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17 UNITED STATES DISTRICT COURT  
18 FOR THE CENTRAL DISTRICT OF CALIFORNIA  
19

20 JERRY THOMAS, by and through his  
Guardian ad Litem BEVERLY  
21 THOMAS, SEAN BENISON, and JUAN  
PALOMARES,

22 Plaintiffs,

23 v.

24 JENNIFER KENT, Director of the  
Department of Health Care Services,  
25 State of California DEPARTMENT OF  
HEALTH CARE SERVICES,

26 Defendants.  
27  
28

2:CV14-08013-FMO (AGR<sub>x</sub>)

**SECOND SUPPLEMENTAL  
STATEMENT OF INTEREST OF THE  
UNITED STATES OF AMERICA**

Date: October 6, 2016  
Time: 10:00 a.m.  
Courtroom: 22  
Judge: Hon. Fernando M. Olguin  
Trial Date: November 29, 2016  
Action Filed: October 16, 2014

1                   **SECOND SUPPLEMENTAL STATEMENT OF INTEREST OF THE**  
2   **UNITED STATES OF AMERICA**

3                   In connection with the Plaintiffs’ renewed motion for summary judgment, ECF  
4 No. 193, the United States hereby incorporates by reference and supplements its  
5 Statement of Interest filed on March 29, 2016, ECF No. 112 (“SOI”), and its  
6 Supplemental Statement of Interest filed on August 4, 2016. ECF No. 171  
7 (“Supplemental SOI”).

8                   In this case, Plaintiffs argue that Defendants have imposed cost limits on the  
9 operative Waiver “significantly below what [Defendants] pay[] for comparable  
10 institutional care,” have only an “arbitrar[y]” policy for making exceptions to those  
11 limits, and consequently violate Title II of the Americans with Disabilities Act, 42  
12 U.S.C. § 12101 *et seq.* Jt. Mem. Mot. Summ. J. 1:21-2:1, ECF No. 194. In its SOI, the  
13 United States observed that California’s operation of these limits and exceptions  
14 processes would not meet the State’s obligations under the ADA if the State did not  
15 otherwise “ensure that individuals who require additional care to remain in the  
16 community will have the necessary alternative services identified and put in place to  
17 avoid unnecessary institutionalization.” SOI at 6 (internal quotations omitted).

18                   In the months since Plaintiffs first moved for summary judgment and the  
19 United States filed its SOI, Defendants have taken some steps to modify the applicable  
20 cost limits. The United States noted in its Supplemental SOI that such steps in and of  
21 themselves might not bring the Defendants into ADA compliance. Supplemental SOI at  
22 2. Defendants now contend, among other arguments, that this Court should not examine  
23 the waiver at issue because where “there is evidence that [the] state has in place a  
24 comprehensive deinstitutionalization scheme, which, in light of existing budgetary  
25 constraints and competing demands of other services that the State provides, is  
26 ‘effectively working,’ courts should not tinker with that scheme.” Jt. Mem. Mot. Summ.  
27 J. 12:12-25 (citing *Sanchez v. Johnson*, 416 F.3d 1051, 1067-68 (9th Cir. 2015)). But  
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1 Defendants have proffered little evidence of an effectively working plan that addresses  
2 the risk of institutionalization in this case and have misinterpreted the relevant law. To  
3 be sure, *Sanchez* did affirm that a court should not impose a judicial remedy against an  
4 ADA violation if doing so would inappropriately interrupt a comprehensive, effectively  
5 working, plan for deinstitutionalization – i.e. a fundamental alteration defense.  
6 However, neither *Sanchez* nor other case law insulates a defendant from judicial scrutiny  
7 of the Waiver identified as the basis for that defense. To the contrary, courts frequently  
8 examine states’ Medicaid programs, including waiver programs, to determine whether  
9 the state’s administration of its programs unnecessarily institutionalizes individuals or  
10 places individuals at risk of unnecessary institutionalization. *See, e.g., Steimel v.*  
11 *Wernert*, 823 F.3d 902 (7th Cir. 2016) (examining Title II ADA claim related to waiver  
12 eligibility requirements); *Townsend v. Quasim*, 328 F.3d 511 (9th Cir. 2003) (examining  
13 financial eligibility for waiver services); *Fisher v. Okla. Health Care Auth.*, 335 F.3d  
14 1175 (10th Cir. 2003) (examining availability of certain services through a waiver).  
15 Accordingly, in this Second Supplemental Statement of Interest the United States  
16 clarifies the scope of the fundamental alteration defense and the burden a state must meet  
17 in order to successfully assert that defense.

