

EXECUTIVE DIRECTOR REPORT

February 5, 2016

I. FY 2016-2017 BUDGET UPDATE

- **Attachment #1:** Sacramento Bee Article, January 7, 2016: Jerry Brown Proposes \$170 Billion Budget that Bolsters Reserves, School Spending
- **Attachment #2:** FY 2016-2017 Governor's Budget Highlights for Department of Developmental Services
- **Attachment #3:** ARCA Analysis of FY 2016-2017 Governor's Budget Proposal for Regional Center
- **Attachment #4:** Leadership Project 2016 Call to Action Workshop
- **Attachment #5:** Annual Budget Process Flow Chart

Governor Brown unveiled his annual State Budget Proposal on January 7, 2016. After almost a decade of ongoing reductions and no funding restorations, the Governor's FY 2016-2017 State Budget Proposal offers several very modest targeted increases to regional centers and service providers in the new budget year. The budget includes \$46 million in new funding to establish a 4-bed Alternative Residential Model homes rate. The rates for these homes are old and were originally based on a 6-bed model giving service providers two fewer beds from which to derive revenue while maintaining the same overhead. The smaller 4-bed model is increasingly used by regional centers. The budget also includes \$15 million in targeted rate increases to service providers to transition services like segregated day programs and sheltered workshops to models that are more integrated in the community and consistent with CMS (Centers for Medicare and Medicaid Services)

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new rules under the Home and Community Based Services Waiver. To assist regional centers with ensuring compliance with the CMS new rules, the Governor's budget also adds \$1.6 million to fund 21 additional Program Evaluators at regional centers. The Governor has also proposed \$17 million to the regional centers to help bring Service Coordinator caseload ratios into closer compliance with the federally mandated caseload ratios. The regional currently need approximately 650 Full Time Equivalent Service Coordinator positions in order to fully comply with the federally mandated caseload ratios. The additional funding proposed by the Governor is estimated to fill approximately 200 of these positions.

In addition to new funding, the Governor's Budget proposal also includes \$62.4 million increase for full year funding of the minimum wage increase per AB 10 effective January 1, 2016 that affects community care facilities, day program services, habilitation services, respite services, supported living services and transportation. Additionally, the Governor's Budget adds another \$54.2 million increase to fund the full year cost of changes in the Fair Labor Standards Act regulations regarding the payment of overtime by service providers who were previously not required to pay overtime. Finally, given the number of persons served by the regional center system is expected to grow to nearly 302,000 persons in FY 2016-2017, the Governor's budget provides \$257.6 million increase over current fiscal year for caseload and utilization growth in the Purchase of Services (POS) budget (5.8% increase) and a \$20.7 million increase in the Operations budget (OPS) for increased caseload growth (**Attachments #1-#3**).

The Governor's Budget Proposal for new funding restorations totaling approximately \$80 million in targeted increases amounts to only a fraction of the over \$1 billion in reductions the regional centers incurred during the Great Recession and does not honor the requested proposal of 10% across the board rate increases for regional

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centers and service providers long advocated by the Lanterman Coalition which consists of Association of Regional Center Agencies (ARCA), service providers associations, advocacy groups and SEIU. In response to the insistence of the Governor that any new funding restorations be done in a targeted fashion, the Lanterman Coalition will now be advocating for a 10% wage and benefits pass through to all regional centers and service providers. The funding mechanism for any additional funding beyond the \$80 million proposed by the Governor may come from the State General Fund or it may come out of the newly structured Managed Care Organization Tax that the Governor's Administration is working with health plans and the Legislature to get approved.

TCRC will be working with the Leadership Project, Family Resource Centers and Service Providers to send persons served and families to Sacramento to testify at upcoming budget hearings which have yet to be scheduled. The Leadership Project recently held a Call to Action Workshop attended by over 40 individuals from throughout the TCRC area interested in advocacy to prepare them for participating in upcoming advocacy activities during this year's budget process (**Attachments #4-#5**).

Tri-Counties Regional Center (TCRC) has developed a "Budget Watch" page on the TCRC website (www.tri-counties.org). Current information and resources related to the budget is posted on this page and will be kept updated.

II. SELF DETERMINATION PROGRAM

- **Attachment #6:** DDS Self Determination Program – FAQ (revised 9.15)
- **Attachment #7:** Disability Rights California Self Determination Program – FAQ
- **Attachment #8:** Similarities and Differences Between Traditional Regional Center Service Provision and the New Self-Determination Program
- **Attachment #9:** December 2015 Letter from Centers for Medicare and Medicaid Services
- **Attachment #10:** Self-Determination Enrollment Process
- **Attachment #11:** TCRC Self-determination Advisory Committee 2016 meeting calendar

In October of 2013, Governor Brown, signed into law SB 468 (Emmerson /Beal /Mitchel /Chesbro) authorizing the implementation of the Statewide Self-Determination Program that offers a voluntary, alternative to the traditional way of providing regional center services. The Self Determination Program is intended to provide individuals served by the regional center and their families more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan (**Attachments #6-#8**). It will most likely take several years for the Self Determination Program to be fully in place. Securing federal funding is necessary in order to implement the Self-Determination program.

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The Department of Developmental Services (DDS) met the deadline as outlined in SB 468 and submitted the Home and Community Based Services application on December 31, 2014 seeking funding for Self-Determination to the Center for Medicare and Medicaid Services (CMS). Subsequently, CMS asked follow-up questions related to recently enacted federal regulations and policies regarding public input for Waiver applications and federal requirements for Home and Community Based Settings (HCBS). The Department, in conjunction with the Department of Health Care Services, had a number of discussions with CMS and provided the follow-up information CMS requested. The Self-Determination Waiver Application was formally resubmitted to the Centers for Medicare and Medicaid Services (CMS) on September 29, 2015.

On December 11, 2015, CMS sent a letter to the State asking questions about, and requesting more information on, specific sections in the Self-Determination Waiver Application (**Attachment #9**). The Department of Developmental Services (DDS) is currently working through the Department of Health Care Services to provide written responses to answer CMS' questions and secure approval of the waiver. Once the application is re-submitted, the Centers for Medicare and Medicaid Services (CMS), will have 90 days to take one of the three actions on the Waiver application: approve, deny or request additional information. It is very likely that CMS will request additional information for clarification in the Waiver application which will lead to an extended review period beyond these 90 days.

Once federal approval of matching funds is authorized, the program will be available in every regional center. For the first three years, the number of participants in the Self-Determination Program is capped at 2,500 individuals throughout the state. Recent legislation allows for an increase of these participants to include people moving from Developmental Centers. After the three year phase-in period, the program will be available to all eligible persons served and families on a voluntary basis with no limit on the number of participants. TCRC will have 114 individuals or

families enrolled in the program for the first three years. This includes the 16 individuals who are currently in our Self-Determination pilot project plus an additional 98 people that TCRC will be able to add under the new program. The process for selecting and enrolling participants in the first three years is described in the Self-Determination Enrollment Process (**Attachment #10**).

Federal approval of the Waiver application is just one of the many steps that must be taken prior to the implementation of the Self-Determination Program. The Self-Determination Program stakeholder advisory group identified the following steps as necessary for a fair and equitable process for enrollment.

Outreach — Those served by the regional center and their families must be made aware of Self-Determination as an option to traditional services. To assist with the provision of widespread outreach and awareness of the Self-Determination Program, the workgroup developed an informational video that features some of the individual's and their families currently in the self-determination pilot project as well as those who are interested in the Self-Determination Program. This video has been posted on the Department of Developmental Services (DDS) website at: <https://www.dds.ca.gov/SDP>.

Information — Individual's served by the regional center and/or their families must be informed about the Self-Determination Program, including the new opportunities and increased responsibilities. Those interested in the Self-Determination Program will be required to attend and participate in an informational/pre-enrollment meeting covering topics identified by the Department, including, information regarding the principles of self-determination, the role of the financial management services provider and the development of an individual budget. The state workgroup is currently developing training materials to be distributed to all Regional Centers that will be used during these informational / orientation meetings.

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Selection for the first three years of the Self-Determination Program— Regional centers will forward to the Department the names of those who have participated in an informational/pre-enrollment meeting and are interested in participating in the Self-Determination Program. The Department will then randomly select the participants based on the following demographic factors within each regional center: age, gender, ethnicity and disability diagnosis. Individual's not initially selected will remain on the interest list for potential future openings.

Local Volunteer Advisory Committees — As required by law, each regional center must establish a Local Volunteer Advisory Committee to ensure effective implementation of the Self-Determination Program and facilitate the sharing of best practices and training materials. In collaboration with the Central Coast office of the State Council, we reviewed the applications from those interested in serving on the committee and selected the membership with a focus on multicultural diversity requirements and geographic area representation.

The primary responsibility of the committee is to provide oversight of the Self-Determination program at Tri-Counties Regional Center. The committee will review the development, implementation and on-going progress of the Self-Determination program and determine if we are meeting the requirements of the law. In addition, the committee will make on-going recommendations for improvements to the program to both Tri-Counties Regional Center and the Department of Developmental Services. Our Self-Determination Advisory Committee is meeting on a quarterly basis and all meetings are open to the public (**Attachment #11**).

In addition to our local advisory committee, there will be a Statewide Advisory committee in which the chair and co-chair of TCRC's advisory committee will participate. There will be a sharing of what has worked / what has not between regional centers to develop best practices throughout the state.

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TCRC is also actively participating on the Self-Determination Committee through the Association of Regional Center Agencies (ARCA) to provide feedback to the Department of Developmental Services (DDS) on the waiver and obtain input and direction from DDS on the timing and implementation of the various components of the program.

As we wait for more information, TCRC has formed an internal work group consisting of Omar Noorzad, Executive Director; Lorna Owens, CFO; Diva Johnson, Director of Community Development; Pam Crabaugh, Director of Services and Supports; Eulalia Apolinar, Assistant Director of Services and Supports SB/SLO Counties; Sha Azedi, Assistant Director of Services and Supports Ventura County; Cheryl Wenderoth, Assistant Director of Federal Programs; Mary Beth Lepkowsky, Assistant Director of Training and Organizational Development; Judith White, Manager of Resource Development; and Vicki Smith, Manager, State Council on Developmental Disabilities Central Coast Office. The group will be working together on a variety of activities in preparation for the Self-Determination Program.

These include:

- Participation in our local advisory committee.
- Guidelines on participant eligibility, selections and enrollment
- Self-Determination services and definitions
- Budget setting and tracking.
- Fiscal Management Services (FMS)
- Training
- Person-Centered Planning
- Community outreach

- Monitoring of the Self-Determination program
- Billing and payment procedures

TCRC continues to post updated information about the Self Determination Program on the TCRC website to keep the community informed about the status of the Self Determination Program.

III. PURCHASE OF SERVICE EXPENDITURE DATA PRESENTATIONS

- **Attachment #12:** Senate Bill 1093 (Liu)
- **Attachment #13:** DDS Memo: SB 1093 Disparity Data Collection – December 10, 2015
- **Attachment #14:** DDS Memo: SB 1093 Disparity Data Collection – February 26, 2015
- **Attachment #15:** TCRC Expenditure Data Presentations Invitation

Existing law requires the Department of Developmental Services (DDS) and the regional centers to annually collaborate to compile specified data relating to purchase of service authorizations, utilization, and expenditure by each regional center and requires that data to include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, who have been determined to be eligible for regional center services, but who are not receiving purchase of service funds. Existing law requires DDS and each regional center to annually post this information on their respective internet web sites, as prescribed, and requires each regional center to hold annual stakeholder meetings regarding the data. SB 1093 (Liu), effective January 1, 2015, additionally requires the data to include, and be categorized by, residence type and subcategorized by age, race or ethnicity, and primary language. SB 1093 also requires the regional centers to hold the annual

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stakeholder meetings regarding the data separately from meetings of its board of directors, maintain previous years' data on their websites, schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities, and, in holding the meetings, consider the language needs of the community. Also, regional centers are to provide participants with the data and any associated information, with discussion in a manner that is culturally and linguistically appropriate for that community, including providing alternative communication services. Regional centers must also annually report to DDS its implementation of these requirements and post annually to regional center websites by August 31. The report shall include actions taken to improve attendance, including participation by underserved communities, and whether the data indicates a need to reduce disparities. If the data does indicate such need, the regional center shall include recommendations and a plan to promote equity, and reduce disparities, in the purchase of services (**Attachment#12-#14**).

TCRC plans on holding three main meetings scheduled to take place in March at TCRC office locations in Santa Barbara, Oxnard and San Luis Obispo. TCRC representatives, Family Resource Center staff, Central Coast State Council on Developmental Disabilities and Clients Rights Advocates will be in attendance to participate in the presentations. TCRC will be providing child care and Spanish translation. Additionally, TCRC plans on holding three additional meetings which will be held in local community settings at other locations in TCRC's catchment area including Santa Paula, Lompoc and Paso Robles. Specific locations, dates and times are to be finalized in the near future (**Attachment #15**).

ARCA has also formed an "Equity Committee" to review the expenditure data for regional centers and determine what additional steps can be taken to address the variances in the regional center Purchase of Service data including considering engaging an outside research organization to conduct a statewide study to better

understand the underlying causes of the variances. Omar Noorzad, TCRC Executive Director, is a member of the newly formed ARCA Equity Committee.

