

EXECUTIVE DIRECTOR REPORT

October 7, 2017

I. ABX2-1 Survey for Service Provider Rate Increases

- **Attachment #1:** DDS Letter Regarding ABX2-1 Survey Required for Service Provider Rate Increases
- **Attachment #2:** TCRC Notification to All TCRC Service Providers and Family Vendors
- **Attachment #3:** Reporting Summary for ABX2-1 Survey as of October 2, 2017

The Department of Developmental Services (DDS) released on May 1, 2017 a draft survey for regional center funded service providers who received rate increases effective July 1, 2016 as a result of the enactment of AB X2-1. The rate increases were targeted for the purpose of increasing wages and benefits for employees who spend a minimum of 75% of their time providing direct services and supports to persons with developmental disabilities. Included in ABX 2-1 is a requirement that DDS, with regional center participation, must survey all service providers including family vendors who received this rate increase. The survey was to be returned by October 1, 2017, or service providers will forfeit their rate increase. DDS scheduled two webinars/conference calls to review the draft survey, answer questions and take suggestions and comments after which DDS issued a final survey and notification on July 17, 2017 (**Attachments #1-#2**).

Tri-Counties Regional Center (TCRC) was one of four regional centers in the state to achieve a completion rate of 100% by the October 1, 2017 deadline. TCRC also had 1155 service provider surveys to complete, one of the highest in the state due to the

existence of several hundred family vendored service providers (**Attachment #3**). TCRC provided the following outreach and assistance activities to service providers and family vendors:

- Letters and postcards were sent out to all affected service providers and family vendors
- Multiple email notifications were sent out all affected service providers and family vendors
- Service Coordinators and TCRC management telephoned family vendors directly to assist them with completing the surveys
- Resource Development and Quality Assurance staff telephoned service providers directly to assist them with completing the survey
- Resource Development staff scheduled drop-in hours in each TCRC office to assist family vendors in completing the survey
- Quality Assurance staff made visits to small service providers to ensure they were aware of the survey and to provide assistance to them in completing the survey

TCRC staff and management spent hundreds of hours providing assistance and support to TCRC service providers and family vendors to complete the survey. Service providers and family vendors also spent thousands of hours completing the survey. While its very positive that no service provider or family vendor from the TCRC area will have to relinquish their rate increase, the amount of time and effort spent on this project raises many questions about the value of this requirement by the state and the need to find a more efficient way to gather this type of information if its required in the future. TCRC will be communicating our concerns to the Association of Regional Center Agencies and to DDS.

II. SELF DETERMINATION PROGRAM

- **Attachment #4:** DDS Self Determination Program – FAQ (revised 9.15)
- **Attachment #5:** Disability Rights California Self Determination Program – FAQ
- **Attachment #6:** Similarities and Differences Between Traditional Regional Center Service Provision and the New Self-Determination Program
- **Attachment #7:** December 2015 Letter from Centers for Medicare and Medicaid Services
- **Attachment #8:** Self-Determination Enrollment Process
- **Attachment #9:** TCRC Self-Determination Informational Flyer
- **Attachment #10:** August 2017 Letter from DDS
- **Attachment #11:** TCRC Self-determination Advisory Committee 2017 meeting calendar
- **Attachment #12:** Self Determination Advisory Committee Outreach Flyer

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 #4-#6**). 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.

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 #7**). DDS is on-schedule to have all of the answers to the Federal government's questions regarding the Self-Determination program finalized by the end of December. It is not anticipated that CMS will have any additional questions. Once these responses have been accepted by the Federal government, DDS will formally submit the application to the Centers of Medicare and Medicaid Services (CMS). CMS will then have 90 days to approve, disapprove, or ask more questions

The Self-Determination stakeholder workgroup has developed an assessment process for service settings that are selected by the Self Determination Program participants

to determine their compliance with the HCBS settings rule. They have completed a tool that clarifies those service settings that do not qualify (i.e., services provided in nursing facilities) and also those service setting that do qualify (i.e., services provided in integrated community settings such as the city library).

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 15 individuals who are currently in our Self-Determination pilot project plus an additional 99 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 #8**).