18       The Supreme Court has articulated the fundamental alteration defense to mean  
19 that a public entity need not make an otherwise reasonable modification to its service  
20 system if it establishes that to do so would be “inequitable, given the responsibility the  
21 State has taken for the care and treatment of a large and diverse population of persons  
22 with [] disabilities.” *Olmstead v L.C.*, 527 U.S. 581, 604 (1999); *see also* 28 C.F.R. §  
23 35.130(b)(7) (“A public entity shall make reasonable modifications in policies, practices,  
24 or procedures when the modifications are necessary to avoid discrimination on the basis  
25 of disability, unless the public entity can demonstrate that making the modifications  
26 would fundamentally alter the nature of the service, program, or activity.”).

27       However, the defense’s availability is limited. For instance, it cannot be used by  
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1 public entities generally seeking to avoid making changes which foster integration. *See,*  
2 *e.g., Pa Protection & Advocacy Inc. v. Pa Dep't of Pub. Welfare*, 402 F.3d 374, 380-381  
3 (3d Cir. 2005) (“a state cannot meet an allegation of noncompliance simply by replying  
4 that compliance would be too costly or would otherwise fundamentally alter its  
5 noncomplying programs”); *Townsend*, 328 F.3d at 518-19 (“policy choices that isolate  
6 the disabled cannot be upheld solely because offering integrated services would change  
7 the segregated way in which existing services are provided”). Nor is the defense  
8 available to public entities pointing solely to increased expenditures or general budget  
9 concerns. *Fisher*, 335 F.3d at 1182-83 (“the fact that Oklahoma has a fiscal problem, by  
10 itself, does not lead to an automatic conclusion that preservation of unlimited medically  
11 necessary prescription benefits for participants in the Advantage program will result in a  
12 fundamental alteration”).

13 Further, a public entity asserting the affirmative defense<sup>1</sup> must demonstrate that it  
14 has a “comprehensive, effectively working plan for placing qualified persons with []  
15 disabilities in less restrictive settings, and a waiting list that move[s] at a reasonable pace  
16 not controlled by the State’s endeavors to keep its institutions fully populated.”  
17 *Frederick L. I*, 364 F.3d at 498 (quoting *Olmstead*, 527 U.S. at 605-06). The Third  
18 Circuit has stressed the importance of a State’s demonstration that it has a “plan for the  
19 future.” *Id.* at 500. This plan must do more than reflect past progress but rather must  
20 clearly demonstrate a commitment to future action. *Id.* Furthermore, this commitment  
21 must not be “a vague assurance of the individual patient’s future deinstitutionalization”  
22 and should instead contain “measurable goals for community integration for which [the  
23 defendant] may be held accountable.” *Frederick L. v. Pa Dep't of Pub. Welfare*, 422  
24 F.3d 151, 156 (3d Cir. 2005) (*Frederick L. II*); *see also Day v. Dist. of Columbia*, 894 F.  
25 Supp. 2d 1, 28 (D.D.C. 2012) (“one essential component of an ‘effectively working’ plan  
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27 <sup>1</sup> Defendants bear the burden of proving a fundamental alteration defense.  
28 *Frederick L. v. Pa Dep't of Pub. Welfare*, 364 F.3d 487, 492, n.4 (3d Cir. 2004)  
(*Frederick L. I*).