IV. IMPLEMENTATION OF ENHANCED SECURITY MEASURES AT TRI-COUNTIES REGIONAL CENTER FOLLOWING ATTACK AT INLAND REGIONAL CENTER

There was a mass shooting on December 2, 2015 at the Inland Regional Center facility in San Bernardino. It has been reported that 14 people were killed and 21 people injured. The shooters, one man and one woman, were killed by police. While the regional center was not the target of the attack, one of the victims was Daniel Kaufman, a service provider employee at a coffee shop in the lobby of the building. The shop was independently owned and operated and leased space from Inland Regional Center. The remainder of the victims were part of an outside County of San Bernardino employee group. They were holding a holiday function at the Inland Regional Center conference center, a facility separate from, and adjacent to the main regional center offices. It was often rented out to community groups.

We were very relieved that Inland Regional Center was not the target of the attack and that no staff or clients from Inland Regional Center were harmed. However, the death of Daniel Kaufman and the county employees targeted in this attack has left the regional center system with tremendous sorrow and grief in knowing that so many innocent lives were tragically cut short and so many families left in mourning as a result of this senseless and horrific act of violence. The entire regional center system united in support of Inland Regional Center and their community. Inland Regional Center has since resumed normal operations.

As a result of the attack at Inland Regional Center, TCRC has held walk-through assessments at all 7 of the TCRC offices with local police departments and TCRC

management. A list of facility recommendations across all offices and site specific recommendations have been identified with local police input and we are in the process of implementing many of these recommendations. All TCRC employees are also in the process of being provided with mandatory Active Shooter training facilitated by local police and TCRC's annual Emergency Response refresher training will incorporate an Active Shooter protocol. TCRC management will participate in a separate training with police to discuss management specific protocol. The TCRC Threat Response Policy has been updated to incorporate specific protocol adopted from Homeland Security on how employees should respond in an active shooter incident. TCRC is also reviewing TCRC's conference room usage policy and protocol. Use of TCRC's conference rooms will be limited and in accordance with revised policy and protocol. Reservations by non-TCRC staff will require signed conference room agreements with management approval. The purpose of implementing these additional security measures, protocols and emergency training is to safeguard employees, visitors, and facilities in the unlikely situation of an incident similar to that which recently occurred at the Inland Regional Center (**Attachment #16**).

V. Q&A

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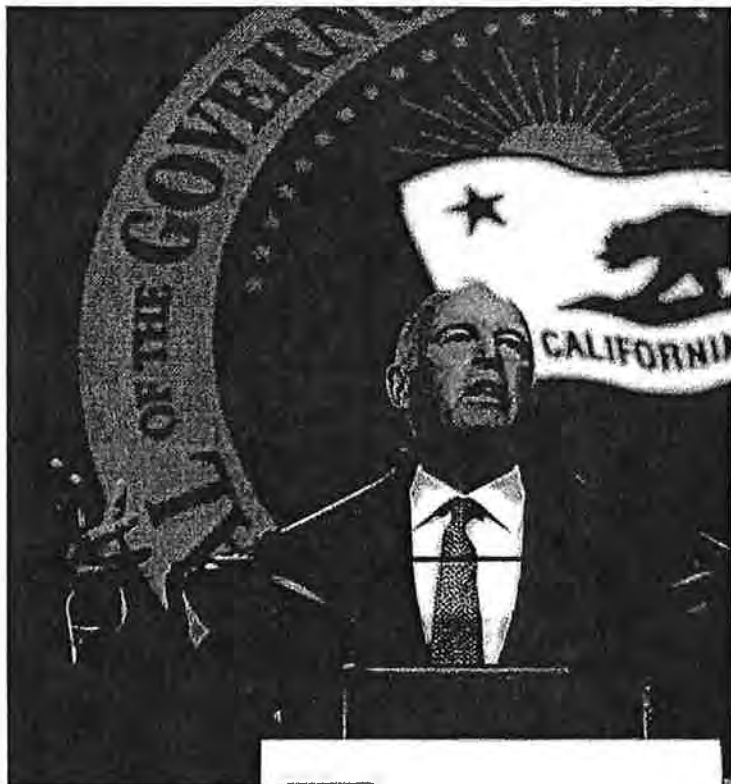
Jerry Brown proposes \$170 billion budget that bolsters reserves, school spending

HIGHLIGHTS

Democratic governor warns of possible downturn

Brown will build reserves more than required

School funding increases also planned



In this May 28, 2015 file photo California Gov. Jerry Brown speaks at a gathering of political, business and community leaders at the annual California Chamber of Commerce Host Breakfast in Sacramento, Calif. Brown is expected to unveil his 2016-2017 budget proposal Thursday. (AP Photo/Rich Pedroncelli, file) **Rich Pedroncelli** - AP

BY DAVID SIDERS AND JIM MILLER
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Gov. Jerry Brown unveiled a \$170.6 billion state spending plan Thursday that reflects billions of dollars in new revenue, proposing that much of it go to K-12 schools, the developmentally disabled, and the blind, elderly and disabled.

But the fourth-term governor, who took office amid a recession that gutted state finances, highlighted the possibility of another economic downturn to refute calls for permanent spending increases. The budget includes several hundred million dollars in one-time spending and diverts several billion dollars into reserves.

“Everybody thinks when they’re up here, it’s all wonderful. That’s what they thought before the dot-com, and that’s what they thought before the mortgage meltdown,” Brown said, pointing to budget revenue charts. “And so here we are again.”

The spending plan formally opens months of budget negotiations at the Capitol, an annual exercise characterized in recent years by

conflict between Brown and the more liberal, Democratic-controlled Legislature about how much money to spend on health and human service programs.

The budget would increase school spending to \$10,591 per student, more than \$3,600 higher than what it was at the tail end of the recession.

In addition, the current budget shifted \$3.7 billion into the rainy-day reserve approved by voters in November 2014. Thursday's plan would shift \$2 billion more into the reserve, plus an equivalent amount for debt payments. That would increase the fund's balance to \$8 billion by June 2017.

Brown re-introduced major proposals for which he failed to secure funding last year: A multi-billion plan to fund road repairs and a modified expansion of a tax on health plans to help generate about \$1 billion for Medi-Cal.

An earlier health plan tax proposal from the administration foundered last year amid opposition from health plans and legislative Republicans opposed to tax increases. An existing tax expires June 30.

Brown said his new health plan tax would pull in \$1 billion in federal matching dollars, as well as generating additional money to help pay for in-home care workers and programs for the developmentally disabled. It will require the votes of at least several Republican lawmakers.

“I know it’s a heavy lift,” Brown said, adding later, “There’s no deal.”

Unlike last year’s health plan tax proposal – which would have hit the industry with several hundred million dollars in increased costs that likely would have been passed on to millions of Californians – the new proposal would net the industry \$90 million, Director of Finance Director Michael Cohen told reporters. The proposal would offset corporate and gross premium taxes paid by the plans, he said.

The transportation proposal is expected to be in line with the mix of taxes, fees and cap-and-trade money that Brown proposed last year to generate about \$3.6 billion annually for roads.

The governor’s proposal comes amid ongoing improvement in the state budget since the last recession, likely leaving Brown and lawmakers with more money to quibble over.

The nonpartisan Legislative Analyst’s Office projected in November that the state will end the current fiscal year, in June, with \$7.9 billion in reserve, \$3.3 billion more than lawmakers expected last year.

Though much of that surplus will go into a voter-approved reserve account, advocates for the poor have already urged the state to raise supplemental income payments to the elderly, blind and disabled. Supporters of developmentally disabled people want more

money to restore recession-era cuts to programs affecting them.

In a pre-budget salvo earlier this week, Senate Democrats proposed a \$2 billion bond to build homes for homeless people with mental illnesses and said they will push for \$200 million in general fund revenue over four years to pay for rent subsidies for homeless people.

Since returning to office in 2011, Brown has largely resisted the most expensive social service program expansions legislative Democrats have proposed.

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Governor's Budget Summary
2016-17
Department of Developmental
Services

DEPARTMENT OF DEVELOPMENTAL SERVICES

The Department of Developmental Services (DDS) provides individuals with developmental disabilities a variety of services that allow them to live and work independently or in supported environments. California is the only state that provides developmental services as an individual entitlement. The state is in the process of closing all the state-operated developmental centers, except for the secure treatment area at the Porterville Developmental Center. By the end of 2016-17, DDS estimates it will serve approximately 302,000 individuals with developmental disabilities in the community and 847 individuals in state-operated developmental centers. For 2016-17, the Budget includes \$6.4 billion (\$3.8 billion General Fund) for support of developmental services.

DEVELOPMENTAL CENTER CLOSURES

DDS carries out its responsibilities through 21 community-based, non-profit corporations known as "regional centers" and three state-operated developmental centers. The Administration announced in 2015 the planned closure for the three remaining developmental centers: Sonoma, Fairview and the general treatment area of Porterville.

To assist in the development of community resources for placement of current developmental center residents, the Budget includes \$146.6 million (\$127.2 million General Fund). This amount includes \$78.8 million General Fund specifically for Sonoma (\$24.5 million), Fairview (\$29.7 million), and Porterville (\$24.6 million).

As part of the developmental center closure activities, the Budget also includes \$18 million (\$12 million General Fund) to resolve open workers' compensation claims, inventory and archive clinical and historical records, execute an independent monitoring

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contract as stipulated by the federal government, and relocate residents and their personal belongings.

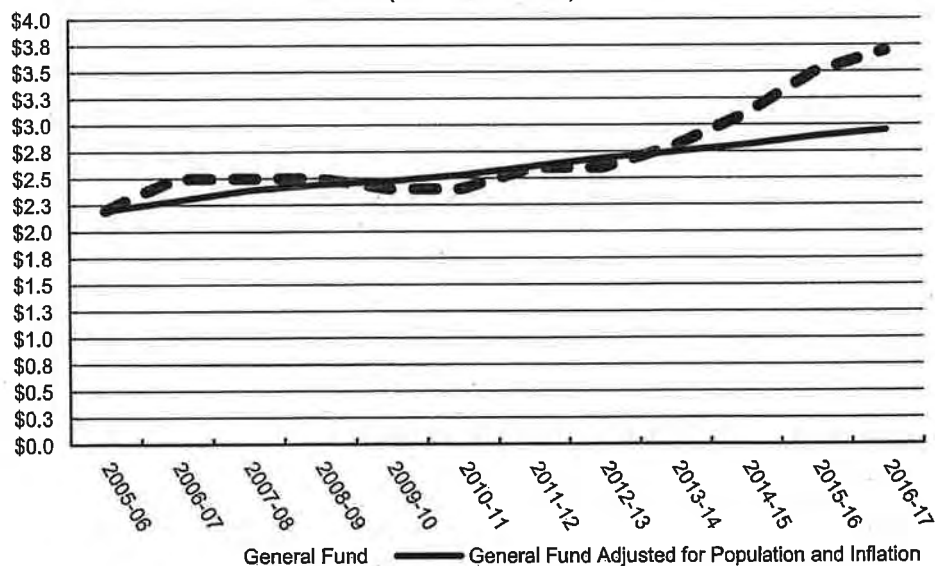
REGIONAL CENTER SERVICES

The regional center system is projected to serve more than 300,000 individuals with developmental disabilities and their families in the budget year. Regional centers provide intake, assessment, eligibility determination, resource development, and case management services. The centers also work with the thousands of businesses and individuals providing developmental services in the community.

The shift of the remaining consumers from developmental centers to the community, which will be complete by 2021 (with the exception of the secure treatment program at Porterville and the Canyon Springs facility), increases the urgency to improve the state's oversight role, identify service cost drivers, and implement efforts that support the efficient delivery of quality services.

Since 2013-14, as shown in Figure HHS-04, regional center costs have grown from \$2.5 billion General Fund to \$3.1 billion General Fund in 2015-16. This represents a 24-percent increase despite a freeze on provider rates. Caseload growth over the same

Figure HHS-04
Department of Developmental Services
Budgeted Expenditures vs. Inflation & Population Growth
(Dollars in Billions)



period has been only 5.7 percent. Not all of the causes of this increase are known, although increases in autism services, an aging population, individuals transitioning from the developmental centers into the community, and individuals moving from their family homes into supported living arrangements, are all contributing to the increase. To improve the oversight and understanding of the regional center system, the Budget includes targeted resources to improve the data systems and research capacity of DDS. The Budget includes \$1.9 million (\$1.3 million General Fund) and 14 positions for audit functions and to create a new fiscal and research unit that will help develop accurate, reliable, and data-driven programmatic information and service trends that can improve the administration of the regional center system.

Provider rates throughout the developmental services system have become a complex and layered patchwork over time. Many rates have been frozen for years, although rates have been increased recently for state and federal mandates such as minimum wage increases and overtime. The core staffing formula used to adjust regional center budgets based on the number of consumers served has not been adjusted for the majority of classifications since 1991. Under the Home and Community-Based Services Waiver, the federal government is mandating many changes to the delivery of services in the community. In recognition of these demands, the Budget includes \$80 million (\$50 million General Fund) for the following targeted investments in the developmental services system:

- Establish 4-bed Alternative Residential Model homes rate—\$46 million (\$26 million General Fund). The rates for these homes are old and were originally based on a 6-bed model, so providers have two fewer beds from which to derive revenue while maintaining the same overhead. The smaller 4-bed model is increasingly used by regional centers. A large portion of regional center clients living outside their family home live in Alternative Residential Model homes.
- Case Managers—\$17 million (\$12 million General Fund). The federal government mandates a maximum caseload for each case manager employed by a regional center. These ratios were eroded during the recession to preserve direct services to regional center consumers and will be improved by the funding provided in the Budget.
- Compliance with Home and Community-Based Services Waiver requirements—\$15 million (\$11 million General Fund). The Department will target rate increases to providers to transition services like segregated day programs and

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sheltered workshops to models that are more integrated in the community and consistent with the Home and Community-Based Services Waiver.

