

ASSEMBLY BILL

No. 1089

Introduced by Assembly Member Ian Calderon

February 22, 2013

An act to add Section 56426.10 to the Education Code, to amend Section 95014 of the Government Code, to amend Sections 123105 and 123110 of the Health and Safety Code, and to amend Sections 4643.5 and 4726 of the Welfare and Institutions Code, relating to foster care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1089, as introduced, Ian Calderon. Foster care.

The Lanterman Developmental Disabilities Services Act authorizes the State Department of Developmental Services to contract with regional centers to provide services and support 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 or individualized family service plan developed in accordance with prescribed requirements.

Existing law also provides that if a consumer is or has been determined to be eligible for services by a regional center, he or she shall also be considered eligible by any other regional center if he or she has moved to another location within the state. In addition, existing law provides that 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 shall be authorized and secured, as specified.

Existing law requires a regional center that receives state funds to provide services to persons with disabilities to provide a fair hearing procedure, as specified, for resolving conflicts between the regional

center and recipients of, or applicants for, service. Existing law generally provides that regional center records are confidential. Existing law requires, however, that a recipient or an applicant, including his or her parents or authorized representatives, as specified, have access to the recipient's or applicant's records that are maintained by the regional center for purposes of the provisions governing fair hearing procedures. Any person who willfully and knowingly violates the requirement governing access to records is guilty of a misdemeanor.

Existing law also requires an early education program provided by a local education agency to include services specially designed to meet the unique needs of children with exceptional needs from birth to 3 years of age and their families.

This bill would specify the transfer procedures that would apply when children who are under 3 years of age who are receiving specified benefits transfer between regional centers or local education agencies, or from a local education agency to a catchment agency where there are no services, as specified. Among other things, the bill would provide that a child shall have the right to receive comparable early intervention services from the new catchment area's regional center, regardless of whether the child has been deemed eligible for provision of and payment for early intervention services through the regional center. By imposing a higher level of service on local entities, the bill would impose a state-mandated local program.

The bill would also provide that regional center consumers would be entitled to a complete copy of their records, at no charge, upon written request and proof that the records are needed to support an appeal regarding eligibility for a public benefit program. Because a violation of the provisions governing a consumer's access to regional center records is a crime, the bill would revise the scope and definition of a crime, thereby imposing a state-mandated local program.

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.

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

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

1 SECTION 1. The Legislature finds and declares the following:

2 (a) Children in foster care are at increased risk for serious
3 developmental delays and disabilities as a result of abuse, neglect,
4 and prenatal exposure to drugs.

5 (b) Timely and consistent provision of quality remediation and
6 therapeutic services for children with developmental delays and
7 disabilities, such as those provided by California's regional centers,
8 have been shown to greatly improve outcomes for these children.
9 Unfortunately, children in foster care are at increased risk for a
10 disruption in services due to frequent placement changes. These
11 disruptions cause dramatic set-backs in a child's development and
12 well-being.

13 (c) It is imperative that children in foster care be protected from
14 interruptions in their regional center services, and thus, a clear set
15 of timelines for the transfer process from one regional center to
16 another is needed.

17 SEC. 2. Section 56426.10 is added to the Education Code, to
18 read:

19 56426.10. (a) The transfer procedures and timeline as provided
20 under subdivision (d) of Section 4643.5 of the Welfare and
21 Institutions Code shall apply if either of the following apply to a
22 child:

23 (1) If all of the following apply to a child:

24 (A) The child is under three years of age.

25 (B) The child has solely low-incidence disabilities.

26 (C) The child is receiving services under this part.

27 (D) The child has an order for foster care placement or is
28 awaiting foster care placement, or is receiving Aid to Families
29 with Dependent Children-Foster Care (AFDC-FC), Kinship
30 Guardianship Assistance Payments (Kin-GAP), or Adoption
31 Assistance Program (AAP) benefits.

32 (E) The child transfers between local education agencies.

33 (2) If an infant or toddler has an order for foster care placement
34 or is awaiting foster care placement, or is receiving AFDC-FC,
35 Kin-GAP, or AAP benefits, and transfers from a local education

1 agency to a catchment area where there are no services available
2 for the infant or toddler through the local education agency.

3 (b) A child described in paragraph (2) of subdivision (a) shall
4 have the right to receive comparable early intervention services
5 from the new catchment area's regional center, regardless of
6 whether the child has been deemed eligible for provision of and
7 payment for early intervention services through the regional center.