1 is a measurable commitment to deinstitutionalization”) (citing U.S. Dep’t of Justice,  
2 *Statement of the Department of Justice on Enforcement of the Integration Mandate of*  
3 *Title II of the Americans with Disabilities Act and Olmstead v. L.C.* n.4 (June 22, 2011),  
4 [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm) (the “DOJ *Olmstead* Statement”));  
5 *Jensen v. Minn. Dep’t of Human Servs.*, No. 09-1775, 2014 WL 4670898, at \*2 (D.  
6 Minn. Sept. 18, 2014) (*Olmstead* plan “must contain concrete, reliable and realistic  
7 commitments, accompanied by specific and reasonable timetables, for which the public  
8 agencies will be held accountable.”). If there is an effectively working plan with the  
9 requisite components, the court should examine whether the proposed remedy “would so  
10 disrupt the implementation of the plan as to cause a fundamental alteration.” DOJ  
11 *Olmstead* Statement at Question 13; *Benjamin v. Pa Dep’t of Pub. Welfare*, 768 F. Supp.  
12 2d 747, 755 (M.D. Pa. 2011) (“the existence of the Plan does not, however,  
13 automatically defeat liability”).

14 In determining whether an effectively working plan exists, courts have regularly  
15 rejected purported plans which did not meet these rigorous criteria. *Cruz v. Dudek*, No.  
16 10-23048, 2010 WL 4284955 (S.D. Fla. Oct. 12, 2010) challenged Florida’s waiver for  
17 individuals with spinal cord injuries. The plaintiffs there were on the waiting list for that  
18 waiver and could only gain admission to the waiver off of the lengthy and slow-moving  
19 wait list by entering a nursing facility for at least two months. *Id.* at \*13. The court  
20 rejected the argument that the state had an effectively working plan. The court noted  
21 that defendants in that case had not shown that the waiver at issue had “been expanded  
22 or adjusted to reduce the lengthy waiting list, or that there [was] a basis for not seeking  
23 such an expansion.” *Id.* at \*14. In addition, the waiver was not operating at authorized  
24 capacity, and the State had not proffered information about “the average amount of time  
25 on the waiting list, the rate of turnover, or when, if ever Plaintiffs can expect to move off  
26 the waiting list.” *Id.* at \*15. Given this stagnation, the court held the state had not  
27 shown they had a “plan or commitment to avoid unnecessary” institutionalization. *Id.*

1 In *Haddad v. Arnold*, 784 F. Supp. 2d 1284, 1305-06 (M.D. Fla. 2010), another  
2 challenge to the spinal cord waiver, Florida pointed to the fact that some of its waivers,  
3 though not the spinal cord waiver, had “increased in size and expenditure.” *Id.* But  
4 evidence related to other waivers did not demonstrate the “effectiveness” of the spinal  
5 cord waiver. *Id.* The court found the state’s effectively working plan arguments  
6 particularly weak because the state did not proffer evidence that its institutionalized  
7 population had declined, and because the state’s own representation to the plaintiffs was  
8 that “moving individuals off the waiting list into these programs does not occur  
9 frequently.” *Id.*; *see also Benjamin*, 768 F. Supp. 2d at 756 (“Considering the absence of  
10 concrete benchmarks for deinstitutionalization in the contingency-ridden Plan, no record  
11 of actual implementation of the Plan, and a history of unnecessary segregation of and  
12 discrimination against institutionalized persons, we cannot conclude that [defendant] has  
13 complied with or will comply with the integration mandates of the ADA and  
14 [Rehabilitation Act].”).

15 The Ninth Circuit similarly demands a measurable commitment to  
16 deinstitutionalization. In *Sanchez* the court affirmed the District Court’s finding that  
17 California’s “commitment to [] deinstitutionalization...[was] genuine, comprehensive,  
18 and reasonable.” 416 F.3d at 1067. This finding had been based on a number of factors,  
19 which included: increased expenditures on community-based services, an increased  
20 caseload of individuals served in community-based settings, a decrease in institutional  
21 populations, and budget allocations for additional community-based settings. *Id.*; *see*  
22 *also Arc of Washington State Inc. v. Braddock*, 427 F.3d 615, 620 (9th Cir. 2005) (“the  
23 state had repeatedly applied for an increase in the size of the waiver program, state  
24 expenditures for integrated community-based treatment had consistently increased over  
25 the prior decade, and the state’s institutionalized population had decreased by twenty  
26 percent over the prior four years.”).