The Administration will also continue its work with the developmental services community to develop data-driven solutions to the issues facing regional centers and providers. Any additional targeted spending proposals are expected to be funded from the proposed extension of the managed care organization tax.

DEPARTMENT OF PUBLIC HEALTH

The Department of Public Health is charged with protecting and promoting the health and well-being of the people in California. The Budget includes \$3 billion (\$134 million General Fund) in 2016-17 for the Department.

Significant Adjustments:

- **Timely Outbreak Detection and Disease Prevention**—The Budget includes \$1.6 million General Fund and 14 positions to enhance state laboratory capacity to address communicable diseases through increased disease surveillance and testing.
- **Implementation of the Medical Marijuana Regulation and Safety Act**—The Budget contains \$457,000 in 2015-16 and \$3.4 million and 14 positions in 2016-17 for the Department to begin its regulatory responsibilities associated with the Act. For additional information on the Act, see the Statewide Issues Chapter.

ASSOCIATION OF REGIONAL CENTER AGENCIES
ANALYSIS OF THE FY 2016-17 NOVEMBER ESTIMATE
(GOVERNOR'S BUDGET)
JANUARY 7, 2016

FY 2015-16 (Current Year)

1. CASELOAD

The FY 2015-16 May Revision estimated the regional center Community Caseload to be 289,931 consumers for January 31, 2016. The November Estimate increases the January 31, 2016 caseload to 290,496, an increase of 565 consumers (a 0.19% increase).

2. PURCHASE OF SERVICE - \$ 45.1 million *decrease* (1.0% decrease)

- \$ 45.1 million *decrease* to Purchase of Services due to slower than projected growth in POS expenditures.

3. OPERATIONS - \$1.6 million Increase (0.3% increase)

- \$1.6 million increase to reflect updated caseload.

FY 2016-17 (Budget Year)

The following increases and decreases are in comparison to the revised budget for FY 2015-16.

1. CASELOAD

The budget anticipates an increase of 11,923 consumers (a 4.1% increase) over the 290,496 consumers projected for January 31, 2015.

2. PURCHASE OF SERVICE - \$267.3 million increase (6.3% increase)

- \$257.6 million increase over current fiscal year for caseload and utilization growth (a 5.8% increase).
- \$62.4 million increase for full-year funding of the minimum wage increase per AB 10 effective January 1, 2016.
- \$54.2 million increase for full-year funding of the changes in the Fair Labor Standards Act regulations regarding the payment of overtime by service providers that previously were not required to pay overtime.
- \$4.5 million *decrease* due to funding of certain behavior health treatment services by Medi-Cal.
- \$26.6 million increase in funding for development of needed resources associated with planned developmental center closures.
- \$46 million increase to fund increased costs associated with the development of enhanced Alternative Residential Model (ARM) rates for homes serving four or less residents.
- \$15 million increase to fund modifications and additional staffing as needed for service providers to come into compliance with CMS' final regulations.

3. OPERATIONS – \$43.4 million increase over Ccurrent year (7.0% increase)

- \$20.7 million increase in staffing due to the projected increase in caseload.
- \$4.1million increase for additional staffing related to the closures of Sonoma Developmental Center, Fairview Developmental Center, and the General Treatment Area of Porterville Developmental Center.

- \$17 million increase for additional staff to improve service coordinator caseload ratios.
- \$1.6 million increase to fund 21 additional Program Evaluators to ensure compliance with CMS' final regulations.
- \$582,000 increase in Projects for the Client's Rights Advocacy and Office of Administrative Hearings contracts.

Future Fiscal Issues

DDS listed two future fiscal issues related to Self-Determination and the Uniform Holiday Schedule.

Self-Determination

In 2013, Senate Bill (SB) 468 (Chapter 683) required Department of Developmental Services (DDS) to implement a statewide Self-Determination Program (SDP), subject to approval of federal funding. DDS submitted an application for federal funding to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2014. The SDP will allow Regional Center (RC) consumers and their families more freedom, control, and responsibility in choosing services and supports to help meet the objectives in their individual program plans. Participation is limited to 2,500 individuals in the first 3 years of the SDP, including approximately 140 participants in the current State-only funded self-determination pilot projects. To ensure the required cost neutrality of the SDP, SB 468 General Fund (GF) savings shall be used to offset administrative costs to DDS, including the required criminal background checks. Any remaining funds can be used to offset costs to the RCs in implementing the SDP.

After making changes required by CMS, the Home and Community Based Services (HCBS) Waiver application was formally resubmitted to CMS on September 29, 2015. In a December 11, 2015 letter, CMS indicated that additional information and clarification was needed before the Waiver could be approved. This request for additional information is typical in response to applications for Medicaid funding.

The Budget Bill for Fiscal Year (FY) 2016-17 includes the following provisional language to administer the SDP once federal approval has been received:

X. The Department of Finance may authorize a transfer of up to \$2,800,000 to this item from Item 4300-101-0001 in order to effectively administer the Self-Determination Program. The Director of Finance shall notify the Joint Legislative Budget Committee of the transfer, including the amount transferred, how the amount transferred was determined, and how the amount transferred will be utilized not less than 30 days before the effective date of the approval.

Uniform Holiday Schedule

Between FY 2009-10 and 2011-12, DDS implemented various cost containment measures, including implementation of a Uniform Holiday Schedule and Half-Day Billing Rule. Most day programs, look-alike day programs, and work activity programs previously recognized an average of 10 holidays, but these holidays could be different between programs. The Uniform Holiday Schedule standardized holidays for these programs and increased the total number of holidays to fourteen days. In addition to savings from the decreased number of program days, there were savings from reduced transportation costs. The Uniform Holiday Schedule went into effect on August 1, 2009. The Half-Day Billing Rule went into effect on July 1, 2011, and limited the RC payment to providers of many site based programs for only a half day if a recipient of that program was present for less than 65 percent of the program day.

The Arc of California filed suit in federal court to prevent DDS from enforcing the Uniform Holiday Schedule and from continuing to implement the Half Day Billing Rule. On February 13, 2015, the United States District Court ruled that when the State enacted the "Uniform Holiday Schedule" and the "Half-Day Billing Rule," the State violated federal Medicaid laws by failing to first follow a specific process of review and obtaining prior approvals from the federal government, and issued an injunction against the Uniform Holiday Schedule and the Half-Day Billing Rule. On March 17, 2015, DDS issued an official directive to the 21 RCs announcing elimination of the "Uniform Holiday Schedule" and the "Half-Day Billing Rule" reductions effective immediately.

Subsequently, on March 31, 2015, the United States Supreme Court decision held that providers could not file suit against a state for alleged violations of the federal Medicaid laws and DDS asked the Federal District Court to "vacate" or set aside its previous ruling that struck down the two cuts. On September 1, 2015 the federal district court issued its order denying the State's motion to "vacate" its previous ruling, and reinstate the two reductions. The court is reviewing the various arguments of the parties and will issue rulings in writing.

DEVELOPMENTAL CENTERS

FY 2015-16 (Current Year)

The Governor's Budget is proposing a net increase of \$60.2 million for the current fiscal year.

- \$42.5 million one-time payment to DHCS in response to audit findings of excess federal payments for developmental center care. This is achieved through a fund shift from the regional center POS budget.
- \$13.0 million increase for employee compensation adjustments.
- \$1.5 million increase for 24.4 additional staff.
- \$1.6 million increase for deferred maintenance projects at Porterville Developmental Center.
- 1.6 million increase for preliminary closure activities and independent monitoring at Sonoma Developmental Center.
- \$1.0 million increase for the Sonoma Developmental Center Acute Crisis Unit full year costs and lack of federal funding.
- \$1.0 million *decrease* and reduction of 9 positions due to centralization of some functions due to multiple concurrent developmental center closures.

FY 2016-17 (Budget Year)

The Governor's Budget proposes a net increase of \$12.1 million for the budget year.

- \$14.2 million increase for employee compensation adjustments and other baseline adjustments.
- \$8.8 million *decrease* due to decrease of 129.2 positions due to anticipated population decline.
- \$3.0 million increase for preliminary closure activities and independent monitoring at Sonoma Developmental Center.
- \$0.4 million increase for the acquisition of a records management system for the Office of Protective Services.
- \$2.3 million *decrease* in developmental center employee workers' compensation costs.
- \$3.8 million increase for the repayment of overpaid federal funds.
- \$1.8 million increase to replace the Personal Alarm Locating System at Porterville Developmental Center.
- \$1.0 million increase for the Sonoma Developmental Center Acute Crisis Unit full year costs and lack of federal funding.
- \$1.0 million *decrease* and reduction of 9 positions due to centralization of some functions due to multiple concurrent developmental center closures.
- \$6.5 million increase to upgrade the fire alarm system in the Porterville Developmental Center Secure Treatment Area.

HEADQUARTERS

FY 2015-16 (Current Year)

The Governor's Budget is proposing a net increase of \$2.2 million for the current fiscal year.

- \$1.2 million increase for staff compensation and benefits.
- \$1.0 million increase and increase of 9 positions due to centralization of some functions due to multiple concurrent developmental center closures.

FY 2016-17 (Budget Year)

The Governor's Budget proposes a net increase of \$5.7 million for the budget year.

- \$2.1 million increase and increase of 8 positions (in addition to 5 redirected positions) to support developmental center closures.
- \$0.9 million increase and increase of 7 positions to establish a Fiscal and Program Research Unit to compile, research, and analyze data in response to inquiries.
- \$0.5 million increase and increase of 4 positions to assist with compliance with the HCBS Final Rule.
- \$1.0 million increase to permanently establish and retain funding for 7 auditor positions that were originally designated as limited-term in 2014-15.

PROPOSED BUDGET BILL AND TRAILER BILL LANGUAGE

- Budget Bill language to require regional centers to report annually to DDS the number of providers receiving the HCBS transition funds;
- Trailer Bill language that gives DDS the authority to implement changes necessary to achieve compliance with the CMS Final Rule through policy directive until new statute and/or regulations are promulgated;
- Budget Bill language to require regional centers to report annually to DDS the number of facilities receiving the new 4-Bed ARM rates;
- Budget Bill language to require regional centers to report annually to DDS the number of staff hired with the additional case management funds and the effectiveness in reducing average caseload ratios; and,
- Trailer Bill language to allow the use of PRRS funds for Family Resource Centers.

**CALL
TO
ACTION**

**TUESDAY, JANUARY 12, 2016
10:30 AM—1:00 PM
TCRC ANNEX**

LEADERSHIP 2016

WHO: Self Advocates,
Family Members, Providers who
care about the developmental
service system crisis and the
erosion of the Lanterman Act.

WHAT: Learn WHERE,
WHEN, HOW to make your voices
heard. **SAVE OUR STATE
SYSTEM TO BETTER SERVE
PEOPLE WITH DEVELOPMENTAL
DISABILITIES!**

WHEN: Tuesday, Jan. 12 at
TCRC Annex, 505 E. Montecito St.,
Santa Barbara.

Start: 10:30 am End: 1:00 pm

**REGISTRATION IS
REQUIRED!**



This workshop
is for those who
wish to enhance
their knowledge
and leadership
skills while
preparing for
legislative action
and systems
advocacy in the
months ahead.

