TRI-COUNTIES REGIONAL CENTER
EXECUTIVE DIRECTOR REPORT
November 4, 2016

I. FY 2016-2017 BUDGET UPDATE

- **Attachment #1:** SB 826 (Leno) Budget Bill Section Pertaining to Developmental Services
- **Attachment #2:** AB 1606 (Committee on Budget) Trailer Bill Language Pertaining to Developmental Services
- **Attachment #3:** DDS Letter to Regional Centers on New Provider Rates Effective July 1, 2016
- **Attachment #4:** DDS FAQ on Provider Rate Increases
- **Attachment #5:** DDS Letter to Regional Centers on ABX2-1 Funding For Regional Centers to Promote Equity and Reduce Disparities in the Purchase of Services
- **Attachment #6:** TCRC Proposal for ABX2 1 Funding to Promote Equity and Impact Variances in the Purchase of Services
- **Attachment #7:** TCRC Proposal for ABX2 1 Award Letter from DDS
- **Attachment #8:** ARCA Proposal for ABX2 1 Funding to Conduct Three Year Intensive Study led by the Children's Hospital Los Angeles to Identify Underlying Reasons for Variances in POS utilization and Recommend Systemic Solutions for Improvement
- **Attachment #9:** DDS Letter to Regional Centers on Home and Community Based Services Regulations – Provider Funding Compliance Activities
- **Attachment #10:** DDS Letter to Regional Centers on Guidelines for Implementation of Competitive Integrated Employment Incentive Payments
- **Attachment #11:** DDS Letter to Regional Centers on Guidelines for Implementation of Paid Internship Program

Governor Brown signed FY 2016-2017 California State Budget on June 27, 2016 (SB 826), along with numerous Budget Trailer Bills including AB 1606 - the Budget Trailer Bill for Developmental Services that was sent to him by the Legislature on June 15, 2016. A full copy of the FY 2016-2017 enacted budget can be found here: http://www.ebudget.ca.gov/. The Department of Developmental Services and the Regional Centers continue to work on the implementation of the various changes to the developmental services system as a result of the passage of SB 826 and AB 1606, as well as a result of the passage of AB X2-1 earlier this year - Special Session bill tied to the passage of the Managed Care Organization Tax **(Attachments #1-#2)**.

New Service Provider Rates effective July 1, 2016

DDS released to Regional Centers on June 24, 2016 a letter that outlines the increases in service provider rates for various service codes that went into effect on July 1, 2016. The rate increases are only applicable to service providers with rates set by DDS or service providers with rates set through negotiation between Regional Centers and the service provider. The rate increases do not apply to service providers with usual and customary rates or rates that are set by other entities. TCRC is very close to completing the implementation of the rate changes for TCRC service providers **(Attachment #3).** On October 7, 2016 DDS released a Frequently Asked Questions (FAQ) document regarding the provider rate increases that provides answers to 37 frequently asked questions **(Attachment #4).**

ABX2-1 Funding for Regional Centers to Promote Equity and Reduce Variance in Purchase of Services Expenditures

Legislation requires Regional Centers to annually collaborate with DDS to gather data related to POS authorization, utilization and expenditures made by each Regional Center. Regional Centers are also required to engage in certain activities to identify significant POS variances and barriers to equitable access to services and supports and to develop recommendations to reduce existing POS variances. Recent legislation as a result of the passage of ABX2-1 has made available $11 million to DDS to assist Regional Centers in

the implementation of strategies to reduce POS variances. On July 25, 2016 DDS released guidance to Regional Centers seeking proposals to utilize this funding to address identified areas of problematic POS variance. TCRC has utilized input from numerous stakeholders including the Family Resource Centers, the TCRC Vendor Advisory Committee and the Promotor Agencies to develop a proposal that was submitted to DDS on September 12, 2016. Input was gathered from the TCADD Board of Directors and the public at the September 9, 2016 Board of Directors meeting **(Attachments #5-#6)**. On October 27, 2016 TCRC was informed that its grant proposal for an amount of $750,000 was approved in full. This is very welcomed news and we will be taking the necessary steps to move forward with the implementation of this project **(Attachment #7).** Additionally, Association of Regional Center Agencies (ARCA) using San Gabriel Pomona Regional Center as a fiscal agent has submitted a proposal to DDS on behalf of all the Regional Centers seeking funding for an intensive three year research project to be conducted by the Children's Hospital Los Angeles. The goal of the research project which is led by the ARCA Equity Committee is to utilize quantitative and qualitative research strategies to understand the underlying reasons for variances in utilization of regional center funded services by different ethnic/racial groups and recommend systemic solutions for improvement **(Attachment #8)**. It is not yet clear if and how the funding for the ARCA proposal will be provided by DDS.

Home and Community-Based Services Regulations – Provider Funding for Compliance Activities

In January 2014, the federal Centers for MediCare and MediCaid Services issued final regulations and rules for Home and Community Based Services (HCBS). The rules require that HCBS programs funded through Medicaid – referred to as Medi-Cal in California – provide persons with developmental disabilities full access to the benefits of community living and offer services and supports in settings that are integrated in the community. This may include employment opportunities in competitive integrated settings, control of personal resources and participation in the community to the same degree as individuals who do not receive regional center services. To assist service

providers in taking steps to comply with the new HCBS rules by the mandated date of March 2019, the 2016 Budget Act contains $15 million for this purpose. Service providers will need to apply for these funds through the regional centers and all submitted proposals will be forwarded to DDS. Regional Centers can make recommendations for funding based on local priorities, although final approval will be made by DDS. The deadline for submitting proposals has been extended to October 30, 2016 **(Attachment #9)**.

Guidelines for Implementation of Competitive Integrated Employment Incentive Payments

DDS released on August 5, 2016 guidelines for implementation of integrated competitive employment incentive payments (CIE). CIE is full or part time work for which an individual is paid minimum wage or greater in a setting with others who do not have disabilities. The 2016 Budget Act authorizes funding for incentive payments to service providers for placement and retention of individuals served by the Regional Centers in a manner consistent with an individual's Individual Program Plan. The incentive payment amount for each individual placed in CIE is as follows:

- A payment of $1000 shall be made to the service provider who, on or after July 1, 2016, places an individual into CIE and the individual is still competitively employed after 30 consecutive days.
- An additional payment of $ 1,250 will be made available to the service provider for an individual described above who remains in CIE for six consecutive months
- An additional payment of $1,500 will be made to the service provider for an individual described above who remains in CIE for 12 consecutive months.

The Regional Centers will be responsible for making incentive payments to service providers within their catchment area. To ensure program accountability and achievement of program goals, Regional Centers and service providers are required to

report to DDS by October 1, 2017 and each October 1 annually, the number of individuals placed in CIE **(Attachment #10)**.

Guidelines for Implementation of Paid Internship Programs

DDS released on July 28, 2016 guidelines for implementation of paid internships intended to increase an individual's vocational skills and abilities that can lead to future paid integrated competitive employment (CIE). CIE is full or part time work for which an individual is paid minimum wage or greater in a setting with others who do not have disabilities. Internships are predicated on the person centered planning process and in accordance with each individual's Individual Program Plan. The maximum funding for payment of an internship is $10,400 per year, per individual. The Regional Centers will be responsible for administering the Paid Internship Program **(Attachment #11)**.

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

II. SELF-DETERMINATION PROGRAM

- **Attachment #12:** DDS Self Determination Program – FAQ (revised 9.15)
- **Attachment #13:** Disability Rights California Self Determination Program – FAQ
- **Attachment #14:** Similarities and Differences Between Traditional Regional Center Service Provision and the New Self-Determination Program
- **Attachment #15:** December 2015 Letter from Centers for Medicare and Medicaid Services

- **Attachment #16:** Self-Determination Enrollment Process
- **Attachment #17:** TCRC Self Determination Informational Flyer
- **Attachment #18:** TCRC Self-determination Advisory Committee 2016 meeting calendar

In October of 2013, Governor Brown, signed into law SB 468 (Emmerson /Beal /Mitchel /Chesbro) authorizing the implementation of the Statewide Self-Determination Program that offers a voluntary, alternative to the traditional way of providing regional center services. The Self Determination Program is intended to provide individuals served by the regional center and their families more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan **(Attachments #12-#14)**. 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 #15**). The Department of Developmental Services (DDS) continues to work through the Department of Health Care Services to provide written responses to answer questions from CMS and secure approval of the waiver. DDS is in communication with CMS to clarify some of the concepts in the Self-Determination Waiver. Of the 180 questions posed to DDS in December 2015, all but approximately 30 have been clarified with CMS. Those remaining mostly relate to service definitions, the length of continuous service, the HCBS Final Rules settings requirement, the cost of financial management services (FMS), and response to critical incidents. DDS is looking at finalizing the remaining questions to CMS by October 31, 2016 with the goal of re-submitting the Waiver application formally by February 2017. The latest draft of the application will be posted on the DDS website at least 30 days in advance of this submission date for public comment, which would begin the 90 day clock for CMS to approve, deny or request additional information.

The Self-Determination stakeholder workgroup is developing 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 are working on a tool that would clarify 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).

DDS anticipated resubmitting the Waiver application formally by August 22, 2016, however, this has not yet taken place. The latest draft of the application will be posted on the DDS website at least 30 days in advance of this submission date for public comment, which would begin the 90 day clock for CMS to approve, deny or request additional information.

Once federal approval of matching funds is authorized, the program will be available in every regional center. For the first three years, the number of participants in the

Self- Determination Program is capped at 2,500 individuals throughout the state. Recent legislation allows for an increase of these participants to include people moving from Developmental Centers. After the three year phase-in period, the program will be available to all eligible persons served and families on a voluntary basis with no limit on the number of participants. TCRC will have 114 individuals or families enrolled in the program for the first three years. This includes the 16 individuals who are currently in our Self-Determination pilot project plus an additional 98 people that TCRC will be able to add under the new program. The process for selecting and enrolling participants in the first three years is described in the Self-Determination Enrollment Process (**Attachment #16**).

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 # 17).**

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

It is anticipated these materials will be presented to Regional Centers beginning in November 2016. Once DDS has provided TCRC with these materials, we will develop our outreach plan to hold informational nights about Self-Determination which will begin the first part of 2017 to all areas of our community.

In the Spring 2016 issue of the TCRC Tri-line newsletter, there is an article on Self Determination that provides an overview of the program. In addition, 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 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.

The primary responsibility of the committee is to provide oversight of the Self-Determination program at Tri-Counties Regional Center. The committee will review the development, implementation and on-going progress of the Self-Determination program and determine if we are meeting the requirements of the law. In addition, the committee will make on-going recommendations for improvements to the program to both Tri-Counties Regional Center and the Department of Developmental Services. Our Self-Determination Advisory Committee is meeting on a quarterly basis and all meetings are open to the public (**Attachment #18**).

TCRC's Self-Determination Advisory Committee has been meeting on a quarterly basis in Santa Barbara. Our next meeting will be on Tuesday, January 24, 2017 and

telephone conferencing will be available. For more information, you can visit our website at www.tri-counties.org or email: self-determination@tri-counties.org. In Self-Determination, the only required vendor service is a Fiscal Management Service (FMS). The FMS will assist with managing an individual's budget and oversee the distribution of funds.

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

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

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

These include:

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

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

III. NEW LEGISLATION

- **Attachment #19:** ARCA List of Pertinent Bills Signed into Law in 2016
- **Attachment #20:** AB 796 (Nazarian)
- **Attachment #21:** SB 1226 (Beall)

Governor Jerry Brown had until midnight September 30, 2016 to sign, veto or allow to become law without his signature, bills passed by the Legislature in its final days

of the 2016 Legislative session. Governor Brown signed several bills impacting people with developmental disabilities and/or the Developmental Disabilities Services System **(Attachment #19).**

AB 796 (Nazarian)

SB 946 (Steinberg) which took effect on July 1, 2012 required health care service plan contracts and health insurance policies to provide coverage for behavioral health treatment for individuals with Autism or other Pervasive Developmental Disorders (PDD). SB 946 was a significant legislative victory for people with developmental disabilities and the developmental disabilities services system. SB 946 was scheduled to sunset on January 1, 2017. AB 796 (Nazarian) deletes the sunset date for SB 946, thereby extending the operation of these provisions indefinitely **(Attachment #20)**.

SB 1226 (Beall)

SB 1226 (Beall) goes into effect on January 1, 2018 and requires regional centers to provide all fiscal reviews/audits received from regional center service providers to the Department of Developmental Services (DDS). DDS will compile the data, by regional center, on vendor compliance with audit requirements and opinions resulting from audit reports and will annually publish the data in the performance dashboard in the process of being developed **(Attachment #21).**

IV. Q&A

ATTACHMENT 1

Budget Bill (BBL)

SB 826 (Leno)

SB 826 is this year's Budget Bill. This provides the legal authority for the State to spend money, including on developmental services. A summary of this year's BBL is provided here. Line items are noted for reference. Unless otherwise specified, funds do not include any possible federal component.

- 4300-001-0001 – $300,000 is provided so the Department of Developmental Services (DDS) can award a contract for the creation of the performance dashboard (see TBL one-pager).
- 4300-101-0002
  - $17M is provided for RCs to hire up to 200 new service coordinators. RCs must justify, to DDS, hiring any who do not serve HCBS waiver clients.
  - $46M is provided for the four-bed (ARM rate) homes (see TBL one-pager).
  - $15M is provided for vendors transitioning to new HCBS standards. Vendors must apply to regional centers. Funding requires RC and DDS approval.

Developmental Services Trailer Bill (TBL)

AB 1606 (Committee on Budget)

AB 1606 is this year's developmental services "Trailer Bill." A summary of this year's TBL is provided here, with reference to the sections of law being changed. All changes will go into effect immediately upon signing by Gov. Brown (by/before July 1, 2016).

- Health & Safety Code §1180.4 – Seclusion/restraints in Enhanced Behavioral Support Homes is limited to 15 minute with exemptions provided.
- Public Contract Code §10430 – DC employees may work to become vendorized while still employed, to facilitate the development of community resources for DC movers.
- Welfare & Institutions (W&I) Code §4435.1 – Removal of outdated language related to the old Family Resource Centers Prevention Referral and Resource Services Program.
- W&I §4437 – DDS to post info about developmental center (DC) and regional center-specific community placement plan (CPP) funds, OPS and POS funding, caseloads, and staff information.
- W&I §4474.15 – New section, requiring DDS to tell the Legislature of its long-term plans for crisis services and zero-reject facilities after DCs close, and to post info monthly about community capacity development and targets by each RC.
- W&I §4474.6 – New section requiring DDS and the Department of Health Care Services to collaborate on health care service coordination for DC movers.
- W&I §4519.5 – Annual service expenditure meetings shall also describe work to improve access in underserved communities. RCs shall consult with stakeholders, and report to DDS, on using new Special Session funds for improving access. DDS has 45 days to review RC fund requests.
- W&I §4572 – DDS shall develop, in consultation with stakeholders, a performance dashboard showing including at a minimum HCBS setting compliance, competitive integrated employment data, fair hearings, & Section 4731 complaints.
- W&I §4659.2 – RC vendors shall report injuries/deaths from restraints, seclusion, and certain other causes, as well as alleged abuse by staff, to DRC. Monthly reports, to DRC, on the use of seclusion/restraints also required.
- W&I §4681.5 – DDS shall create rates for (new) four-bed homes. Existing providers may convert to such rates. RCs will report to DDS the number of such homes, both new and old.
- W&I §4685.8 – RCs to consult with SDP Local Advisory Committees on SDP training, outreach.
- W&I §4690.5 – Clarification that *out-of-home* respite is included in the 5% rate increase.
- W&I §4691.6, §4691.9 – Work activity programs, day/in-home respite providers, and negotiated rate providers are eligible for rate increases due to the upcoming minimum wage increase.
- W&I §4870 – *All* providers are eligible for incentive payments upon successful placements into competitive integrated employment (includes 30 day, 6 month, and 12 month time points). Internship placements don't count.
- Section 15, ABX2 1 (www.arcanet.org/abx2-1) – Technical language related to federal funding.
- Section 18, ABX2 1 – The new DDS research unit shall assess disparity data, caseload ratios, and performance dashboard data.
- Section 19, ABX2 1 – DDS shall report quarterly on funding backfills for Sonoma DC, and either PDC or FDC if they also lose federal funding due to a decertification.

STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., Governor

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

DATE: JUNE 24, 2016

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: NEW PROVIDER RATES EFFECTIVE JULY 1, 2016

The State budget for Fiscal Year 2016-17, and Assembly Bill (AB) X2-1 (Chapter 3, Statutes of 2016[1]) provides for a number of rate changes and/or increases for some service providers. The rate increases, effective July 1, 2016, are only applicable for providers with rates set by the Department[2] (including rates set in statute or regulation), or providers with rates set through negotiation between regional centers and the provider. The rate increases do not apply for providers with usual and customary rates or rates that are set by other entities.

This correspondence addresses the following rate changes:

1. Five percent (5%) rate increases for supported living, independent living, respite and transportation.
2. Survey based rate increases:
   a. For the purpose of enhancing wages and benefits for staff who spend a minimum of 75 percent of their time providing direct services to consumers; and
   b. For provider administrative expenses.
3. New rate for supported employment.
4. Establishment of Alternative Residential Model (ARM) rates for community care facilities vendored to serve four or fewer consumers.

Five Percent (5%) Increase for Specified Services
Several sections of the Welfare and Institutions Code (WIC) were amended to authorize rate increases of 5%, to the rate in effect on June 30, 2016, for specified services. The applicable categories and service codes are detailed below.

- Supported Living (WIC section 4689.8)
  - 894-Supported Living Administration
  - 896-Supported Living Services

- Independent Living (WIC section 4691.6)
  - 520-Independent Living Program

[1] http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB1
[2] "Department" means the Department of Developmental Services.

"Building Partnerships, Supporting Choices"

- Respite (WIC section 4690.5 and 4691.6)
  Family Member-provided Respite
  - 420-Respite Service-Family Member
  - 465-Participant Directed Respite Service-Family Member

  In-home Respite
  - 862 In-home Respite Services Agency
  - 864 In-home Respite Worker

  Out-of-home Respite
  - 868-Out-of-home Respite Services
  - 869-Respite Facility

- Transportation (WIC section 4691.9)
  - 875-Transportation Company
  - 880-Transportation-Additional Component
  - 882-Transportation-Assistant
  - 883-Transportation Broker

Increases for Wages and Benefits for Direct Service Staff and Administrative Expenses

Unlike the specific percentage rate increases described above, ABX2-1 provided a set amount of funds for rate increases, based on the rates in effect on June 30, 2016, for direct service ($294.8M[3]) and administrative ($17.3M[4]) expenses. As a result, the Department was required to conduct a survey of a sample of providers to determine the percentage rate increases. The survey was necessary because the percentage of provider costs for direct services and administrative costs varies by category. Therefore, to maintain the same level of increase for direct service and administrative costs for each service, the resulting overall provider rate increases vary by service category. An overview of how this calculation was done can be found at http://www.dds.ca.gov/vendorsurvey/docs/ExampleCalculatingRateIncreases.pdf. Note, the numbers in this example are for demonstration purposes only and are not from the actual results of the survey.

Enclosure A contains the percentage increases for each service category and the service codes within each category.

---

[3] Includes federal reimbursement amounts in addition to the General Fund amounts appropriated in ABX2-1.
[4] Includes federal reimbursement amounts in addition to the General Fund amounts appropriated in ABX2-1.