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/> . The Self Determination video is now available in additional languages with more to be added. TCRC along with the Self-Determination Advisory chairpersons, developed an information flyer that was included in the POS annual statements mailed out to all persons served by TCRC. This flyer was also given to our Service Coordinators, Family Resource Centers and Peer Advocacy Team to make available to our community (**Attachment # 9**).

DDS is currently holding trainings on the Self-Determination Program (SDP) at five locations throughout the state in September 2017 and October 2017. (**Attachment # 10**) The training is designed as a train-the-trainer meeting, and will be specific to learning how to conduct a Self-Determination Program (SDP) Informational Meeting. The SDP Informational Meeting is required before an individual can be added to the candidate list from which the Department will randomly select the first 2,500 SDP participants. This training is open to regional centers, local person-served or family-run organizations, and community-based organizations interested in voluntarily conducting SDP Informational Meetings in their region. A community-based organization is a public or private organization of demonstrated effectiveness that is representative of a community, or significant segments of a community, and provides educational or related services to individuals in the community.

DDS is also holding trainings for regional center staff that will provide detailed information regarding the Self-Determination Program, as each regional center is responsible for implementing the program upon approval of the federal waiver. Information provided will include, but not be limited to, the principles of self-determination and the mechanics of the SDP.

DDS will be recording the training sessions to make available to the community and will be offering additional meetings throughout the state at a later date.

Questions about these trainings can be submitted to the Department via email at sdp@dds.ca.gov

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.

DDS has begun an in-depth training to Regional Center staff on their role in the Self-Determination program. These trainings will only be open to regional center staff members and are tentatively scheduled for August and early September. The trainings are taking place in 5 different regions of the state. Two trainings will occur in Southern California, two will occur in Northern California, and one will occur in the Central Valley. Once TCRC has received training on these materials, we will finalize our outreach plan to hold informational nights with our community about Self-Determination. Also during this time, DDS will conduct train-the-trainers sessions with regional center staff and community based organizations that are interested in holding pre-enrollment informational sessions.

DDS is finalizing eight training modules for regional center staff and is consulting with NASDDDS in the development of a person-centered thinking and planning module.

TCRC's website is set up for anyone to receive an email notification when new information is posted. To receive email notifications go to the Self Determination page of the TCRC website and click on the "Get News, Notices and Announcements by email" link. Click on "Join our email List", provide the information requested and select the box next to Self Determination.

Additionally, anyone interested in obtaining more information about the Self Determination Program and would like to be notified once the Self Determination Pre-Enrollment Information meetings are scheduled can contact TCRC by email: self-determination@tri-counties.org.

Selection for the first three years of the Self-Determination Program— For those who attend one of the informational meetings, they will be given a verification form to complete. At the end of the meeting, they will be asked if want to be considered for enrollment at which time, they will complete the form and submit back to the regional center. This choice can be changed at any time by notifying the regional center. Regional centers and community organizations that hold informational meetings 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 send a confirmation to those who have submitted their names for participation in the program and are currently developing a process for those interested, and/or their families, to verify via the DDS website that their name has been forwarded for consideration. 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.

TRI-COUNTIES REGIONAL CENTER

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 bi-monthly basis and all meetings are open to the public (**Attachment #11**).

TCRC's Self-Determination Advisory Committee has been meeting on a semi-monthly basis in Santa Barbara. Our next meeting will be Wednesday, October 25th in the Services and Supports Conference room and telephone conferencing will be available. At the October meeting, we will share the information presented at the Self-Determination trainings and provide updated information about Self-Determination at the state and federal levels. We will continue to review what we can do to generate interest about Self-Determination in our community.

Currently, we are recruiting individuals to participate on TCRC's Self-Determination Advisory Committee. Although the law does not state how many people should be on the committee, it does state that the cultural diversity of the community we serve must be represented (**Attachment #12**).

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,

TRI-COUNTIES REGIONAL CENTER

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; and Jennifer Lucas, 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. Q&A

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-8
SACRAMENTO, CA 95814
TTY 654-2054 (For the Hearing Impaired)
(916) 654-1954



July 17, 2017

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: SURVEY FOR PROVIDER RATE INCREASES

The purpose of this letter is to provide information on the final version of the survey required with the enactment of Assembly Bill (AB) X2 1 (Chapter 3, Statutes of 2016). All service providers who received rate increases, effective July 1, 2016, targeted for the purpose of increasing wages and benefits for staff who spend a minimum of 75 percent of their time providing direct services to consumers, are required to submit the survey by October 1, 2017, or the rate increase will be forfeited.