8 SEC. 3. Section 95014 of the Government Code is amended
9 to read:

10 95014. (a) The term "eligible infant or toddler" for the
11 purposes of this title means infants and toddlers from birth through
12 two years of age, for whom a need for early intervention services,
13 as specified in the federal Individuals with Disabilities Education
14 Act (20 U.S.C. Sec. 1431 et seq.) and applicable regulations, is
15 documented by means of assessment and evaluation as required
16 in Sections 95016 and 95018 and who meet one of the following
17 criteria:

18 (1) Infants and toddlers with a developmental delay in one or
19 more of the following five areas: cognitive development; physical
20 and motor development, including vision and hearing;
21 communication development; social or emotional development;
22 or adaptive development. Developmentally delayed infants and
23 toddlers are those who are determined to have a significant
24 difference between the expected level of development for their
25 age and their current level of functioning. This determination shall
26 be made by qualified personnel who are recognized by, or part of,
27 a multidisciplinary team, including the parents. A significant
28 difference is defined as a 33-percent delay in one developmental
29 area before 24 months of age, or, at 24 months of age or older,
30 either a delay of 50 percent in one developmental area or a
31 33-percent delay in two or more developmental areas. The age for
32 use in determination of eligibility for the Early Intervention
33 Program shall be the age of the infant or toddler on the date of the
34 initial referral to the Early Intervention Program.

35 (2) Infants and toddlers with established risk conditions, who
36 are infants and toddlers with conditions of known etiology or
37 conditions with established harmful developmental consequences.
38 The conditions shall be diagnosed by a qualified personnel
39 recognized by, or part of, a multidisciplinary team, including the
40 parents. The condition shall be certified as having a high

1 probability of leading to developmental delay if the delay is not
2 evident at the time of diagnosis.

3 (b) Regional centers and local educational agencies shall be
4 responsible for ensuring that eligible infants and toddlers are served
5 as follows:

6 (1) The State Department of Developmental Services and
7 regional centers shall be responsible for the provision of
8 appropriate early intervention services that are required for
9 California's participation in Part C of the federal Individuals with
10 Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) for all
11 infants eligible under Section 95014, except for those infants with
12 solely a visual, hearing, or severe orthopedic impairment, or any
13 combination of those impairments, who meet the criteria in
14 Sections 56026 and 56026.5 of the Education Code, and in Section
15 3030(a), (b), (d), or (e) of, and Section 3031 of, Title 5 of the
16 California Code of Regulations.

17 (2) The State Department of Education and local educational
18 agencies shall be responsible for the provision of appropriate early
19 intervention services in accordance with Part C of the federal
20 Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431
21 et seq.) for infants with solely a visual, hearing, or severe
22 orthopedic impairment, or any combination of those impairments,
23 who meet the criteria in Sections 56026 and 56026.5 of the
24 Education Code, and in Section 3030(a), (b), (d), or (e) of, and
25 Section 3031 of, Title 5 of the California Code of Regulations,
26 and who are not eligible for services under the Lanterman
27 Developmental Disabilities Services Act (Division 4.5
28 (commencing with Section 4500) of the Welfare and Institutions
29 Code).

30 (3) (A) *The transfer procedures and timeline as provided under*
31 *subdivision (d) of Section 4643.5 of the Welfare and Institutions*
32 *Code shall apply if either of the following apply to an eligible*
33 *infant or toddler:*

34 (i) *The child (I) has an order for foster care placement or is*
35 *awaiting foster care placement, or is receiving Aid to Families*
36 *with Dependent Children-Foster Care (AFDC-FC), Kinship*
37 *Guardianship Assistance Payments (Kin-GAP), or Adoption*
38 *Assistance Program (AAP) benefits, and (II) transfers between*
39 *regional centers or local education agencies.*

1 (ii) *The child (I) has an order for foster care placement or is*
2 *awaiting foster care placement, or is receiving AFDC-FC,*
3 *Kin-GAP, or AAP benefits, and (II) transfers from a local education*
4 *agency to a catchment area where there are no services available*
5 *for the infant or toddler through the local education agency.*

6 (B) *A child described in clause (ii) of subparagraph (A) shall*
7 *have the right to receive comparable early intervention services*
8 *from the new catchment area’s regional center, regardless of*
9 *whether the child has been deemed eligible for provision of and*
10 *payment for early intervention services through the regional center.*