Future Survey Regarding Rate Increase for Direct Services: Providers granted a rate increase to increase wages and benefits for staff who provide direct services must maintain documentation, subject to audit by the Department or regional center, that the rate increase was used solely to increase wages, salaries and benefits of staff who spend a minimum of 75 percent of their time providing direct services to consumers.

Additionally, by October 1, 2017, the Department, with regional center participation, will conduct a survey of all providers that received this rate increase to determined how the increase was used. It is important to note that any provider that does not report the information requested by October 1, 2017, will forfeit the rate increase.

New Supported Employment Rate
WIC section 4860 was amended to increase the rate for supported employment to $34.24 per hour. Additionally, as a result of the direct service and administrative cost increases, which also apply to supported employment rates, the hourly supported employment rate, effective July 1, 2016, will be $36.57.

Calculating New Rates
When applicable, a provider may receive more than one of the percentage rate increases described above. To determine the new rate effective July 1, 2016, each percentage increase is calculated from the June 30, 2016, rate and then summed together. The following is an example of how this would work for a provider eligible for a 5% increase, as well as an increase for direct services and administrative expenses. The example below assumes a service rate of $10.00 per hour in effect on June 30, 2016, and will receive a 5% increase, a 7% increase for wage and benefits for direct service staff, and a 1% rate increase for administrative expenses.

Step 1: Calculate separately the dollar amount for each increase (multiply the rate in effect on June 30, 2016, by the percentage increase).

1. Specified service: $10.00 x 5% = $0.50
2. Wage and benefits for direct service staff: $10.00 x 7% = $0.70
3. Administrative expenses: $10.00 x 1% = $0.10

Step 2: Add the amounts to get the total increase.

$0.50 + $0.70 + $0.10 = $1.30 total increase

Step 3: Add the total increase to the rate in effect on June 30, 2016, to get the new rate.

$1.30 + $10.00 = $11.30 new rate. Adding the percentage increases also leads to the same result. In this example, 5% + 7% + 1% = 13%. 13% of $10.00 is $1.30.

Enclosure A contains information on all service codes eligible for the various increases and the total percentage rates will increase effective July 1, 2016. Note, these increases do not apply to providers with usual and customary rates or rates set by another entity, even if the provider's service code is listed in the enclosure. Also enclosed are the following updated rate schedules, effective July 1, 2016, reflecting all applicable rate increases:

- Enclosure B – Work Activity and Supported Employment Rates
- Enclosure C – Community-Based Day Program and Respite Agency Rate Schedule
- Enclosure D – Community Care Facility Rates

Additionally, rates for the following services/codes, updated as applicable, effective July 1, 2016 are:

- Respite – Service codes 420, 465 and 864; rate is $15.23 per hour
- Financial Management Services FE/A – Service Code 490; new maximum rates are $45.88, $71.37 or $96.86 per month depending on the number of participant-directed services used.
- Financial Management Services Co-Employer – Service Code 491; new maximum rate is $96.86 per month
- Participant-Directed Community-Based Training Services – Service code 475; rate is $14.99 per hour

Notification to Providers: The Department will adjust rates and send new rate letters to all community-based day, in-home respite agency, and work activity providers. Regional centers will need to make applicable rate adjustments and notify all other providers of the new rates effective July 1, 2016.

4-Bed ARM Rates

The budget for Fiscal Year 2016-17 and accompanying trailer bill language, allow the Department to establish a rate schedule for community care facilities vendored to provide services to a maximum of four individuals. This schedule, effective July 1, 2016, can be found in Enclosure D.

If you have any questions regarding this correspondence, please contact Greg Nabong at (916) 653-3749, or greg.nabong@dds.ca.gov.

Sincerely,

Original signed by

JIM KNIGHT
Assistant Deputy Director
Community Services Division

Enclosures

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies

ABX2 1 Service Provider Reimursement Rate Increases Effective July 1, 2016 Enclosure A

(Each rate increase is applied to service provider rate amount as of June 30, 2016)

	Service Provider Reimbursement Rate Increases			
Residential Services	**Direct Services**	**Administrative**	**5% Rate Increase**	**Total Increase**
905 - Residential Facility Serving Adults-Owner Operated	7.40%	0.35%	N/A	7.75%
910 - Residential Facility Serving Children - Owner Operated	7.40%	0.35%	N/A	7.75%
915 - Residential Facility Serving Adults - Staff Operated	7.40%	0.35%	N/A	7.75%
920 - Residential Facility Serving Children-Staff Operated	7.40%	0.35%	N/A	7.75%
090 - Crisis Intervention Facility/Bed	7.40%	0.35%	N/A	7.75%
096 - Geriatric Facility	7.40%	0.35%	N/A	7.75%
Residential Services rate increases based on average % cost:	*65.81%*	*18.05%*		
Family Home Agency	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
904 - Family Home Agency	1.84%	0.28%	N/A	2.12%
Family Home Agency rate increases based on average % cost:	*16.38%*	*14.32%*		
Specialized Rehabilitation Facilities	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
113 - DSS Licensed-Spec Residentl Facility--Habilitation	6.54%	0.41%	N/A	6.95%
114 - Specialized Residential Facility (Health)	6.54%	0.41%	N/A	6.95%
Specialized Rehabilitation Facilities rate increases based on average % cost:	*58.16%*	*20.70%*		
Day Services	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
028 - Socialization Training Program	6.66%	0.46%	N/A	7.12%
055 - Community Integration Training Program	6.66%	0.46%	N/A	7.12%
063 - Community Activities Support Services	6.66%	0.46%	N/A	7.12%
091 - In-Home/Mobile Day Program	6.66%	0.46%	N/A	7.12%
094 - Creative Arts Program	6.66%	0.46%	N/A	7.12%
505 - Activity Center	6.66%	0.46%	N/A	7.12%
510 - Adult Development Center	6.66%	0.46%	N/A	7.12%
515 - Behavior Management Program	6.66%	0.46%	N/A	7.12%
525 - Social Recreation Program	6.66%	0.46%	N/A	7.12%
805 - Infant Development Program	6.66%	0.46%	N/A	7.12%
810 - Infant Development Specialist	6.66%	0.46%	N/A	7.12%
Day Services rate increases based on average % cost:	*59.18%*	*23.72%*		
Supported Employment	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
950 - Supported Employment-Group	7.19%	0.37%	N/A	7.56%
952 - Supported Employment-Individual	7.19%	0.37%	N/A	7.56%
Supported Employment rate increases based on average % cost:	*63.94%*	*19.03%*		
Work Activity Programs	**Direct Service**	**Administrative**	**N/A**	**Total Increase**
954 - Rehab Work Activity Program	4.99%	0.66%	N/A	5.66%
Work Activity Programs rate increases based on average % cost:	*44.40%*	*33.90%*		
Behavioral Services	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
017 - Crisis Team - Evaluation & Behavior Modification	8.11%	0.38%	N/A	8.49%
048 - Client/Parent Support Behavior Intervention Trng	8.11%	0.38%	N/A	8.49%
077 - Parent-Coord Hme Base Beh Intven Prg for Autistic Children	8.11%	0.38%	N/A	8.49%
605 - Adaptive Skills Trainer	8.11%	0.38%	N/A	8.49%
612 - Behavior Analyst	8.11%	0.38%	N/A	8.49%
613 - Associate Behavior Analyst	8.11%	0.38%	N/A	8.49%
615 - Behavior Management Assistant	8.11%	0.38%	N/A	8.49%
616 - Behavior Technician - Paraprofessional	8.11%	0.38%	N/A	8.49%
620 - Behavior Management Consultant	8.11%	0.38%	N/A	8.49%
625 - Counseling Services (Family Counselor, Social Worker)	8.11%	0.38%	N/A	8.49%
670 - Developmental Specialist	8.11%	0.38%	N/A	8.49%
Behavioral Services rate increases based on average % cost:	*72.11%*	*19.31%*		
Personal Assistance, ILS, and Supported Living	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
062 - Personal Assistance	7.85%	0.49%	N/A	8.34%
073 - Parent Coordinator Supported Living Prog	7.85%	0.49%	N/A	8.34%
093 - Parent-Coordinated Personal Assist Service	7.85%	0.49%	N/A	8.34%
520 - Independent Living Program	7.85%	0.49%	5%	13.34%
635 - Independent Living Specialist	7.85%	0.49%	N/A	8.34%
858 - Homemaker	7.85%	0.49%	N/A	8.34%
896 - Supported Living Services	7.85%	0.49%	5%	13.34%
Personal Assistance, ILS, and Supported Living rate increases based on average % cost:	*69.80%*	*25.03%*		

ABX2 1 Service Provider Reimursement Rate Increases Effective July 1, 2016 Enclosure A

(Each rate increase is applied to service provider rate amount as of June 30, 2016)

	Service Provider Reimbursement Rate Increases			
Individualized Professional or Support Services	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
025 - Tutor Services – Group	8.63%	0.34%	N/A	8.97%
102 - Individual or Family Training	8.63%	0.34%	N/A	8.97%
108 - Parenting Support Services	8.63%	0.34%	N/A	8.97%
109 - Program Support Group-Residential	8.63%	0.34%	N/A	8.97%
110 - Program Support Group-Day Service	8.63%	0.34%	N/A	8.97%
111 - Program Support Group-Other Services	8.63%	0.34%	N/A	8.97%
645 - Mobility Training Services Agency	8.63%	0.34%	N/A	8.97%
650 - Mobility Training Service Specialist	8.63%	0.34%	N/A	8.97%
680 - Tutor	8.63%	0.34%	N/A	8.97%
Individualized Professional or Support Services rate increases based on average % cost:	*76.71%*	*17.53%*		
Health and Therapeutic Services	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
103 - Specialized Health, Treatment & Training Svcs	8.36%	0.31%	N/A	8.67%
106 - Specialized Recreational Therapy	8.36%	0.31%	N/A	8.67%
056 - Interdisciplinary Assessment Services	8.36%	0.31%	N/A	8.67%
115 - Specialized Therapeutic Svcs – Consumers 3 to 20	8.36%	0.31%	N/A	8.67%
116 - Early Start Specialized Therapeutic Services	8.36%	0.31%	N/A	8.67%
117 - Specialized Therapeutic Svcs – Consumers 21 and Older	8.36%	0.31%	N/A	8.67%
Health and Therapeutic Services rate increase is based on average % cost:	*74.35%*	*15.87%*		
Respite	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
862 - In-Home Respite Services Agency	8.82%	0.37%	5%	14.19%
868 - Out-of-Home Respite	8.82%	0.37%	5%	14.19%
869 - Respite Facility	8.82%	0.37%	5%	14.19%
850 - Camping Services	8.82%	0.37%	N/A	9.19%
Respite rate increase is based on average % cost:	*78.38%*	*18.95%*		
Transportation	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
875 - Transportation Company	5.31%	0.42%	5%	10.72%
880 - Transportation-Additional Component	5.31%	0.42%	5%	10.72%
882 - Transportation-Assistant	5.31%	0.42%	5%	10.72%
883 - Transportation Broker	5.31%	0.42%	5%	10.72%
Transportation rate increase is based on average % cost:	*47.19%*	*21.29%*		
Day Care Individual Providers	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
405 - Day Care Voucher	11.25%	0.00%	N/A	11.25%
455 - Day Care	11.25%	0.00%	N/A	11.25%
Day Care Individual Providers rate increase is based on average % cost:	*100.00%*	*0.00%*		
Day Care Agency Providers	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
851 - Child Day Care	6.19%	0.64%	N/A	6.84%
855 - Adult Day Care	6.19%	0.64%	N/A	6.84%
Day Care Agency Providers rate increase is based on average % cost:	*55.08%*	*32.89%*		
100% Administrative Costs	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
490 - Financial Management Services - F/EA	0.00%	1.96%	N/A	1.96%
491 - Financial Managemenet Services - Co-Employer	0.00%	1.96%	N/A	1.96%
894 - SLS – Vendor Administration	0.00%	1.96%	5%	6.96%
100% Administrative Costs rate increase is based on average % cost:	*0.00%*	*100.00%*		
100% Direct Services Costs	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
475 - Participant-Directed Community-Based Training Service for Adults	11.25%	0.00%	N/A	11.25%
420- Voucher Respite	11.25%	0.00%	5%	16.25%
465 - Participant-Directed Respite Services	11.25%	0.00%	5%	16.25%
864 - In-Home Respite Worker	11.25%	0.00%	5%	16.25%
100% Direct Services Costs rate increase is based on average % cost:	*100.00%*	*0.00%*		

Enclosure B

Work Activity Program (WAP)
Service Code 954
Upper Limits for WAP
Effective 7/1/2016

Small vendors:	0 to 30 consumers	$62.19 per consumer per day
Medium vendors:	31 to 100 consumers	$44.69 per consumer per day
Large vendors:	101 or more consumers	$33.28 per consumer per day
[illegible]	[illegible]	[illegible]
Statewide average:	Temporary Rate	$37.29 per consumer per day

Supported Employment Programs (SEP)
Service Codes 950 & 952
Effective 7/1/2016

Pursuant to Welfare and Institutions Code 4691.10 and 4691.11 the hourly rate effective July 1, 2016 shall be $36.57 .

Enclosure C

COMMUNITY-BASED DAY PROGRAMS AND IH-HOME RESPITE AGENCIES

ALLOWABLE RANGE OF RATES
and
TEMPORARY PAYMENT RATES

FISCAL YEAR 2016-17
Effective July 1, 2016

Service Category	Staff Ratio	Lower Limit	Upper Limit	Temporary Payment Rate
Daily Rates				
Activity Center (505)	1:08	$28.74	$50.25	$38.98
	1:07	$30.55	$49.49	$39.14
	1:06	$35.01	$60.80	$48.30
Adult Dev. Center (510)	1:04	$38.71	$71.71	$57.69
	1:03	$48.66	$74.15	$63.06
Behavior Management (515)	1:03	$53.53	$89.43	$77.58
Hourly Rates				
Independent Living (520)	1:03	$12.06	$18.75	$16.22
	1:02	$19.78	$25.71	$23.42
	1:01	$25.41	$48.74	$35.84
Social Recreation (525)	1:10	$14.05	$26.50	$17.52
Infant Development (805)	1:03	$30.70	$51.78	$41.48
	1:02	$45.61	$78.89	$63.38
	1:01	$64.35	$115.74	$83.86
In-Home Respite (862)	1:01	$20.63	$28.51	$24.70

Enclosure D

DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY CARE FACILITY RATES
FIVE BEDS OR MORE PER FACILITY
EFFECTIVE JULY 1, 2016

Service Level	Monthly Payment Rate Per Consumer Effective 1/01/2016[1]	Monthly Payment Rate Per Consumer Effective 7/01/2016[2]
1	$1,014	$1,014
2-Owner	$2,187	$2,357
2-Staff	$2,428	$2,617
3-Owner	$2,548	$2,746
3-Staff	$2,861	$3,083
4A	$3,317	$3,575
4B	$3,543	$3,818
4C	$3,767	$4,059
4D	$4,041	$4,354
4E	$4,332	$4,668
4F	$4,631	$4,990
4G	$4,978	$5,364
4H	$5,351	$5,766
4I	$5,878	$6,334

The Personal and Incidental (P&I) expenses effective with the January 1, 2015, SSI/SSP payment standard increased from $130.00 to $131.00.

[1] Includes the SSI/SSP pass through effective January 1, 2015.
[2] Includes the SSI/SSP pass through effective January 1, 2015.

Enclosure D

DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY CARE FACILITY RATES
FOUR BEDS OR LESS PER FACILITY
EFFECTIVE JULY 1, 2016

Service Level	Monthly Payment Rate Per Consumer Effective 7/01/2016[3]
1	$1,014
2-Owner	$3,281
2-Staff	$3,642
3-Owner	$3,322
3-Staff	$3,792
4A	$4,423
4B	$4,683
4C	$4,940
4D	$5,272
4E	$5,603
4F	$5,945
4G	$6,361
4H	$6,788
4I	$7,395

The Personal and Incidental (P&I) expenses effective with the January 1, 2015, SSI/SSP payment standard increased from $130.00 to $131.00.

[3] Includes the SSI/SSP pass through effective January 1, 2015.

Provider Rate Increases

Effective July 1, 2016

Frequently Asked Questions

1. What are the rate increase amounts and when will I know the new rates for my programs? Vendors are indicating that they need this information to finalize their FY budget. Information related to the increase amounts can be found on the Department's webpage: http://www.dds.ca.gov/ratechangesJuly2016/index.cfm

   Response: For vendors, such as community-based day programs and respite agencies with Department-set rates, the Department has issued vendor-specific letters to inform them of the increase. For vendored services with negotiated rates, the regional center should have contacted the vendor to inform them of the increases and new rate amount. The above webpage link contains rate changes related to rates set in regulations: regional centers should have adjusted these rates.

2. What is the process/procedure of receiving reimbursement from the Department on ABX2-1 spending?

   Response: The process of receiving reimbursement is through the adjusted rate on the monthly billing invoice issued by the purchasing regional center.

3. How will the ABX2-1 increase apply to new vendors under the median rates?

   Response: The Department will be providing direction on this shortly.

4. For respite agencies, how do they apply the increase for new workers after July 1? I have a new provider, who started in April. On June 30, he only had 4 employees but he is hiring more and wants to make sure how to apply and verify that he has given the increase.

   Response: There may be increases or decreases in the number of staff after July 1. To account for this, while still utilizing the funds from the rate increase, providers may, as part of their plan for utilizing the funding, plan to increase salary ranges of certain positions or types of positions. This would allow verification, before and after July 1, 2016, of how the rate increase was applied regardless of changes in employees.

5. Please define what exactly the Department means by "Direct Services". Are those positions that spend 75 percent of their time contributing to the ISP considered "Direct Care Staff"?

   Response: As defined in ABX 2-1, "direct services" are services, supports, care, supervision, or assistance provided by staff directly to a consumer to address the consumer's needs, as identified in the individual program plan and individual service plan, and include staff's participation in training and other activities directly related to providing services to consumers, as well as program preparation functions as defined in Section 54302 of Title 17 of the California Code of Regulations.

Frequently Asked Questions

6. Are those employees who are acting in a supporting role and meet with clients a few times a year but not day to day still eligible for the increase?

   Response: The rate increase can be used to increase wages/benefits for any employee who spends a minimum of 75 percent of his/her time providing direct services, as described in response #5.

7. Regarding the 5 percent that several services received, is that for both staff and operations?

   Response: The Statute does not direct how the 5 percent increase should be used.

8. How is the 5 percent out of home respite rate increase calculated?

   Response: The out-of-home respite increases should be calculated in two steps: 1) calculate the amount of a 5 percent increase on the rate in effect on June 30, 2016; 2) add that amount to the new rate calculated after the ABX 2-1 rate increase. For example, assume it is an ARM rate facility and the respite daily rate is 1/21 of the monthly rate. First, calculate 5 percent of the daily rate in effect on June 30, 2016. Then, add this amount to 1/21st of the ARM rate effective July 1, 2016, that was increased by ABX2-1.

9. Our Specialized Residential Facilities (service code 113) are vendored at a daily rate and provide respite under service code 868 that is the same amount as the service code 113 rate. When we do the increase, do we apply the rate based on the service code 113 rate after the increase or do we calculate the increase based on the service code 868 percentages?

   Response: See response to #8.

10. Can the increase for administrative purposes be used on raises for all other staff who do not qualify for the direct service increase?

