

AMENDED IN ASSEMBLY JULY 3, 2002
AMENDED IN SENATE JANUARY 28, 2002
AMENDED IN SENATE JANUARY 22, 2002
AMENDED IN SENATE JANUARY 10, 2002

SENATE BILL

No. 1096

**Introduced by Senator Ortiz
(Coauthors: Senators Chesbro, Kuehl, and Polanco)**

February 23, 2001

An act relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1096, as amended, Ortiz. Children with disabilities.

Existing law provides for the provision of various health and social services.

This bill would require the Secretary of the California Health and Human Services Agency to contract for an independent study to determine various factors relating to providing health care for children with disabilities, to the extent funds are appropriated or otherwise provided for that purpose.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. It is the intent of the Legislature to evaluate the
2 existing service delivery system for children with disabilities from
3 birth through age five years and to identify options for providing

1 improved prevention and intervention services for young children
2 with disabilities from birth through age five years.

3 SEC. 2. (a) The Secretary of the California Health and
4 Human Services Agency shall contract for an independent study
5 to determine all of the following:

6 (1) The different state and federal programs directed to serving
7 children with disabilities from birth through age five years in
8 California, and the eligibility criteria and services provided under
9 each of these programs.

10 (2) The number and percentage of children with disabilities
11 served by programs directed to serving children with disabilities
12 from birth through age five years.

13 (3) The number of children with disabilities who are not
14 covered by existing programs available for children with
15 disabilities, including the number of children who lose coverage
16 under the Early Start program when they reach three years of age.

17 (4) The major service gaps, or duplications of services, if any,
18 in the current prevention and intervention service system directed
19 to young children with disabilities and their families.

20 (5) The levels of funding of current programs and the impact
21 funding has on the type and availability of services for children
22 with disabilities, including the availability of services in urban and
23 rural geographic areas.

24 (6) The options for extending health and other services directed
25 to young children with disabilities to a fuller range of children with
26 disabilities from birth through age five years, including
27 recommended priorities and criteria for expanding available
28 services to these children.

29 (b) In order to reduce costs, the contractor may utilize a sample
30 of cases. Wherever possible, the contractor shall disaggregate data
31 and findings by income, race, ethnicity, and type of disability to
32 better reflect access to existing services for young children with
33 disabilities and their families.

34 (c) The contractor shall establish a process by which options
35 are developed for, at a minimum, all of the following:

36 (1) The examination and utilization of research results from the
37 study performed by the contractor.

38 (2) The examination and utilization of other data and
39 information with regard to the types and levels of financing,



1 delivering, or defining eligibility for, services available for young
2 children with disabilities.

3 (3) Developing a process by which representatives of parents
4 and families of children with disabilities, state and local providers
5 of services to young children with disabilities including health,
6 education, and social service providers, academic researchers,
7 advocates, and other interested parties are engaged in discussion
8 and debate of the issues faced by the state and local agencies in
9 expanding and improving services directed to children with
10 disabilities from birth through age five years. The contractor shall
11 develop the methods by which this discussion occurs, provided
12 that it is broadly inclusive of all groups with an interest in services
13 to young children with disabilities, particularly those children who
14 are not eligible or lose eligibility for services during any time in
15 the birth through age five-year period. State agency participation
16 in this process shall include, but not be limited to, the California
17 Health and Human Services Agency, the State Department of
18 Developmental Services, the State Department of Health Services,
19 the State Department of Mental Health, the State Department of
20 Social Services, the California Department of Corrections, and the
21 State Department of Education.

22 (4) Obtaining information from the United States Centers for
23 Medicare and Medicaid Services in order to determine whether
24 federal waivers or other forms of federal participation are
25 necessary to implement the options described in paragraph ~~(5)~~(6)
26 of subdivision (a).

27 (d) The Secretary of the California Health and Human Services
28 Agency shall report to the Legislature on or before March 15,
29 2004, on the findings and results of the study, including options for
30 expanding existing services available to young children with
31 disabilities from birth through age five years.

32 (e) The Secretary of the California Health and Human Services
33 Agency shall, to the extent funding is specifically appropriated by
34 the Legislature for this purpose, or other funds are received for this
35 purpose, implement the independent study required by this
36 section. *The Secretary of the California Health and Human*
37 *Services Agency shall implement this section only to the extent that*
38 *private or federal funding, or funding from available sources other*
39 *than the General Fund, are available for that purpose.*



1 (f) The Secretary of the California Health and Human Services
2 Agency shall apply for a grant from the federal Health Resources
3 Services Agency, the California Families First Commission, and
4 other funding sources for the study.

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