11 (c) For infants and toddlers and their families who are eligible
12 to receive services from both a regional center and a local
13 educational agency, the regional center shall be the agency
14 responsible for providing or purchasing appropriate early
15 intervention services that are beyond the mandated responsibilities
16 of local educational agencies and that are required for California’s
17 participation in Part C of the federal Individuals with Disabilities
18 Education Act (20 U.S.C. Sec. 1431 et seq.). The local educational
19 agency shall provide special education services up to its funded
20 program capacity as established annually by the State Department
21 of Education in consultation with the State Department of
22 Developmental Services and the Department of Finance.

23 (d) No agency or multidisciplinary team, including any agency
24 listed in Section 95012, shall presume or determine eligibility,
25 including eligibility for medical services, for any other agency.
26 However, regional centers and local educational agencies shall
27 coordinate intake, evaluation, assessment, and individualized
28 family service plans for infants and toddlers and their families who
29 are served by an agency.

30 (e) Upon termination of the program pursuant to Section 95003,
31 the State Department of Developmental Services shall be
32 responsible for the payment of services pursuant to this title.

33 SEC. 4. Section 123105 of the Health and Safety Code is
34 amended to read:

35 123105. As used in this chapter:

36 (a) “Health care provider” means any of the following:

37 (1) A health facility licensed pursuant to Chapter 2 (commencing
38 with Section 1250) of Division 2.

39 (2) A clinic licensed pursuant to Chapter 1 (commencing with
40 Section 1200) of Division 2.

- 1 (3) A home health agency licensed pursuant to Chapter 8
2 (commencing with Section 1725) of Division 2.
- 3 (4) A physician and surgeon licensed pursuant to Chapter 5
4 (commencing with Section 2000) of Division 2 of the Business
5 and Professions Code or pursuant to the Osteopathic Act.
- 6 (5) A podiatrist licensed pursuant to Article 22 (commencing
7 with Section 2460) of Chapter 5 of Division 2 of the Business and
8 Professions Code.
- 9 (6) A dentist licensed pursuant to Chapter 4 (commencing with
10 Section 1600) of Division 2 of the Business and Professions Code.
- 11 (7) A psychologist licensed pursuant to Chapter 6.6
12 (commencing with Section 2900) of Division 2 of the Business
13 and Professions Code.
- 14 (8) An optometrist licensed pursuant to Chapter 7 (commencing
15 with Section 3000) of Division 2 of the Business and Professions
16 Code.
- 17 (9) A chiropractor licensed pursuant to the Chiropractic Initiative
18 Act.
- 19 (10) A marriage and family therapist licensed pursuant to
20 Chapter 13 (commencing with Section 4980) of Division 2 of the
21 Business and Professions Code.
- 22 (11) A clinical social worker licensed pursuant to Chapter 14
23 (commencing with Section ~~4990~~ 4991) of Division 2 of the
24 Business and Professions Code.
- 25 (12) A physical therapist licensed pursuant to Chapter 5.7
26 (commencing with Section 2600) of Division 2 of the Business
27 and Professions Code.
- 28 (13) An occupational therapist licensed pursuant to Chapter 5.6
29 (commencing with Section 2570).
- 30 (14) A professional clinical counselor licensed pursuant to
31 Chapter 16 (commencing with Section 4999.10) of Division 2 of
32 the Business and Professions Code.
- 33 (15) *A nonprofit regional center corporation which is contracted*
34 *with the Department of Developmental Services pursuant to*
35 *Chapter 5 (commencing with Section 4620) of Division 4.5 of the*
36 *Welfare and Institutions Code.*
- 37 (b) “Mental health records” means patient records, or discrete
38 portions thereof, specifically relating to evaluation or treatment of
39 a mental disorder. “Mental health records” includes, but is not
40 limited to, all alcohol and drug abuse records.

1 (c) “Patient” means a patient or former patient of a health care
2 provider.

3 (d) “Patient records” means records in any form or medium
4 maintained by, or in the custody or control of, a health care
5 provider relating to the health history, diagnosis, or condition of
6 a patient, or relating to treatment provided or proposed to be
7 provided to the patient. “Patient records” includes only records
8 pertaining to the patient requesting the records or whose
9 representative requests the records. “Patient records” does not
10 include information given in confidence to a health care provider
11 by a person other than another health care provider or the patient,
12 and that material may be removed from any records prior to
13 inspection or copying under Section 123110 or 123115. “Patient
14 records” does not include information contained in aggregate form,
15 such as indices, registers, or logs.