    Response: The administrative increase can be used for administrative expenses as defined in Welfare and Institutions Code, Section 4629.7, which includes managerial personnel and employees who perform administrative functions.

11. Does the increase apply to direct care wages, salaries, and burden in effect on June 30, 2016, or is there any consideration for vendors that increased their wages, salaries, and burden prior to that date?

    Response: ABX 2-1 states the increase is *"...for the purpose of enhancing wages and benefits for staff..."* The increase applies to the wages, benefits and rate in effect on June 30, 2016.

Provider Rate Increases

Effective July 1, 2016

Frequently Asked Questions

12. Can the increases be a combination of the wages, salaries, and burden (including accrued time off, supplemental pay and holidays)? Are there any exceptions?

    Response: ABX 2-1 states that the increase is for the purpose of enhancing wages and benefits, and does not specify or require in what combination the increase must be used for. The Statute does not address exceptions.

13. Is improving medical insurance coverage, dental insurance coverage an allowable expenditure under the ABX2-1 funding?

    Response: Consistent with Title 17, Section 57434, benefits can include, but are not limited to, costs such as vision insurance, health insurance, dental insurance, life insurance, retirement plan costs, SDI, FICA, and other employer mandated payroll taxes.

14. What type of expenditures other than salaries, wages and burden are allowable for direct care staff under ABX2-1?

    Response: ABX 2-1 states the increase is for the purpose of enhancing wages and benefits (see response to #13 for information on benefits.)

15. Do I need to keep track of how the increases are spent?

    Response: Vendors will need to report on how the rate increase was used to increase wages and benefits for applicable staff.

16. What information is the Department requiring that providers report on the rate increases?

    Response: The exact format for reporting has not been determined. However, providers will need to report on their plan for utilization of the increase and the outcome of their plan. For example, if the provider decided to increase salary ranges for certain positions by 6 percent, the provider will need to show the impact of this increase for the identified positions.

17. What do service providers need to track for the review in October? They need a clear understanding of what needs to be tracked for both Administrative Costs and Direct Services. Many service providers are trying to set up something in their bookkeeping system to track it separately in case the Department requires certain data.

    Response: Specific data requirements have not yet been determined. See answer to #16.

Provider Rate Increases

Effective July 1, 2016

Frequently Asked Questions

18. Will service providers receive a rate letter from the Department or the regional center? Some regional centers are using the Department's letter issued as the rate letter so they can get rates out to the service providers and avoid retro payments.

    Response: For vendors, such as community-based day programs and respite agencies with Department-set rates, the Department has issued vendor-specific letters to inform them of the increase. For vendored services with negotiated rates, the regional center should be contacting the vendor to inform them of the increases and new rate amount. Rates set by statute or regulation, are available on the Department's webpage: http://www.dds.ca.gov/ratechangesJuly2016/index.cfm

19. What should I do if the rate on the authorization is incorrect or does not match the rate on the Department's or the regional center's rate letter?

    Response: For the Department-set rates, please notify Department staff of any discrepancies in the rate by calling (916) 654-2300. For all other rate types, discrepancies can be addressed by the vendoring regional center.

20. Some rate increases were rounded up and others rounded down. This created some conflict with the rates regional centers updated using the software program.

    Response: Due to errors in addition, rates for three categories, were displayed incorrectly (see corrections below.) By law, the rate increases were calculated separately. Therefore, you should use the individual rate increase pieces (e.g. direct services and administrative costs) to get to the "real" total increase. When adjusting the vendor rates, regional centers should apply standard rounding techniques to the individual pieces.

Service Category	Direct Service	Administrative	5% increase	Total Increase.
Work Activity Program	4.99%	0.66%	N/A	5.65% (was 5.66%)
Transportation	5.31%	0.42%	5%	10.73% (was 10.72%)
Day Care Agencies	6.19%	0.64%	N/A	6.83% (was 6.84%)

21. Will the invoices have the increased rates?

    Response: Invoices should be adjusted once the new rates are applied.

22. Is it required that all eligible staff receive the same increase?

    Response: The statute does not address the level of increases for individual employees.

23. Will the Department allow increased employer burden costs that will occur when employee wages are increased, to be included in the direct services percentage costs?

    Response: Payroll costs associated with qualifying direct service staff can be included in these costs.

Provider Rate Increases

Effective July 1, 2016

Frequently Asked Questions

29. For courtesy vendorization, does the user regional center have to obtain supporting documents (updated VSN, rate letter, contract, or rate agreement) from the vendoring regional center before processing rate changes? Will the Department's auditors look for supporting documents from the vendoring regional center?

    Response: User regional centers should continue their current practices of verifying/ documenting provider rates set by the vendoring regional center.

30. What is the reporting period for the survey that is due in October 2017?

    Response: The exact reporting period for the survey has not been determined.

31. Will the Department be conducting trainings for service providers on the appropriate use of ABX2-1 funding?

    Response: In addition to posting this FAQs document, the Department is in the initial planning stages for future training, via conference call/webinar.

32. Service providers must project their revenue to determine their estimate of ABX2-1 funding for the fiscal year and then service providers must project the number of projected employees to determine amount of direct care wage and/or benefit increases the service provider can pay. If, at the end of the fiscal year, the service provider has a surplus, what action will the Department take?

    Response: The Department will provide guidance on this in the future.

33. If the service provider spends funds in excess of the ABX2-1 funding amount received, what action will the Department take?

    Response: There is nothing that prevents providers from increasing wages and/or benefits in excess of the rate increases.

34. Are supplemental payments to staff allowable?

    Response: Supplemental payments may be eligible depending on how the vendor defines and categorizes the supplemental payment. If they are part of a wage or benefit package, they may be included.

Provider Rate Increases
Effective July 1, 2016

Frequently Asked Questions

35. Given that the ABX2-1 funding is a fixed amount of funding, what strategies would the Department suggest service providers utilize to increase staff wages/benefits that are sustainable and does not increase over time?

    Response: The Department will provide guidance on this in the future.

36. What is the obligation of service providers who are operating with a memorandum of understanding (MOU) that already establishes regular increases?

    Response: The rate increases must be used to increase wages and benefits for applicable employees. ABX 2-1 does not prevent use of the rate increase for already planned/agreed upon wage increases after July 1, 2016.

37. Do the funds have to be disbursed per service code, or can an organization combine the rate increases and spread it out evenly amongst all direct service staff?

    Response: The increases are specific to vendorizations and their assigned service codes.

ABX2 1 Service Provider Reimbursement Rate Increases Effective July 1, 2016
(Each rate increase is applied to service provider rate amount as of June 30, 2016)

	Service Provider Reimbursement Rate Increases			
Residential Services	**Direct Services**	**Administrative**	**5% Rate Increase**	**Total Increase**
905 - Residential Facility Serving Adults-Owner Operated	7.40%	0.35%	N/A	7.75%
910 - Residential Facility Serving Children - Owner Operated	7.40%	0.35%	N/A	7.75%
915 - Residential Facility Serving Adults - Staff Operated	7.40%	0.35%	N/A	7.75%
920 - Residential Facility Serving Children-Staff Operated	7.40%	0.35%	N/A	7.75%
090 - Crisis Intervention Facility/Bed	7.40%	0.35%	N/A	7.75%
096 - Geriatric Facility	7.40%	0.35%	N/A	7.75%
Residential Services rate increases based on average % cost:	*65.81%*	*18.05%*		

Family Home Agency	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
904 - Family Home Agency	1.84%	0.28%	N/A	2.12%
Family Home Agency rate increases based on average % cost:	*16.38%*	*14.32%*		

Specialized Rehabilitation Facilities	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
113 - DSS Licensed-Spec Residentl Facility--Habilitation	6.54%	0.41%	N/A	6.95%
114 - Specialized Residential Facility (Health)	6.54%	0.41%	N/A	6.95%
Specialized Rehabilitation Facilities rate increases based on average % cost:	*58.16%*	*20.70%*		

Day Services	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
028 - Socialization Training Program	6.66%	0.46%	N/A	7.12%
055 - Community Integration Training Program	6.66%	0.46%	N/A	7.12%
063 - Community Activities Support Services	6.66%	0.46%	N/A	7.12%
091 - In-Home/Mobile Day Program	6.66%	0.46%	N/A	7.12%
094 - Creative Arts Program	6.66%	0.46%	N/A	7.12%
505 - Activity Center	6.66%	0.46%	N/A	7.12%
510 - Adult Development Center	6.66%	0.46%	N/A	7.12%
515 - Behavior Management Program	6.66%	0.46%	N/A	7.12%
525 - Social Recreation Program	6.66%	0.46%	N/A	7.12%
805 - Infant Development Program	6.66%	0.46%	N/A	7.12%
810 - Infant Development Specialist	6.66%	0.46%	N/A	7.12%
Day Services rate increases based on average % cost:	*59.18%*	*23.72%*		

Supported Employment	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
950 - Supported Employment-Group	7.19%	0.37%	N/A	7.56%
952 - Supported Employment-Individual	7.19%	0.37%	N/A	7.56%
Supported Employment rate increases based on average % cost:	*63.94%*	*19.03%*		

Work Activity Programs	**Direct Service**	**Administrative**	**N/A**	**Total Increase**
954 - Rehab Work Activity Program	4.99%	0.66%	N/A	5.65%
Work Activity Programs rate increases based on average % cost:	*44.40%*	*33.90%*		

Behavioral Services	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
017 - Crisis Team - Evaluation & Behavior Modification	8.11%	0.38%	N/A	8.49%
048 - Client/Parent Support Behavior Intervention Trng	8.11%	0.38%	N/A	8.49%
077 - Parent-Coord Hme Base Beh Intven Prg for Autistic Children	8.11%	0.38%	N/A	8.49%
605 - Adaptive Skills Trainer	8.11%	0.38%	N/A	8.49%
612 - Behavior Analyst	8.11%	0.38%	N/A	8.49%
613 - Associate Behavior Analyst	8.11%	0.38%	N/A	8.49%
615 - Behavior Management Assistant	8.11%	0.38%	N/A	8.49%
616 - Behavior Technician - Paraprofessional	8.11%	0.38%	N/A	8.49%
620 - Behavior Management Consultant	8.11%	0.38%	N/A	8.49%
625 - Counseling Services (Family Counselor, Social Worker)	8.11%	0.38%	N/A	8.49%
670 - Developmental Specialist	8.11%	0.38%	N/A	8.49%
Behavioral Services rate increases based on average % cost:	*72.11%*	*19.31%*		

Personal Assistance, ILS, and Supported Living	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
062 - Personal Assistance	7.85%	0.49%	N/A	8.34%
073 - Parent Coordinator Supported Living Prog	7.85%	0.49%	N/A	8.34%
093 - Parent-Coordinated Personal Assist Service	7.85%	0.49%	N/A	8.34%
520 - Independent Living Program	7.85%	0.49%	5%	13.34%
635 - Independent Living Specialist	7.85%	0.49%	N/A	8.34%
858 - Homemaker	7.85%	0.49%	N/A	8.34%
896 - Supported Living Services	7.85%	0.49%	5%	13.34%
Personal Assistance, ILS, and Supported Living rate increases based on average % cost:	*69.80%*	*25.03%*		

ABX2 1 Service Provider Reimbursement Rate Increases Effective July 1, 2016
(Each rate increase is applied to service provider rate amount as of June 30, 2016)

	Service Provider Reimbursement Rate Increases			
Individualized Professional or Support Services	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
025 - Tutor Services – Group	8.63%	0.34%	N/A	8.97%
102 - Individual or Family Training	8.63%	0.34%	N/A	8.97%
108 - Parenting Support Services	8.63%	0.34%	N/A	8.97%
109 - Program Support Group-Residential	8.63%	0.34%	N/A	8.97%
110 - Program Support Group-Day Service	8.63%	0.34%	N/A	8.97%
111 - Program Support Group-Other Services	8.63%	0.34%	N/A	8.97%
645 - Mobility Training Services Agency	8.63%	0.34%	N/A	8.97%
650 - Mobility Training Service Specialist	8.63%	0.34%	N/A	8.97%
680 - Tutor	8.63%	0.34%	N/A	8.97%
Individualized Professional or Support Services rate increases based on average % cost:	*76.71%*	*17.53%*		
Health and Therapeutic Services	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
103 - Specialized Health, Treatment & Training Svcs	8.36%	0.31%	N/A	8.67%
106 - Specialized Recreational Therapy	8.36%	0.31%	N/A	8.67%
056 - Interdisciplinary Assessment Services	8.36%	0.31%	N/A	8.67%
115 - Specialized Therapeutic Svcs – Consumers 3 to 20	8.36%	0.31%	N/A	8.67%
116 - Early Start Specialized Therapeutic Services	8.36%	0.31%	N/A	8.67%
117 - Specialized Therapeutic Svcs – Consumers 21 and Older	8.36%	0.31%	N/A	8.67%
Health and Therapeutic Services rate increase is based on average % cost:	*74.35%*	*15.87%*		
Respite	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
862 - In-Home Respite Services Agency	8.82%	0.37%	5%	14.19%
868 - Out-of-Home Respite	8.82%	0.37%	5%	14.19%
869 - Respite Facility	8.82%	0.37%	5%	14.19%
850 - Camping Services	8.82%	0.37%	N/A	9.19%
Respite rate increase is based on average % cost:	*78.38%*	*18.95%*		
Transportation	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
875 - Transportation Company	5.31%	0.42%	5%	10.73%
880 - Transportation-Additional Component	5.31%	0.42%	5%	10.73%
882 - Transportation-Assistant	5.31%	0.42%	5%	10.73%
883 - Transportation Broker	5.31%	0.42%	5%	10.73%
Transportation rate increase is based on average % cost:	*47.19%*	*21.29%*		
Day Care Individual Providers	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
405 - Day Care Voucher	11.25%	0.00%	N/A	11.25%
455 - Day Care	11.25%	0.00%	N/A	11.25%
Day Care Individual Providers rate increase is based on average % cost:	*100.00%*	*0.00%*		
Day Care Agency Providers	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
851 - Child Day Care	6.19%	0.64%	N/A	6.83%
855 - Adult Day Care	6.19%	0.64%	N/A	6.83%
Day Care Agency Providers rate increase is based on average % cost:	*55.08%*	*32.89%*		
100% Administrative Costs	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
490 - Financial Management Services - F/EA	0.00%	1.96%	N/A	1.96%
491 - Financial Managemenet Services - Co-Employer	0.00%	1.96%	N/A	1.96%
894 - SLS – Vendor Administration	0.00%	1.96%	5%	6.96%
100% Administrative Costs rate increase is based on average % cost:	*0.00%*	*100.00%*		
100% Direct Services Costs	**Direct Service**	**Administrative**	**5% Rate Increase**	**Total Increase**
475 - Participant-Directed Community-Based Training Service for Adults	11.25%	0.00%	N/A	11.25%
420- Voucher Respite	11.25%	0.00%	5%	16.25%
465 - Participant-Directed Respite Services	11.25%	0.00%	5%	16.25%
864 - In-Home Respite Worker	11.25%	0.00%	5%	16.25%
100% Direct Services Costs rate increase is based on average % cost:	*100.00%*	*0.00%*		

Services Codes Not Reflected Above			Service Provider Reimbursement Rate Increases			
Service Code	Service	Use Service Category:	Direct Service	Administrative	5% Rate Increase	Total Increase
020	Transition/Set-Up Expense	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
021	Vehicle Modification & Adaptation	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
034	Money Management	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
051	Personal Emergency Response	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
072	Coordinator of Volunteers	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
084	Special Olympics	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
101	Housing Services	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
104	Environmental Accessibility	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
107	Educational Services	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
112	Communication Aides	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
425	Transportation - Family Member	Transportation	5.31%	0.42%	5%	10.73%
470	Transportation - Participant Directed	Transportation	5.31%	0.42%	5%	10.73%
627	Diaper Service	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
630	Driver Trainer	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
642	Interpreter	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
643	Translator	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
672	Educational Psychologist	Behavioral Services	8.11%	0.38%	N/A	8.49%
674	Teacher	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
676	Teachers Aide	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
678	Teacher of Special Education (Education Specialist)	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
691	Art Therapist - Individual & Group Practice	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
692	Dance Therapist - Individual & Group Practice	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
693	Music Therapist	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
694	Recreational Therapist	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
720	Dietary Services	Individualized Professional or Support Services	8.63%	0.34%	N/A	8.97%
743	Nurses Aide/Assistant	Health and Therapeutic Services	8.36%	0.31%	N/A	8.67%
790	Psychiatric Technician	Behavioral Services	8.11%	0.38%	N/A	8.49%
800	Genetic Counselor	Health and Therapeutic Services	8.36%	0.31%	N/A	8.67%
860	Homemaker Services	Personal Assistance, ILS, and Supported Living	7.85%	0.49%	N/A	8.34%

ATTACHMENT 5

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., Governor

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

July 25, 2016

TO: **REGIONAL CENTER EXECUTIVE DIRECTORS AND BOARD PRESIDENTS**

SUBJECT: ABX2 1 FUNDING FOR REGIONAL CENTERS TO PROMOTE EQUITY AND REDUCE DISPARITIES IN THE PURCHASE OF SERVICES

Welfare and Institutions Code (WIC) section 4519.5 (Enclosure 1) requires regional centers to annually collaborate with the Department of Developmental Services (Department) to gather data related to purchase of service (POS) authorization, utilization, and expenditures, by each regional center. This section also requires regional centers to undertake certain activities to identify significant disparities and barriers to equitable access to services and supports, and to develop recommendations and plans to reduce existing disparities.

Recent legislation, ABX2 1 (Chapter 3, Statutes of 2016), added WIC section 4519.5(h), which allocates $11 million to the Department to assist regional centers in the implementation of strategies to reduce POS disparities. The Department is now seeking proposals from regional centers to utilize this funding to address identified areas of disparity.

Proposals should include how funding will be used to implement plans to reduce disparities in each regional center's POS, and should be based on current data and information contained in the reports submitted to the Department pursuant to WIC section 4519.5(e) to achieve measurable results. Proposals may be for one regional center, or regional centers may collaborate to submit joint proposals of strategies to address areas of POS disparities in authorization, utilization and expenditures. One million dollars of the $11 million is to be utilized for bilingual regional center staff, thus regional centers requesting funding for this purpose should incorporate this request into their proposal(s). WIC section 4519.5(e) also requires regional centers to present their proposals for discussion in a public forum consisting of consumers and families, prior to submission to the Department.

Guidelines for proposals are included in Enclosure 2. A cover sheet (Enclosure 3) must be submitted with the proposal(s), and should include supporting evidence and/or documentation. The Department will review the proposals for thoroughness, applicability, and consistency with legislative requirements.

"Building Partnerships, Supporting Choices"

Proposals from regional center(s) must be received by the Department within 45 days of the date of this correspondence. WIC section 4519.5(h)(3) requires the Department to review proposals within 45 days of receipt. Proposals should be forwarded to:

Rapone Anderson
Regional Center Branch Manager
Community Services Division
Department of Developmental Services
1600 Ninth Street. Room 340, MS 3-12
Sacramento, CA 95814

Please send electronic submissions to: RCB@dds.ca.gov.

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

Sincerely,

Original signed by

BRIAN WINFIELD
Acting Deputy Director
Community Services Division

Enclosures (3)

cc: Association of Regional Center Agencies
Regional Center Chief Counselors
Regional Center Administrators
Nancy Bargmann, Department of Developmental Services
John Doyle, Department of Developmental Services
Rapone Anderson, Department of Developmental Services

Enclosure 1

Welfare and Institutions Code Section 4519.5

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

(1) The age of the consumer, categorized by the following:

(A) Birth to two years of age, inclusive.