REGISTRATION IS REQUIRED

CALL OR EMAIL

JENNIFER @ 805-683-2145

jgriffin@alphasb.org

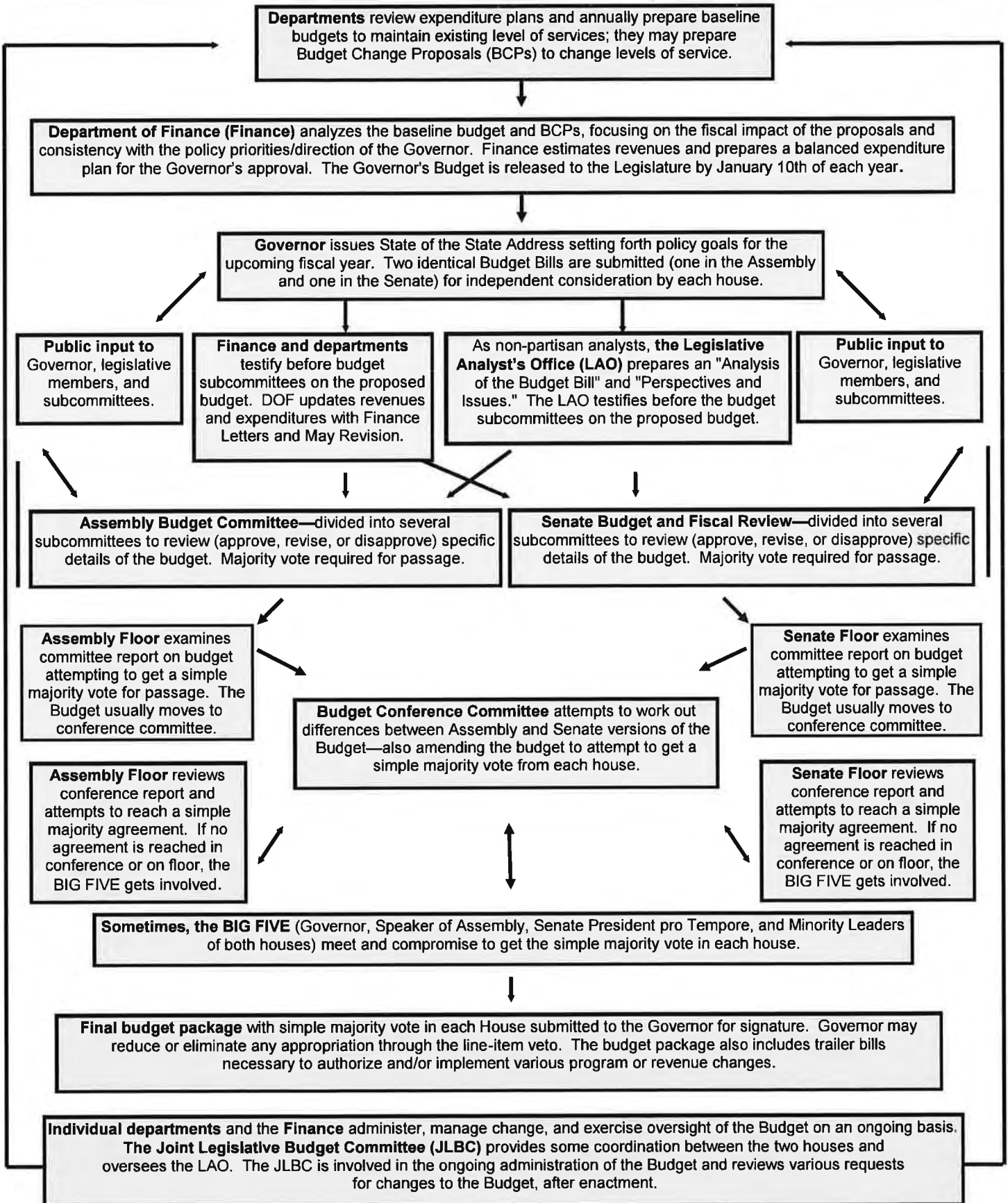
**Workshop will begin promptly at
10:30 am at TCRC Annex.**

A light lunch will be provided at noon.

REGISTER BY THURSDAY

JANUARY 7

THE ANNUAL BUDGET PROCESS



State of California

Department of *Developmental Services*

Self-Determination Program - Frequently Asked Questions

GENERAL

Q. What is the Self-Determination Program?

A. The Self-Determination Program allows participants the opportunity to have more control in developing their service plans and selecting service providers to better meet their needs.

Q. When does the Self-Determination Program start; can I enroll now?

A. The program will start once it is approved for federal funding. The Department worked with stakeholders to draft a Home and Community-Based Services Waiver application that was submitted for approval to the Centers for Medicare and Medicaid Services on December 31, 2014. Upon approval of the Waiver application, the Self-Determination Program will be implemented for up to 2,500 participants during the first three years. After this three year phase-in period, the program will be available to all consumers.

Q. How can I keep updated on the progress of the Self-Determination Program?

A. Updates will be posted as they become available on the Self-Determination website. If you want to be notified when updates are made, [send us an email](#) and ask to be included on the update notification list.

Q. How can someone learn more about the Self-Determination Program?

A. Interested participants, families, or others are encouraged to visit the [Self-Determination Program website](#) to find out more information about Self-Determination. The site will be updated as more information is available.

CRIMINAL BACKGROUND CHECKS

Q. Who is required to get a background check? Will parents and family members need one also?

A. A criminal background check is required for people providing direct personal care. If family members provide direct personal care, they must obtain background checks and receive clearance.

FINANCIAL MANAGEMENT SERVICES

Q. What are Financial Management Services?

A. Financial Management Services help participants manage their individual budgets by paying bills and managing the payroll for support workers.

Q. In the co-employer model, is it possible for the person receiving services and their family to be part of the interview process and/or pick the interview questions?

A. Yes. The participant and any person selected and directed by the participant can be as involved as they choose to be.

Q. Who can be a Financial Management Services Provider?

A. Any entity or person, except a relative or legal guardian, chosen by the participant and meets the qualifications may be a Financial Management Services provider.

Q. As a Self-Determination Program participant, would I pay my providers directly and get reimbursed by the Financial Management Services entity, or would I submit the expenses to the Financial Management Services entity for payment to my providers?

A. Neither. The Financial Management Services Provider will pay providers directly.

Q. For individuals needing 24-hour supportive services, is overtime pay applicable whether the co-employment model or fiscal employer agent is selected?

A. Each participant will need to work with their Financial Management Services Provider to determine when overtime pay is required.

INDEPENDENT FACILITATOR

Q. What type of certification or licensure should individuals request from independent facilitators?

A. An independent facilitator is required to receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities consistent with coordination of services for consumers' individual program plans.

Q. What if I need help locating services and supports but choose not to work with an independent facilitator?

A. If a participant chooses not to use the services of an independent facilitator, he/she may choose to use a regional center service coordinator to provide the services and functions of the independent facilitator.

Q. Who pays the cost of the independent facilitator and how much does that typically cost?

A. The cost of the independent facilitator is paid through the participant's individual budget and can be negotiated with the facilitator.

INDIVIDUAL BUDGET

Q. What is an individual budget?

A. It is the amount of money a Self-Determination Program participant has available to purchase needed services and supports.

Q. How does the individual budget amount get determined?

A. The individual budget is determined by the individual program plan team, and is based upon the amount of purchase of service funds used by the individual in the most recent 12-months. This amount can be adjusted, up or down, if the individual program plan team determines that the individual's needs, circumstances, or resources have changed. Additionally, the individual program plan team may adjust the budget to support any prior needs or resources that were not addressed in the individual program plan.

Q. How does the individual budget amount get determined for an individual, who is either new to the regional center, or does not have a 12-month history of purchase of service costs?

A. For these individuals, the individual budget amount is determined by the individual program plan team, and is based upon the average purchase of service cost of services and supports, paid by the regional center, that are identified in the individual's individual program plan. The average cost may be adjusted, up or down, by the regional center, if needed to meet the individual's unique needs.

Q. Are there restrictions on what the individual budget can be used for?

A. Yes, a participant can only purchase services and supports as described in the Self-Determination Program Waiver and in the individual program plan. Services funded through other sources (e.g., Medi-Cal, schools) cannot be purchased with Self-Determination Program funds.

Q. Is the Self-Determination Program budget and In-Home Supportive Services [budget] different?

A. Yes. In-Home Supportive Services is a generic resource and is not included or paid for through the Self-Determination Program.

Q. In reality is the program decreasing your budget?

A. The individual budget is determined by the individual program plan team, and is based upon the amount of purchase of service funds used by the individual in the most recent 12-months with the ability to adjust if circumstances require it. The Self-Determination Program expands the options available to a participant; your budget is the same as it would be if you were obtaining services through your Regional Center.

Q. Can I use my budget to pay for recreation activities?

A. The Self-Determination Program allows you to purchase social recreation activities.

Q. What is an unmet need? How do I get that included in my budget?

A. An unmet need is a service identified as needed and not yet provided. You may be able to include services in your

budget by adding them to your individual program plan.

RIGHTS

Q. What if participants are happy with their current service delivery program and do not wish to enroll in the Self-Determination Program?

A. Enrollment in the Self-Determination Program is completely voluntary. Just like any other program offered under the Lanterman Developmental Disabilities Services Act in California, an individual chooses what is best for him or her. An individual may choose to participate in, and may choose to leave, the Self-Determination Program at any time.

Q. How much responsibility will participants or their family have if they choose to participate in the Self-Determination Program?

A. The participant will need to develop a person-centered plan and select individuals or members from their planning team to help implement the plan. The participant will also need to choose a Financial Management Services entity that will work with him or her to monitor an individual budget.

Q. If I choose to participate in the Self-Determination Program, will I still have the same rights?

A. Yes, participants enrolled in the Self-Determination Program will have the same rights established under the traditional service model (e.g. appeals, eligibility determinations, and all other rights associated with the individual program plan process).

SELECTION PROCESS

Q. What criteria will the regional center use to select participants?

A. The process for selecting and enrolling the 2,500 participants in the first three years is described on the [Self-Determination Program web page](#).

Q. Who is eligible for the Self-Determination Program?

A. An individual must meet the following eligibility requirements:

- Has a developmental disability and currently receives services from a regional center or is a new consumer of a regional center;
- Agrees to specific terms and conditions, which include but are not limited to, participation in an orientation for the Self-Determination Program, working with a Financial Management Services entity, and managing the Self-Determination Program services within an individual budget amount;
- An individual who lives in a licensed long-term health care facility (i.e., a Skilled Nursing Facility or Intermediate Care Facility) is not eligible to participate in the Self-Determination Program. If someone lives in one of these facilities and is interested in the Self-Determination Program, he or she can request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that he or she is reasonably expected to transition to the community within 90 days.

SERVICES

Q. The Self-Determination Program website has links to a list of proposed services and definitions. Will the individual regional centers be allowed to interpret those differently?

A. The listed services are those that have been proposed in the Self-Determination Program Waiver application. Also included with each service is a description of qualifications for each service provider. This is all subject to approval by the Centers for Medicare & Medicaid Services.

Q. Can a consumer request a camp or trip through an organization that is not familiar to the regional center?

A. Other than Financial Management Services, providers of services in the waiver do not have to be vendored through the regional center.

Last Updated: 9/29/2015

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California's Protection & Advocacy System
Toll-Free (800) 776-5746

SB 468 (Emmerson/Beall/Mitchell/Chesbro) Statewide Self-Determination Program

December 2013, Pub. #F077.01

SB 468¹ creates a state-wide Self-Determination Program which is a voluntary, alternative to the traditional way of providing regional center services. It provides consumers and their family with more control over the services and supports they need. Consumers and families for example, may purchase existing services from services providers or local businesses, hire support workers or negotiate unique arrangements with local community resources. Self-determination provides consumers, and their families, with an individual budget², which they can use to purchase the services and supports they need to implement their Individual Program Plan (IPP).

1. When will the statewide Self-Determination Program be up and running?

It will take several years for self-determination to be in place. First, the Department of Developmental Services (DDS) has until December 31, 2014 to apply for federal Medicaid funding to establish and fund the program. Once federal approval is obtained, most likely in 2015, the program will be available statewide but for the first three years is capped

¹ http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_0451-0500/sb_468_bill_20131009_chaptered.pdf

² See question 6 for an explanation of the individual budget

at 2500 individuals. After the three-year phase-in period, the program is available to all eligible consumers on a voluntary basis.

2. Who is eligible for the Self-Determination Program?

To be eligible for the program, you must:

(1) Have a developmental disability, as defined in the Lanterman Act³, and currently be receiving services under the Lanterman Act. This means that consumers between the ages of birth through two who receive services under the California Early Intervention Services⁴ program are not eligible to participate. However, consumers who are age 3 or older but new to the regional center system are eligible to participate in self-determination.

(2) Not live in a licensed long-term health care facility unless transitioning from that facility⁵.

(3) Agree to do the following:

---Receive an orientation to the Self-Determination Program.

---Utilize self-determination services and supports only when generic services and supports are not available⁶.

---Manage the services and supports within your individual budget.

--Utilize the services of a fiscal manager you choose who is vendored by a regional center.

3. How will the Self-Determination Program be implemented?

Each regional center is required to implement the Self-Determination Program and do the following:

1) Contract with local consumer or family-run organizations to conduct outreach to consumers and families to provide information about the Self-Determination Program and help ensure that the program is available to a diverse group of participants and underserved communities; and

2) Collaborate with the local consumer or family-run organizations to jointly conduct training on the Self-Determination Program for interested consumers and their families.

³ See Welfare and Institutions Code Section 4512

⁴ The early intervention law is found in Government Code Section 95000 et seq.

⁵ These facilities are defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations

⁶ This requirement to use generic services is identical to the generic services requirement in the traditional regional center system

4. How will regional centers decide who participates in the program during the three year phase in period?

The Self-Determination Program must be available to individuals who reflect the disability, ethnic and geographic diversity of the state. While SB 468 does not specify how participants will be chosen during the initial phase-in period, regional centers must ensure that the program is available to the diverse group of consumers served in their catchment area.

In the first three years, DDS will determine the number of Self-Determination Program participants in each regional center. This will be based on the relative percentage of total consumers served by the regional centers minus any remaining participants in the self-determination pilot projects.

The bill also recognizes that consumers in traditionally underserved linguistic, cultural, socioeconomic, and ethnic communities have unique challenges in accessing needed regional center services and that the Self-Determination Program offers increased service flexibility, which will help promote access to needed services for these consumers and their families.

