest preference to those services and supports that allow minors to live with their families and adults to live as independently as possible in the community. The recommendations set forth in each IPP are the foundation for each individual's care as it guides services received, eligibility for services, and can help assist in the quality of life for that individual.

Each regional center operates independently, as described above. As such, the development of each IPP varies in forms and specific processes used; however, the general guiding steps are similar and are as follows: Once an individual or their representative contacts a regional center there is an initial basic intake and then the family will wait up to 60 days for an assessment. Proceeding the diagnosis and eligibility determination, an IPP meeting will take place to determine services needed and desired. The IPP can take multiple meetings or discussions until a plan is settled on. Federal law dictates that this plan is to be renewed annually, and should be determined by the guiding rules stated above. However, families can request an IPP meeting at any time.

In November 2021, a coalition of disability rights advocates released a report titled, *Unfair Hearings: How People with Intellectual & Developmental Disabilities Lack Access to Justice in California* and the report found that 90% of all survey respondents reported at least one problem with the IPP process, with the most common complaint being that no one authorized to make a decision on behalf of the regional center attended their IPP meeting. The lack of attendance begs the question: How do we get the right people to participate in IPP meetings?

*Remote Participation in IPP and IFSP Meetings.* In March 2020, in response to the COVID-19 pandemic, DDS waived requirements for in-person IPP meetings through department directive. SB 188 (Committee on Budget and Fiscal Review), Chapter 49, Statutes of 2022, extended regional centers' ability to conduct IPP and IFSP meetings remotely. AB 121 (Committee on Budget) Chapter 44, Statutes of 2023, extended remote IPP and IFSP meetings through June 30, 2024, if requested by a consumer or, if appropriate, their parents, legal guardian, conservator, or authorized representative.

2023-24 trailer bill language was adopted with the understanding that there would be a process and proposal on what would occur post the current fiscal year of 2024. This year, the Governor's Budget includes trailer bill language that proposes an update to the Legislature's intent language for IPPs that 1) places priority on in-person IPP meetings, and 2) to articulate and reflect the expectation that the development and implementation of the IPP should be conducted using a person-centered approach that identifies services and supports intended to help consumers achieve their personal outcomes and life goals and promote inclusion in their communities. At an Assembly Budget Subcommittee # 2 hearing on February 28, 2024, the Administration stated their case that priority should be placed on face-to-face contact and in-person interaction. Furthermore, the Administration expressed their proposal allows for supporters of the consumer to participate in the IPP meetings and that the time and location should occur at the consumer's preference. This remains an ongoing conversation in the budget process.

**Author's Statement:** According to the Author, "California is the leader in providing developmental services, which is supported by highly trained clinicians. Services are decided by individual program plans (IPP) and individual family service plans (IFSP) to enhance outcomes and quality of life. This bill ensures that lessons from the COVID-19 Pandemic shape California's future, enabling remote access for IPP and IFSP meetings, benefiting recipients, advocates, and clinicians."

**Equity Implications:** Individuals living with developmental disabilities rely on services from regional centers to live independently and effectively integrate into the community. IPP meetings guide decisions and the future of an individual. As noted, the top complaint from consumers is lack of attendance of these IPP meetings. Attendance from the proper individuals is key to

ensuring a robust discussion that results in the best interest of the individual, allowing them to lead full and productive lives.

For almost a decade, heightened attention has been given to disparities in regional center spending and service provision; data from DDS indicate that, statewide, per capita spending for services for a Latino consumer was \$12,152 in 2021 compared to \$28,143 for a White consumer. In 2015, statewide data showed that Latino consumers utilize services for which they are authorized at a lower rate (76.6%) than White consumers (82.7%). There is no clear indication that remote IPP meetings will increase equity, but it will likely increase the participation from people in that individual's life.

Remote meetings have the potential to increase access to this vulnerable population, as remote participation allows for people to be more easily involved in these vital planning meetings, particularly for consumers and their families who reside in remote or rural areas, or those who do not have adequate transportation.

**Double referral:** Should this bill pass out of this committee, it will be referred to the Assembly Judiciary Committee.

#### **RELATED AND PRIOR LEGISLATION:**

**AB 1957 (Wilson), Chapter 314, Statutes of 2022**, added additional data points to the set of data that DDS and regional centers must report. These additional data mostly relate to services that were cut during the pandemic and recently restored, including social recreation, camping, educational services, and nonmedical therapies such as art, dance, and music. AB 1957 also added untimely translations of an IPP in a threshold language to be included in the set of data.

**AB 1 X2 (Thurmond), Chapter 3, Statutes of 2016**, authorized the Service Access and Equity grant program through which \$11 million in ongoing General Fund resources for DDS was provided to assist regional centers in reducing purchase of service disparities.

**AB 1244 (Chesbro) of 2011**, would have created a self-determination program to provide individuals with a single, capitated funding allocation they may use to purchase services that support goals identified in their IPP. *AB 1244 failed passage in the Senate Human Services Committee.*

**SB 1038 (Thompson), Chapter 1043, Statutes of 1998**, authorized the creation of pilot projects for self-determination at three regional centers. Two other regional centers also created independent self-determination pilots under an alternative service delivery model, bringing to five the number of regional centers engaged in the pilot.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

Disability Rights California (Sponsor)  
Alliance for Children's Rights  
California Community Living Network  
California Disability Services Association  
Children's Law Center of California

Disability Voices United (UNREG)  
Integrated Community Collaborative  
Los Angeles Coalition of Service Providers  
PathPoint  
Public Counsel  
State Council on Developmental Disabilities  
The California Respite Association

**Opposition**

None on file.

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