(B) Three to 21 years of age inclusive.

(C) Twenty-two years of age and older.

(2) Race or ethnicity of the consumer.

(3) Primary language spoken by the consumer, and other related details, as feasible.

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

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

(6) Number of instances when the written copy of the individual program plan was provided at the request of the consumer and, when appropriate, his or her parents, legal guardian or conservator, or authorized representative, in a language other than a threshold language, as defined by paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations, if that written copy was provided more than 60 days after the request.

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

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

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

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

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

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

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

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

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

(g) (1) The department shall consult with stakeholders, including consumers and families that reflect the ethnic and language diversity of regional center consumers, regional centers, advocates, providers, the protection and advocacy agency described in Section 4901, and those entities designated as University Centers for Excellence in Developmental Disabilities Education, Research, and Service pursuant to Section 15061 of Title 42 of the United States Code, to achieve the following objectives:

(A) Review the data compiled pursuant to subdivision (a).

(B) Identify barriers to equitable access to services and supports among consumers and develop recommendations to help reduce disparities in purchase of service expenditures.

(C) Encourage the development and expansion of culturally appropriate services, service delivery, and service coordination.

(D) Identify best practices to reduce disparity and promote equity.

(2) The department shall report the status of its efforts to satisfy the requirements of paragraph (1) during the 2016–17 legislative budget subcommittee hearing process.

(h) Subject to available funding, the department shall allocate funding to regional centers to assist with implementation of the recommendations and plans developed pursuant to subdivisions (f) and (g). Activities funded through these allocations may include, but are not limited to, pay differentials supporting direct care bilingual staff of community-based service providers, parent or caregiver education programs, cultural competency training for regional center staff, outreach to underserved populations, or additional culturally appropriate service types or service delivery models.

GUIDELINES FOR PROPOSALS TO REQUEST FUNDING TO REDUCE DISPARITIES IN THE PURCHASE OF SERVICES

A. PURPOSE

Welfare and Institutions Code, section 4519.5, requires regional centers to implement recommendations and plans to promote equity and reduce disparities in the purchase of services (POS). ABX2 1 amended this section to require the Department of Development Services (Department), subject to available funding, to allocate funding to regional centers for the implementation of these recommendations and plans.

B. GENERAL REVIEW CRITERIA

Proposals may be submitted in a format determined by the regional center, provided all the required information is included. It is possible that regional centers may not receive funding for a particular proposal or may not receive the full amount requested. Regional centers must present their proposals in a public forum prior to submission to the Department. In evaluating each request, the Department will give priority to proposals that best address the following:

1. Describe your regional center's POS disparities.

2. Identify the target population(s). Describe your selection criteria and how the targeted population(s) will be identified. Assess the needs and barriers of the target population and provide any relevant evidence. Identify how the target issue and/or population relate back to your regional center's POS data.

3. Provide a brief summary of your public forum, which should include the following information, but not be limited to: date the forum was held, number of attendees, proposed strategies, and public input and comments received in response to the regional center's proposals.

4. Describe the recommendations to reduce service disparities:

    A. What is the strategy for implementing the recommendations or plans? Describe how the proposal will address the reduction of POS disparities.

    B. Describe (1) the plan and/or service(s) to be delivered, (2) how the plan and/or service(s) will be delivered, and (3) the anticipated duration of the plan and/or service(s).

    C. Describe (1) the anticipated cost of the plan and/or service(s) and (2) any criteria that will be used to evaluate and monitor the effectiveness of the plan and/or service(s).

    D. Describe when the regional center(s) will begin plan and/or service implementation. Include what contracts shall be executed with vendors, if applicable, prior to implementation.

    E. Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes.

Enclosure 3

Department of Development Services

Reduction of Disparities in Purchase of Service

Regional Center Funding Proposals (Fiscal Year 2016-17)

Regional Center(s):______________________________

Regional Center Contact Name/Title: ________________________

Address: ____________________________________

Email Address: ________________________________

Phone Number: ________________________________

I. PROPOSAL

Please attach the proposal for Fiscal Year 2016-17. Proposals must meet the criteria outlined in the application guidelines in Attachment 1. Proposals must also be consistent with information derived from public meetings with stakeholders regarding purchase of service (POS) disparity data. Regional centers may partner with other centers to implement strategies to address areas of disparity in POS authorization, utilization and expenditures.

II. BUDGET DETAIL

a. Amount of funding the regional center(s) is requesting: ______________

b. Estimated number of consumers to be impacted by the service(s): ______

III. DIRECTOR'S CERTIFICATION

I certify that the information completed above and attached is true and correct.

Director's Name: ______________________________

Director's Signature: ____________________________

ABX2 1 Funding to promote equity in POS for potentially underserved populations

Enclosure 3

Department of Development Services

Reduction of Disparities in Purchase of Service

Regional Center Funding Proposals (Fiscal Year 2016-17)

Regional Center(s): Tri-Counties Regional Center

Regional Center Contact Name/Title:
Mary Beth Lepkowsky, Assistant Director, Training & Organizational Development

Address: 520 E. Montecito Street, Santa Barbara, CA 93103

Email Address: mlepkowsky@tri-counties.org

Phone Number: (805) 884-7208

I. PROPOSAL

Please attach the proposal for Fiscal Year 2016-17. Proposals must meet the criteria outlined in the application guidelines in Attachment 1. Proposals must also be consistent with information derived from public meetings with stakeholders regarding purchase of service (POS) disparity data. Regional centers may partner with other centers to implement strategies to address areas of disparity in POS authorization, utilization and expenditures.

II. BUDGET DETAIL

a. Amount of funding the regional center(s) is requesting:
   $400K per year for two years (project total of $800K)

b. Estimated number of consumers to be impacted by the service(s): 400

III. DIRECTOR'S CERTIFICATION

I certify that the information completed above and attached is true and correct.

Director's Name: ______________________________

Director's Signature: ______________________________

TRI-COUNTIES REGIONAL CENTER: BUILDING CAPACITY AND LEVERAGING NEW PARTNERSHIPS TO PROMOTE EQUITY IN REGIONAL CENTER PURCHASE OF SERVICES

A. PURPOSE

Welfare and Institutions Code, section 4519.5, requires regional centers to implement recommendations and plans to promote equity and reduce disparities in the purchase of services(POS). ABX2 1 amended this section to require the Department of Development Services(Department), subject to available funding, to allocate funding to regional centers for the implementation of these recommendations and plans.

Purpose of this funding request is to

a. Identify barriers to equitable access to services and supports and develop recommendations to help reduce variances in purchase of service expenditures.
b. Encourage the development and expansion of culturally appropriate services, service delivery, and service coordination.
c. Identify best practices to promote equitable understanding and access to services and supports.
d. Document pathways of individual choice that follow equitable access and opportunity.

Aligned with that purpose, Tri-Counties Regional Center requests **$800,000** or **($400,000 per year**) for a 24-month project that will incorporate new outreach strategies and enhanced case management for Hispanic transition-age youth and adults age 16-22, and adults age 22 and above, who reside in San Luis Obispo, Santa Barbara and Ventura Counties and are authorized to use services related to:

a. Independent Living
b. Supported Living Services
c. Residential Services
d. Behavior Management
e. Day Programs

This allocation would fund the following:

- Salary and benefits for Spanish-speaking staff (i.e., Coordinator and/or Assistant) for three Family Resource Centers to coordinate objectives of this project (allocation and FTEs to be determined based on population served and available funding)
- Operating expenses for three Family Resource Centers
- Carve out (or contract) with Promotor Agencies in each county
- Stipends to enhance bilingual staff participation in this project

TCRC has observed variances in expenditure data. Over the past four fiscal years, the per capita expenditure for the Hispanic population served by the Tri-Counties Regional Center was less than that of the White population served by the regional center. From a cost perspective, the greatest variances exist in services related to residential settings, between Hispanic and White adults. (People who live at home have much less expenditure than others, this is consistent across all ethnic groups). A larger number of Hispanic individuals served by TCRC are living at home, therefore their expenditures are less.

TCRC's POS expenditure data also show that variances among children are less pronounced than those among adults. Beginning at transition age (16-22) variances in per capita expenditures become more apparent and continue through a subset of adult services. To better understand these variances, POS data from FY1415 and FY1516 was analyzed by ethnicity, county, age and service. Data indicate the greatest variances in per capita expenditures occur in five main categories of services related to:

a. Independent Living
b. Supported Living Services
c. Residential Services
d. Behavior Management
e. Day Programs

If all individuals and families, regardless of ethnicity, when provided with equal home and community circumstance, have equal information and understanding, equal opportunity to access needed services, and an individualized, person-centered approach to identifying and planning for needs based on the impact of a developmental disability, then variances among service utilization and per capita expenditure are likely to diminish. Therefore, with this requested funding, TCRC will develop and implement a collaborative of the regional center, family resource centers, and Promotor agencies in San Luis Obispo, Santa Barbara, and Ventura Counties, leveraging existing Promotores in the community to help establish relationships with up to 400 Hispanic individuals and families in the Tri-Counties area. The project will support families to access generic resources that might include food, shelter, and housing. Promotores will serve as a guide to link individuals and families with generic resources and regional center services, and with Family Resource Centers (FRCs) to receive ongoing support from other Spanish-speaking individuals with a developmental disability and family members, helping them to navigate the regional center network and system of services. The Service Coordinator will partner with both the Promotores and the FRC to cultivate the relationship with the family and build upon the trust that is being developed in this partnership. In return, participating Service Coordinators will be eligible for an enhanced bilingual case management stipend.

Through cross-training, coordinated enhanced case management, family outreach, support, and advocacy education, and shared outreach measures, the project seeks to identify and eliminate barriers to accessing services in these five identified service categories.

Anticipated outcomes may include any combination of the following, and will vary according to the individual and family's specific needs:

1. New strategies for building relationships and sharing information with underrepresented individuals and families
2. Verification of increased understanding, awareness and equitable opportunity and access to services.
3. Validation of family choice as an acceptable option for declination of services.
4. More equitable authorization of services, as appropriate and according to need, by Hispanic individuals and families observed to be underrepresented in some services.

5. Identification of new service types and service delivery models based on what is learned from participating individuals and families and their reasons for choosing to utilize or decline existing service models.
6. Documentation of promising practices that can be shared with other regional centers.

B. PROPOSAL

1. Describe your regional center's POS variances

Focusing on services reflecting a per capita variance of $1000 or more, or significant difference in utilization, between Hispanic and White individuals, TCRC identified 20 service codes/services that warrant further exploration and attention. These services include:

		14/15 FISCAL YEAR - PAID				15/16 FISCAL YEAR PAID			
CODE	SERVICE TYPE	Count of HISPANIC	Count of WHITE	Count HISPANIC minus WHITE	Per Capita HISPANIC minus WHITE	Count of HISPANIC	Count of WHITE	Count HISPANIC minus WHITE	Per Capita HISPANIC minus WHITE
854	Home Health Agency	16	28	(12)	$ (15,477)	17	39	(22)	$ (16,118)
896	Supported Living Service	85	539	(454)	$ (8,189)	94	549	(455)	$ (10,729)
860	Homemaker Program	6	18	(12)	$ (11,350)	9	26	(17)	$ (7,684)
920	Res Facility - Children - Staff Operated	2	3	(1)	$ (13,586)	2	3	(1)	$ (6,673)
851	Child Day Care	8	5	3	$ (219)	4	2	2	$ (5,834)
62	Personal Assistance	127	148	(21)	$ (3,986)	170	180	(10)	$ (5,051)
101	Housing Services	8	15	(7)	$ (1,743)	8	15	(7)	$ (4,984)
93	Personal Assistance: Parent Coordinated	24	74	(50)	$ (2,812)	31	73	(42)	$ (3,220)
24	Reimbursement for services/item per IPP	11	47	(36)	$ (2,680)	15	34	(19)	$ (3,021)
117	Specialized Therapeutic Services - 21 & up	4	12	(8)	$ (8,121)	4	12	(8)	$ (2,886)
96	Geriatric Facility	10	34	(24)	$ (2,904)	12	38	(26)	$ (2,682)
111	Supplemental Program Support - Miscellane	2	6	(4)	$ 2,907	2	6	(4)	$ (2,281)
615	Behavior Management Assistant	39	92	(53)	$ 182	47	73	(26)	$ (2,107)
110	Supplemental Program Support - Day progra	66	150	(84)	$ (1,266)	75	160	(85)	$ (2,041)
505	Activity Center - DTAC	21	147	(126)	$ (716)	24	155	(131)	$ (1,651)
635	Independent Living Specialist	23	73	(50)	$ 1,360	24	77	(53)	$ (1,385)
605	Adaptive Skills Trainer	120	99	21	$ (139)	147	122	25	$ (1,138)
515	Behavior Management Day Program - BMP	267	572	(305)	$ (686)	281	576	(295)	$ (907)
105	Travel Reimbursement	3	7	(4)	$ (260)	12	16	(4)	$ (793)
612	Behavior Analyst	32	83	(51)	$ (475)	38	71	(33)	$ (697)

The data suggest that in some services (e.g. Supported Living Service, Daytime Activity Center, Behavior Management Day Program) Hispanic individuals utilize services less than do White individuals. Additionally, when utilization by ethnicity is similar for these service codes, the per capita expenditure for Hispanic individuals is less than that for White individuals. The Planning phase will allow time to further analyze utilization, barriers to access, and the person-centered approach to be used with each individual and family.

2. **Identify the target population(s). Describe your selection criteria and how the targeted population(s) will be identified. Assess the needs and barriers of the target population and provide any relevant evidence. Identify how the target issue and/or population relate back to your regional center's POS data.**

Target populations

a. From the analysis conducted our target population includes Hispanic, transition-age youth and adults, age 16-22, and Hispanic adults, age 22 and above, who are authorized to receive one or more of the 20 service codes listed above, residing in San Luis Obispo, Santa Barbara, or Ventura Counties.
b. For services indicating a large variance in utilization, we will also identify Hispanic individuals, who have authorizations for, but are not utilizing, the identified service(s).

Secondary Target Populations include:

c. Hispanic families and people served who do not have authorizations in the targeted services. They can provide valuable insights as to their level of awareness about these services, and if aware, why they are not using these services, and what might be useful alternative forms of support.
d. In FY1516, 40% of the people served by TCRC were Hispanic, with 23% reporting Spanish as their preferred language. Further analysis of our target population will be conducted during the planning phase to determine and address the role of primary language in presenting a potential barrier to accessing services. Spanish-speaking individuals and families are likely to be an additional target population based on the results of this analysis.

The project scope and scale will take into account the geographical demographic of target individuals and families. Resources will be allocated according to where the target population resides. When comparing the data of number of Hispanic individuals served by TCRC in each county, it is consistent with the general population demographics according to the 2015 US Census Bureau.

FY 1516 DEMOGRAPHICS	COUNTY* % HISPANIC OR LATINO	COUNTY* % WHITE – NOT HISPANIC	TCRC** # HISPANIC OR LATINO	TCRC** # WHITE – NOT HISPANIC
SAN LUIS OBISPO COUNTY	22.2%	69.3%	381	1353
SANTA BARBARA COUNTY	44.8%	45.4%	1379	1233
VENTURA COUNTY	42.3%	46.1%	2147	2488

*Quick Facts from US Census Bureau (2015) https://www.census.gov/quickfacts/table/RHI125215/00
**TCRC POS Expenditure Data FY1516

In FY1415 there were 630 authorizations to Hispanic individuals being utilized in the 20 identified Service Code (POS Data FY1516). On FY1516 that number grew to 896 but further analysis is needed during the Planning Phase to determine the actual number of unduplicated individuals served in each county. We estimate the number of people impacted by this project to be approximately 400.

Needs and Barriers:

Efforts to engage the public in dialogue about POS expenditures has been ongoing, and include input from POS Data Information Sessions, held at six (6) locations in March and April, 2016. At those meetings members of the public reviewed annual POS data and discussed their observations and suggestions to address variances. All comments were captured and shared with a Strategic Plan Workgroup that is focused on Culturally Competent Services and Supports. This workgroup, comprised of staff from multiple TCRC departments met in May, 2016 to consider and organize the community input into thematic recommendations that would leverage our person-centered philosophy and practices to address needs and reduce potential barriers to accessing services.

The top five (5) priorities identified by staff and community members were:

1. Address language hurdles
2. Conduct dedicated outreach to Hispanic and Spanish-speaking individuals and families
3. Explore feasibility of providing greater flexibility of access and services hours and types
4. Translate and build capacity to deliver Person Centered Thinking and Planning training in Spanish
5. Provide training to regional center and service provider staff on topics of cultural proficiency

In addition, a service provider survey was administered in July, 2016, with thirteen (13) organizations responding, that identified the following items in priority order for ABX2 1 funding:

1. Outreach to potentially underserved populations,
2. Parent or caregiver education programs
3. Pay differential supporting direct care bilingual staff of community-based service providers
4. Additional culturally appropriate service types or service delivery models
5. Cultural competency training for regional center staff

The priorities identified from community members, regional center staff, and service provider were consistent, with the exception of pay differentials for direct care bilingual staff of service providers. This project will address the four priorities that all stakeholder groups had in common. TCRC will continue to explore options related to pay differentials.

3. Provide a brief summary of your public forum, which should include the following information, but not be limited to: date the forum was held, number of attendees, proposed strategies, and public input and comments received in response to the regional center's proposals.

Prior to the forum, TCRC engaged community members in six public meetings to review and discuss possible strategies to address variances in POS expenditure data. TCRC staff then considered input from all communities as well as results from a service provider survey, to identify and prioritize the needs and strategies outlined in this proposal.

Multiple conference calls have occurred with members of Family Resource Centers and Promotoras in each county to research new models of outreach, and to better understand the needs and benefits of a potential partnership.

A public form was held on Friday, **September 9, at 6:00pm in the TCRC Santa Barbara Annex, located at 505 E. Montecito Street, Santa Barbara, CA 93103.** In addition to the TCADD Board of Directors, thirteen (13) members of the public attended and the following proposed strategies were presented:

1. **Address Language Hurdles (TCRC In-Kind):**
    a. Greater use of plain, understandable language in communications
    b. Consider the use of graphics to help convey information in a more simplified manner for those who have limited reading ability and those who do not have a written language.
2. **Dedicated Outreach (ABX2 1 Funding Request):**
    a. Establish a partnership between TCRC, Family Resource Centers, and Promotores in each county to develop a coordinated and person-centered approach to outreach to individuals and families in identified target population(s); engage in enhanced service coordination, education and awareness of regional center services, advocacy training, and linking individuals and families from the target population(s) to Service Coordinators and Family Resource Centers for ongoing support.
3. **Feasibility of flexible/new service hours and types (TCRC In-Kind and TBD based on ABX2 1 Project Findings)**:
    a. seek business owners who are bi-lingual and bi-cultural to encourage greater vendor choice. Consider this in the outreach and vendorization process
    b. learn from the experience of this project to explore new service delivery methods and types that better respond to the needs of Hispanic individuals and families age 16-22 and 22+
4. **Translate Person Centered Thinking and Planning to Spanish (TCRC In-Kind and in Progress)**

   a. Translate materials and concepts and determine culturally relevant methods of sharing this information and resources; develop the capacity of bilingual, bicultural trainers (staff, providers or FRC personnel) to support this effort

5. **Training (TCRC In-Kind FY1617 & FY1718):**
   a. It is important to understand how an individual's culture and ethnic background can influence the dynamics of a relationship and views toward developmental disabilities and associated services. Conduct training for all regional center staff on cultural competence.
   b. In a second phase provide similar training to regional center staff and service providers
   c. Conduct cross-training of Service Coordinators, FRC staff, and Promotores in this funded project to ensure consistency of message and increased capacity to build trust in relationships with individuals and families in the target population(s).
   d. Family Resource Centers, with their increased Spanish language capacity will be able to expand their parent and caregiver education programs and support groups to include services to monolingual Spanish speaking and limited English speaking families.