16 (e) “Patient’s representative” or “representative” means any of
17 the following:

18 (1) A parent or guardian of a minor who is a patient.

19 (2) The guardian or conservator of the person of an adult patient.

20 (3) An agent as defined in Section 4607 of the Probate Code,
21 to the extent necessary for the agent to fulfill his or her duties as
22 set forth in Division 4.7 (commencing with Section 4600) of the
23 Probate Code.

24 (4) The beneficiary as defined in Section 24 of the Probate Code
25 or personal representative as defined in Section 58 of the Probate
26 Code, of a deceased patient.

27 (f) “Alcohol and drug abuse records” means patient records, or
28 discrete portions thereof, specifically relating to evaluation and
29 treatment of alcoholism or drug abuse.

30 SEC. 5. Section 123110 of the Health and Safety Code is
31 amended to read:

32 123110. (a) Notwithstanding Section 5328 of the Welfare and
33 Institutions Code, and except as provided in Sections 123115 and
34 123120, any adult patient of a health care provider, any minor
35 patient authorized by law to consent to medical treatment, and any
36 patient representative shall be entitled to inspect patient records
37 upon presenting to the health care provider a written request for
38 those records and upon payment of reasonable clerical costs
39 incurred in locating and making the records available. However,
40 a patient who is a minor shall be entitled to inspect patient records

1 pertaining only to health care of a type for which the minor is
2 lawfully authorized to consent. A health care provider shall permit
3 this inspection during business hours within five working days
4 after receipt of the written request. The inspection shall be
5 conducted by the patient or patient’s representative requesting the
6 inspection, who may be accompanied by one other person of his
7 or her choosing.

8 (b) Additionally, any patient or patient’s representative shall be
9 entitled to copies of all or any portion of the patient records that
10 he or she has a right to inspect, upon presenting a written request
11 to the health care provider specifying the records to be copied,
12 together with a fee to defray the cost of copying, that shall not
13 exceed twenty-five cents (\$0.25) per page or fifty cents (\$0.50)
14 per page for records that are copied from microfilm and any
15 additional reasonable clerical costs incurred in making the records
16 available. The health care provider shall ensure that the copies are
17 transmitted within 15 days after receiving the written request.

18 (c) Copies of X-rays or tracings derived from
19 electrocardiography, electroencephalography, or electromyography
20 need not be provided to the patient or patient’s representative under
21 this section, if the original X-rays or tracings are transmitted to
22 another health care provider upon written request of the patient or
23 patient’s representative and within 15 days after receipt of the
24 request. The request shall specify the name and address of the
25 health care provider to whom the records are to be delivered. All
26 reasonable costs, not exceeding actual costs, incurred by a health
27 care provider in providing copies pursuant to this subdivision may
28 be charged to the patient or representative requesting the copies.

29 (d) (1) Notwithstanding any provision of this section, and except
30 as provided in Sections 123115 and 123120, any patient or former
31 patient or the patient’s representative shall be entitled to a copy,
32 at no charge, of the relevant portion of the patient’s records, upon
33 presenting to the provider a written request, and proof that the
34 records are needed to support an appeal regarding eligibility for a
35 public benefit program. These programs shall be the Medi-Cal
36 program, social security disability insurance benefits, and
37 Supplemental Security Income/State Supplementary Program for
38 the Aged, Blind and Disabled (SSI/SSP) benefits. For purposes of
39 this subdivision, “relevant portion of the patient’s records” means
40 those records regarding services rendered to the patient during the

1 time period beginning with the date of the patient's initial
2 application for public benefits up to and including the date that a
3 final determination is made by the public benefits program with
4 which the patient's application is pending.

5 (2) Although a patient shall not be limited to a single request,
6 the patient or patient's representative shall be entitled to no more
7 than one copy of any relevant portion of his or her record free of
8 charge.

9 (3) This subdivision shall not apply to any patient who is
10 represented by a private attorney who is paying for the costs related
11 to the patient's appeal, pending the outcome of that appeal. For
12 purposes of this subdivision, "private attorney" means any attorney
13 not employed by a nonprofit legal services entity.