On May 1, 2017, the Department of Developmental Services (Department), released an initial draft of this survey for comment and suggestions. Since that time the Department, with regional center participation, has overseen the development of a secure online portal for the completion and management of the survey. The online portal is now available and regional centers should inform service providers that they may begin completing and submitting surveys. Provider registration for the portal is available at: www.evoconportal.com/CADDS/authenticate.php. Initial registration will require the provider's tax identification number, vendor number and service code. After this one-time registration is complete, the provider will be asked to select a password for future logins. Once logged in, the provider will see a list of all vendor number/service code combinations associated with their tax identification number.

The developers of the online portal, OIG Compliance Now, will host three webinars to provide training for service providers on the mechanics of accessing and completing the survey. The schedule and registration information for these webinars, as well as other information related to this survey, is available on the Department's [website](#). Participation in one of the webinars is not required in order to complete the survey. A user's guide for accessing and completing the survey, as well as email and telephone contact information for online portal technical assistance, is also available on the Department's [website](#).

The Department appreciates the feedback and assistance received from all stakeholders during the development of this survey. We're hopeful that a continued collective effort will assist providers with completing this survey. To that end, the Department will be available to participate in meetings with provider organizations, vendor advisory committees and other entities to help answer questions.

"Building Partnerships, Supporting Choices"

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ABX2-1 SERVICE PROVIDER PORTAL
USER MANUAL**

ABX2-1 Service Provider Portal

USER MANUAL

Rev. 7/17/2017

ABX2-1 Program Summary

The enactment of Assembly Bill (ABX2-1) (Chapter 3, Statutes of 2016) issued rate increases to designated Provider programs, effective July 1, 2016. The rate increase was for the purpose of increasing wages and/or benefits for staff that spend a minimum of 75 percent of their time providing direct services to consumers.

Included in the statute is a mandated requirement that the Department of Developmental Services ("DDS"), with California Regional Center (RC) participation, must survey all service providers who received this rate increase effective July 1, 2016.

The mandated survey must be completed no later than Sunday October 1, 2017. In order to meet this statutory timeline, it is suggested that providers complete the mandated survey **on or before Friday, September 15, 2017.**

Please know that the failure to complete the ABX2-1 rate survey(s) will result in Provider program(s) forfeiting the ABX2-1 rate increase.

A secure web portal has been created to facilitate the completion of the surveys by all designated Service Providers and to provide oversight of the process by Regional Center and DDS representatives.

This user manual will outline the steps required for Service Provider portal access and survey completion.

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1. Contact Information

For questions/assistance with the Portal, please contact our Customer Service group here:

ABX Survey Helpdesk

(607) 218-4167

abxsurveyhelpdesk@oigcompliancencow.com

[ABX Survey Login](#)

2. Registration & Authentication

Each Service Provider user is required to authenticate his/her identity prior to accessing the ABX2-1 Service Provider portal. The Provider user will also have to confirm his/her email address and select a password to register.

To begin this process, login to the following website links:

Step 1: Service Provider ABX2-1 Portal Registration Link (First Time/New User):

<https://www.evoconportal.com/CADDS/authenticate.php>

Step 2: Service Provider ABX2-1 Survey Link (Once registered, Use the following link to login into the portal to complete the survey):

<https://www.evoconportal.com/CADDS/login.php>

Note: Each Regional Center (RC) has posted the links above on its website.

The first link will show the page below:

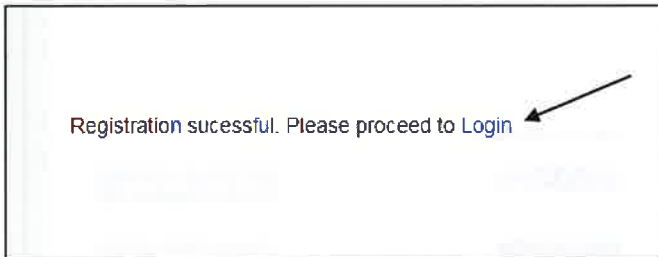
The page language defaults to English; for a different language, use the drop down box to select.