5. How is my IPP developed in the Self-Determination Program?

Your IPP team will use a person-centered planning process to develop your IPP. The IPP will include the services and supports, selected and directed by you to achieve the objectives in your IPP. Information about your IPP may be found in our publication "Rights Under the Lanterman Act", Chapter 4: Individual Program Plans:
<http://www.disabilityrightsca.org/pubs/PublicationsRULAEnglish.htm>

6. How is my individual budget determined in the Self-Determination Program?

The individual budget is the amount of regional center funding available to you to purchase the services and supports you need to implement your IPP and ensure your health or safety. The individual budget is calculated once during a 12-month period but may be revised to reflect a change in your circumstances, needs or resources.

For current regional center consumers, the budget will equal 100% of the amount of the total purchase of service expenditures made by the regional center during the past 12 months. This amount can be adjusted by the IPP team, if the team determine an adjustment is needed for one of the following reasons:

---There is a change in your circumstances, needs, or resources that would result in an increase or decrease in your purchase of service expenditures; or

--There are prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in your purchase of service expenditures.

For a participant who is new to the regional center system or does not have 12 months of purchase of service expenditures, the IPP team will determine the services and supports needed and available resources. The regional center will use this information to identify the cost of providing the services and supports based on the average cost paid by the regional center unless the regional center determines that you have unique needs that require a higher or lower cost. This amount will be your individual budget unless it is adjusted as described below.

The regional center must certify that regional center expenditures for the individual budget, including any adjustment for current consumers, would have occurred regardless of your participation in the Self-Determination Program.

The budget will not be adjusted to include additional funds for either the independent facilitator or the financial management services.

7. Who can assist me during the person-centered planning process?

You can use an independent facilitator that they select to assist in the person-centered planning and IPP processes. An independent facilitator must be a person who does not provide services to you and is not employed by a person who provides services to you. You may also use a regional center service coordinator to assist with these functions. An

independent facilitator can advocate for you during a person centered planning meeting, assist you in making informed choices about your budget, and help you identify and secure services. The cost of the independent facilitator is paid from your individual budget.

8. Who assists me with managing my budget so that my funds will last throughout the year?

Participants are required to use a fiscal manager, vendored through the regional center, to help manage and direct the distribution of funds contained in your individual budget and ensure you have enough funds to implement your IPP throughout the year. These services can include bill paying, facilitating the employment of service and support workers, accounting, and compliance with applicable laws. The cost of the fiscal manager is paid from your individual budget, except for the costs of any criminal background check. You and your regional center service coordinator will receive a monthly statement from the fiscal manager which shows the budget amount in each category, the amount you have spent and the amount remaining.

9. Can I move money around in my budget?

The bill allows you to annually transfer up to 10% of the funds originally distributed to any budget category to another budget category or categories, and allows transfers of more than 10% provided the transfer is approved by your IPP team or the regional center. DDS will determine the budget categories with input from stakeholders.

10. What services and supports can I get with self-determination?

The Self-Determination Program will fund only those services and supports that are eligible for federal matching funds and only when generic services (for example, other governmental services such as special education, IHSS, Medi-Cal or insurance) are not available. It will also allow the purchase of some services which were suspended

services such as social recreation, camping, non-medical therapies, and respite⁷.

**11. What happens if I move from one regional center to another?
Can I still participate in the Self-Determination Program?**

You will continue to receive self-determination services and supports if you transfer to another regional center catchment area, provided that you remain eligible for the program. The bill requires the balance of your individual budget to be reallocated to the receiving regional center.

12. What happens if I no longer want to participate in self-determination or am no longer eligible for the program?

The bill requires regional centers to provide for your transition from the Self-Determination Program to traditional regional center services and supports if you are no longer eligible for or voluntarily choose to leave the program..

13. If I leave the Self-Determination Program, can I return?

If the regional center finds you ineligible for the Self-Determination Program you can return to the program upon meeting all applicable eligibility requirements, and upon approval of your planning team. If you, leave the program voluntarily you cannot return to the program for at least twelve months. During the first three years of the program, your right to return is also conditioned on your regional center not having reached its limit on the number of participants.

14. Can my regional center require me to participate in self-determination if I don't want to?

The Self-Determination Program is fully voluntary. A regional center cannot require participation in the program.

15. What if I am in a licensed long-term care facility and I want to participate in the in Self-Determination?

⁷ Welfare and Institutions Code Section 4648.5(a) and 4686.5

If you currently live in a licensed long-term care facility you are not eligible for the Self-Determination Program. However, you may request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that you are reasonably expected to transition to the community within 90 days. In that case, the regional center shall initiate person-centered planning services within 60 days of the request. If you are not ready to transition to the community, you may ask that your interest in self-determination be reflected in your IPP and request the regional center help you participation in self-determination as part of the transition process.

16. What if I do not receive Medi-Cal? Can I still participate in self-determination?

The bill authorizes participation in the Self-Determination Program for consumers who are not eligible for Medi-Cal, provided that they meet all other program eligibility requirements and the services and supports they receive are otherwise eligible for federal matching.

17. How does the Self-Determination Program ensure the safety of consumers?

The bill establishes criminal background check requirements for providers of services and supports under the Self-Determination Program. It requires DDS to issue a program directive identifying the non-vendored providers that must submit to a criminal background check, which shall include but not be limited to, individuals who provide direct personal care services to a participant and other non-vendored providers for whom a criminal background check is requested by a participant or his/her financial management service. The criminal background check includes a fingerprint requirement for all prospective providers. The cost of the background check is paid by the provider of services.

18. What happens to the individuals who are participating in the self-determination pilot programs?

Individuals receiving services and supports under the self-determination pilot projects can either continue to receive services and supports under the Self-Determination Program, or transition to the traditional model of providing services and supports within the regional center system.

19. What steps can I take if I disagree with a regional center's decision?

The Lanterman Act due process rights apply to self-determination participants. This means, for example, you will receive notice of the regional center finds you ineligible for self-determination or proposes to changes your budget. It also means that you can request a hearing if you disagree with a regional center decision such as your right to participate in self-determination or the amount of your budget.

20. How does the Self-Determination Program ensure transparency and accountability?

Each regional center is required to have a volunteer advisory committee; the majority of whose members are consumers and family members appointed by the regional center and the local Area Board. The clients' rights advocates are also part of the committee. The state Developmental Disability Council will also convene a statewide advisory committee to identify best practices, design effective training materials, and make recommendations for improvements in the Self-Determination Program. DDS is also required to collect and report outcome data to the Legislature as a means of ensuring transparency and accountability.

21. What can consumers and family members do now to learn more or help implement the statewide Self-Determination Program created by SB 468?

-- The Autism Society of Los Angeles plans to hold trainings and conferences as well as distribute materials so consumers and families can learn more. Check the Autism Society's website at www.autismla.org to learn more.

--If you are part of a self-advocacy group or family member groups, you ask your Clients' Rights Advocate or Area Board to do a training about self-determination for your group.

--Share information about self-determination with other consumers and families.

--At your next IPP meeting, ask your regional center to note on your IPP that you are interested in participating in self-determination.

--Volunteer to be on your regional center's advisory committee when it is formed, probably in 2015.

--DDS will obtain input from stakeholders in several areas including, informational materials, possible other budget methodologies and uniform budget categories, and may adopt regulations. You may want to look at DDS website, www.dds.ca.gov, to learn about opportunities to provide input.

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>.

**Similarities and Differences between
Traditional Regional Center Service Provision
and the New Self-Determination Program**

	Traditional Regional Center Service Provision	Self-Determination Program
Eligibility - Age	All ages	Over age of 3
Eligibility – Living Arrangement	All settings	Must live in community, Can use SDP in licensed long-term health facility if you are expected to move to the community within 90 days
Planning Process	Individual Program Plan (IPP) - Meeting where goals are established and services and supports are decided	Person Centered Plan (PCP) – A group of people focus on an individual and that person's vision of what they would like to do in the future. The IPP team shall use the Person Centered Planning process to develop the IPP
Frequency of planning process	IPP at least every three years, annually at most regional centers, or within 30 days of a request	PCP at least annually but as often as needed
Who decides what services I get?	Regional Center, but you can reject services	You, to meet the objectives in the IPP
Who pays the bills?	Regional Center	Financial Management Service
Do services have to be provided by vendors of the regional center?	Yes, except in very limited circumstances.	No

	Traditional Regional Center Service Provision	Self-Determination Program
Who finds the service providers?	Regional Center	You, Independent Facilitator, Financial Management Services, Friends, and Family
Does regional center monitor the quality of a service provider?	Yes	No
Are services that are available through generic agencies like school or Medi-Cal paid by regional center or thru my budget?	No	No
Can you change service providers?	Yes, if regional center agrees	Yes
Do I have appeal rights?	Yes	Yes

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 11, 2015

Mari Cantwell, Chief Deputy Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

The state of California has requested a new Section 1915(c) home and community-based services (HCBS) waiver entitled *California Self Determination Program Waiver for Individuals with Developmental Disabilities*, CMS control number 1166.00. The proposed waiver seeks to provide home and community-based services to individuals who would otherwise require care at an intermediate care facility (ICF), and to allow participants the opportunity to accept greater control and responsibility regarding the delivery of needed services through enhanced self-direction.

Based on our review of the application and substantive correspondence over the past year between CMS and the state, we have concluded that we need the following additional information and edits made to the proposed waiver before the request can be approved.

CRITICAL RESOLUTION ISSUES

Appendix B: Participant Access and Eligibility

- 1. B-3-f. Selection of Entrants to the waiver** - Please clarify if all eligible individuals are granted entrance into the waiver or indicate the process for the selection of entrants that is based on objective criteria and applied consistently in all geographic areas served by the waiver.

Appendix B: Evaluation/Reevaluation of Level of Care

- 2. B-QIS, Sub-assurance (a)** - The proposed performance measure (PM) addresses only the percentage of enrollees who had a level of care determination before enrolling in the program; whereas the sub-assurance requires that all "applicants" be evaluated who have a reasonable indication that waiver services may be needed. Please revise or add a second PM to fully address the sub-assurance's requirement.
- 3. B-QIS, Sub-assurance (c)** - The second proposed measure states "Number and percent of level of care determinations that were completed accurately" Please define "completed accurately" and revise the performance measure to reflect this.
- 4. B-QIS, Remediation** - Are there any escalating consequences if issues occur repeatedly?

Appendix C-3: Waiver Services

5. For the following services, please add a statement to the service definition specifying that children under age 21 who need these services will receive them through the state plan per EPSDT requirements: home health aide services, Dental Services, Prescription Lens/Frames, Optometric/Optician Services, Psychology Services, Skilled Nursing, Speech, hearing and language, Integrative therapies.
6. **Waiver service qualifications** - For all provider types please clearly define the qualification. If a specific regulation or code applies, please include pertinent information regarding that particular citation or the areas the citation covers. If there is a license required please be more specific regarding the type of license needed.
7. **Verification entity** - FMS is not described in Appendix A as a contracted entity. Please explain why the state has specified the FMS as the verifying entity since this appears to be inconsistent with what is in Appendix A for this Medicaid administrative function.
8. **Frequency of Verification** - Please verify how each entity responsible for verification will do so “ongoing thereafter through the IPP process.” Please define “ongoing” under frequency of verification. Please also spell out IPP in this instance.
9. **Behavioral Intervention Services - Habilitation Services** - This service should be categorized as an “other” service as it provides services outside the scope of Habilitation services.
10. **Home Health Aide Services** - Specify the additional services that are provided when the state plan benefit is exhausted. Please also specify the state plan service limit.
11. **Respite** - The state’s service definition includes “regularly provided care and supervision of children, for periods of less than 24 hours per day, while the parents/primary non-paid caregiver(s) are out of the home.” Please clarify as to how this service will include activities that are beyond the scope of child care, and how this service is necessary to avoid institutionalization. Additionally, the state needs to specify the limits on these services since respite is a temporary service.
12. **Advocacy Services** - Is generic legal counsel provided in the state and if so by which entities? If the services are specific to legal counsel please indicate how this does not overlap with independent advocacy listed in Appendix E-1-k of the waiver application. If it is not specific to legal counsel please explain how this service is different than case management/service coordination or the Independent Facilitator services and how duplicate billing will not occur.
13. **Communication Support** - Please indicate how this is service is different than technology services and specialized medical equipment and supplies and how duplicate billing will not occur.
14. **Community Integration and Employment Supports**

- a. Please separate these services into two separate waiver services. Please indicate how the community integration is different than community living supports services and how duplicate billing will not occur.
- b. Please remove “College, including financial assistance with tuition, books, and other related fees” as the state cannot claim FFP for these services, and also subtract any estimated costs associated with this expense from the Factor D cost estimates in Appendix J.

15. Community Living Supports - Please describe how this service is different than other similar services such as homemaker services and community integration services, and what mechanisms the state will put in place to prevent duplicate billing.

16. Crisis intervention and Support

- a. Please describe how these services are different and not duplicative of the behavioral intervention services.
- b. Crisis Facility, Other standard- Please include in this section all types of 24 hour care services and not a reference to another service section.

17. Dental Services - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

18. Family Assistance and Supports - Please further define the types of services and supports that would be provided under this service and how this service is different than Training and Counseling Services for Unpaid Caregivers and how duplicate billing will not occur.

19. Financial Management Services

- a. Please indicate why this service is listed as “other” instead of Supports for Participant Direction.
- b. Please define "as appropriate" under the provider qualification, license, business license.
- c. Are individuals who provide FMS allowed to provide any other (additional) waiver services to an individual participant?
- d. How many providers do you expect to enroll for this service and please explain how the state will oversee the performance of the FMS providers?