14 (e) If the patient's appeal regarding eligibility for a public benefit
15 program specified in subdivision (d) is successful, the hospital or
16 other health care provider may bill the patient, at the rates specified
17 in subdivisions (b) and (c), for the copies of the medical records
18 previously provided free of charge.

19 (f) If a patient or his or her representative requests a record
20 pursuant to subdivision (d), the health care provider shall ensure
21 that the copies are transmitted within 30 days after receiving the
22 written request.

23 (g) This section shall not be construed to preclude a health care
24 provider from requiring reasonable verification of identity prior
25 to permitting inspection or copying of patient records, provided
26 this requirement is not used oppressively or discriminatorily to
27 frustrate or delay compliance with this section. Nothing in this
28 chapter shall be deemed to supersede any rights that a patient or
29 representative might otherwise have or exercise under Section
30 1158 of the Evidence Code or any other provision of law. Nothing
31 in this chapter shall require a health care provider to retain records
32 longer than required by applicable statutes or administrative
33 regulations.

34 (h) This chapter shall not be construed to render a health care
35 provider liable for the quality of his or her records or the copies
36 provided in excess of existing law and regulations with respect to
37 the quality of medical records. A health care provider shall not be
38 liable to the patient or any other person for any consequences that
39 result from disclosure of patient records as required by this chapter.
40 A health care provider shall not discriminate against classes or

1 categories of providers in the transmittal of X-rays or other patient
2 records, or copies of these X-rays or records, to other providers as
3 authorized by this section.

4 Every health care provider shall adopt policies and establish
5 procedures for the uniform transmittal of X-rays and other patient
6 records that effectively prevent the discrimination described in
7 this subdivision. A health care provider may establish reasonable
8 conditions, including a reasonable deposit fee, to ensure the return
9 of original X-rays transmitted to another health care provider,
10 provided the conditions do not discriminate on the basis of, or in
11 a manner related to, the license of the provider to which the X-rays
12 are transmitted.

13 (i) Any health care provider described in paragraphs (4) to (10),
14 inclusive, of subdivision (a) of Section 123105 who willfully
15 violates this chapter is guilty of unprofessional conduct. Any health
16 care provider described in paragraphs (1) to (3), inclusive, of
17 subdivision (a) of Section 123105 that willfully violates this chapter
18 is guilty of an infraction punishable by a fine of not more than one
19 hundred dollars (\$100). The state agency, board, or commission
20 that issued the health care provider's professional or institutional
21 license shall consider a violation as grounds for disciplinary action
22 with respect to the licensure, including suspension or revocation
23 of the license or certificate.

24 (j) This section shall be construed as prohibiting a health care
25 provider from withholding patient records or summaries of patient
26 records because of an unpaid bill for health care services. Any
27 health care provider who willfully withholds patient records or
28 summaries of patient records because of an unpaid bill for health
29 care services shall be subject to the sanctions specified in
30 subdivision (i).

31 *(k) Notwithstanding any provision of this section, and except*
32 *as provided in Sections 123115 and 123120, any regional center*
33 *consumer or former regional center consumer or the regional*
34 *center consumer's representative, or infant or toddler receiving*
35 *or formerly receiving early intervention services or the infant or*
36 *toddler's representative, shall be entitled to a complete copy, at*
37 *no charge, of the consumer's regional center records, upon*
38 *presenting to the regional center a written request and proof that*
39 *the records are needed to support an appeal regarding eligibility*
40 *for a public benefit program. For purposes of this subdivision*

1 “public benefit program” includes, but is not limited to, the
 2 Medi-Cal program, social security disability insurance benefits,
 3 and Supplemental Security Income/State Supplementary Program
 4 for the Aged, Blind and Disabled (SSI/SSP) benefits.

5 SEC. 6. Section 4643.5 of the Welfare and Institutions Code
 6 is amended to read:

7 4643.5. (a) If a consumer is or has been determined to be
 8 eligible for services by a regional center, he or she shall also be
 9 considered eligible by any other regional center if he or she has
 10 moved to another location within the state.

11 (b) An individual who is determined by any regional center to
 12 have a developmental disability shall remain eligible for services
 13 from regional centers unless a regional center, following a
 14 comprehensive reassessment, concludes that the original
 15 determination that the individual has a developmental disability
 16 is clearly erroneous.