However, you must complete the form fields in English.

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Upon successful registration, you will see the following message. Click **Login** to proceed.



3. Login

When you reach the login page; enter your email address and password and then click **Login**:

A screenshot of the login page for the "OIG Compliance NOW! LLC" portal. The page has a dark header with the site name and "Home" and "Contact Us" links. The main content area is titled "Login". Below the title is a "Select Language" dropdown menu. There are two input fields: "Username (email address)" with the placeholder text "username", and "Password" with the placeholder text "Password". Below these fields is a green "Login" button with a right-pointing arrow.

4. Service Provider Portal Home Page

Below is the display of the Home Page for your portal. Instructions at the top of the page provide an overview of the survey completion requirements.

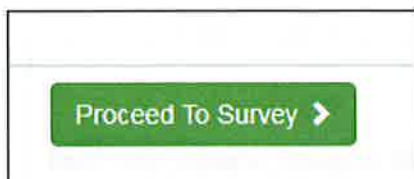
Please note: Any provider who received rate increases that does not complete and return this survey by October 1, 2017, will forfeit the rate increases.

The home page of your account will list the vendor numbers and service codes that are linked together with the **same Tax ID**.

Note: If you have other programs that are vendored under different tax IDs, you will need to create **separate portal accounts**. You will need to complete the Authentication and Registration procedures using the other Tax IDs, Vendor Numbers, and Service Codes. You will need to use a different email address and password to create portal accounts for completion of those survey forms. Please contact your primary (vendoring) Regional Center for assistance.

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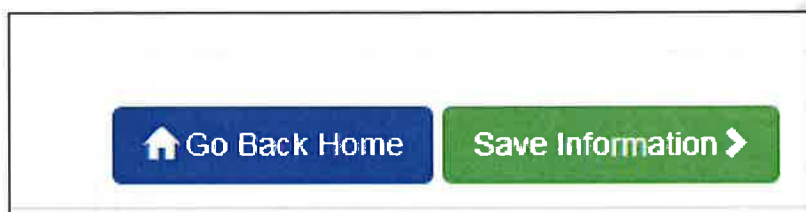
Proceed to Survey – Click this button to begin completing your survey form.



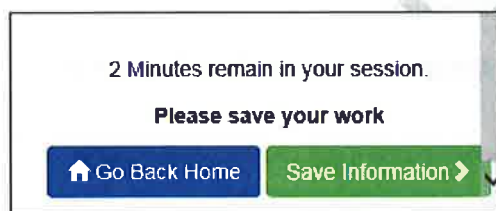
5. Survey Completion

Click on the **Proceed to Survey** button to begin completing your survey form.

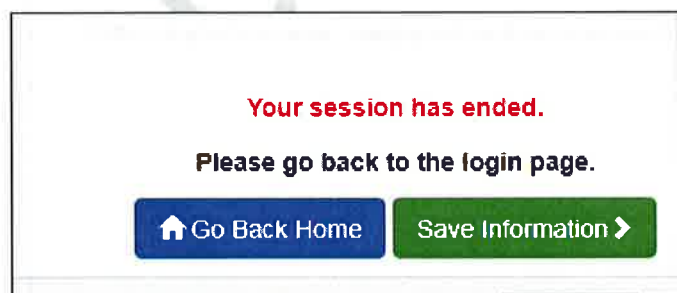
You will notice 2 buttons at the bottom right corner of the survey window; you can use to return to Home or to save your information.



Note: The survey session is set at **30 minutes**; you must **save your work** at least every 30 minutes. You will see a countdown timer on the page to remind you when you have 5 minutes left. The timer will count down starting at 2 minutes. **PRESS THE BUTTON TO SAVE INFORMATION**, and you will reset the survey cycle to another 30 minutes.



If your session times out, you will see the message below. Press the Go Back Home button. You will be directed to the Login page. Please login again to continue.



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The next section begins the survey questions.

For **question 0**, you must indicate the month and year of your reporting period. The month of March 2017 is preferred; however, you can select a different option using the drop down menu:

i The reporting month of March 2017 is preferred. If you must use a different reporting month, please select from the drop down list below.

0. Reporting Month and Year

March 2017 ▼

Continue on to answer the rest of the questions in the survey.