20. Housing Access Supports - Please indicate how this service will not duplicate case management, community integration, and advocacy services.

21. Independent Facilitator

- a. Please more clearly define this service. Please further explain how this service does not duplicate services provided by the service coordinator, advocacy services, or financial management services.
- b. How will these individuals be trained? How is the training different from that of service providers and/or financial management service coordinators?

- c. 700 participants are estimated to use the service starting WY1, is there a workforce of already trained Independent Facilitators to provide services starting WY1?

22. Individual Training and Education - How will the state ensure this service is not duplicative of other waiver services? For example, employment related training appears duplicative of the employment supports waiver service. In addition, community integration, advocacy, and community living supports all have similar components.

23. Integrative Therapies

- a. Each service will need to be a separate service within the waiver.
- b. Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit. For massage therapy, please specify when this service would be needed and necessary for a waiver participant to live in the community.

24. Prescription Lens/Frames - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

25. Optometric/Optician Services - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

26. Psychology Services - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

27. Skilled Nursing - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

28. Specialized Therapeutic Services - Please remove this service from the waiver. This service is not available through a 1915(c) waiver.

29. Speech, hearing and language - Please describe the extent of the extended coverage of services. Also please include the provider qualifications directly and not by reference to the state plan. Please also specify the state plan service limit.

30. Technology Services - This service appears to overlap with PERS, communication support, specialized medical equipment and supplies. Please clarify how they are different and how duplicate billing will not occur. The state needs to also remove “but not limited to” from this waiver service definition and specify what can be covered since it is not permissible for the waiver service definition to be open-ended.

31. Training and Counseling Services for Unpaid Caregivers - Please explain how this service is not duplicative of family assistance and supports services.

- 32. C-2-c-i: Types of facilities subject to 1616(e)** - Per the instructions in the Technical Guide please remove the information from this section.
- 33. C-2-f: Open Enrollment of Providers** - Please describe the enrollment process that assures all willing and qualified providers have the opportunity to enroll.
- 34. Qualified Providers, Sub-assurance (a)**
- Please explain why bi-annual reviews by DSS are of sufficient frequency to ensure licensed providers initially meet all required standards prior to furnishing waiver services.
 - Regarding the second proposed PM, Please clarify what the review consists of. How will it help the state to ensure that providers are meeting required licensure and/or certification standards and adhering to other applicable standards?
- 35. Qualified Providers-Sub-assurance (a) and Sub-assurance (b)** - Please clarify what is meant by “Representative Sample – 5.”
- 36. Qualified Providers-Sub-assurance (b)**
- The proposed PM only addresses providers who initially meet all required standards; however, the sub-assurance is not limited to initial adherence. Please either revise the proposed PM to indicate how providers continually meet all required standards, or add an additional PM that measures continuous monitoring of providers who do not require licensing or certification.
 - Please explain why bi-annual reviews by DDS are of sufficient frequency to ensure non-licensed providers initially meet all required standards prior to furnishing waiver.
- 37. Qualified Providers-Sub-assurance (c)**
- How does the State monitor the successful completion of 70 hours of competency based training?
 - Are direct support professionals (DSPs) the only providers that must meet a training requirement? If not, please either revise the proposed PM to measure all provider training requirements or add an additional PM.
 - A provider could potentially provide services for an extended period of time without having met training requirements. Please explain why 70 hours of competency based training within two years of hire is sufficient to assure that the provider training is conducted in accordance with state requirements and the approved waiver. How did the state arrive at 70 hours given training can vary for each participant?
- 38. C-5: Home and Community-Based Settings**
- Please include a list of the specific settings where individuals will reside.
 - Please include a list of specific settings where individuals will receive services.
 - Please include a detailed description of the process the state Medicaid agency used to assess and determine that all waiver settings meet the HCB settings requirements.

- d. Please include the process that the state Medicaid agency will use to ensure all settings will continue to meet the HCB settings requirements in the future.

Appendix D: Participant-Centered Planning and Service Delivery

39. D-1-d: Service Plan Development Process

- a. Please describe as part of the planning process how participants are informed of services available under the waiver.
- b. Please describe how responsibilities are assigned for implementing the plan.
- c. Please describe how waiver and other services such as state plan services are coordinated.
- d. Please identify who is assigned the responsibility to monitor and oversee the implementation of the service plan.

40. D-1-g: Process for Making Service Plan Subject to the Approval of the Medicaid Agency

- a. Please provide the basis for the sample size of plans reviewed, how it is representative of the total population, and the review methodology.
- b. Please include the frequency with which DHCS or DDS completes reviews of the plans.

41. D-2-a: Service Plan Implementation and Monitoring

- a. Please clarify how monitoring methods address services furnished in accordance with the service plan, participant access to waiver services is identified in the plan, participants exercise free choice of provider, services meet the participants need, effectiveness of back up plans, participants health and welfare, and participants access to non-wavier services in service plan including health services.
- b. Please clarify the method for prompt follow-up and remediation of identified problems.
- c. Please clarify the methods used to compile systemic collection of information about monitoring results, and how problems identified during monitoring are reported to the state.

42. D-QIS, Service Plan

- a. Please explain why bi-annual reviews by DDS are of sufficient frequency to ensure the service plans address all the participants' assessed needs and personal goals in sub-assurance a,c,d, and e.
- b. Please clarify what is meant by "Representative Sample – 5 for sub-assurance a, c, d, and e.

43. D-QIS, Sub-assurance (a)

- a. For each PM, please add the words "all of" after the word "addressed" in all instances.
- b. How is it determined that the consumers' assessed needs are "adequately" addressed? Who makes this determination?

44. D-QIS, Sub-assurance (c) - Please clarify that the term “required intervals” means that service plans were updated/revised when warranted by changes in the waiver participant’s needs.

45. D-QIS, Sub-assurance (d)

- a. How will the state determine whether participants have received the appropriate type, scope, amount, duration and frequency of services specified in the IPP?
- b. How does the state monitor/ensure that participants with similar needs (similar service plans) do not have drastically different budgets? How will the state monitor whether individual budgets are equitable?

46. D-QIS, Sub-assurance (e) - The proposed PM does not specifically measure whether participants are afforded a choice among services and providers. Please revise this PM to specifically address these issues.

Appendix E: Participant Direction of Services

47. E-1-c: Availability of Participant Direction by Type of Living Arrangement - Please specify/define “community living arrangement” where the state indicated participant direction is supported, including the size of the living arrangement.

48. E-1-f: Participant Direction by a Representative - Please describe the safeguards that ensure a non-legal representative functions in the best interest of the participant.

49. E-1-i-i: Payment for FMS - Please specify how the state will compensate the entities that provide FMS services. Per the HCBS Waiver Technical Guide examples could be a per transaction fee, a monthly fee per participant, a combination of both types of fees, or another method. The state indicates in response to this item in the waiver that FMS costs will be paid from the individual budget but that the individual budget will not be increased to include these costs. This is not permissible. The state may include the FMS waiver service costs in an individual budget but then must reflect and account for this in the individual budget methodology as described in Appendix E-2-b-ii.

50. E-2-b-ii: Participant, Budget Authority - Please specify and define “budget categories.” Are there limits to and/or within budget categories? Per the previous comment, if the state intends to pay for waiver FMS costs from the individual budget, then the state needs to revise the budget methodology.

51. E-2-b-ii: Participant Directed Budget - Please describe how the budget methodology is made available to the public.

52. E-2-a: Participant Employer Status - What mechanism does the state have in place to ensure that individuals maintain authority and control over employees when co-employment is occurring.

53. E-2-b-v: Expenditure Safeguards

- a. Please describe the safeguards to address potential service delivery problems that may be associated with budget underutilization or premature depletion of the participant budget.

- b. What is the state Medicaid agency's role in ensuring that potential budget problems are identified on a timely basis, including over-expenditures or underutilization?

Appendix F: Participant Rights

54. F-1-a: Opportunity to Request a Fair Hearing

- a. Please specify who provides Fair Hearing information to the participant?
- b. Please specify this information is also given to a participant at the time of their entrance into the waiver.
- c. Please specify how notice is made and who is responsible for issuing the notice.
- d. Please clarify what assistance, if any, is provided to the individual pursuing a fair hearing.
- e. Please indicate where notices of adverse action and the opportunity to request fair hearings are kept.

Appendix G: Participant Safeguards

55. G-1-c: Participant Training and Education

- a. What is the frequency of providing training and information?
- b. Do the trainings provided by the regional centers to participants and informal caregivers include how to notify the appropriate authorities when the participant may have experienced abuse, neglect, or exploitation?

56. G-1-d: Responsibility for Review of and Response to Critical Events or Incidents

- a. How do regional centers monitor special incident reporting for non-vendored providers?
- b. Please specify who is responsible for an investigation, how investigations are conducted, and the timeframe for conducting and completing the investigation.
- c. Please also indicate the timeframes for informing the participant, applicable representative, and other relevant parties, such as providers, of the investigation results.
- d. What is the timeframe for reporting for non- vendored providers?
- e. How are non vendored providers notified of SIR requirements?

57. G-2-a: Safeguards Concerning Restraints: Applicability: Restraints - The state selected that they will not permit the use of restraints but then indicated in the response that there are certain circumstances in which restraints may be used. Therefore, the state needs to revise the selected response that currently indicates that they do not permit the use of restraints, to "the use of restraints is permitted" and complete the required information for this section.

58. G-2-c: Seclusion - The state selected that they will not permit the use of seclusion but then indicated in the response that there are certain circumstances in which seclusion may be used. Therefore, the state needs to revise the selected response that currently indicates that they do not permit the use of seclusion, to "the use of seclusion is permitted" and complete the required information for this section. CMS notes that the use of seclusion must comport with the home and community-based setting requirements at Section 42 CFR 441.301(c)(4)(iii) and (vi)(F), and person-centered service planning and plan requirements at 42 CFR 44.301(c)(1) and (c)(2).

- 59. G-3-b: Medication Management and Follow-up** - Please indicate the methods for conducting monitoring, how monitoring has been designed to detect potentially harmful practices, and follow-up to address such practices?
- 60. G-3-b-ii: State Oversight and Follow-up** - What is the process to communicate information and findings from monitoring to the Medicaid Agency and operating agency regularly? What is the frequency state monitoring is performed?
- 61. G-3-c-iii: Medication Error Reporting** - Please specify the types of medications errors that must be recorded and also those which must be reported.
- 62. G-3-c-iv: State Oversight Responsibility** - Please specify the requested information in this section.
- 63. QIS-G: Health and Welfare, Sub-assurance (a)** - This PM measures the timeliness of special incident reports and does not measure that the state, on an ongoing basis, addresses and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death. The state needs to develop additional PMs to measure all aspects of this sub-assurance. Also, special incident reports are not the only means of determining whether instances of abuse, neglect, etc. have occurred, as it is possible that some of these instances could go unreported. The state must develop other metrics by which to measure that all instances of abuse, neglect, exploitation and unexplained death are being identified, even if a special incident report has not been filed.
- 64. QIS-G, Sub-assurance (b)** - What is the timeframe for appropriate actions to be taken? Please either modify or add PMs to measure that an incident management system is in place that effectively prevents further similar incidents to the extent possible.
- 65. QIS-G, Sub-assurance (d)** - How is it determined that a consumer's special health care requirements or safety needs are met? One or more PMs should be added to measure compliance with the state's overall health care standards. The sub-assurance ties the monitoring of health care standards to the responsibilities of the service provider. Please add one or more PMs to measure provider adherence to the health care standards.
- 66. Appendix H: Quality Improvement Strategy** - Please include how the QIS stratifies information for each respective waiver, include the control numbers of the other waivers, and provide the other long term care services addressed in the QIS.

Appendix I: Financial Accountability

67. I-1: Financial Integrity and Accountability

- a. What are the differences, if any, between the DDS fiscal audits every two years and their follow-up audits in alternate years or more frequently as needed?
- b. What determines if a follow-up audit is needed more frequently than in alternate years?
- c. Are all providers subject to annual onsite audits? If not, what percentage of individual and agency providers are audited on an annual basis and are they chosen by random sample?

- d. Are some providers audited more frequently than others? If yes, why and how often are they audited?
- e. How does the state recognize whether a provider is a certified biller or not?

68. I-2-a: Rate Methodology - Please describe how information about payment rates is made available to waiver participants.

69. I-2-a: Rate Methodology - Regarding the negotiation of rates between the waiver participant and the selected provider:

- a. Please confirm that all waiver service rates are negotiated by participants. If any services are not negotiated by participants, please explain how rates for those services were developed.
 - i. Would rates for expanded state plan services also be negotiated?
- b. Are participants and providers given any guidance as to what an appropriate rate may be?
- c. Is there any limit for what a participant can spend per unit of service?
- d. Please describe state's oversight process of rate determination.
- e. How does the state ensure that the negotiated rates are consistent with economy, efficiency and quality of care?
- f. What role, if any, would the regional center play in setting the rate?
- g. Please describe the parameters that would prevent a participant from varying from a reasonable rate.

70. I-2-d: Billing Validation Process

- a. Does the state use patient surveys to validate post payment billings? If yes, please describe those methods. If not, describe what processes are in place to assure only proper payments are being made and that any payments for inappropriate billings are recouped.
- b. How does DDS ensure that the services were provided?
- c. How does DDS ensure that payments are not made for services when a participant is in a nursing facility?

