SDTA

SELF-DETERMINATION TECH ALLIANCE

What the Community Said

Attendee comments from the Department of Developmental Services webinars on the proposed definition of "cost-effective"

Sessions of June 29 and June 30, 2026 · Prepared by the Self-Determination Tech Alliance · July 2026

About this document

This document summarizes what attendees said in the chat records of two webinars the Department of Developmental Services held on its proposed definition of "cost-effective": the June 29, 2026 session for individuals, families, self-advocates, and advocates, and the June 30, 2026 session for service providers. It draws on those two records and nothing else. Every attendee entry in both records was reviewed and counted.

Attendees could not save the session chats, so these records were captured live and preserved. Quotes are verbatim, with light cleanup of obvious typos for readability; speaker names appear as they did in the chat. SDTA is glad to share the full transcripts on request.

The record at a glance

June 29 session (individuals, families, self-advocates, advocates)	About 711 attendees; 489 attendee comments in one hour (513 chat entries, including 24 staff replies)
June 30 session (service providers)	95 attendee comments (162 chat entries, including 67 staff replies)
Combined attendee comments	584
Comments defending the proposed "reasonable rate" criterion	0 found in either record *

* One comment supported "a clear statewide standard" while asking for more specificity before implementation. Comments thanking the Department for holding the sessions were common early in the hour. We did not find a comment in either record arguing for the rate criterion itself.

Two rooms, one message

The two sessions drew audiences with different, and often competing, economic interests. Families and self-advocates hire and direct support staff; providers employ them. The two rooms did not coordinate, and they arrived at the same conclusion: in the Self-Determination Program, the certified individual budget already controls total cost. A per-provider "reasonable rate" test replaces a value standard with a price standard and adds a second layer of review without protecting additional public dollars.

> *"The law requires the Spending Plan to be 'Certified' not approved. An SDP spending plan that meets the other criteria of being effective, is by definition reasonable, because it is based on an SDP budget that is certified by the Regional Center. The SDP budget is always equal or less than that required to provide the services in the traditional system."*
>
> R Kopito · June 29 session

> *"The Certified Budget already provides an overall mechanism for cost control and cost neutrality in SDP. Cost-effectiveness should be evaluated within the context of the person's overall budget, assessed needs, and outcomes, not by comparing one provider's hourly rate in isolation."*
>
> Miriam Erberich · June 29 session

> *“Adding an additional Cost-effective portion to the SDP Spending Plan, simply adds ‘sand into the system’ slowing down access to services and increased Notice of Action requests, increased hearings to try and get resolution.”*
> Will Sanford · June 30 session

> *“Cost moves from tiebreaker to denial gate. A service can satisfy every other criterion and still be denied on cost alone.”*
> Anonymous attendee · June 30 session

The workforce concern was likewise identical across the two rooms, argued from opposite sides of the same employment relationship:

> *“As a parent I fear that no one will provide respite care for our children for minimum wage. Especially because of the medical needs of my children.”*
> Rebekah Acosta · June 29 session

> *“Employees hired at minimu wage turn over faster leading to increased recruiting costs, training costs, etc. in addition to less effective service provision.”*
> Kathy Zimmerman · June 30 session

What the comments addressed

What the comments addressed (one primary category per comment)	Community (June 29)	Providers (June 30)
SDP choice, flexibility, budget authority, and negotiated rates	87	9
Public engagement, transparency, and webinar access	78	16
Individual needs, person-centered outcomes, quality, continuity, integration	64	6
Reasonable-rate definition and rate-setting methodology	40	18
Appeals, exceptions, burden of proof, timelines, administrative burden	40	9
Broad opposition, support, and system-level concerns	30	4
Qualified-provider standards, credentials, and lived experience	26	1
Comparable services, community rates, availability, local market conditions	23	11
Generic services, family responsibility, federal financial participation	23	1
Regional center consistency, guidance, oversight, and accountability	22	3
Workforce wages, recruitment, retention, and provider capacity	18	8
Equity, disparities, and culturally and geographically responsive access	15	1

What the comments addressed (one primary category per comment)	Community (June 29)	Providers (June 30)
Legal authority, statutory interpretation, and rights protections	12	3
Implementation, transition, and protection of existing services	11	5
All attendee comments	**489**	**95**

Each comment was assigned one primary category; many touched several. Every category drew comments from both rooms. In the community session, two of the three largest categories concern the program's core design (choice and budget authority) and the engagement process itself; in the provider session, the largest is the rate-setting methodology.