27 Relying on *Sanchez*, the court in *Arc of Washington* held that compelling the state  
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1 to increase the number of individuals served on a particular waiver would be a  
2 fundamental alteration under the facts of that case: the waiver was “sizeable, with a cap  
3 that ha[d] increased substantially over the past two decades;” was “full;” was “available  
4 to all Medicaid-eligible disabled persons as slots bec[a]me available, based only on their  
5 mental-health needs and position on the waiting list;” had “already significantly reduced  
6 the size of the state’s institutionalized population;” and had “experienced budget growth  
7 in line with, or exceeding, other state agencies.” 427 F.3d at 621-22.

8 Defendants assert they have an effectively working plan to *deinstitutionalize*  
9 Californians with disabilities, but do not explain how the existence of such a plan is  
10 relevant here, where the Plaintiffs claim they are placed *at risk* of institutionalization by  
11 the very operation of that plan. Assuming that the existence of such a plan is relevant, it  
12 is Defendants’ burden to demonstrate the existence of a comprehensive, effectively  
13 working plan that reflects a genuine and reasonable commitment to community  
14 integration of individuals with disabilities. In support of this burden, the Defendants  
15 have pointed to a single fact: that the NF/AH Waiver at issue serves 3,084 beneficiaries,  
16 with 439 in intake status.<sup>2</sup> Jt. Mem. Mot. Summ. J. 12:20-23. This fact, alone,<sup>3</sup> cannot  
17 demonstrate a “genuine, comprehensive, and reasonable” commitment to  
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19 <sup>2</sup> Defendants also vaguely allude to “competing budgetary restraints.” Jt. Mem.  
20 Mot. Summ. J. 12:21. As discussed *supra*, budgetary constraints alone are not sufficient  
21 evidence that requested relief is a fundamental alteration. DOJ *Olmstead* Statement at  
22 Question 14; *see also Frederick L. I.*, 364 F.3d at 495 (“a singular focus upon a state’s  
23 short-term fiscal constraints will not suffice to establish a fundamental-alteration  
24 defense” (citing *Fisher*, 335 F.3d at 1177-78)). Although budgetary constraints may be  
25 one of many relevant factors, specific cost concerns must be brought to the Court’s  
26 attention in order for that factor to have meaning. *Cf.*, *Sanchez*, 416 F.3d at 1063 (noting  
27 district court’s finding that relief “would represent a forty percent increase in the State’s  
28 budget for developmentally disabled services.”).

<sup>3</sup> For context, as of 2012 there were more than 200 1915(c) waivers serving more  
than 1 million individuals around the country. The Kaiser Commission on Medicaid and  
the Uninsured, *Medicaid Home and Community-Based Services Programs: 2012 Update*  
7-8 (November 2015), <http://files.kff.org/attachment/report-medicare-home-and-community-based-services-programs-2012-data-update>. However, the existence of those  
waivers and the number of individuals receiving services through those waivers does not,  
without more, shed light on whether states have effectively *deinstitutionalized*  
individuals with disabilities.

1 deinstitutionalization, and the record is virtually silent on any plans for the future. *See*  
2 *Sanchez*, 416 F.3d at 1067; *Frederick L. I*, 364 F.3d at 500. The NF/AH Waiver is an  
3 aspect of California’s broader plan to promote deinstitutionalization and integration, to  
4 be sure. Jt. Statement of Uncontroverted Facts P27, ECF No. 195 (undisputed that “the  
5 NF/AH waiver is one of the things in California’s *Olmstead* plan”). But, in pointing  
6 only to the number of individuals served on that Waiver, Defendants have not  
7 demonstrated how the existence of the Waiver is part of an effectively working plan to  
8 reduce Plaintiffs’ risk of institutionalization. Defendants’ showing is particularly  
9 insufficient here, where Plaintiffs argue that the cost limitations contained within this  
10 purportedly effective plan are the very mechanism placing them at risk of  
11 institutionalization. *Cf. Steimel*, 823 F.3d at 917 (state could not assert fundamental  
12 alteration defense because “instead of moving people with disabilities to more integrated  
13 settings, the state’s plan is making their living arrangements *less* integrated”) (emphasis  
14 in original).

15       The United States encourages the Court to assess Plaintiffs’ motion in light of the  
16 principles set forth above and those set forth in its SOI and Supplemental SOI.

1 Dated: September 16, 2016

Respectfully submitted,

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