



California's protection and advocacy system
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#19: Fact Sheet on California's Budget Cuts to Developmental Disability Services & Programs - July 15, 2009

Use of Generic Services and Private Insurance¹

These changes are included in the Budget Trailer Bill. They will be effective when the Budget is approved, unless the language is changed by the legislature.

How the Law Changed

The Lanterman Act currently requires regional centers to identify other sources of funding before buying services.² These are sometimes called “generic” services.

There are two changes to the Lanterman Act that make these requirements stronger. The changes say:

1. Specific Generic Services You Must Apply for Before the Regional Center Can Pay³

If you or your family are eligible for Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services (CHAMPUS-otherwise known as TRICARE), In-Home Support Services (IHSS),

¹ The changes are part of the Budget Trailer Bill AB x3 45.

You may find the law at http://www.leginfo.ca.gov/pub/09-10/bill/asm/ab_0001-0050/abx3_45_bill_20090628_amended_asm_v98.html

The changes affecting Generic Services and Private Insurance are found in Welfare and Institutions Code, Section 4659(a).

² Welfare and Institutions Code Section 4659(a).

³ Welfare and Institutions Code Section 4659(c).

California Children's Services (CCS), private insurance, or a health care service plan and you or your family choose not to apply for these services, then the regional center cannot purchase those services for you.

If you or your family do not meet the criteria for these services, then the regional center can continue to purchase these services for you.

Effective Date

This part of the law begins on July 1, 2009. However, if your current IPP (Individual Program Plan) says the regional center will pay for these generic services, the change does not begin until October 1, 2009.

2. Medical and Dental Services You Must Apply for (and Appeal the Denial if the Regional Center Thinks You Should) Before the Regional Center Can Pay⁴

A regional center can only buy medical or dental services for you if you are over age three (3) and:

- You or family show the regional center that Medi-Cal, private insurance, or a health care service plan has denied the medical or dental service; and
- The regional center decides that an appeal would not have merit.

The regional centers may pay for medical or dental services: While you or your family are trying to get medical or dental service from another agency or private insurance and you have not yet been given a denial;

- While you or your family are waiting for a final administrative decision and you already provided the regional center with information that you are appealing; or
- Until Medi-Cal, private insurance or a health care services plan begins to provide the services.

Effective Date

This part of the law begins on July 1, 2009 unless the current IPP requires the regional center to pay for the services. In that case, it takes effect on August 1, 2009.

⁴ Welfare and Institutions Code Section 4659(d).

What should You Do If the Regional Center Wants to Change Your Services?

If your regional center wants to change your services to another agency or your private insurance to provide your services, it must hold an IPP meeting.⁵ At the meeting, the IPP team must discuss what services another agency may provide and the eligibility criteria for those services. If you agree to apply for services through another agency or use private insurance, the regional center should continue to provide any service you are currently receiving for an interim period. Regional center should also help you apply for services from the other agency or your insurance company.

If you do not agree with the decision following the IPP meeting, the regional center must give you a written notice. The notice must be given 30 days before the change begins.⁶

If you want to appeal the decision and continue to receive these services, you must request a fair hearing within 30 days.⁷

- If you request the hearing within 10 days of receiving the notice, your services will be continued while the hearing process is conducted⁸; and
- If you request the hearing after 10 days but still before the 30 day limit, you will receive the fair hearing but your services may be discontinued until the outcome of the hearing is known.⁹ Your appeal should indicate why the generic services could not meet your needs.

For important information on how to appeal decisions by the regional center, read our fact sheet, Due Process and Hearing

⁵ Welfare & Institutions Code, Section 4646.4(a)-(c)

⁶ See Welfare & Institutions Code Section 4710

⁷ See Welfare & Institutions Code Section 4710.5 (a)

⁸ See Welfare & Institutions Code Section 4715

⁹ See Welfare & Institutions Code Section 4710.5 (a)