71. QIS – I: Financial Accountability, Sub-assurance (a)

- a. How does the State ensure that claims are paid only for services rendered?
- b. How does the State ensure that claims are coded correctly?
- c. How does the State ensure that services have been actually rendered before they are paid?
- d. Please explain why bi-annual reviews are of sufficient frequency to assure the service plans address all the participants' assessed needs and personal goals. Please clarify what the sampling approach is, since the state indicated that less than 100% of the claims will be reviewed.

72. QIS-I, Sub-assurance (b)

- a. Please clarify how the approved service rate is assured to be developed consistent with the approved rate methodology.
- b. Please clarify what the sampling approach is, since the state indicated that less than 100% of the claims will be reviewed.

Appendix J: Cost Neutrality Demonstration

73. J-2-c: Development of Factor D

- a. Please describe how the per capita cost, by service, was trended forward to the number of persons who will be served during years 1 through 3.
- b. What is the basis for the estimates of 1,000 and 2,500 for the number of eligible recipients?
- c. Please clarify whether the Average Length of Stay units noted in each waiver year represent months or days. If the units are months, please update the waiver to have the Average Length of Stay measured in days.
- d. Please confirm the source of the data used to create the Factor D estimates.
- e. What analysis was done to ensure that this data was appropriate to use for the projections of this waiver?
- f. Were any adjustments made to the data before developing projections for this waiver?
- g. Please clarify why Therapeutic/Activity-Based Day Services (Hour) rate is \$40 while Therapeutic/Activity-Based Day Services (Month) rate is \$50.
- h. What history led to the estimate for Technology services?

74. J-2-c: Development of Factors D', G and G'

- a. Please confirm that the state has accounted for and removed the costs of prescribed drugs furnished to Medicare/Medicaid dual eligibles under the provisions of Part D.
- b. Please confirm the source of the data used to create the estimates for each of these factors.
- c. What analysis was done to ensure that this data was appropriate to use for the projections of this waiver?
- d. Were any adjustments made to the data before developing projections for this waiver?

ISSUES THAT NEED FURTHER CLARIFICATION OR CORRECTION

1. Overall Questions about the Waiver

- a. What is the anticipated impact of this new waiver on DD waiver enrollment?
- b. A number of services are not available in the current DD waiver; will the DD waiver be updated at renewal or through amendment to mirror services under the SDP?
- c. How will the Waiver Monitoring Process for the SDP waiver be integrated into the existing HCBS Biennial Collaborative Review Process?

2. Main 6-I: Public Input - We note that individuals and organizations made comment during the public input period. Please include in this section all the methods and details of how people were able to make public comment.

3. Appendix A-2-b - When was the Interagency Agreement (IA) between the State Medicaid Agency and DDS last updated? How frequently is the IA updated? Please provide CMS with the link or a copy of the IA.

4. **B-1-b: Additional Criteria** - When selecting the first option in E-1-d: Election of Participant Direction, this section must specify that the waiver is limited to individuals who want to direct some or all of their services.

5. **B-3-f: Selection of Entrants to the waiver**
 - a. How are informational meetings about the SDP being publicized?
 - b. How often will the SDP orientation be offered?
 - c. How does an individual let their regional center know that they are interested in enrollment?
 - d. How is this documented at the regional center?
 - e. If there is going to be an interest list or wait list please describe this process?

6. **B-4-b: Medicaid Eligibility Groups Served in the Waiver** - Since the 1931 group has been separated into three distinct eligibility groups; other caretaker relative specified at 435.110, pregnant women specified at 435.116 and children specified at 435.118, the state should remove the check mark from the 1931 group in Appendix B-4-b. No other changes are necessary, since the state has included all other mandatory and optional groups covered under its state plan under the waiver request.

7. **B-6-i: Procedures to Ensure Timely Re-Evaluations** - Please include all pertinent information regarding the procedures used to ensure that re-evaluation will be performed on a timely basis.

- C-1- Waiver services**
8. **Taxonomy code-** CMS would encourage the state to use the taxonomy codes for the services section.

9. **Participant- Directed Goods and Services** - Please indicate in the definition that the participant directed goods and services must be documented in the service plan and are purchased from the participant directed budget. Also please include that experimental or prohibited treatments are excluded.

10. **Transition/ Set up Expenses** - Please indicate the amount in the amount section if there is a limit for these services.

11. **Transportation** - How will the state determine when the use of natural supports, such as family, neighbors, friends, have been exhausted and services begin?

12. **Vehicle Modifications** - Please add the assurance in the waiver service definition that the vehicle may be owned by the individual or family member with whom the individual lives or has consistent and ongoing contact, who provides primary long term support to the individual and is not a paid provider of such services.
Please also include any cost limits in the limits sections associated with this service.

13. **C-2-a: Criminal History/Background Investigations**
 - a. Please define "other services and supports" in reference to providers who may need to obtain a criminal background check.

- b. What is the state's process to ensure that mandatory background investigations have been conducted?
- c. Please describe the scope of the investigation.
- d. How will the state ensure that they have been conducted in accordance with the state's policies?

14. C-2-c-ii: Larger Facilities - Please remove N/A and insert "required information is contained in response to C-5."

15. I-2-a: Rate Methodology - Please describe the process used for public input in this section.

Under Section 1915(f)(2) of the Social Security Act, a waiver request must be approved, denied, or additional information requested within 90 days of receipt, or the request will be deemed granted. The 90-day period for this waiver request ends on December 28, 2015. These questions constitute a formal RAI, after which a new 90-day period will begin upon the State's re-submission of a revised waiver application, via the web-based Waiver Management System (<https://wms-mmdl.cdsvdc.com/WMS/faces/portal.jsp>). Please refer to CMS control number CA 1166.00 in all future correspondence regarding this waiver.

In addition to re-submitting the waiver application, the state should also send a formal written response to these questions to Amanda Hill in Central Office with a copy to Adrienne Hall in the San Francisco Regional Office (Amanda.Hill@cms.hhs.gov; Adrienne.Hall@cms.hhs.gov). For assistance or information regarding this RAI, please contact Amanda Hill at (410) 786-2457 or Adrienne Hall at (415) 744-3674. Thank you for your prompt attention. We look forward to continuing to work with the state officials to move towards implementation of this new waiver.

Sincerely,

/s/

Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Rebecca Schupp, Chief, Long-Term Care Division, DHCS
Jalal Haddad, Long-Term Care Division, DHCS
Amanda Hill, CMS, CMCS

Self-Determination Program Enrollment

During the first three years of the Self-Determination Program, enrollment is limited to 2,500 people. To help ensure the selection of the 2,500 participants is equitable, the following process was developed by the Self-Determination advisory group.

What does someone need to do to be considered for enrollment?

1. ***Participate in an informational meeting at your regional center.*** It's important to hear, in greater detail, information about the Self-Determination Program. At this meeting, people will learn not only about the opportunities but also the increased responsibilities involved in accepting more control over coordinating their services. Understanding this information will help people decide if the Self-Determination Program might be a good option for them.
2. ***After participating in the informational meeting, let the regional center know you're interested in enrolling in the Self-Determination Program.*** After you have participated in the informational meeting and you think that Self-Determination is a good option for you or your family member, you must let the regional center know you're interested in enrolling in the Self-Determination Program. As discussed below, this does not guarantee you will be selected as part of the first 2,500 participants.

What happens after someone participates in the informational meeting and lets the regional center know they're interested?

1. ***Regional centers send names of those interested to the Department of Developmental Services (DDS).*** Only those consumers/ family members who have participated in an informational meeting will be eligible for enrollment in the Self-Determination program.
2. ***DDS will send confirmation to those whose names were forwarded by the regional centers.***
3. ***DDS will randomly select the first 2,500 enrollees from among those who have attended an informational meeting.*** This selection will be done from the names of those received by DDS from the regional centers. The selection takes into consideration the following factors to ensure those selected are representative of the statewide regional center population:
 - Regional Center
 - Ethnicity
 - Age
 - Gender
 - Disability diagnosis
4. ***Those selected can enroll in the Self-Determination Program.*** The enrollment will be done through the regional centers who will work with each participant to enroll in orientation, establish an individual budget, etc.
5. ***If not selected initially, consumers will remain on the interest list for future enrollment opportunities.***

SELF DETERMINATION ADVISORY COMMITTEE

2016 CALENDAR

JANUARY 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

APRIL 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

JULY 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

OCTOBER 25, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

Senate Bill No. 1093

CHAPTER 402

An act to amend Sections 4519.5 and 4629 of, and to add Section 4688.05 to, the Welfare and Institutions Code, relating to developmental services.

[Approved by Governor September 18, 2014. Filed with
Secretary of State September 18, 2014]

LEGISLATIVE COUNSEL'S DIGEST

SB 1093, Liu. Developmental services: regional centers: culturally and linguistically competent services.

(1) The Lanterman Developmental Disabilities Services Act requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities. The services and supports to be provided to a regional center consumer, which include services and supports that are directed toward the achievement and maintenance of an independent, productive, and normal life for the consumer such as daily living skills training, are contained in an individual program plan or individualized family service plan developed in accordance with prescribed requirements.

This bill would require regional centers to provide independent living skills services to an adult consumer, consistent with a consumer's individual program plan, that provide the consumer with functional skills training that enables him or her to acquire or maintain skills to live independently in his or her own home, or to achieve greater independence while living in the home of a parent, family member, or other person.

(2) Existing law requires that contracts entered into with regional centers include annual performance objectives, including annual performance objectives that are specific, measurable, and designed to, among other things, develop services and supports identified as necessary to meet identified needs. Existing law also requires that each contract with a regional center specify steps to be taken to ensure contract compliance, and, if a regional center is placed on probation pursuant to these steps, requires the department to provide the appropriate area board with a copy of the correction plan, timeline, and any other action taken by the department.

This bill would require that annual performance objectives be designed to, among other things, develop services and supports identified as necessary to meet identified needs, which includes culturally and linguistically appropriate services and supports. The bill would require that, if a regional center is placed on probation, the department also provide a copy of the correction plan, timeline, and any other action taken by the department to a specified clients' rights advocacy contractor.

(3) Existing law requires the department and regional centers to annually collaborate to compile specified data relating to purchase of service authorization, utilization, and expenditure by each regional center and requires that data to include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, who have been determined to be eligible for regional center services, but who are not receiving purchase of service funds. Existing law requires each regional center and the department to annually post this information on their respective Internet Web sites, as prescribed, and requires each regional center to hold annual stakeholder meetings regarding the data.

This bill would additionally require the data to include, and be categorized by, residence type and subcategorized by age, race or ethnicity, and primary language. The bill would also require the department and each regional center to maintain all preceding years' data on its Internet Web site. The bill would require that regional centers hold the annual stakeholder meetings regarding the data separately from any meetings of its board of directors, schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities, and, in holding the meetings, consider the language needs of the community. The bill would require the regional centers to provide participants of these meetings with the data and associated information and to conduct a discussion of the data and associated information in a manner that is culturally and linguistically appropriate for that community, as specified.

This bill would also require each regional center to annually report to the department specified information regarding its implementation of those provisions. The bill would require the reports to be posted on the department's and each regional center's Internet Web site by August 31 of each year.

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

SECTION 1. Section 4519.5 of the Welfare and Institutions Code is amended to read:

4519.5. (a) The department and the regional centers shall annually collaborate to compile data in a uniform manner relating to purchase of service authorization, utilization, and expenditure by each regional center with respect to all of the following:

- (1) The age of consumer, categorized by the following:
 - (A) Birth to age two, inclusive.
 - (B) Three to 21, inclusive.
 - (C) Twenty-two and older.
- (2) Race or ethnicity of the consumer.
- (3) Primary language spoken by the consumer, and other related details, as feasible.

(4) Disability detail, in accordance with the categories established by subdivision (a) of Section 4512, and, if applicable, a category specifying that the disability is unknown.

(5) Residence type, subcategorized by age, race or ethnicity, and primary language.

(b) The data reported pursuant to subdivision (a) shall also include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, and by residence type, as set forth in paragraph (5) of subdivision (a), who have been determined to be eligible for regional center services but are not receiving purchase of service funds.

(c) By March 31, 2013, each regional center shall post the data described in this section that is specific to the regional center on its Internet Web site. Commencing on December 31, 2013, each regional center shall annually post this data by December 31. Each regional center shall maintain all previous years' data on its Internet Web site.

(d) By March 31, 2013, the department shall post the information described in this section on a statewide basis on its Internet Web site. Commencing December 31, 2013, the department shall annually post this information by December 31. The department shall maintain all previous years' data on its Internet Web site. The department shall also post notice of any regional center stakeholder meetings on its Internet Web site.

(e) Within three months of compiling the data with the department, and annually thereafter, each regional center shall meet with stakeholders in one or more public meetings regarding the data. The meeting or meetings shall be held separately from any meetings held pursuant to Section 4660. The regional center shall provide participants of these meetings with the data and any associated information, and shall conduct a discussion of the data and the associated information in a manner that is culturally and linguistically appropriate for that community, including providing alternative communication services, as required by Sections 11135 to 11139.7, inclusive, of the Government Code and implementing regulations. Regional centers shall inform the department of the scheduling of those public meetings 30 days prior to the meeting. Notice of the meetings shall also be posted on the regional center's Internet Web site 30 days prior to the meeting and shall be sent to individual stakeholders and groups representing underserved communities in a timely manner. Each regional center shall, in holding the meetings required by this subdivision, consider the language needs of the community and shall schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities.