The provider session was smaller and denser. Its 95 attendee comments centered on the same value-versus-price distinction, plus themes only providers can speak to: services with no rate-study analog, wages and turnover, sustainability of small providers, the unfunded administrative load a rate test would place on regional centers and fiscal intermediaries, and requests for concrete tools (rubrics, worksheets, templates) rather than a subjective written standard. One provider proposed specific definition language: rates "adjusted for uncommon duties or qualifications established by the participant." The session closed with a caution about how written standards operate in practice:

> *"If cost-effectiveness must be considered and this is the definition, it WILL be the primary determinant."*
> Sonni Charness · June 30 session

> *"In the words of a former DDS Chief Deputy Director - Keep it Simple!!"*
> Will Sanford · June 30 session

What attendees said a workable definition should do

Department and consultant staff asked several times what specific language the community would add. Across both records, the affirmative recommendations converge on a short and consistent list:

- Keep cost control at the level of the certified individual budget, where it already operates.
- Define cost-effectiveness by outcomes and long-term value, counting prevention of crisis, hospitalization, staff turnover, and more restrictive placement.
- Publish clear, objective, statewide criteria and train all 21 regional centers to apply them consistently.
- Treat a lower-cost option as comparable only if it is actually available and can meet the person's assessed needs, including continuity of care, cultural and linguistic fit, geography, and disability-specific expertise.
- Treat vendored or published rates as reference points rather than ceilings, adjusted for uncommon duties or qualifications established by the participant.
- Require a written showing, before any denial, that a lower-cost alternative will actually meet the person's needs.
- State plainly that participants keep the right to choose the provider who best meets their needs within the approved budget.
- Continue the conversation in interactive sessions, with fully translated materials and feedback forms.

How the hour felt on June 29

The June 29 chat is timestamped, and the timestamps tell their own story. The room arrived warm and left discouraged, within a single hour:

> *"My son Alex and I appreciate everyone there at the Department for doing this webinar."*
> Marty Omoto · 11:02 AM

> *"I appreciate the Department's efforts to define 'cost-effective' as directed by AB 143. My concern is that the proposal appears to redefine the very flexibility the Legislature intended SDP participants to have."*
> Monique Moraga · 11:08 AM

> *"Using the Q&A format is not working. The comments are jumping around so fast because so many people are not happy with this proposal that it is impossible to thumbs up all comments I agree with."*
> Adam Ruddle · 11:31 AM

> *"Today's session was misleading. We were not given a chance to hear any of our questions addressed. We were talked to for most of the session."*
> Vicki Jones · 11:42 AM

> *"Today, many families experience a system that has effectively stopped responding. Requests remain unresolved for months. Accountability is often absent … it becomes difficult to fully understand how trust has eroded so significantly."*
> Elizabeth Barrios Gómez · 11:57 AM

Three process facts sit alongside the substance in the records. No questions were answered live in either session. Staff replies were, with few exceptions, a uniform acknowledgment ("Thank you for your feedback"). And attendees reported that the feedback form did not translate into Spanish; as one wrote, "you broke your commitment to the almost 40% Spanish speaking community."

One comment in the June 29 record was addressed to the Department's Director by name:

> *"Mr. Pete Cervinka, I'm Luis Zavala from Integrated Community Collaborative and I don't agree with you. You will affect us, the self-advocates, with this, so I say no to this cost effective."*
> Luis Zavala, self-advocate · June 29 session

What Department staff placed on the record

The provider session chat also captured substantive Department positions, which we note here in fairness to the record:

- The June 2026 federal Office of Legal Counsel opinion "will not alter the criteria California uses to determine cost-effectiveness."
- Other states' rates do not affect California's.
- No new kinds of rates are being proposed; rates set by the Department stay Department-set, and negotiated rates stay negotiated.
- The definition "will not change the existing exemption" or service-level-change processes.
- The definition "will include ways to allow for people's unique needs."
- Staff described IPP-goal alignment, outcome measures, continuity of care, and individualized need as items stakeholders are asking to include, and "something we want to consider adding."

Staff asked more than once what specific language the community would offer. The list in the section above is the community's answer, and it is consistent across both rooms.

Voces en español

Attendees also commented in Spanish. Because the feedback form reportedly did not translate, the session chats may be the only place some of these voices were captured:

> *“Un proveedor especializado puede cobrar más por hora, pero resuelve una necesidad en menos tiempo. Lo barato sale caro; la efectividad debe medirse por resultados, no por la tarifa por hora.”*
>
> Carmen Silva · June 29 session (“A specialized provider may charge more per hour, but resolves a need in less time. Cheap turns out expensive; effectiveness should be measured by results, not by the hourly rate.”)

> *“Imponer un límite a las tarifas contradice el principio fundamental de SDP. Elimina principios fundamentales del programa: la FLEXIBILIDAD y LIBERTAD de elección que es lo que SDP garantiza.”*
>
> Maria Berumen · June 29 session (“Imposing a limit on rates contradicts the fundamental principle of SDP. It removes fundamental principles of the program: the FLEXIBILITY and FREEDOM of choice that SDP guarantees.”)

In closing

Across 584 attendee comments in two sessions, the community’s message was consistent: keep cost control where it already operates, in the certified individual budget, and define cost-effectiveness by whether a service obtains results for the person. The distance between that message and the additions Department staff said they are considering is not large. The community that filled these two chat windows arrived ready to help close it.

> *“It should focus on what is person-effective, not cost-effective.”*
>
> Michelle Del Rosario · June 29 session

About the Self-Determination Tech Alliance

SDTA is a California nonprofit (fiscally sponsored 501(c)(3)) that puts technology to work for the developmental disability community. We build practical navigation tools, community data, and creative and economic opportunity, created with and for the people the system serves.

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