6. **Accessing the community (ABX2 1 Funding Request):**
   a. Leverage existing trust and expertise of Promotores who are already embedded in the community
   b. Build capacity and resources of FRCs to conduct outreach and engage families at various community venues and events; hire a bi-lingual, bicultural Coordinator at each FRC.

7. **Additional culturally appropriate service types or service delivery models (TBD based on ABX2 1 Project Findings)**
   a. With regular collaborative meetings of the partners involved with the Dedicated Outreach efforts, we expect to learn from families about alternatives to existing service types of service delivery models. There will be a mechanism to collect this input and share recommendations with resource developers and to explore possibilities within regional center funding parameters.

The following questions and comments were received in response to the recommendations:

1. **Comment from multiple Vendor Advisory Committee members – Sept 8**
   This is a great project, greatly needed and long overdue

2. **Q: Is there a Promotor organization in SLO County that serves the Mixteco community?**
   A: *We are partnering with Mixteco Indigina Community Organizing Project in Ventura County and the Center for Strengthening Families in San Luis Obispo County. We do not yet know about outreach capacity specifically to the Mixteco community in SLO.*

3. **Comment:** *Add to the proposal that TCRC will share results and promising practices with other regional centers.*
4. **Q: What are the DDS reporting requirements?**
   A: *We have been informed that when DDS forwards an award letter, they will include instructions about quantitative and qualitative reporting requirements. The proposal includes some suggestions of the type of data that will be collected.*

5. **Q: Who will oversee this project?**
   A: *The TCRC Multicultural Specialist, a new position funded by DDS, will serve as a project coordinator and be supported by the Assistant Director of Training and Organizational Development.*

6. **Comment:** *The TCADD Board would like to hear a report on the project, once implemented, to learn about what individuals and families are sharing about barriers and needs.*
7. **Q: We've done a per capita comparison, what about looking at variances according to type of disability?**
   A: *During the planning phase we intend to do more in-depth analysis with the goal being to ensure families have information needed to make informed choices about accessing services. In future funding cycles we may be able to expand the scope of this project or request funding for a project focused on a new target population.*

8. **Comment from service provider** — *after holding their annual picnic for Hispanic families on Saturdays for many years, they decided to hold it on a Sunday afternoon instead, and found that many more families, and in particular, fathers were in attendance – something to consider when planning events and outreach.*

9. **Q: Are Promotores paid or volunteer?**
   A: *It depends on the organization. Some are volunteers, some are part-time employees and some are full-time employees.*

10. **Email Comment:** *One email was received from a family member upon seeing the website announcement after the public forum and expressed concern about the lack of information initiated by the Service Coordinator and regional center. She shared that most of what she has learned about resources for her family member have come from other parents and/or professionals outside of the regional center. She also shared that the reasons her authorized hours of service are not fully utilized are due to the lack of respite workers available, the lack of available direct support staff due to low wages, and due to difficulties with the regional center billing system. She has observed that the level of information and services can depend largely upon the ability and initiative of the service coordinator. She communicated that given her own challenges in accessing services, people who don't have computers, don't read English, and don't understand the vendor process will have difficulty accessing services.*

4. Describe the recommendations to reduce service variances:

The recommended activities are interconnected and designed to further understand and eliminate potential barriers to accessing regional center services. Our proposal includes a planning phase during which collaborative partners will clarify roles, responsibilities, outcomes, strategies, and measures for a coordinated approach to outreach, education, referral and accessing services.

A. What is the strategy for implementing the recommendations or plans? Describe how the proposal will address the reduction of POS disparities.

Partnership

Conceptual discussions about this project have begun. Representatives from partnering agencies, including, TCRC, Rainbow Family Resource Center, Alpha Resource Center-Children and Family Advocacy Services, Parents Helping Parents Family Resource Center, Santa Barbara County Promotores Network, and the Center for Family Strengthening met three times to learn about the Promotor model, explore the benefits of a partnership, and outline the key objectives of this initiative. Mixteco Indigina Community Organizing Project (MICOP), a Promotor Agency in Ventura County was also notified, but unable to attend the scheduled meetings. Their Executive Director has been briefed on the project and expressed their interest and willingness to participate during the Planning Phase.

The planning group met with Rose Chacana, Director of Lanterman Regional Center Family Resource Center, who provided valuable information and insights about how the Promotor model has benefitted families in their catchment area. Additionally, Josefa Rios, from the Santa Barbara Promotores Network is the regional representative for Vision y Compromiso, the California statewide network of Promotores, covering the Tri-Counties area. We have great enthusiasm and commitment from all partners to establish this collaborative.

Phase 1: Planning Phase - January-June 2017

Funding will be used to establish a collaborative between TCRC, three Family Resource Centers, and Promotor Agencies in Ventura, Santa Barbara, and San Luis Obispo Counties, to coordinate an approach to conduct outreach to Hispanic individuals and families represented in the target populations, for the purpose of building relationships increasing awareness of generic and regional center services, promoting personal advocacy, and linking them to needed services through the regional center, and to ongoing family support provided by the FRCs.

Infrastructure:

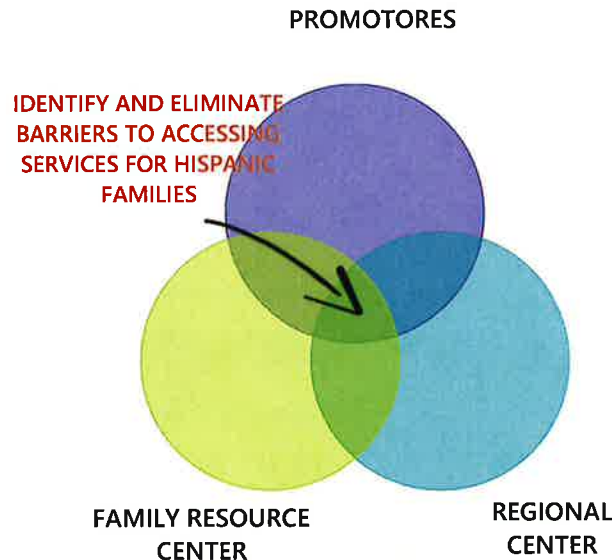
The TCRC Multicultural Specialist will serve as a project coordinator, and will convene and facilitate planning sessions with all partner representatives to

- Establish Coordinating Council that includes partner agencies and Hispanic adults/family representatives.
- Clarify scope and scale of project and data related to target population(s).

- Clarify roles and responsibilities of each partner, (FRCs, Promotor Agencies, TCRC Multicultural Specialist, TCRC Service Coordinators, Individuals and Families).
- Agree to project outcomes, indicators of progress and shared measures.
- Define funding relationship and budget allocations for FRCs and Promotor Agencies (contract or FRC carve out).
- Create protocols and associated materials.
- Hire/build capacity of FRC staff and Promotores for the project.
- Begin cross-training participating partners on topics related to developmental disabilities, generic and regional center services, the Promotor model, Five Protective Factors and Principles of Family Support, and Cultural Relevance

Phase 2: Implementation – July 2017 – June 2018

- Targeted outreach and enhanced case management will launch in July 2018.
- The Coordinating Council will convene quarterly (or more often as needed) during the Implementation Phase to monitor progress, modify based on what is learned, and support the group to remain focused on next steps. The methods used by each FRC to achieve the project objectives may differ based on the unique needs of their respective communities. Shared measures will help tie the project together across all three counties.
- Continue cross-training as needed.
- Supplemental in-kind contributions from TCRC that will benefit this project and support the outcomes include:
    a. Multicultural Specialist will provide facilitation and consultation during planning phase, and throughout the project period
    b. Training provided to regional center staff on topics of cultural proficiency
    c. TCRC will support the modification of TCRC's overview of services to a more visual, easy to understand format.



A. Describe (1) the plan and/or service(s) to be delivered, (2) how the plan and/or service(s) will be delivered, and (3) the anticipated duration of the plan and/or service(s).

Family Resource Centers

The project will build the capacity of Family Resource Centers (FRCs) in each county to engage in greater outreach and better serve Spanish-speaking individuals and families. Each of three FRCs, Rainbow Family Resource Center of Ventura County, Alpha Family Resource Center-Children and Family Advocacy Services of Santa Barbara County, and Parents Helping Parents Family Resource Center of San Luis Obispo County, will each be funded to secure a Spanish-speaking Coordinator and an administrative assistant (or other staff as deemed appropriate to their respective needs). These positions may vary in amount of time funded, based on the number of people served in the target population and available funding. This additional capacity will allow the FRCs to enhance their existing capacity to provide:

1. Information
2. Parent to Parent and Peer Support
3. Education
4. Specialized Case Management
5. Outreach related to generic and disability related services
6. Data collection and evaluation

Promotores

In the Planning phase, it will be determined whether the funding for each Promotor Agency will become a carve out of the FRC allocation or a direct contract with TCRC. This will be based on willingness and ability to manage the funds and reporting requirements.

County-specific Promotores agencies will be essential and equal partners in this collaborative. Promotores, is the Spanish term for "community health workers". The Hispanic community recognizes Promotores as lay health workers who work in Spanish-speaking communities. Sandra Magana, PhD of University of Illinois, has researched the effectiveness the Promatora model with special needs families. https://www.researchgate.net/profile/Sandy_Magana/publications
This model has proven to be highly effective in communities throughout California and recently as demonstrated by the Lanterman Regional Center Promotora project.

The project will utilize the expertise of existing Promotores, already embedded within the community, enhance their skill and knowledge with information about regional center services and the Family Resource Centers, for the purpose of building trust and relationships between individuals with developmental disabilities and their families, Service Coordinators, and Family Resource Centers. Promotores will support an individual and/or family for a period of one year. They will graduate a family after helping them to solidify their relationship with the Service Coordinator and the Family Resource Center, and enhance their skill and confidence for self-advocacy and navigating the network of services and supports. Promotores will also foster connections to the generic resources in the community, helping

individuals and families overcome barriers that might fall outside of what is within the control of the regional center.

Regional Center
Service Coordinators will refer individuals and families to this collaborative, based on their authorization and utilization of the 20 targeted service codes. SCs will meet periodically with the FRC representative and the designated Promotore(a) to coordinate outreach to the individual and/or family, and to monitor progress and action plans. The SC will also assist in capturing the insights and findings from each participating adult or family and the FRC and Promotore(a) interactions.

The TCRC Multicultural Specialist will serve in a liaison role across all three counties, coordinating regular convenings by person and/or by webinar to share insights, observations, and promising practices. The Multicultural Specialist will also be responsible for coordinating agency wide training initiatives for this project, documenting findings and reporting progress to the regional center and to DDS.

B. Describe (1) the anticipated cost of the plan and/or service(s) and (2) any criteria that will be used to evaluate and monitor the effectiveness of the plan and/or service(s).

1. Anticipated costs (prorated based on population served)

Ventura County - Rainbow Family Resource Center partnering with Mixteco Indigina Community Organizing Project (MICOP) - Promotor Agency (includes 10% (or other amount TBD) contract or carve out for Promotor Agency, salaries, benefits, operating expenses and indirect costs) – January 1, 2017-December 31, 2018)	$375,000
Santa Barbara County - Alpha Resource Center partnering with SBCEO–SBC Promotores Network (includes 10% (or other amount TBD) contract or carve out for Promotor Agency, salaries, benefits, operating expenses and indirect costs) – January 1, 2017-December 31, 2018)	$225,000
San Luis Obispo County - Parents Helping Parents – partnering with Center for Family Strengthening - Promotor Agency (includes 10% (or other amount TBD) contract or carve out for Promotor Agency, salaries, benefits, operating expenses and indirect costs) – January 1, 2017-December 31, 2018)	$150,000
Bilingual Staff Stipend (requested from $1M allocation) for regional center Service Coordinators involved in this project	$50,000
Training for Regional Center Staff and Service Providers – Contractor TBD	TCRC In-Kind ($20,000) Contribution
Graphic Design and Media Production – Contractor TBD	TCRC In-Kind ($30,000) Contribution
TOTAL FUNDING REQUEST ***$400K** for two years – January 1, 2017 – December 31, 2018) ***Inclusive of $50,000 for bilingual stipends for regional center project staff**	**$800,000***

Based on the results of this first two-year project, we would like to continue these efforts and expand to other age groups and recipients of other services, as indicated in future POS expenditure data. Therefore, we hope to be able to request additional funding in future years to sustain and expand this partnership.

2. Criteria to evaluate and monitor the effectiveness of the plan and/or service(s).

Determining Measures – in the Planning Phase the collaborative will agree to shared measures and indicators of progress. Possible measures to be considered might include:

- Decrease in number of families in target population that have authorizations that are not utilized
- More equitable representation of Hispanic families across the 20 service codes
- Qualitative input from participating families regarding identified barriers to accessing services
- In addition, a pre and post survey will be administered to participating individuals and families and will include, but not be limited to, the following questions that are based on the successful Promotor project through Lanterman Regional Center. Responses will be monitored over time to evaluate the impact of the plan.

Sample Pre and Post Questions (source: adapted from Lanterman Regional Center):

1. How would you rate your ability to access services through Tri-Counties Regional Center?
   - ❑ Very easy
   - ❑ Easy
   - ❑ Difficult
   - ❑ Very difficult

2. How would you rate your confidence to access services through Tri-Counties Regional Center?
   - ❑ Very confident
   - ❑ Confident
   - ❑ Not confident
   - ❑ Not at all confident

3. Which services are you currently accessing?
   - ❑ Independent Living
   - ❑ Supported Living Services
   - ❑ Residential Services
   - ❑ Behavior Management
   - ❑ Day Programs

4. What barriers exist to accessing services?
   - ❑ Lack of communication from TCRC Service Coordinator
   - ❑ Transportation

- ❑ Language barriers
- ❑ Lack of communication with Service Provider(s)
- ❑ Not sure what services are available
- ❑ Busy schedules
- ❑ Lack of day care
- ❑ Information is not understandable
- ❑ Personal or family preference not to access service
- ❑ Other

5. What generic / community resource services are you currently using?
   - ❑ Behavior Intervention
   - ❑ Related special education services (IEP)
   - ❑ Transition Planning
   - ❑ MediCal (SSI)
   - ❑ California Children's Services (CCS)
   - ❑ In-Home Support Services (IHSS)
   - ❑ Transportation Services (by count?)
   - ❑ Parent Education Workshops – FRC and other
   - ❑ Community Public Health Services
   - ❑ Food Banks/ Food Programs
   - ❑ Housing Assistance
   - ❑ Financial Assistance
   - ❑ Behavioral health / Mental Wellness
   - ❑ Other ____________________

In addition to the Pre and Post Survey, quantitative and qualitative data will be collected from participating individuals and families to determine the impact of the overall program on their participation in FRC activities, follow through on strategies and recommendations, and utilization of regional center and generic services. The post survey will provide this data as well as personal testimonies.

Additional questions will be developed to evaluate the individual's or family's access to and understanding of information about regional center services.

C. Describe when the regional center(s) will begin plan and/or service implementation. Include what contracts shall be executed with vendors, if applicable, prior to implementation.

The project will begin January 1, 2017 using the following timeline:

- January 1 – June 30: Planning, Contracting and Hiring
- July 1 2017- June 30 2018: Implementation of Coordinated Strategies
- July 1-Dec 31, 2018: Transfer of support to SC and FRC; Evaluation and Reporting of Findings

Contracts will be executed with:

- Tri-Counties Regional Center – Ventura County
    - Rainbow Family Resource Center
- Alpha Resource Center of Santa Barbara – Santa Barbara County
    - Children, Family & Advocacy Services Program
- UCP-SLO – San Luis Obispo County
    - Parents Helping Parents Family Resource Center

In the Planning Phase it will be determined if the allocation for Promotor Agencies will be executed as a contract with the Promotor Agencies in each county, or as a carve out in the FRC contracts. The agencies that will be involved in providing Promotores may include:

- Ventura County – Mixteco Indigina Community Organizing Project (MiCOP)
- Santa Barbara County – Santa Barbara County Promotores Network
- San Luis Obispo County – Center for Family Strengthening

D. Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes

Data tracking methodologies and tools will be developed during the Planning phase. These tools might include, but are not limited to:

- Service Coordinator Referral form
- Intake form
- Individualized Care Plan
- Action Plan
- Case Notes
- Pre and Post Survey
- Qualitative Questionnaire

A Pre and Post Survey will document basic family information on: access to regional center services, and difficulties accessing those services. The Pre Survey will provide a baseline to quantify an individual's or a family's progress throughout the project. The questions will provide a more in-depth analysis of the barriers encountered when trying to access regional center services, and an analysis of results and progress at the close of the project.

Staff evaluations of training

Quantitative and qualitative questions will be included in an evaluation of training initiatives for regional center staff. Participants will be surveyed at the end of the training and after six months to learn how the concepts of cultural proficiency have been applied to their work, and to describe the impact of the training on their overall performance.

Reporting

Project findings, lessons learned, and promising practices will be shared with other regional centers for possible replication and/or modification for implementation in other areas.

ATTACHMENT 7

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., Governor

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

OCTOBER 25, 2016

TO: **OMAR NOORZAD, TRI-COUNTIES REGIONAL CENTER**

SUBJECT: **ABX2-1 FUNDING TO PROMOTE EQUITY AND REDUCE DISPARITIES – RESPONSE TO REGIONAL CENTER PROPOSAL**

Thank you for submitting your regional center's proposal to utilize available funding to reduce disparities in purchase of services, as authorized by Assembly Bill (AB) X2-1 (Chapter 3, Statutes of 2016). In reviewing regional centers' proposals, the Department of Developmental Services (Department) took into account statewide needs and available resources, as well as information gathered during the Department's statewide stakeholder meetings. In addition, each proposal was analyzed for compliance with applicable statute and regulations, and the Department's guidelines issued on July 25, 2016.

On September 16, 2016, the Department received Tri-Counties Regional Center's (TCRC) proposal. The Department held a teleconference with TCRC staff on October 7, 2016, to discuss each of the proposed activities. As a result, the Department approves the following proposed activities contingent upon the regional center's assurance that funding is used specifically for the designated purpose(s), and complies with applicable federal and state laws and regulations:

Proposed Activity	Amount Requested
• **Collaborative Project with Promotoras and Family Resource Centers**	$750,000
Total	**$750,000**

Approved funding is for costs of proposed activities occurring or being encumbered in Fiscal Year (FY) 16/17.

Bilingual Pay
TCRC's request for funding related to pay differentials for bilingual regional center staff is currently being reviewed to determine the methodology by which the allocated

"Building Partnerships, Supporting Choices"

funding will be distributed among regional centers. Future correspondence will be issued related to bilingual pay and your specific request.

Collaboration
The Department received several funding requests to develop and translate written materials in native languages. We encourage you to partner with other regional centers to eliminate the duplication of effort and to maximize the use of available funding.

Funding and Claiming
The Department will include the approved funding in the next contract amendment, and will revise the state claim form so regional centers can delineate funding expended to implement activities approved in your regional center's proposal to address local equity issues.