For questions 3 and 6 that ask you to compute averages, use the following formulas:

Question 3:

3. Average Direct Care Staff monthly, per person salary, wage and benefit costs during the service month of March 2017 (Add up the salary, wage and benefit costs for each person counted in question #1 during the reporting month, then divide by the total number of individuals.):

\$ Average Monthly Per Person Costs

Average =
$$\frac{\text{Total salary, wage and benefit costs for Direct Care Staff (during the month)}}{\text{Total \# of direct care staff (answer to Question 1)}}$$

Question 6:

6. Average Supervisory/Management/Director staff monthly, per person salary, wage and benefit costs during the service month of March 2017 (Add up the salary, wage and benefit costs for each person counted in question # 4 during the reporting month, then divide by the total number of individuals.):

\$ Average Monthly Per Person Costs

Average =
$$\frac{\text{Total salary, wage and benefit costs for Supervisory/Mgmt/Dir Staff (during the month)}}{\text{Total \# of Supervisory/Mgmt/Dir staff (answer to Question 4)}}$$

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Also for question 11, please expand the panel to see the options; choose all that apply:

11. Provide information on the ABX2-1 funds that were utilized for Administrative Costs as specified in subdivision (b) of WIC Section 4629.7, pursuant to WIC, Section 4691.10(b)(1)(B):

Click on the collapsible panel to open and close it.

[\[+\]Click here to expand / collapse question 11](#)

- ☐ Salaries, wages, or benefits for managerial personnel whose primary purpose is the administrative management of the vendor. This includes but is not limited to, directors and chief executive officers.
- ☐ Salaries, wages, or benefits for employees who perform administrative functions, including but not limited to payroll, personnel functions, accounting, budgeting, and facility management.
- ☐ Facility and occupancy costs, directly associated with administrative functions; WIC, Section 4629.7(a)(3)
- ☐ Maintenance and repair; WIC, Section 4629(a)(4)
- ☐ Data processing and computer support services; WIC, Section 4629.7(a)(5)
- ☐ Contract and procurement activities, except those performed by direct service employees; WIC, Section 4629.7(a)(6)
- ☐ Training directly associated with administrative functions; WIC, Section 4629.7(a)(7)
- ☐ Travel directly associated with administrative functions; WIC, Section 4629.7(a)(8)
- ☐ Licenses directly associated with administrative functions; WIC, Section 4629.7(a)(9)
- ☐ Taxes; WIC, Section 4629.7(a)(10)
- ☐ Interest; WIC, Section 4629.7(a)(11)
- ☐ Property insurance; WIC, Section 4629.7(a)(12)
- ☐ Personal liability insurance directly associated with administrative functions; WIC, Section 4629.7(a)(13)
- ☐ Depreciation; WIC, Section 4629.7(a)(14)
- ☐ General expenses, including but not limited to communication costs and supplies directly associated with administrative functions; WIC, Section 4629.7(a)(15)
- ☐ Other (please describe in text box below)

You must save your work at least **every 30 minutes**. The system will display a summary of your work, as follows. Click on the **HOME** link to return to the Home page. Click on the survey link to continue to work on your survey.

Data saved.

You have completed **44%** of the required questions for this section.

To complete the survey you must answer questions

Question 1
Question 2
Question 3
Question 4
Question 5
Question 6
Question 7
Question 8
Question 9
Question 10

For questions with multiple options you must select at least one of the options listed.

Please go to the home page [Home](#) to continue or hit logout to finish.

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ABX Survey Helpdesk
(607) 218-4167
abxsurveyhelpdesk@oigcompliancenow.com
[ABX Survey Login](#)

**Evolution Consulting LLC
Background Checks**
(607) 773-2266
info@evolutioncheck.com
EvolutionExcellence.com

OIG Compliance NOW!
(607) 240-2400
info@oigcompliancenow.com
OIGCNLLC.com

Contact Us
Select Language ▼

Name

Email Address

Message:

Home – Another link to the Home page.

Manual – This link opens the manual containing instructions for the service provider portal

Logout – This link will log you out of your portal account and return you to the Login page

7. Conclusion

Thank you for your participation in this survey project. Please contact our Customer Service team if you have any questions regarding the portal and its functionality.

