



CALIFORNIA NETWORK OF MENTAL HEALTH CLIENTS

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Save the Date

Disability Capitol Action Day

May 26, 2010

10:00AM – 3:00PM

20 Years of the Americans with Disabilities Act

Educational Rally, March, Resource Fair, Legislative Visits & March to the Capitol

CICA Presents:
Tuesday May 25th
10am-3pm

CICA PRESENTS:
Legislative & IHSS Issues Training

Main Event will take place on the west steps of the Capitol

Please contact Gulshan Yusufzai or Delphine Brody if you are interested in being involved at
1 800-626-7447

(Limited Scholarships Available)

For additional information go to www.disabilityactioncoalition.org

***DCAD Legislative Priorities

A majority of Disability Action Coalition members agree with the following positions:

Support

ACR 123 (Chesbro) This resolution will proclaim the third Monday of each September “California Memorial Project Day”, a day intended to honor and restore dignity to individuals who lived and died in California state institutions.

ACR 151 (Ma) This measure would declare the intent of the Legislature to ensure the preservation of home care services to the elderly and people with disabilities through the In-Home Supportive Services program.

ACR 162 (Beall) Designates the second week of October 2010, and annually thereafter, as “Disability History Week”.

AB 754 (Chesbro) Requires health service plans to cover medically necessary Durable Medical Equipment (DME) and services, with no caps lower than those for the overall health benefit. The ability to obtain and use DME is crucial to community living for the people who need it.

AB 2199 (Lowenthal B.) This bill would repeal the requirement that DMH plan and engage in research related to “sexual deviation,” including research into deviations related to sex crimes, the “causes and cures of homosexuality,” and identification of sex offenders. Requires the department to research the prevention of such crimes and how to identify those who commit them.

AB 2702 (Chesbro) Assures that people with intellectual and developmental disabilities and their families must be included in developing their own individual program plans and individualized family service plans.

SB 110 (Liu) The Crime Victims with Disabilities Act of 2010, upgrading police training, requiring more reports to police, and improving investigations and prosecutions.

SB 998 (Liu) Requires a hospital that is required to provide, as part of its discharge policy, long-term care information to patients prior to discharge. Requires the Department of Health Care Services to initiate a process for uniform long-term care services assessment of individuals to assist them in making a care choice. Requires every long-term health care facility that receives an application for admission of a Medi-Cal eligible or Medicare/Medi-Cal eligible person to initiate the assessment prior to admission.

Budget

\$25 million in additional DDS program cuts to be achieved through reforms developed by the existing stakeholder process. These yet to be determined reductions will significantly harm individuals with developmental disabilities and the community based service system.

Medi-Cal (not trigger)

Elimination of the Adult Day Health Care (ADHC) program These community-based day care programs provide a variety of health, therapeutic, and social services to those at risk of being placed in a nursing home.

Elimination of Medi-Cal for lawful permanent residents (LPR) These benefits are for legal adult immigrants who have been residing in the U.S. for less than 5 years. Since there is no federal funding to provide these benefits, it is essential that the state maintain coverage for this population.

Cut \$750 million in Medi-Cal This would be achieved by limiting services, increasing copayments and premiums, and other unspecified changes. This proposal would put Medi-Cal out of financial reach for many individuals who have no other health care alternative.

Delayed payments to institutional providers This proposal affecting nursing homes and hospitals will force them to care for more people with fewer dollars. With people losing eligibility for Medi-Cal, and people losing private health coverage through job loss, there will already be more people lining up for help at hospital emergency rooms.

Reduction of Healthy Families program eligibility Eligibility for this low cost insurance for children would be lowered from 250 percent to 200 percent of the federal poverty level. For children who do not qualify for free Medi-Cal, this may

be the only health coverage they can access.

Reduction of Healthy Families program benefits and increase premiums This proposal would eliminate vision coverage and increasing monthly premiums in families with incomes from 151 percent to 200 percent of the federal poverty level.

Mental Health Services Act (Prop 63) funding supplantation of \$452.3 million This proposal would shift funds from the MHSA to pay for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and the Mental Health Managed Care program. This proposal would need approval of the voters. A similar proposal was rejected by voters last year.

Trigger Cuts

Elimination of state funding for Medi-Cal county mental health services including inpatient hospital services, outpatient mental health services including residential services, and targeted case management;

Reduction of Medi-Cal eligibility to the federal minimum This would mean elimination of the Medically Needy (MN) Program, the Medically Indigent (MI) Program, and the 250% Working Disabled Program.

Elimination of most Medi-Cal “optional” services This includes medical supplies such as diabetic test strips, prosthetic limbs, orthotics, wheelchairs and other durable medical equipment, hearing aids and other benefits. People getting Medi-Cal will go without these services, or go to emergency rooms when they are in crisis, at great cost to the state. They may feel their only choice is to go to nursing homes.

Elimination of the Healthy Families program. This safety net program is imperative for low-income families to keep their children, including children with disabilities, healthy. This proposal would inhibit preventative care and result in greater instances of emergency room use and more frequent hospital stays.

IHSS Functional Index cuts This proposal would use functional index (FI) scores to deny services for individuals with scores below 4. Approximately 87% of IHSS consumers would lose service if this cut happens.

IHSS Wage Cuts This proposal would limit state funding for provider wages to a percentage of the minimum wage of \$8.00 per hour, plus \$0.60 per hour for

provider benefits. Currently, the state share of IHSS wages is \$10.10 per hour.

Elimination of the IHSS Program (Trigger) This proposal would completely eliminate the IHSS program if the federal matching rate for Medi-Cal is not increased to 57%, and other federal funding increases are not forthcoming.

Reduction of Supplemental Security Income/State Supplementary Program (SSI/SSP) to the federal minimum This would cut SSI/SSP grants for individuals from \$845 to \$830 per month. Grants for couples are already at the federal minimum as the result of several cuts to this program last year.

Elimination of Cash Assistance Program for Immigrants (CAPI) this program provides cash assistance to immigrant seniors and persons with disabilities who do not qualify for federal Social Security Income (SSI) because of their immigration status.

Mental Health Services Act (Prop 63) funding supplantation of \$847 million If trigger funds are not received MHSA funds will be further reduced and used for other programs. This may cause the closure of most MHSA programs in FY 2011-12 as there will not be sufficient MHSA funds to continue them. This proposal would need approval of the voters.

In the interest of advancing our progress towards independent living in the community, we must not only protect and promote access to an array of community-based health and human services for all persons with disabilities, but we must also show solidarity with mental health clients, advocates and allied service providers in their effort to stop the proposed expansion of forced mental health treatment through county-level implementation of AB 1421 ('Laura's Law') despite the very inadequate current funding and the much deeper proposed cuts and elimination of voluntary, wellness-based community mental health services and supports, including mental health peer-run programs and peer support.