Outcomes
Regional centers are required to maintain records, collect data, and track qualitative and quantitative outcomes. Records must reflect your regional center's progress in achieving the purpose of each activity and at minimum, must include the following details: activity status, completed tasks, and quantitative measures (e.g., survey results, funding utilization, and number of impacted staff or consumers/families). Please incorporate this information with the report due to the Department annually on May 31st, resulting from your public meetings discussing purchase of service disparities.

Requesting Modifications of Proposals
Regional centers are required to provide the Department with written notification of any amendments to the approved activity(ies), including, but not limited to: deviation from the initial intent of the proposed activity, unexpected obstacles or delays in project implementation, or anticipated changes to the original requested funding amount. The Department will review your requests and work collaboratively with you to identify necessary actions to address any modifications. Written notifications should be forwarded to:

Rapone Anderson
Regional Center Branch Manager
Community Services Division
1600 Ninth Street, Room 340, MS 3-12
Sacramento, CA 95814

Please send electronic notifications to: RCB@dds.ca.gov.

If you have any questions regarding this correspondence, please contact Rapone Anderson at (916) 654-3722, or by email at rapone.anderson@dds.ca.gov. The Department looks forward to assisting you in your efforts to promote equity in the purchase of services and supports for individuals with developmental disabilities.

Sincerely,

Original signed by

BRIAN WINFIELD
Acting Deputy Director
Community Services Division

cc: Association of Regional Center Agencies
Nancy Bargmann, Department of Developmental Services
John Doyle, Department of Developmental Services
Rapone Anderson, Department of Developmental Services

Understanding Barriers and Implementing Effective Strategies to Address Disparities in Service among Californians with Developmental Disabilities

California is both the most populous state in the nation and the most ethnically, racially, and culturally diverse. Ensuring all Californians can access services to which they are entitled, in sensitive and responsive settings, is both current policy and an ethical imperative. In spite of investment in addressing, and prominent attention paid to, racial and ethnic health care disparities, differences still exist across multiple domains in the United States, including access to care, use of services, health status, and quality of care. Data from the Centers for Disease Control continue to show national disparities in early diagnosis of autism and treatment by race and ethnicity. California is no exception.

The purpose of this three year grant is to identify and understand the barriers to service access and utilization, tailor effective strategies to address those barriers, and implement strategies that optimize access to, and utilization of, regional center services across racial and ethnic groups.

Statewide Disparities

Using existing data, regional centers' services to individuals from diverse communities can be examined by exploring three distinct sets of statistics: 1) Access to Care, by comparison of the ethnicity of individuals served by regional centers and the population as a whole; 2) Funding Disparities, by an assessment of the amount of money regional centers spend on individuals in different ethnic groups; and, 3) Service Use Rates, by an examination of the percentage of individuals, by ethnicity, who receive no funded services.

Access to Care

The following is a chart comparing estimates from the United States Census Bureau's breakdown of California ethnic groups as of July 2015 and the ethnic breakdown of Lanterman Act-eligible individuals supported by regional centers as of June 30, 2015.[i, ii]

Ethnicity	US Census Bureau Estimate	CDER Data
Asian (including Filipino)	14.7%	8.97%
Black/African American	6.5%	9.76%
Hispanic	38.8%	36.15%
Native American	1.7%	0.37%
Polynesian/Pacific Islander	0.4%	0.23%
White	38.0%	35.55%
Other/ Multi-Cultural		8.97%

While not a perfect comparison, because the Census data sorts all populations into six categories, while approximately 9% of individuals supported by regional centers have an ethnicity classified as "other," important conclusions can be drawn. Most notably, individuals from Asian and Native American communities are underrepresented in active regional center cases.

Funding Disparities

According to DDS data, in Fiscal Year 2014-15 the average amount spent statewide per individual with a developmental disability on regional center-funded services was approximately $12,500. For Caucasians, per person spending was $18,412, compared to $8,452 for Hispanics, $14,479 for African Americans, and $10,711 for Asians. For this time period, all regional centers reported that fewer funds were expended per capita on Hispanic individuals than Caucasian individuals, and fourteen also reported spending more on Caucasians than Asians.[iii]

A closer examination of the statewide data reveals that expenditure patterns by ethnicity change with age. For instance, while per capita spending for all groups increased between school-age and adulthood, the rate of increases for different ethnicities is not uniform. These trends suggest a complex interrelationship between age, ethnicity, utilization of paid regional center supports, and other factors.

Service Use Rates

Approximately 20% of individuals statewide who have an active case with a regional center do not access regional center funded services in any given year. For Fiscal Year 2014-15, this percentage ranged from a low of 16% for Other ethnicities to a high of 26% for Polynesians.[iv] A quick examination of regional center POS data suggests these broad percentages are not consistent across age groups. More detailed analysis could determine whether this is the product of unmet needs for certain age groups or is more reflective of needs being met through other sources (*i.e.*, school).

Target Populations

All twenty-one regional centers support the funding of this grant to better understand and implement effective strategies to address barriers to access and service utilization. The target population is individuals statewide who are members of ethnic and racial groups with unmet needs related to their own or their family members' developmental disabilities. DDS data suggests that statewide, individuals who are not Caucasian access, on average, fewer paid supports through regional centers. Unanswered questions related to this include:

- Is family income, ethnicity, or limited English proficiency (also known as "linguistic isolation")[v] the better predictor of the level of regional center-funded services that an individual will access?
- Are there differences in care-seeking behavior due to differing cultural beliefs and preferences?
- Does personal or family choice drive the level of regional center funded services that are accessed?
- Are there inequities prevalent in the developmental disabilities services system based on a lack of culturally competent services, linguistic barriers, socioeconomic, access to other community resources, or other factors that in some way limit access to services and negatively impact utilization of services?
- Why are expenditure patterns different between different ethnic groups when examining them by age group?

Even when controlling for other factors, ethnic disparities exist in the utilization of healthcare and social services. Regional centers have been grappling with the issue of access and utilization of purchased services for more than twenty-five years. In that time, it has become apparent that the issue is an incredibly complex one, influenced by ethnicity, race and culture, socioeconomic status, language barriers, and education levels. Literature and studies indicate the complex nature of the issue:

- A study in 2002 found that differences in service delivery were attributable to age, individual characteristics, and residential setting.[vi] This sentiment was echoed in a report from the Department of Developmental Services (DDS) to the Legislature in 2003[vii].
- Several analyses of the issue have pointed to challenges associated with poverty as well as limited English proficiency and literacy as larger determinants of access to services.
- A 2014 national study examining healthcare disparities in adults with intellectual and developmental disabilities noted that "[even] when income, health insurance, and access to care are accounted for, disparities remain." A limitation of that study was the inability to draw causal conclusions between ethnicity and health care utilization.[viii]
- A 2016 study examining differences in regional center expenditures for individuals diagnosed with Autism Spectrum Disorder across demographic categories notes the state's lack of comprehensive information on family income and other public or private benefits individuals receive.[ix]

Summary of Public Forums

SG/PRC held its public forum on this topic on Tuesday, August 23, 2016. Approximately 15 people were in attendance. At that meeting Carol Tomblin, SG/PRC's Director of Compliance and Outreach, presented participants with a description of the proposed project, in addition to other ideas for addressing differences in utilization at the local level.

Additionally, thirteen other regional centers presented the concept to their respective communities at a variety of stakeholder meetings held throughout the state between August 22, 2016, and September 8, 2016.

Separately, the premise of the study was presented at all four DDS-hosted meetings throughout the state in August 2016. At these meetings, DDS noted that a predominant strategy identified by regional centers over time at meetings on similar topics was the need to "create focus groups within specified ethnic communities to learn more about individual challenges they face in accessing services." Particularly at the meeting held in Los Angeles on August 26, 2016, audience members reiterated support for the concept of a research study to better inform future strategies. In addition, the need to better understand the reasons for underutilization of regional center services and the need for a study were raised at the three additional DDS stakeholder meetings.

Recommendations to Reduce Service Disparities

SG/PRC is requesting funding from DDS for a three-year project that will identify the underlying reasons for variances in utilization of regional center-funded services by different ethnic/racial groups and recommend systemic solutions for ameliorating this. Additionally, using information garnered from the data, each regional center will work through its staff and Cultural Specialist to implement effective strategies at the local level.

As noted above, there are several unanswered questions related to the impact of ethnicity and other factors on utilization of regional center-funded services. SG/PRC recommends conducting an intensive three year research project while simultaneously funding support for local regional centers' staff and Cultural Specialists. On a flow basis, as data becomes available, it will be used to immediately inform the work of the regional center and the Cultural Specialists as they seek to ensure equal access to needed services by diverse communities.

SG/PRC intends to contract with the Association of Regional Center Agencies (ARCA) to carry out this work. ARCA represents the network of all twenty-one non-profit regional centers that coordinate services for, and advocate on behalf of, California's nearly 300,000 people with developmental disabilities.

Strategy for Implementation

Regional centers throughout the state implement practices encouraged by the National Standards for Culturally and Linguistically Appropriate Services (CLAS), including:

- Ensuring that the workforce and governing board is representative of the community;
- Training the workforce and governing board on cultural and linguistic competence;
- Providing language assistance to non-English-speaking individuals and families, including ensuring that information is communicated with as little jargon as possible; and,
- Partnering with community organizations to ensure cultural and linguistic competency. [x, xi]

Some regional centers have done additional innovative work in this area for some time, such as the *Promotora* project through Frank D. Lanterman Regional Center, and the Stanford Design School projects completed by both Golden Gate and San Andreas Regional Centers.

In Fiscal Year 2016-17 each regional center was provided with funding for a Cultural Specialist to work within their area to enhance the services for individuals and families from diverse communities. Under the guidance of a steering committee, ARCA will provide staff and research support to the twenty-one regional centers' staff and Cultural Specialists in this area. For the research and data analysis components of the three-year project, ARCA will subcontract with Children's Hospital Los Angeles (CHLA). CHLA staff have been identified as well-suited to this work (see attachments).

Cultural Specialists will utilize the information provided through these various avenues to inform their efforts to make the services provided at the local level more responsive to the needs of individuals from diverse communities. One example of the type of local change that can be made comes from a listening

project that was undertaken at SG/PRC last year. Families explained that they only felt comfortable with respite workers from their same ethnic background, who are in limited supply and often reserved in advance. As respite was authorized in monthly increments, scheduling time with the preferred worker was difficult and available services were not utilized. In response to understanding the specific barrier to service, SG/PRC was able to successfully address this barrier at the local level by shifting to quarterly respite authorizations.

YEAR 1

In the first year of the project, CHLA will develop twenty-one individual community profiles to assist the regional centers' work while an in-depth systemic examination of this issue is undertaken. Profile creation will be based on existing data, but also informed by each center's locally-known issues, obtained via one-on-one interviews with the directors of each regional center and key personnel.

With these community profiles, cultural specialists will be immediately able to better reach specific unserved and underserved populations in their areas. For example, one regional center noted underrepresentation of Native Americans in its Early Start program. In an effort to better serve this population, the regional center identified tribal leaders in its catchment area and began work with them and Public Health Nurses to increase participation of this population in Early Start.

These profiles will be created from regional center service data and publicly-available information. Service data includes services provided, demographics of individuals with developmental disabilities (including primary language), National Core Indicators data, available indicators regarding family income (*i.e.*, Medi-Cal Aid Codes), and other related data. Publicly-available information includes the US Census, the California Health Interview Survey (CHIS), and other relevant sources.

The community profiles developed by CHLA will categorize regional centers based on community characteristics (*e.g.*, ethnic composition, housing, socioeconomic status (SES), available health services, insurance coverage rates, immigrant populations, urban/rural communities). This will also inform second-year work, which will include more in-depth data collection.

These profiles have immediate benefits to the community. In one case, where a center began a semi-formal examination of detailed data, they found that the utilization of authorized respite services by monolingual Spanish speaking families was lower than for other populations in their catchment area. During a meeting with parents, the regional center representatives were informed that many families are not comfortable receiving these types of services within the home setting. The development of community profiles will allow for the more systemic identification of similar issues that can then be targeted in a more timely way by individual regional centers.

The twenty-one community profiles will not only provide regional centers a clear focus for their individual outreach efforts but will serve as the source of data used to identify a sample of 8-10 regional centers that are representative of the state. Given that each regional center operates as a unique non-profit organization, CHLA will ensure it focuses on the range of organizational structures and cultures in the overall study. When selecting sites for in depth examination, CHLA will consider: 1) regional center

organizational cultural differences and structure and, 2) community characteristics (*e.g.*, ethnicity, immigration status, SES, rural/urban).

Simultaneously, ARCA staff will develop supports to enhance the work of Cultural Specialists and other key staff at regional centers as they focus on enhancing services to diverse communities. Specifically, this will include:

- Convening regular teleconferences among the Cultural Specialists statewide to provide a forum for networking and the sharing of best and promising practices;
- Providing Cultural Specialists with information about research in the field of healthcare and social service disparities, including the impact of structural barriers such as healthcare literacy.[xii]
- Supplying Cultural Specialists with information regarding research-based techniques for performing outreach to diverse communities.
- Alerting Cultural Specialists to training opportunities regarding outreach and service to diverse communities.
- Arranging two direct trainings identified as needful based on a survey of Cultural Specialists regarding practices for outreach and service to individuals and families from diverse communities.

YEAR 2

In the second year of the project, the above supports for regional center Cultural Specialists will continue. As the project progresses, the topics of discussion will evolve. For instance, during Year 2 it is expected that Cultural Specialists will explore together the ways that information from each center's community profile is beginning to change practices.

From a data analysis perspective, the second year will move from aggregate and regional data to highly targeted understandings of micro-community needs. This will allow Cultural Specialists to continue to focus on catchment-wide issues while also better addressing smaller, sub-regional disparities in service.

For these purposes, work will focus on surveys of community stakeholders (*e.g.*, community organizations, family resource centers and key leaders), as well as vendored service providers from the 8-10 regional centers selected at the conclusion of Year 1. In collaboration with the regional centers, CHLA will also organize in-person focus groups with individuals with developmental disabilities and family members, as well as service coordinators, at the selected regional centers.

Using the community profiles developed in Year 1 to appropriately target their work, and using a "community-engaged" approach CHLA, will recruit individuals with developmental disabilities and family members. Key to this effort are the regional centers and accessing their surrounding communities by attending meetings, working with community partners such as the SCDD (as well as non-disability specific organizations), sending out informational letters, and other means to identify an appropriate number of participants. Each focus group will include 8-10 participants and be linguistically accessible to the groups being targeted. CHLA will convene two or three focus groups of individuals with developmental disabilities and family members at each site as well as two or three groups of service

coordinators at each site. The purpose of the focus groups will be to better understand the barriers to service access leading to recommendations to address the barriers. Gaining a better understanding of the reasons why regional center consumers are not accessing purchased services is an example of a particular area of focus. Throughout this process, CHLA will engage the advisory group on the interpretation and implications of the findings with respect to policy and intervention development.

YEAR 3

The third year will consist of the implementation of a self-sustaining ongoing support protocol for Cultural Specialists. ARCA staff will continue to support the Cultural Specialists through ongoing meetings and forums for the sharing of individual regional center work. It is also anticipated that sustainable informal relationships will develop between Cultural Specialists who are targeting their work to similar populations.

As CHLA's initial analysis of quantitative and qualitative data is completed, ARCA staff will also provide Cultural Specialists with information regarding identified barriers to service delivery and additional regional center-specific strategies to address them.

Year 3 will also provide an opportunity for regional centers to identify communities or sub-communities that they continue to see as underrepresented in their eligibility or expenditure data. CHLA will conduct focus groups in those areas to better understand the unique dynamics that are driving the identified issues.

During Year 3 there will be an exploration of systemic structural barriers that exist in California's developmental services system that prevent specific populations from accessing needed services or supports statewide. These could include legal limitations on service delivery that have an unintended disproportionate impact on specific populations. ARCA staff will document these findings with the assistance of the regional center Cultural Specialists in order to provide recommendations for additional work in this area.

Plan Delivery and Duration

As noted above, SG/PRC will contract with ARCA to carry out the three-year project as well as to provide support to the state's twenty-one regional centers' staff and Cultural Specialists. The chart below provides additional information regarding the timeframes for each of these activities.

Activities/Deliverables	Timeframe (Beginning and End Dates)	Agency Responsible
1. Staff meetings of key RC personnel and Cultural Specialists	Jan 2017 – June 2019	ARCA
2. Research effective practices for serving diverse communities and providing information to key RC personnel and Cultural Specialists	Jan 2017 – June 2019	ARCA
3. Establish and provide staff support to a project	Jan 2017 – Dec 2018	ARCA

advisory committee		
4. Analyze regional center purchase of service data and examine the correlation between paid supports and other factors such as ethnicity, primary language, and socioeconomic status	Jan 2017 – June 2017	CHLA
5. Analyze available information to begin to develop community profiles and data analyses for each regional center area	Jan 2017 – June 2017	CHLA
6. Survey key RC personnel and Cultural Specialists to identify needed areas for training	February 2017	ARCA
7. Conduct one-on-one interviews with each regional center Executive Director/key personnel	March 2017 – June 2017	CHLA
8. Arrange for and conduct two trainings on identified topics via webinar for key RC personnel and Cultural Specialists that will be retained for future regional center staff training purposes	March 2017-June 2017	ARCA
9. Provide each regional center with a community profile based on its POS data as well as demographic information from its catchment area	June 2017	CHLA
10. Survey key RC personnel and Cultural Specialists to identify additional needed areas for training	July 2017	ARCA
11. Conduct surveys of service providers and community members in the selected regional center catchment areas	Sept 2017 – Dec 2017	CHLA
12. Work with selected regional centers and communities to identify focus group participants	Sept 2017 – Dec 2017	CHLA
13. Arrange for and conduct two additional trainings on identified topics via webinar for key RC personnel and Cultural Specialists that will be retained for future regional center staff training purposes	Sept 2017-June 2018	ARCA
14. Analyze data from the focus groups in the selected regional center catchment areas	Jan 2018 – June 2018	CHLA
15. Disseminate research results and recommended strategies to key RC personnel and Cultural Specialists	July 2018 – June 2019	ARCA

16. Identification of additional needed focus groups	July 2018 - June 2019	CHLA
17. Conduct additional requested focus groups	July 2018 - June 2019	CHLA
18. Identify systemic barriers to service delivery	July 2018 - June 2019	ARCA/CHLA

Anticipated Cost and Monitoring of Effectiveness

It is anticipated that the proposed project will run from January 2017 through June 2019. It is expected that the funds for the project will be encumbered during Fiscal Year 2016-17 and expended over three fiscal years as follows:

- Fiscal Year 2016-17: $220,360;
- Fiscal Year 2017-18: $368,970; and,
- Fiscal Year 2018-19: $310,370.

Service effectiveness will be evaluated by tracking the progress in achieving the deliverables described above, by recording the number of individuals (professionals, self-advocates, and family members) involved in the research study, and monitoring the policy changes at the local and statewide level that results from these efforts.

Timeframe and Contracts

SG/PRC anticipates beginning this project upon approval of the requested funding. No later than January 2017, SG/PRC will have entered into the necessary contract with ARCA. Subsequently, ARCA will enter into the required contract with CHLA.

Qualitative and Quantitative Outcomes

It is expected that as a result of funding this proposal, the following data will be collected during Year 1:

- Research-based effective practices for serving diverse communities;
- Third-party analysis of regional center purchase-of-service data;
- Analysis of each regional center's catchment area (i.e., demographics);
- Survey results of key regional center personnel related to training needs; and,
- Qualitative data from one-on-one interviews with key regional center staff.