ABX Survey Helpdesk
(607) 218-4167
abxsurveyhelpdesk@oigcompliancenow.com
[ABX Survey Login](#)

You can contact your primary Regional Center if you have questions about your programs and participation in this project.



All providers must complete the 15 minute
ABX2-1 survey by the end of September

Or it's your
MONEY
down the drain



**Tri-Counties
Regional Center**

Many of you have already completed this mandatory survey, thank you!

If you have a regional center negotiated rate or a Department of Developmental Services (DDS) set rate, you must complete the survey.

Please note that if you don't complete the ABX2-1 rate survey(s) by the end of September, you will forfeit your program's ABX2-1 rate increase.

To complete the survey, first REGISTER here:
www.evoconportal.com/CADDS/authenticate.php
Once registered, LOGIN to complete the survey:
www.evoconportal.com/CADDS/login.php

Trouble logging in to the OIG portal? Please contact the TCRC Survey Help desk at 805-351-4488 or email: ABX2-1SurveyHelp@tri-counties.org

You may also contact OIG directly at 607-218-4167 or email: abxsurveyhelpdesk@oigcompliancencow.com

Thank you for your ongoing patience and partnership.

Tri-Counties Regional Center
520 E. Montecito Street
Santa Barbara, CA 93103

NONPROFIT ORG.
U.S. Postage
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Permit No. 359

Don't lose your rate increase...

Reporting Summary for ABX2-1 Survey as of 10/2/2017

Regional Center		Total Number of Surveys	Number of Surveys Completed	% of Surveys Completed	Number of Surveys to be Completed
360	Frank D. Lanterman Regional Center	480	474	98.75%	6
361	Golden Gate Regional Center	1,477	1,410	95.46%	67
362	San Diego Regional Center	1,173	1,163	99.15%	10
363	Far Northern Regional Center	574	574	100.00%	0
364	Alta California Regional Center	988	985	99.70%	3
365	San Andreas Regional Center	1,153	1,152	99.91%	1
366	Tri-Counties Regional Center	1,155	1,155	100.00%	0
367	Central Valley Regional Center	823	822	99.88%	1
368	Regional Center of Orange County	916	914	99.78%	2
369	Inland Regional Center	833	819	98.32%	14
370	Redwood Coast Regional Center	299	289	96.66%	10
371	North Bay Regional Center	516	513	99.42%	3
372	Kern Regional Center	559	559	100.00%	0
373	Eastern Los Angeles Regional Center	522	521	99.81%	1
374	South Central Los Angeles Regional Center	647	633	97.84%	14
375	Harbor Regional Center	294	294	100.00%	0
376	Westside Regional Center	580	575	99.14%	5
377	Valley Mountain Regional Center	712	704	98.88%	8
378	North Los Angeles County Regional Center	851	851	100.00%	0
379	San Gabriel/Pomona Regional Center	610	610	100.00%	0
380	Regional Center of the East Bay	1,245	1,209	97.11%	36
Total Statewide		16,407	16,226	98.90%	181

Data Source: OIG Compliance Now

1/28/2016

Self-Determination Program-Frequently Asked Questions

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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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/bills/leg/sb_0451-0500/sb_458_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 64302 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 change 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.

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--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
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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 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)

- 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.
- b. 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)

- a. 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.
- b. 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)

- a. How does the State monitor the successful completion of 70 hours of competency based training?
- b. 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.
- c. 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

- a. Please include a list of the specific settings where individuals will reside.
- b. Please include a list of specific settings where individuals will receive services.
- c. 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-l: 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.***



Tri-Counties
Regional Center

WHAT'S HAPPENING WITH SELF-DETERMINATION AT TCRC?

The Five Principles of Self Determination

- **Freedom** to exercise the same rights as all citizens; to establish, with freely chosen supports, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them;
- **Authority** to control a budget in order to purchase services and supports of their choosing;
- **Support**, including the ability to arrange resources and personnel, which will allow flexibility to live in the community of their choice;
- **Responsibility**, which includes the opportunity to take responsibility for making decisions in their own lives and accept a valued role in their community;
- **Confirmation** in making decisions in their own lives by designing and operating the service that they rely on.

From the Law *Section 4685.8, SB 496*

"The Self-Determination Program (SDP) is a voluntary delivery system consisting of a mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in his or her Individual Program Plan (IPP). Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion, and allow participants to have more control in developing service plans and selecting service providers."