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

34 (d) If a consumer is transferring from one regional center’s
 35 catchment area to that of another regional center’s and either (1)
 36 has an order for foster care placement or is awaiting foster care
 37 placement, or (2) is receiving Aid to Families with Dependent
 38 Children-Foster Care (AFDC-FC), Kinship Guardianship
 39 Assistance Payments (Kin-GAP), or Adoption Assistance Program
 40 (AAP) benefits, the following shall apply:

1 (A) *The sending regional center shall prepare and send a*
2 *consumer's physical case file to the receiving regional center no*
3 *later than two business days following the receipt of notice that*
4 *the consumer has moved out of the sending regional center's*
5 *catchment area. For purposes of this subdivision, this notice of*
6 *relocation may be provided verbally or in writing by the caregiver,*
7 *the county social worker or other child welfare agency employee,*
8 *the consumer's dependency court attorney, a Court Appointed*
9 *Special Advocate (CASA), or the court itself.*

10 (B) *The receiving regional center shall accept financial*
11 *responsibility for the consumer's case, and notify the family of the*
12 *assignment of a service coordinator, within two business days of*
13 *receipt of the physical file.*

14 (C) *Services and supports, as provided for in the consumer's*
15 *current individual family service plan or individual program plan,*
16 *shall commence within five business days from the date the sending*
17 *regional center received notice that the child moved out of the*
18 *catchment area.*

19 (D) (i) *If identical services to those provided in the child's*
20 *existing individual family service plan or individual program plan*
21 *are not available, the receiving regional center shall provide*
22 *comparable services until a new individual program plan meeting*
23 *can be held to determine appropriate services.*

24 (ii) *If an infant or toddler transfers from a local education*
25 *agency to a catchment area where there are no services available*
26 *for the infant or toddler through the local education agency and*
27 *either (I) has an order for foster care placement or is awaiting*
28 *foster care placement, or (II) is receiving AFDC-FC, Kin-GAP,*
29 *or AAP benefits both of the following shall apply:*

30 (ia) *The child shall have the right to receive comparable early*
31 *intervention services from the new catchment area's regional*
32 *center, regardless of whether the child has been deemed eligible*
33 *for provision of and payment for early intervention services*
34 *through the regional center.*

35 (ib) *The requirement set forth in subparagraph (A) shall apply.*

36 SEC. 7. Section 4726 of the Welfare and Institutions Code is
37 amended to read:

38 4726. (a) Notwithstanding the provisions of Section 5328,
39 access to records shall be provided to an applicant for, or recipient
40 of, services or to his or her authorized representative, including

1 the person appointed as a developmental services decisionmaker
2 pursuant to Section 319, 361, or 726, for purposes of the appeal
3 procedure under this chapter.

4 *(b) Notwithstanding any provision of this section, and except*
5 *as provided in Sections 123115 and 123120 of the Health and*
6 *Safety Code, any regional center consumer or former regional*
7 *center consumer or the regional center consumer’s representative,*
8 *or infant or toddler receiving or formerly receiving Early*
9 *Intervention services or the infant or toddler’s representative, shall*
10 *be entitled to a complete copy, at no charge, of the consumer’s*
11 *regional center records, upon presenting to the regional center a*
12 *written request and proof that the records are needed to support*
13 *an appeal regarding eligibility for a public benefit program. For*
14 *purposes of this subdivision, “public benefit program” includes,*
15 *but is not limited to, the Medi-Cal program, social security*
16 *disability insurance benefits, and Supplemental Security*
17 *Income/State Supplementary Program for the Aged, Blind and*
18 *Disabled (SSI/SSP) benefits.*

19 SEC. 8. No reimbursement is required by this act pursuant to
20 Section 6 of Article XIII B of the California Constitution for certain
21 costs that may be incurred by a local agency or school district
22 because, in that regard, this act creates a new crime or infraction,
23 eliminates a crime or infraction, or changes the penalty for a crime
24 or infraction, within the meaning of Section 17556 of the
25 Government Code, or changes the definition of a crime within the
26 meaning of Section 6 of Article XIII B of the California
27 Constitution.

28 However, if the Commission on State Mandates determines that
29 this act contains other costs mandated by the state, reimbursement
30 to local agencies and school districts for those costs shall be made
31 pursuant to Part 7 (commencing with Section 17500) of Division
32 4 of Title 2 of the Government Code.

O