(f) (1) Each regional center shall annually report to the department regarding its implementation of the requirements of this section. The report shall include, but shall not be limited to, all of the following:

(A) Actions the regional center took to improve public attendance and participation at stakeholder meetings, including, but not limited to, attendance and participation by underserved communities.

(B) Copies of minutes from the meeting and attendee comments.

(C) Whether the data described in this section indicates a need to reduce disparities in the purchase of services among consumers in the regional center's catchment area. If the data does indicate that need, the regional center's recommendations and plan to promote equity, and reduce disparities, in the purchase of services.

(2) Each regional center and the department shall annually post the reports required by paragraph (1) on its Internet Web site by August 31.

SEC. 2. Section 4629 of the Welfare and Institutions Code is amended to read:

4629. (a) The state shall enter into five-year contracts with regional centers, subject to the annual appropriation of funds by the Legislature.

(b) The contracts shall include a provision requiring each regional center to render services in accordance with applicable provision of state laws and regulations.

(c) (1) The contracts shall include annual performance objectives that shall do both of the following:

(A) Be specific, measurable, and designed to do all of the following:

(i) Assist consumers to achieve life quality outcomes.

(ii) Achieve meaningful progress above the current baselines.

(iii) Develop services and supports identified as necessary to meet identified needs, including culturally and linguistically appropriate services and supports.

(B) Be developed through a public process as described in the department's guidelines that includes, but is not limited to, all of the following:

(i) Providing information, in an understandable form, to the community about regional center services and supports, including budget information and baseline data on services and supports and regional center operations.

(ii) Conducting a public meeting where participants can provide input on performance objectives and using focus groups or surveys to collect information from the community.

(iii) Circulating a draft of the performance objectives to the community for input prior to presentation at a regional center board meeting where additional public input will be taken and considered before adoption of the objectives.

(2) In addition to the performance objectives developed pursuant to this section, the department may specify in the performance contract additional areas of service and support that require development or enhancement by the regional center. In determining those areas, the department shall consider public comments from individuals and organizations within the regional center catchment area, the distribution of services and supports within the regional center catchment area, and review how the availability of services and supports in the regional area catchment area compares with other regional center catchment areas.

(d) Each contract with a regional center shall specify steps to be taken to ensure contract compliance, including, but not limited to, all of the following:

(1) Incentives that encourage regional centers to meet or exceed performance standards.

(2) Levels of probationary status for regional centers that do not meet, or are at risk of not meeting, performance standards. The department shall require that corrective action be taken by any regional center which is placed on probation. Corrective action may include, but is not limited to, mandated consultation with designated representatives of the Association of Regional Center Agencies or a management team designated by the department, or both. The department shall establish the specific timeline for the implementation of corrective action and monitor its implementation. When a regional center is placed on probation, the department shall provide the appropriate area board and the clients' rights advocacy contractor identified in Section 4433 with a copy of the correction plan, timeline, and any other action taken by the department relating to the probationary status of the regional center.

(e) In order to evaluate the regional center's compliance with its contract performance objectives and legal obligations related to those objectives, the department shall do both of the following:

(1) Annually assess each regional center's achievement of its previous year's objectives and make the assessment, including baseline data and performance objectives of the individual regional centers, available to the public. The department may make a special commendation of the regional centers that have best engaged the community in the development of contract performance objectives and have made the most meaningful progress in meeting or exceeding contract performance objectives.

(2) Monitor the activities of the regional center to ensure compliance with the provisions of its contracts, including, but not limited to, reviewing all of the following:

(A) The regional center's public process for compliance with the procedures set forth in paragraph (2) of subdivision (c).

(B) Each regional center's performance objectives for compliance with the criteria set forth in paragraphs (1) and (2) of subdivision (c).

(C) Any public comments on regional center performance objectives sent to the department or to the regional centers, and soliciting public input on the public process and final performance standards.

(f) The renewal of each contract shall be contingent upon compliance with the contract including, but not limited to, the performance objectives, as determined through the department's evaluation.

SEC. 3. Section 4688.05 is added to the Welfare and Institutions Code, to read:

4688.05. Regional centers shall provide independent living skills services to an adult consumer, consistent with his or her individual program plan, that provide the consumer with functional skills training that enables him or her to acquire or maintain skills to live independently in his or her own

home, or to achieve greater independence while living in the home of a parent, family member, or other person.

O

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1958



December 10, 2015

TO: REGIONAL CENTER DIRECTORS, CHIEF ADMINISTRATORS AND BOARD PRESIDENTS

SUBJECT: SENATE BILL 1093 – DISPARITY DATA COLLECTION

This correspondence expands upon the enclosed correspondence, regarding SB 1093 – Disparity Data Collection, issued by the Department of Developmental Services (Department) on February 26, 2015. The changes to Welfare and Institutions Code (WIC) section 4519.5, effective January 1, 2015, added a new requirement for regional centers' disparity data collection and reporting. Pursuant to WIC section 4519.5, the Department and regional centers are now required to annually collaborate to compile data related to purchase of service authorization, utilization and expenditure by residence type, subcategorized by age, race or ethnicity, and primary language.

The Department has been working with regional center representatives to develop reports responsive to the new requirement, so that regional centers can post the data on their websites by December 31, 2015, as required by WIC 4519.5(c). Once the new reports are developed and have been tested, the Department will distribute automated tools and instructions for accessing the data files. The data files will include new reports regarding residence type, age, race, ethnicity and primary language. Each regional center will be asked to run their individual reports using Fiscal Year 2014-15 purchase of service data and to review the reports/data for accuracy. Each regional center will be required to inform the Department that they have reviewed their data and notify us of any noted issues or indicate that the data appears accurate for their center. Once we've heard back from all regional centers, we will either amend the reports to accurately reflect the data or finalize the automated tools and reports. We will notify you when you can produce final reports for posting on your website.

Additionally, regional centers' contract language has been amended to address requirements specified in WIC 4519.5(f). Each regional center shall provide the report, pursuant to the specific requirements noted in 4519.5(f), to the Department annually, the first report being due by May 31, 2016.

"Building Partnerships, Supporting Choices"

Regional Center Directors, Chief Administrators and Board Presidents
December 10, 2015
Page two

If you have any questions regarding this correspondence, please contact Rapone Anderson, Regional Center Branch Manager, at (916) 654-3722 or rapone.anderson@dds.ca.gov.

Sincerely,

Original signed by

BRIAN WINFIELD
Acting Deputy Director
Community Services Division

Enclosure

cc: Eileen Richey, ARCA
Regional Center Chief Counselors
John Doyle, DDS
Jim Knight, DDS
Shelton Dent, DDS
Beverly Humphrey, DDS

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1958



February 26, 2015

TO: REGIONAL CENTER DIRECTORS AND BOARD PRESIDENTS

SUBJECT: SB 1093 – DISPARITY DATA COLLECTION

The purpose of this correspondence is to ensure regional centers are aware of recent changes to statute resulting from the passage of Senate Bill 1093 (SB 1093) (Chapter 402, Statutes of 2014), regarding disparity data collection. These changes, which became effective January 1, 2015, are in addition to other existing disparity data collection requirements. The statute related to disparity data collection is enclosed.

While this correspondence provides a high level summary of SB 1093, a complete and thorough review of the bill is imperative for regional centers' statutory compliance. Clarifying information regarding implementation of SB 1093 is included in several areas below. The Department will continue to work with regional center representatives regarding any changes to reports made necessary as a result of SB 1093.

Section 4519.5 of the Welfare and Institutions Code (WIC) was amended to require the following:

- The Department and regional centers to annually collaborate to compile data related to purchase of service authorization, utilization, and expenditure by residence type, subcategorized by age, race or ethnicity, and primary language.
- The Department and regional centers to maintain previous years' data on their respective websites.
- Regional centers to hold public meetings related to this data separately from regional center board meetings.
- Regional centers to provide participants of the public meetings with the data and any associated information, with discussion in a manner that is culturally and linguistically appropriate for that community, including providing alternative communication services.
- Regional centers to consider the language needs of the community and schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities.

"Building Partnerships, Supporting Choices"

Regional Center Directors and Board Presidents
February 26, 2015
Page two

- Regional centers to annually report to the Department regarding its implementation of the requirements of WIC section 4519.5, with regional centers and the Department annually posting these reports on their respective websites by August 31. The report shall include, but shall not be limited to, all of the following:
 - Actions the regional center took to improve public attendance and participation at stakeholder meetings, including, but not limited to, attendance and participation by underserved communities.
 - Copies of minutes from the meeting and attendee comments.
 - Whether the data described in this section indicates a need to reduce disparities in the purchase of services among consumers in the regional center's catchment area. If the data does indicate that need, the regional center's recommendations and plan to promote equity, and reduce disparities, in the purchase of services.

If you have any questions regarding this correspondence, please contact Brian Winfield at (916) 654-1569.

Sincerely,

Original signed by:

NANCY BARGMANN
Deputy Director
Community Services Division

Enclosure

cc: Association of Regional Center Agencies



You are invited to...

Informational Night & FY 2014-15 POS Expenditure Presentation

Three Main Meetings

All Held at TCRC Offices

**Tuesday, March 22nd
in Santa Barbara**

(Annex)

505 East Montecito Street
Santa Barbara, CA 93103
(805) 962-7881

**Thursday, March 24th
in Oxnard**

2401 East Gonzales Road
Oxnard, CA 93036
(805) 485-3177

**Wednesday, March 30th
in San Luis Obispo**

3450 Broad Street
San Luis Obispo, CA 93401
(805) 543-2833

Time: 5:30 to 7:00 pm

*Be sure to check our website
for updated information:
www.tri-counties.org*

Highlights

- Meeting facilitation
- **Child care may be available**
(email requests to:
poschildcare@tri-counties.org)
- **Spanish translation will be provided**

Format

- 5:30 Light Meal Served
- 6:00 Data Presentation
- 6:20 Small Group Discussions to Gather Input
- 6:50 Closing Remarks
- 7:00 Adjourn

Organizations

Representatives from:

- TCRC
- Family Resource Centers
- State Council on Developmental Disabilities Central Coast
- Office of Clients' Rights Advocacy

...will be available after the presentation until 8:00 pm to meet with people.

**Please
Join
Us
and share your
ideas!**

TRI-COUNTIES REGIONAL CENTER
Security Measures Summary
 January 2016

TCRC will be implementing various measures that seek to enhance TCRC's foundation of secure offices and emergency training. The purpose of implementing these additional security measures is to safeguard employees, visitors, and facilities in the unlikely situation of an incident similar to that which recently occurred at the Inland Regional Center in San Bernardino.

- All 7 of TCRC's offices have held walk-through assessments with local police departments and TCRC management. A list of facility recommendations across all offices and site specific recommendations have been identified with local police input. **Facility measures being implemented for all of TCRC's 7 office locations are outlined below.**

FACILITY SECURITY MEASURES

- ❖ Add card key access doors (internal and external) – specific to each location.
- ❖ Upgrade existing card access control system.
- ❖ Install security cameras in building lobbies and outside entrances.
- ❖ Install alarm buttons at reception desks to call police.
- ❖ Install bullet proof glass in reception.
- ❖ Install auto lock at designated reception doors for front receptionist to control.
- ❖ Install entry door chime in designated reception areas.
- ❖ Turn up PA volume and use to communicate emergencies.
- ❖ Label all phones with local PA extension.
- ❖ Add additional exit signs and replace lights, as needed.
- ❖ Add push button locks on designated offices and conference room doors.
- ❖ Install 3M laminate on designated windows to deter break in.
- ❖ Purchase glass break tools for designated areas.
- ❖ Purchase door stop/barricade tools for designated areas.
- ❖ Limit and centralize public and meeting spaces.
- ❖ Implement conference room check-in with monitor instead of propping door.
- ❖ Install blinds on designated windows.
- ❖ Install peep-holes in designated doors.
- ❖ Clean outside lights and replace fixtures or glass where needed.
- ❖ Keep landscape low and trimmed near and around buildings.
- ❖ Post "have your keys ready and bags secure" sign by exit doors.
- ❖ Consider push bar for exit doors as opposed to turn handles.
- ❖ Add trauma supplies to emergency/first aid kits.

TRAINING MEASURES

- **Training** for staff on how to respond to an active shooter incident is being scheduled for each office with police facilitation. A video of the training will be made to present to future new employees.
- TCRC management will participate in separate training with police to discuss management-specific protocol should an active shooter incident occur.
- The **TCRC Threat Response Policy** will incorporate specific language/protocols adopted from Homeland Security (run, hide, fight) on how employees should respond if an active shooter incident occurs.
- The **annual Emergency Response refresher training** will incorporate the "active shooter" response language/protocols.

OTHER MEASURES

- Use of **TCRC's conference rooms** will be limited and in accordance with a revised policy and protocol. Reservations by non-TCRC staff will require signed conference room agreements with management approval.
- Expanded capabilities of the **Everbridge emergency notification system** are being explored and stored data updated. All employees are updating their contact information in the payroll system (cell phone, home phone and emergency contact information) which will transfer to Everbridge.