What is Self-Determination? The Self-Determination Program (SDP) is a voluntary alternative to the traditional way of providing regional center services, including greater control of Individualized budget.

Who is Eligible?

People served by TCRC

- Over age 3
- Who live at home or in the community
- Who are in the process of moving into the community *Must be willing to get training and follow the program's rules*

When Will Self-Determination Start?

This program starts when it's approved for Federal Funding.

- 2,500 people across the state can join during the first 3 years.
- Then the program will be available to all those served by the regional center.
- TCRC has been approved to enroll 114 participants during the first three years.

How do I Enroll?

1. Participate in the Pre-Enrollment Informational Meeting
2. Confirm you're still interested
3. TCRC will send your name to the Department of Developmental Services (DDS) to be put through the selection process. DDS will select the initial 114 participants (16 current and 98 new) for TCRC.

Interested?

A Self-Determination Pre-Enrollment Informational Meeting will be held. Get added to our "Interest List". Email self-determination@tricounties.org, call (805) 288-2500 or contact your Service Coordinator. Visit www.tri-counties.org, click on "newsletter" to the right, join our list, check the box next to Self-Determination.

DDS's "Interest List"

To self-identify as an interested party with DDS and receive updates on Self-Determination, email DDS at sdp@dds.ca.gov. Give DDS:

1. Your name
2. Name of the person interested
3. Your regional center

Join our Meeting!

Tri-Counties Self-Determination Advisory Committee meetings are held quarterly. Our next meeting will be on July 26, 2016 in the Santa Barbara Annex at 5:30. If attending the meeting in SB, please RSVP. Telephone conferencing is also available. Visit our website for details. www.tri-counties.org

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF DEVELOPMENTAL SERVICES

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



August 18, 2017

TO: COMMUNITY-BASED ORGANIZATIONS

SUBJECT: TRAINING ON THE SELF-DETERMINATION PROGRAM: HOW TO
CONDUCT AN INFORMATIONAL MEETING

The Department of Developmental Services (Department) will be holding train-the-trainer trainings on the Self-Determination Program (SDP). The training is designed as a train-the-trainer model specific to learning how to conduct an SDP Informational Meeting. SDP Informational Meetings are for interested individuals and/or their families to learn more about the SDP and to help them decide whether it is right for them. The SDP Informational Meeting is required before individuals can be added to the candidate list from which the Department will randomly select the first 2,500 SDP participants.

The trainings are open to regional centers, local consumer or family-run organizations, and community-based organizations interested in voluntarily conducting SDP Informational Meetings in their region. A community-based organization is a public or private organization of demonstrated effectiveness that is representative of a community, or significant segments of a community, and provides educational or related services to individuals in the community.

The enclosed training notice provides information on the training, training dates and locations. Please note these five trainings will not be the only opportunity to attend a train-the-trainer meeting. The Department will offer additional training opportunities at a later date.

"Building Partnerships, Supporting Choices"

Community-Based Organizations
August 18, 2017
Page two

Please R.S.V.P. to sdp@dds.ca.gov. Include the name of your organization, a statement describing what your organization does, your contact information and which location you will be attending, as well as the number of attendees for your group. Due to room capacity, please limit the number of representatives and/or staff attending to no more than five people. Additionally, please include any requests for translation. We thank you in advance for your participation and efforts.

Sincerely,

Original signed by:

BRIAN WINFIELD
Deputy Director
Community Services Division

Enclosure

cc: Regional Center Executive Directors
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
State Council on Developmental Disabilities
Local Volunteer Advisory Committees
Self-Determination Program Advisory Group
Disability Rights California
Nancy Bargmann, Department of Developmental Services
John Doyle, Department of Developmental Services
Jim Knight, Department of Developmental Services

Training Notice – The Self-Determination Program Conducting an Informational Meeting

The Department of Developmental Services (Department) will hold five trainings throughout the state for regional centers and organizations interested in conducting Self-Determination Program (SDP) Informational Meetings for individuals and families. SDP Informational Meetings are for interested individuals and/or their families to learn more about the SDP, and to help them decide whether the program is right for them. It is required for individuals before they can be added to the candidate list from which the Department will randomly select the first 2,500 SDP participants. This training is for regional centers, local consumer or family-run organizations, and community-based organizations interested in voluntarily conducting SDP Informational Meetings in their region. A community-based organization is a public or private organization of demonstrated effectiveness that is representative of a community, or significant segments of a community, and provides educational or related services to individuals in the community. A training packet will be given to attendees as a resource for conducting meetings and will include slides of the presentation, background on the SDP, frequently asked questions, and other useful handouts.