Quantitative data from the regional centers (*i.e.*, demographic information, POS data), Census Bureau and the California Health Interview Study will be summarized and reviewed to construct community profiles and data analyses for each of the twenty-one regional centers. ARCA will maintain information about the number of key regional center staff and Cultural Specialists who participate in meetings, webinars, and other training opportunities.

Based upon the foundational data collected during Year 1 that culminates in the development of twenty-one individual community profiles, the focus of the data collection during Years 2 and 3 becomes primarily qualitative. Focus groups and one-on-one interviews will be recorded and transcribed, yielding

qualitative data that CHLA will analyze in a consistent and measurable manner. CHLA will complete simultaneous data collection, analysis, and theory construction. As the data are collected, they are immediately analyzed for patterns and themes, taken back to the field for more study, and analyzed further. This will allow CHLA to determine at what point it has reached theoretical saturation, which is the point when a concept has been sufficiently developed and further observations are unnecessary. Additionally, beginning in Year 2, further quantitative data describing the characteristics of participants involved in the focus groups will also be summarized to aid in understanding the populations involved.

The following records will be maintained throughout the life of the grant:

- Agendas and minutes for meetings of regional center Cultural Specialists;
- Copies of information disseminated to Cultural Specialists regarding best practices and the results of the research study;
- Information regarding local practices that have changed in response to the study or other best practice data;
- Training materials and attendance data from the four webinars that are conducted on the topics identified;
- Field notes from focus groups and one-on-one interviews; and,
- Agendas, minutes, and attendance data for the grant advisory committee.

It is expected that as a result of funding this proposal, no fewer than the following number of individuals will be reached throughout the grant period:

- 150 professionals (including regional center staff members and others) and 200 family members or individuals supported by the regional center will participate in interviews and focus groups.
- 50 regional center employees will participate in each of four webinars on topics related to service to diverse communities.
- It is estimated that 1,000 individuals with developmental disabilities and/or their family members who are unserved or underserved will access or increase utilization of regional center services.

SG/PRC anticipates that the results of this project of community analysis, further study, and staff support will inform local and statewide efforts to serve individuals from diverse communities and their families for years to come. If systemic barriers are identified, these findings will serve as the basis to recommend needed policy reforms.

---

[i] http://www.census.gov/quickfacts/table/PST045twenty-one5/06

[ii] http://www.dds.ca.gov/FactsStats/docs/QR/Jun2015_Quarterly.pdf

[iii] California, Department of Developmental Services, Purchase of Services (POS) Disparity Data: Welfare and Institutions Code Section 4519.5-4519.6 (Sacramento 2016) 19.

[iv] California, Department of Developmental Services, Purchase of Services (POS) Disparity Data: Welfare and Institutions Code Section 4519.5-4519.6 (Sacramento 2016) 25.

[v] http://www.norcalunitedway.org/sites/norcalunitedway.org/files/Struggling_to_Get_By_3.pdf#page=53

[vi] California, Department of Developmental Services, A Statewide Descriptive Statistical Analysis of Variation in Purchase of Services Categories for 1995-1996 and 1999-2000: Volume 1(Sacramento, 2002) 1.

[vii] California, Department of Developmental Services, Purchase of Services Study II: Report #1: Modeling the Variation in Per Capita Purchase of Services Across Regional Centers (Sacramento 2003) xi.

[viii] Scott HM, Havercamp SM (2014) Race and Health Disparities in Adults with Intellectual and Developmental Disabilities Living in the United States. Intellectual and Developmental Disabilities 52(6): pp 409-418. doi:10.1352/1934-9556.52.6.409

[ix] Leigh JP, Grosse SD, Cassady D, Melnikow J, Hertz-Picciotto I (2016) Spending by California's Department of Developmental Services for Persons with Autism across Demographic and Expenditure Categories. PLosS ONE 11(3): e0151970. doi:10.137/journal.pone.0151970

[x] https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

[xi] http://www.cdc.gov/healthliteracy/culture.html

[xii] https://www.adrc-tae.acl.gov/tiki-download_file.php?fileId=29294

BIOGRAPHICAL SKETCH			
NAME Smith, Kathryn A. Navarette	POSITION TITLE Co- Investigator		
eRA COMMONS USER NAME KATSMITH			
EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of California Los Angeles, School of Public Health	Dr.P.H	2011	Health Services
University of California Los Angeles (UCLA)	M.N.	1978	Nursing
California State University Long Beach	B.S.N.	1977	Nursing

A. POSITIONS

Academic Appointments

2014-Present Associate Professor of Clinical Pediatrics, Keck School of Medicine, University of Southern California (USC)
2006-2014 Assistant Professor of Clinical Pediatrics, Keck School of Medicine, University of Southern California (USC)
1986-Present Assistant Clinical Professor, University of California, Los Angeles (UCLA), School of Nursing, Los Angeles, CA

Professional Experience and Appointments

1979-1988 Clinical Nurse Specialist, Pediatrics – Orthopaedic Hospital, Los Angeles, CA
1988-1990 Public Health Nurse Specialist/Community Care Coordinator – Los Angeles County, California Children Services, Automated Case Management System/Community Based Care Coordination Project, Los Angeles, CA
1990-1992 Project Director – Early Intervention Management Information Systems Development Project, Los Angeles, CA
1990-1993 Co-Director, National Center for Case Management and Automation
1993-1998 Co-Director, ACCESS-MCH: Automation and Care Coordination Enhancing Services Systems in MCH
1996-2001 Director, Establishing a Community Based Interagency Services System for Children with Special Health Care Needs in Los Angeles County
1998-Present Associate Nursing Director, University of Southern California, University Center of Excellence in Developmental Disabilities, Children's Hospital Los Angeles
1998-2004 Director, An Integrated Medical Home Training Program for Providers and Families of Children with Special Health Care Needs
2000-2003 Director, Building Medical Homes for Children with Special Health Care Needs
2001-2004 Director, The California Medical Home Project
2004-Present Assistant Director, MCH Training Program, UCLA Center for Healthier Children, Families and Communities
2006-Present Associate Director for Administration, University of Southern California, University Center of Excellence in Developmental Disabilities, Children's Hospital Los Angeles
2008-Present Director, Rett Clinic, University Center of Excellence in Developmental Disabilities, CHLA
2008-Present Nurse Care Manager, Boone Fetter Autism Clinic, Children's Hospital Los Angeles
2009-Present Co-Director, Spina Bifida Center, Children's Hospital Los Angeles
2010-Present Senior Site Coordinator, Autism Treatment Network, Children's Hospital Los Angeles

Other Experience and Professional Memberships

1994-Present March of Dimes Birth Defects Foundation, Southern California Chapter. Education Committee, 1994-1997; Board of Directors 1997-1998; Executive Committee 1997-1998; Chair 1997-1998; Professional Education Committee 1997-2002; Chair, Professional Education Committee 1998-2002; Program Services Committee 1998-Present; Chair, Program Services Committee 2002-2004
2000-Present Chair, Los Angeles County California Children Services Workgroup

B. PUBLICATIONS

11. Betz, CL, Smith, K, and Macias, K. Testing the Transition Preparation Training Program: A Randomized Controlled Trial. International Journal of Child and Adolescent Health: Special Issue on: Youth Health Care Transition, 2010; 3(4).
12. Smith, K. Health promotion through community care. In: Children and their Families: The Continuum of Care (2nd edition, Bowden, V. and Greenberg, C. [editors]). Wolters Kluwer Health/ Lippincott Williams and Wilkins, Philadephia, PA, pp 62-74, 2010.
13. Smith, K. and Savage, T.A.: Policies, legislation and ethical/legal issues. In: Nursing Care for Individuals with Intellectual and Developmental Disabilities: An Integrated Approach (1st education, Betz, C.L. and Nehring, W.M., [editors].) Brookes Publishing, Baltimore, MD, pp 355-370, 2010.
14. Betz, C.L., Smith, K.N., & Macias, K. Testing the transition preparation training program: A randomized controlled trial. International Journal of Child and Adolescent Health, 2010, 595-608, 201.
15. Freeman, K.A., Smith, K., Adams, E., Mizokawa, S. and Neville-Jan, A. Is continence status associated with quality of life in young children. Accepted for publication by the Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach, 2014
16. Betz, C.L., Smith, K.N., Macias, K., & Bui, K. Internet Use by Adolescents with Spina Bifida, Pediatric Nursing, in press, 2014.

C. ONGOING RESEARCH SUPPORT

1. CDC,National Spina Bifida Patient Registry, PI/Project Director, 9/1/2014 – 8/31/2019; 1 U01 DD001069.
2. CDC, National Spina Bifida Urological/Renal Protocol- Urologic Management to Preserve Renal Function Protocol for Young Children with Spina Bifida, 0-5 Years, PI/ Project Director, 9/1/2014 – 8/31/2019; 1 U01 DD001068.

BIOGRAPHICAL SKETCH

NAME
Kubicek, Katrina
POSITION TITLE
Assistant Director

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of Texas, Austin	B.A.	1996	Anthropology
Tulane University, New Orleans, LA	M.A.	1998	Cultural Anthropology
University of Southern California,	PH.D student	current	Health Behavior Research

A. Positions and Honors

2000-2001 Project Coordinator, University of Texas, San Antonio, TX
2001-2005 Senior Research Associate, Lodestar Management/Research, Los Angeles, CA
2005-2012 Lecturer, California State University of Los Angeles, Los Angeles, CA
2008-2010 Senior Research Manager, Children's Hospital Los Angeles, Los Angeles, CA
2010-present Program Manager, Children's Hospital Los Angeles
Assistant Director of Community Engagement program, SC CTSI, Los Angeles, CA

B. Selected Peer-reviewed Publications

1. Kipke MD, **Kubicek K**, Weiss G, Wong C, Lopez D, Iverson E, Ford W. The health and health behaviors of young men who have sex with men. Journal of Adolescent Health, 40, 342-350. *Journal of Adolescent Health*, 2007; 40(4): 342-350. PMC2955360.
2. **Kubicek K**, Weiss G, Iverson, E. , Kipke MD. Deconstructing the complexity of substance use among young men who have sex with men (YMSM) by optimizing the role of qualitative strategies in a mixed methods study. Substance Use and Misuse, 45, 754-776. *Substance Use and Misuse*, 2010; 45: 754-776.
3. **Kubicek, K**, Weiss G, Beyer W, Kipke MD. Using Photovoice as a tool to adapt an HIV prevention intervention for African American young men*. Health Promotion Practice*, 2012; 13(4): 535-543.
4. **Kubicek, K.,** Robles, M., Chen, C., Valino, H., & Richman, N. A community-based participatory research project to adapt asthma education for after-school programs. *Journal of Primary Prevention.* In press.
5. Burner, E., Menchine, M., **Kubicek, K.,** Robles, M. & Arora, S. Perceptions of successful cues to action and opportunities to augment behavioral triggers in diabetes self-management: Qualitative analysis of a mobile intervention for low-income Latinos with diabetes. *Journal of Medical Internet Research*, 2014; 16(1): e25. PMC3936269.

C. Research Support

Ongoing Research Support

8UL1TR000130 (Buchanan) 07/01/2010–
03/31/2015
(Kipke – Sub award PI)
USC/NIH (NCRR)Los Angeles Basin Clinical and Translational Science Institute.
Role: Assistant Director of Community Engagement Program

D10-CHLA-048 9/01/2011 -
8/31/2014 (No Cost Extension)
California HIV/AIDS Research Program
Young Men's Relationships: Opportunities for HIV Prevention
Role: Principal Investigator

ATTACHMENT 9

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., Governor

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

August 3, 2016

TO: **REGIONAL CENTER EXECUTIVE DIRECTORS**

SUBJECT: **HOME AND COMMUNITY-BASED SERVICES REGULATIONS – PROVIDER FUNDING FOR COMPLIANCE ACTIVITIES**

Background
In January 2014, the federal Centers for Medicare & Medicaid Services issued final regulations, or rules, for Home and Community-Based Services (HCBS)[1]. The rules require that HCBS programs funded through Medicaid - called Medi-Cal in California - provide people with disabilities full access to the benefits of community living and offer services and supports in settings that are integrated in the community. This could include opportunities to seek employment in competitive and integrated settings, control personal resources, and engage in the community to the same degree as individuals who do not receive regional center services. The HCBS rules focus on the nature and quality of individuals' experiences and not just the buildings where the services are delivered.

In recognition that some service providers may need to take steps towards modifying their services, the 2016 Budget Act (SB 826, Chapter 23, Statutes of 2016) contains $15 million to fund changes that will be necessary for providers to come into compliance with the HCBS rules by March 2019. As described below, service providers will apply for funds through the regional centers and all submitted proposals will be forwarded to the Department of Developmental Services (DDS). Regional centers can make recommendations for funding based on local priorities, although final approval will be made by DDS. Projects that require multiple years to complete and additional funding, or result in meeting some, but not all, of the HCBS rules, will be considered.

Eligible providers
Providers of services in settings identified in the California Statewide Transition Plan[2] (Enclosure A) that are not in compliance with the HCBS rules may be eligible for funding.

Application process
The funding application process includes the following:

[1] https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html
[2] http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx

"Building Partnerships, Supporting Choices"

Step 1 – By October 1, 2016, service providers need to submit the following to the regional center to be considered for initial project approval:

- A completed provider compliance evaluation (Enclosure B) of the vendored setting, service or support that identifies and describes which HCBS setting requirements are not being met; and,
- A completed concept proposal (Enclosure C) that includes:
  - Vendor name, primary regional center, vendor number, service type/code, and number of consumers being served by the vendor;
  - A brief narrative/description of the project, identifying which HCBS setting requirements are not being met, describe how the funding would permit compliance, and justify the requested funding;
  - A brief description of any barriers to compliance with the HCBS rules and/or project implementation;
  - An estimated budget for the project identifying all major costs;
  - Requested 2016-17 funding; and,
  - An estimated timeline for the project.

Step 2 – By November 30, 2016, regional centers must submit all completed concept proposals and evaluations to DDS, along with any funding recommendations and the basis for the recommendations. DDS may request additional information from providers or regional centers, as necessary.

Step 3 – By February 2017, DDS will notify regional centers of the concept proposals selected for funding.

Step 4 – Proposals selected by DDS will require the following additional information to receive final project approval by April 30, 2017:

- An executed service agreement/contract between the regional center and the service provider;
- For projects involving the purchase of equipment or the modification of a structure, three quotes for the proposed service may be required;
- A budget for the project identifying each cost with a brief description;
- A project timeline identifying key milestones.

DDS will hold two one-hour webinars to review this process and answer questions. These optional webinars are scheduled on Monday, August 15, from 9:30 a.m. - 10:30 a.m., and on Thursday, August 18, from 3:30 p.m. - 4:30 p.m. To register, follow the instructions found at http://www.dds.ca.gov/HCBS/.

We look forward to collectively working through this process as we move towards meeting the HCBS rules. If you have any questions regarding this letter, please contact Julie Souliere at (916) 654-2773, or Julie.Souliere@dds.ca.gov.

Sincerely,

Original signed by

BRIAN WINFIELD
Acting Deputy Director
Community Services Division

Enclosures

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
Nancy Bargmann, Department of Developmental Services
John Doyle, Department of Developmental Services
Jim Knight, Department of Developmental Services

Home and Community-Based Services (HCBS) Rules **Enclosure A**
SETTINGS/SERVICES IDENTIFIED IN THE STATEWIDE TRANSITION PLAN

Activity Center

Adult Day Care Center

Adult Day Care Facility

Adult Day Program

Adult Day Support Center

Adult Development Center

Adult Family Home

Adult Residential Facility

Adult Residential Facility for Persons with Special Health Care Needs

Behavior Management Program

Certified Family Home

Child Day Care Center

Child Day Care Facility

Community Activities Support Service

Community Integration Training Program

Community-Based Training Provider

Family Child Care Home

Family Teaching Home

Foster Family Home

Group Home

Residential Care Facility for the Elderly

Small Family Home

Socialization Training Program

Work Activity Program

PROVIDER COMPLIANCE EVALUATION

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to and enjoy the benefits of community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both "Yes" and "No" answers require an explanation. A "No" response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary modifications. Once this evaluation is completed, it should act as a guide for filling out the Provider Compliance Funding Concept Proposal, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that DDS may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled "Guidance" contain a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at: http://www.dds.ca.gov/HCBS/. Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: Click or tap here to enter text.
Completed by: Click or tap here to enter text.
Vendor Name, address, contact: Click or tap here to enter text.
Service Type and Code: Click or tap here to enter text.

Federal Requirement #1:	Guidance:
The setting is integrated in and supports full access of individuals receiving Medicaid HCB Services to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB Services.	• Do individuals have options for community integration and utilization of community services in lieu of onsite services? • Are individuals able to regularly access the greater community and are they able to describe how they access the community, who assists in facilitating the activity, and where he or she goes? • Do individuals get support to access the community? • Are individuals who want to work offered

	opportunities to seek competitive integrated employment? • Do individuals have the option to control their personal resources?
Does the service and/or program meet this requirement? ☐**Yes** ☐**No** Please explain: Click or tap here to enter text.	
Federal Requirement #2: *The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*	Guidance: • Do individuals consent to receive services in the setting in accordance with their person-centered plan? • Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?
Does the service and/or program meet this requirement? ☐**Yes** ☐**No** Please explain: Click or tap here to enter text.	
Federal Requirement #3: *Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*	Guidance: • Do paid and unpaid staff receive new hire training and continuing education classes related to the rights of individuals receiving services as outlined in the Lanterman Act? • Are individuals made aware of the provider's policies outlining their rights? • Are discussions of individuals' personal information limited to areas where privacy and confidentiality are assured?
Does the service and/or program meet this requirement? ☐**Yes** ☐**No** Please explain: Click or tap here to enter text.	
Federal Requirement #4: *Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.*	Guidance: • Are individuals encouraged to engage in activities of their choosing? • Are individuals encouraged to interact with whomever they choose? • Are individuals provided with options to

In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met. Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation.

<table>
<tr><td><u>Federal Requirement #6:</u>
The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</td><td><u>Guidance:</u>
• Does each individual have a legally enforceable residency agreement?

• Do individuals know how to relocate and request new housing?</td></tr>
<tr><td colspan="2">Does the service and/or program meet this requirement? ☐Yes ☐No
Please explain: <u>Click or tap here to enter text.</u></td></tr>
<tr><td><u>Federal Requirement #7:</u>
Each individual has privacy in his/her sleeping or living unit:
1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.
2. Individuals sharing units have a choice of roommates in that setting.
3. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</td><td><u>Guidance:</u>
• Do individuals have the ability to lock their bedroom doors when they choose?
• Do individuals have private bedrooms, or the choice of with whom they share a bedroom?
• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items?</td></tr>
<tr><td colspan="2">Does the service and/or program meet this requirement? ☐Yes ☐No
Please explain: <u>Click or tap here to enter text</u>.</td></tr>
</table>

Federal Requirement #8: *Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*	Guidance: • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas? • Do individuals have access to food at any time? • Are individuals in the setting assured of access to public transportation, and where no public transportation is available, have other resources by which to access the broader community?
Does the service and/or program meet this requirement? ☐Yes ☐No Please explain: Click or tap here to enter text.	
Federal Requirement #9: *Individuals are able to have visitors of their choosing at any time.*	Guidance: • Are individuals restricted in any way from having guests when they choose? • Can individuals encourage their guests to visit the setting?
Does the service and/or program meet this requirement? ☐Yes ☐No Please explain: Click or tap here to enter text.	
Federal Requirement #10: *The setting is physically accessible to the individual.*	Guidance: • Are individuals prevented from entering or exiting certain areas of the setting by gates, locked doors, or other barriers? • Are appliances and furniture accessible to every individual? • Are grab bars, seats in bathrooms, ramps for wheel chairs, etc., available so that individuals who need those supports can move about the setting as they choose?
Does the service and/or program meet this requirement? ☐Yes ☐No Please explain: Click or tap here to enter text.	

