



ASSOCIATION OF REGIONAL CENTER AGENCIES STATEMENT ON THE FAMILY COST PARTICIPATION PROGRAM

The Family Cost Participation Program (FCPP) was enacted January 1, 2005, for the purpose of assessing a share of cost to parents of children (ages 3-17 years) who receive three specific regional-center-funded services: *day care, respite, and/or camping*. The Department of Developmental Services (DDS) subsequently developed and adopted regulations to implement the program. Legislative action in February 2008 expanded the subject population, beginning October 1, 2008, to include families with children from birth through age two. Changes in the sliding fee scale to increase parents' share of cost were also made at this time.

The FCPP is administered statewide through the 21 regional centers. It now applies to every family with a child in the home (birth through 17 years) who is not a Medi-Cal beneficiary and is receiving one of the three specified regional-center-funded services. The FCPP does not involve a fee or payment to the Department of Developmental Services (DDS) or to the regional center. Parents of children receiving any of the three services are assessed their FCPP share of cost, based on a sliding scale ranging from 10 to 100 percent. The family is informed of the number of units of service, the cost of which will be their financial responsibility to pay directly to the provider.

Additional cost savings under the FCPP could potentially be achieved by (1) expanding the FCPP to individuals age 18 and over, (2) adjusting the sliding scale that determines the family's share of cost, and/or (3) increasing the number of services subject to cost sharing. Among ARCA's General Fund savings ideas that are included in its approved budget position statement is the idea to "*Add additional services that would be subject to the Family Cost Participation Program.*" This position was offered due to recognition that, of the above three options for increasing savings, two are especially problematic. First, expanding the FCPP program to adult consumers makes little sense because implementation would require an expansion of both DDS and regional center personnel to

manage the increased workload, while generating only negligible savings in purchase of services - perhaps even less than the cost of expanding the program.

The second option, significantly increasing the sliding scale that determines the family's share of cost, is problematic because of the adverse impact it could have on maintaining children in the home with their families. The FCPP sliding scale is currently delicately balanced so that families are required to share in the cost of caring for their developmentally disabled child, but is not so burdensome as to unduly stress families or to create an incentive to place the child out of the home in a costly state-funded facility. On average, placing a child out of his or her home is exponentially more costly than supporting that child in his or her home. Moreover, removing a child, from his or her family deprives the child of significant social, developmental, and emotional benefits of living with a family. The current sliding scale was adjusted last year. ARCA believes that adjusting the sliding scale again at this time will tip the balance past a reasonable threshold, given the above issues.

Savings derived from imposing share-of-cost requirements are achieved largely by decreasing demand for the affected service(s). The problem, however, is that most regional-center-funded services are necessary for ensuring or promoting a child's health, safety, development, and/or continued residence with his or her family. For example, if behavioral treatment services were added to the FCPP, the family of a child with autism which finds their FCPP obligation burdensome may refuse or limit the very services that have demonstrated success in enhancing the development of such children. Creating and/or increasing a share-of-cost barrier for accessing such services may lead to less favorable developmental and/or health outcomes for affected children and their increased dependence on more costly publicly-funded services. Thus, adding services to the FCPP (beyond respite, day care, and camping) must be thoughtfully evaluated lest the short-term savings become eclipsed by the long-term costs.