Please R.S.V.P. at least one week prior to the date of the training, contact information is provided below. Include the name of your organization, a statement describing what your organization does, your contact information and which location you will be attending, as well as the number of attendees for your group. Due to room capacity, please limit the number of representatives and/or staff attending to no more than five people. To assure broad outreach, the Department will offer additional train-the-trainer opportunities at a later date.

Thursday, September 7, 2017 9:00AM – 12:00PM <i>R.S.V.P. by August 31, 2017</i>	Regional Center of the East Bay 500 Davis Street San Leandro, CA 94577
Thursday, September 28, 2017 9:00AM – 12:00PM <i>R.S.V.P. by September 21, 2017</i>	South Central Los Angeles Regional Center 2500 S. Western Avenue Los Angeles, CA 90018
Thursday, October 5, 2017 9:00AM – 12:00PM <i>R.S.V.P. by September 28, 2017</i>	Alta California Regional Center 2241 Harvard Street, #100 Sacramento, CA 95815
Wednesday, October 11, 2017 9:00AM – 12:00PM <i>R.S.V.P. by October 4, 2017</i>	San Gabriel/Pomona Regional Center 75 Rancho Camino Drive Pomona, CA 91766
Thursday, October 19, 2017 9:00AM – 12:00PM <i>R.S.V.P. by October 12, 2017</i>	Central Valley Regional Center 4615 N. Marty Avenue Fresno, CA 93722

To R.S.V.P., request translation services, or for more information, please contact sdp@dds.ca.gov. For additional information about SDP, visit: www.dds.ca.gov/SDP.

TCRC SELF DETERMINATION ADVISORY COMMITTEE

2017 CALENDAR

JANUARY 24, 2017

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

JULY 25, 2017

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

AUGUST 22, 2017

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

OCTOBER 25, 2017

PLEASE NOTE THE FOLLOWING CHANGES: NEW LOCATION, EARLIER START TIME AND MEETING SCHEDULED FOR WEDNESDAY

Santa Barbara Services & Supports Room (520 East Montecito St, Santa Barbara)

5:00 p.m. Light Dinner

5:30 p.m. Self Determination Committee Meeting



**Tri-Counties
Regional Center**

New Members Wanted!

To Serve on the Self-Determination Advisory Committee at Tri-Counties Regional Center

What is Self-Determination? A voluntary program which will provide individuals served by the regional center, and their families, with more freedom, control and responsibility in choosing services and supports to help them meet their Individual Program Plan (IPP) objectives. To learn more, visit <http://www.dds.ca.gov/SDP/> and/or contact the Central Coast Office of State Council on Developmental Disabilities (SCDD) at (408) 324-2106.

What is the Self-Determination Advisory Committee at TCRC? The committee consists of the regional center clients' rights advocate, persons served, family members, and other advocates. Persons served and family members make up the majority of the committee and are appointed by TCRC and the Central Coast Office of SCDD. The purpose of the committee is to review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements, and may make ongoing recommendations for improvement to the regional center and the Department of Developmental Services (DDS).

When and Where Does the Committee Meet? The Self-Determination Advisory Committee currently meets quarterly at the Tri-Counties Regional Center office in Santa Barbara. Meetings last approximately 2 hours. Anyone interested in learning more is welcome to attend. The next meeting is:

Tuesday, July 25th 2017
5:30 – light dinner
6:00-8:00 p.m. – meeting
Tri-Counties Regional Center Office
Annex located at:
505 E. Montecito St.
Santa Barbara, Ca. 93103

Have Questions? Please contact Jennifer Lucas, Central Coast Office of SCDD, at (408) 324-2102 or Jennifer.Lucas@SCDD.CA.GOV or Cheryl Wenderoth, AD of Federal Programs, TCRC at 805-288-2500 or CherylW@tri-counties.org