CONTACT INFORMATION

Contact Name: ______________________________
Contact Phone Number: ______________________________
Email Address: ______________________________

ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that DDS may require to determine provider compliance with the HCBS settings rules.

☐ I AGREE

Home and Community-Based Services (HCBS) Rules
CONCEPT PROPOSAL

Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the Provider Compliance Evaluation form by October 1, 2016, to the regional center with which it has primary vendorization.

This form may not exceed three pages and must be kept in Arial 12-point font. The narrative should link to the federal requirement that is not being met. The Provider Compliance Evaluation should guide the narrative. The results of the Evaluation should be clearly laid out in the narrative. Additionally, the narrative should describe how the funding would achieve compliance. Concept proposals should be developed with a person-centered approach, with proposed changes/activities focused on the needs and preferences of those who receive services. The estimated budget and timeline need not be detailed at this point but must include all major costs and benchmarks.

More information on the HCBS rules and this form can be found at:
http://www.dds.ca.gov/HCBS/

Vendor and vendor number	Click or tap here to enter text
Primary regional center	Click or tap here to enter text
Service type and code	Click or tap here to enter text
Number of consumers currently serving	Click or tap here to enter text
Barriers to compliance with the HCBS rules and/or project implementation	Click or tap here to enter text
Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request	Click or tap here to enter text
Estimated budget; identify all major costs and benchmarks—attachments are acceptable	Click or tap here to enter text
Requested funding for 2016-17	Click or tap here to enter text
Estimated timeline for the project	Click or tap here to enter text

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., Governor

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

August 5, 2016

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: GUIDELINES FOR IMPLEMENTATION OF COMPETITIVE INTEGRATED EMPLOYMENT INCENTIVE PAYMENTS

A. PURPOSE

Welfare and Institutions Code (WIC) was amended to add section 4870(d-g) (Enclosure 1) to increase sustained competitive integrated employment (CIE) placements by regional center service providers. CIE is full or part-time work for which an individual is paid minimum wage or greater in a setting with others who do not have disabilities. Section 4870(d) authorizes funding to the Department of Developmental Services (Department) for incentive payments to providers for placement and retention of regional center consumers, consistent with a consumer's Individual Program Plan (IPP). This correspondence provides guidance for the implementation of the incentive payments. The guidelines were developed as a collaborative effort, with input from various stakeholders as a result of two statewide meetings and other means.

B. FUNDING

The regional center will be responsible for making incentive payments to service providers within their catchment area [WIC 4870(d)]. The incentive payment amount for each individual placed in CIE is as follows:

1. A payment of one thousand dollars ($1,000) shall be made to the service provider who, on or after July 1, 2016, places an individual into CIE [WIC 4851(o) and 4868(d)], and the individual is still competitively employed after 30 consecutive days.
2. An additional payment of one thousand two hundred fifty dollars ($1,250) shall be made to the service provider for an individual described in paragraph (1) who remains in CIE for six consecutive months.
3. An additional payment of one thousand five hundred dollars ($1,500) shall be made to the service provider for an individual described in paragraphs (1) and (2) who remains in CIE for 12 consecutive months.

"Building Partnerships, Supporting Choices"

D. DATA COLLECTION

To ensure program accountability and achievement of program goals [WIC 4868(c)(3-6)], regional centers and service providers are required to report, (in a format to be determined by the Department) to the Department by October 1, 2017, and each October 1 annually, the number of individuals placed in internships or other employment, as described in this section.

If you have questions about this correspondence, please contact Denyse Curtright at (916) 654-2208, or by electronic mail at denyse.curtright@dds.ca.gov.

Sincerely,

Original signed by

BRIAN WINFIELD
Acting Deputy Director
Community Services Division

Enclosures

cc: Regional Center Chief Counselors
Regional Center Administrators
Association of Regional Center Agencies

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., Governor

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

July 28, 2016

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: GUIDELINES FOR IMPLEMENTATION OF PAID INTERNSHIP PROGRAM

A. PURPOSE

Welfare and Institutions Code (WIC) was amended to add section 4870 (enclosed) to encourage competitive integrated employment (CIE) for individuals with developmental disabilities (consumers). CIE is full- or part-time work for which an individual is paid minimum wage or greater in a setting with others who do not have disabilities. Section 4870 authorizes funding to the Department of Developmental Services (Department) for a paid internship program. The purpose of the program is to increase the vocational skills and abilities of consumers who choose, via the Individual Program Plan (IPP) process, to participate in an internship. Goals of this program include the acquisition of experience and skills for future paid employment, or for the internship itself to lead to full- or part-time paid employment in the same job. This correspondence provides guidance for the implementation of the paid internship program. The guidelines were developed as a collaborative effort, with input from various stakeholders, as a result of two statewide meetings and other means.

B. IMPLEMENTATION

Internships are predicated on the person-centered planning process. Regional centers are responsible for informing consumers and the community about the paid internship program.

Guidelines for the paid internship program are as follows:

1. Regional centers should work with service providers to provide outreach to consumers, families, schools, potential employers and any other entities to facilitate the success of the internship program.

2. Internship wages will be, at least, state or local minimum wage. [WIC 4868(d)(l)]

"Building Partnerships, Supporting Choices"

3. Consumers 18-22 years of age, who are in school and interested in participating in the paid internship program, may be eligible; however, regional centers must comply with WIC Section 4648.55.

4. Beginning July 1, 2016, regional centers shall provide each consumer eligible to work with information about the option of participating in a paid internship. For those consumers who choose an internship, the IPP will describe the consumer's goal for the internship. [WIC 4869(a)(1-6)]

5. Regional centers shall make information available to service providers wishing to participate in the paid internship program.
   - The suffix "PIP" will be added to existing service codes as a sub-code (e.g., 952-PIP).
     - The Department will issue a technical bulletin regarding the use of this sub-code.
   - Regional centers shall approve addendums to service providers' program designs describing the services and supports created to assist consumers in achieving the person-centered goal of paid internships.

6. Internship funds may be available for consumers for a variety of models, including self-employment enterprises and apprenticeships, and other business opportunities that can lead to future paid employment. All businesses participating in the paid internship program must operate in compliance with California State laws.

7. There is no minimum or maximum hour requirement; however, there is a cap on funding as specified below.

C. FUNDING

Regional centers will be reimbursed for internship payments through the regular claiming process. The employer of record, as detailed below, will be reimbursed by the regional center after verifying payment to the intern. The maximum funding for payment of an internship is $10,400 per year, per consumer. [WIC 4870(a)(1)] Multiple paid internships may be possible, as determined through the IPP process.

The intern is paid by the employer of record, established in one of the following ways:

1. By employer (paid internship entity):
   - The employer is responsible for paying payroll and mandated employer costs.
   - The employer bills, and is reimbursed by, the service provider placing and supporting the individual in the paid internship.
   - The service provider bills the regional center.

2. By Financial Management Service (FMS):
   - The employer provides the FMS with an accounting of wages and associated mandated employer costs.
   - The FMS acts as the employer of record and is responsible for payroll and mandated employer costs.
   - The FMS bills, and is reimbursed by, the regional center.

3. By service provider:
   - The employer provides the service provider placing and supporting the individual in the internship with an accounting of wages and associated mandated employer costs.
   - The service provider pays the individual for wages and associated mandated employer costs as represented by the employer.
   - The service provider bills, and is reimbursed by, the regional center.

The Department may amend the above funding mechanisms based on experience gained through implementation of the internship program.

D. DATA COLLECTION

To ensure program accountability and achievement of program goals [WIC 4868© (3-6)], regional centers and service providers are required to report (in a format to be determined by the Department) to the Department by October 1, 2017, and each October 1 annually, the following:

1. Types of internship placements, including the setting and type of work performed;

2. Length of internships;

3. Demographic information of interns;

4. Payment amount of each intern placed, specified by wages and payroll costs, if any;

5. Employment-related supports provided to the intern by any agency, service provider or individual;

6. Number of interns who subsequently entered paid employment, including salary, benefit information and employment start date;

7. Number of interns placed who might not have otherwise achieved placement without an internship program, including a description of what was successful; and,

8. Any additional information, as determined by the Department.

The Department will issue additional guidance to regional centers on data collection requirements in the future.

If you have questions about this correspondence, please contact Denyse Curtright at (916) 654-2208, or by electronic mail at denyse.curtright@dds.ca.gov.

Sincerely,

Original signed by

BRIAN WINFIELD
Acting Deputy Director
Community Services Division

Enclosure

cc: Regional Center Chief Counselors
Regional Center Administrators
Association of Regional Center Agencies

Welfare and Institutions Code, section 4870

4870. (a) To encourage competitive integrated employment opportunities statewide for individuals with developmental disabilities, the department shall establish guidelines and oversee a program, to the extent funds are appropriated in the annual Budget Act for this purpose, to increase paid internship opportunities for individuals with developmental disabilities that produce outcomes consistent with the individual program plan. The department shall consult with the State Council on Developmental Disabilities, regional centers, employers, supported employment provider organizations, and clients' rights advocates, to establish a program that shall be administered by community service providers and that meets all of the following criteria:
(1) Payments for internships shall not exceed ten thousand four hundred dollars ($10,400) per year for each individual placed in an internship.
(2) Placements shall be made into competitive, integrated work environments.
(3) Placements shall be made into internships that develop skills that will facilitate paid employment opportunities in the future.
(4) Regional centers shall increase awareness of these internships to consumers outside of current employment programs through outreach to consumers once the program is implemented, as well as during the individual program plan process.
(b) The department shall require annual reporting by regional centers and vendors that ensures program accountability and achievement of program goals. This shall include, but is not limited to, all of the following:
(1) The number of interns placed who might not otherwise have achieved the placement absent this internship program.
(2) Types of employment in which interns are placed.
(3) Length of internships.
(4) Demographic information of interns.
(5) Amount of each intern placement payment.
(6) Employment-related supports provided by another agency or individual to the intern.
(7) Number of interns who subsequently entered paid employment, including salary and benefit information.
(8) Any additional information, as determined by the department.
(c) The department shall include in its annual May Revision fiscal estimate a description of the implementation of the program, including, but not limited to, a description of the stakeholder consultation, the data described in subdivision (b), aggregated by regional center and statewide, and any recommendations for program changes that may be necessary or desirable to maximize program effectiveness and accountability.

ATTACHMENT 12

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

Conditions of Use | Privacy Policy

Copyright © 2016. State of California

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

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

December 2013, Pub. #F077.01

SB 468[1] 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 budget[2], which they can use to purchase the services and supports they need to implement their Individual Program Plan (IPP).

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

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

[1] http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_0451-0500/sb_468_bill_20131009_chaptered.pdf
[2] See question 6 for an explanation of the individual budget

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

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

To be eligible for the program, you must:
(1) Have a developmental disability, as defined in the Lanterman Act[3], 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 Services[4] 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 facility[5].
(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 available[6].
---Manage the services and supports within your individual budget.
--Utilize the services of a fiscal manager you choose who is vendored by a regional center.

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

Each regional center is required to implement the Self-Determination Program and do the following:
1) Contract with local consumer or family-run organizations to conduct outreach to consumers and families to provide information about the Self-Determination Program and help ensure that the program is available to a diverse group of participants and underserved communities; and
2) Collaborate with the local consumer or family-run organizations to jointly conduct training on the Self-Determination Program for interested consumers and their families.

---

[3] See Welfare and Institutions Code Section 4512
[4] The early intervention law is found in Government Code Section 95000 et seq.
[5] These facilities are defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations
[6] This requirement to use generic services is identical to the generic services requirement in the traditional regional center system

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

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

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

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

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

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

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

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

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

---There is a change in your circumstances, needs, or resources that would result in and 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 respite[7].

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

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

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

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

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

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

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

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

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

---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTACHMENT 15

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

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 11, 2015

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

Dear Ms. Cantwell:

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

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

CRITICAL RESOLUTION ISSUES

Appendix B: Participant Access and Eligibility

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

Appendix B: Evaluation/Reevaluation of Level of Care

2. **B-QIS, Sub-assurance (a)** - The proposed performance measure (PM) addresses only the percentage of enrollees who had a level of care determination before enrolling in the program; whereas the sub-assurance requires that all "applicants" be evaluated who have a reasonable indication that waiver services may be needed. Please revise or add a second PM to fully address the sub-assurance's requirement.

3. **B-QIS, Sub-assurance (c)** - The second proposed measure states "Number and percent of level of care determinations that were completed accurately" Please define "completed accurately" and revise the performance measure to reflect this.

4. **B-QIS, Remediation** - Are there any escalating consequences if issues occur repeatedly?

Appendix C-3: Waiver Services

5. For the following services, please add a statement to the service definition specifying that children under age 21 who need these services will receive them through the state plan per EPSDT requirements: home health aide services, Dental Services, Prescription Lens/Frames, Optometric/Optician Services, Psychology Services, Skilled Nursing, Speech, hearing and language, Integrative therapies.

6. **Waiver service qualifications** - For all provider types please clearly define the qualification. If a specific regulation or code applies, please include pertinent information regarding that particular citation or the areas the citation covers. If there is a license required please be more specific regarding the type of license needed.

7. **Verification entity** - FMS is not described in Appendix A as a contracted entity. Please explain why the state has specified the FMS as the verifying entity since this appears to be inconsistent with what is in Appendix A for this Medicaid administrative function.

8. **Frequency of Verification** - Please verify how each entity responsible for verification will do so "ongoing thereafter through the IPP process." Please define "ongoing" under frequency of verification. Please also spell out IPP in this instance.

9. **Behavioral Intervention Services - Habilitation Services** - This service should be categorized as an "other" service as it provides services outside the scope of Habilitation services.

10. **Home Health Aide Services** - Specify the additional services that are provided when the state plan benefit is exhausted. Please also specify the state plan service limit.

11. **Respite** - The state's service definition includes "regularly provided care and supervision of children, for periods of less than 24 hours per day, while the parents/primary non-paid caregiver(s) are out of the home." Please clarify as to how this service will include activities that are beyond the scope of child care, and how this service is necessary to avoid institutionalization. Additionally, the state needs to specify the limits on these services since respite is a temporary service.

12. **Advocacy Services** - Is generic legal counsel provided in the state and if so by which entities? If the services are specific to legal counsel please indicate how this does not overlap with independent advocacy listed in Appendix E-1-k of the waiver application. If it is not specific to legal counsel please explain how this service is different than case management/service coordination or the Independent Facilitator services and how duplicate billing will not occur.

13. **Communication Support** - Please indicate how this is service is different than technology services and specialized medical equipment and supplies and how duplicate billing will not occur.

14. **Community Integration and Employment Supports**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

32. **C-2-c-i: Types of facilities subject to 1616(e)** - Per the instructions in the Technical Guide please remove the information from this section.

33. **C-2-f: Open Enrollment of Providers** - Please describe the enrollment process that assures all willing and qualified providers have the opportunity to enroll.

34. **Qualified Providers, Sub-assurance (a)**
    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 is 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 pan under the waiver request.

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

C-1- Waiver services

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

/s/

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

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

Self-Determination Program Enrollment

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

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

1. ***Participate in an informational meeting at your regional center.*** It's important to hear, in greater detail, information about the Self-Determination Program. At this meeting, people will learn not only about the opportunities but also the increased responsibilities involved in accepting more control over coordinating their services. Understanding this information will help people decide if the Self-Determination Program might be a good option for them.

2. ***After participating in the informational meeting, let the regional center know you're interested in enrolling in the Self-Determination Program.*** After you have participated in the informational meeting and you think that Self-Determination is a good option for you or your family member, you must let the regional center know you're interested in enrolling in the Self-Determination Program. As discussed below, this does not guarantee you will be selected as part of the first 2,500 participants.

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

1. ***Regional centers send names of those interested to the Department of Developmental Services (DDS).*** Only those consumers/ family members who have participated in an informational meeting will be eligible for enrollment in the Self-Determination program.

2. ***DDS will send confirmation to those whose names were forwarded by the regional centers.***

3. ***DDS will randomly select the first 2,500 enrollees from among those who have attended an informational meeting.*** This selection will be done from the names of those received by DDS from the regional centers. The selection takes into consideration the following factors to ensure those selected are representative of the statewide regional center population:
   - Regional Center
   - Ethnicity
   - Age
   - Gender
   - Disability diagnosis

4. ***Those selected can enroll in the Self-Determination Program.*** The enrollment will be done through the regional centers who will work with each participant to enroll in orientation, establish an individual budget, etc.

5. ***If not selected initially, consumers will remain on the interest list for future enrollment opportunities.***

ATTACHMENT 17

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**

ATTACHMENT 18

Self Determination Advisory Committee

2016 Calendar

January 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

April 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

July 26, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

October 25, 2016

Santa Barbara Office Annex Room

5:30 p.m. Light Dinner

6:00 p.m. Self Determination Committee Meeting

Human Resources

SB 1234 (de León) requires all employers who do not already provide a retirement savings program to make a 3% payroll deduction from all employees, towards a state-run 401(k)-type program, the California Secure Choice Retirement Savings Program. Implementation phases in depending on how many employees a business has. Employees may opt out. IHSS workers will be considered for inclusion based on findings of the program's board.

Client Services

SB 586 (Hernandez) outlines the process for the transition of California Children's Services (CCS) into Medi-Cal Managed Care Plans in a select number of counties, via the Whole Child Model.

SB 909 (Beall) allows special needs trusts to file for a property tax postponement. Taxes are due with 7% annual interest when the individual, roughly, no longer has the house.

SB 982 (McGuire) requires DDS to revisit the existing DC movers study contract to include 250 residents of Sonoma, Fairview, and Porterville, for two years post-move.

AB 796 (Nazarian) removes the sunset on SB 946, permanently enshrining the requirement that insurance companies pay for behavioral health treatment.

AB 2394 (E Garcia) clarifies that non-medical transportation for people going to/from covered Medi-Cal services *is* a reimbursable benefit for Medi-Cal, starting July 1, 2017.

AB 2791 (Medina) expands the range of people eligible for disabled student services at a community college to now include even a person who has *applied* to a college – not just enrolled students.

Housing

SB 1069 (Wieckowski) expands housing access by allowing the creation of "accessory dwelling units," historically and colloquially known as "mother-in-law" houses.

SB 1380 (Mitchell) makes California a Housing First state, establishes the California Homeless Coordinating Council, and requires that departments administering state programs targeted to end homelessness incorporate the core components of Housing First into their programs by July 1, 2019.

AB 2180 (Ting) speeds up timelines by requiring a lead agency to give final approval/denial to a housing development within 120 days of an environmental impact report being certified.

AB 2501 (Bloom) streamlines the housing density bonus application process, and makes mixed use developments eligible for such bonuses.

Service Providers

SB 3 (Leno) entitles IHSS providers to paid sick leave at the state-mandated minimum rate, beginning July 1, 2018.

SB 1226 (Beall) requires regional centers to provide **all** audits/fiscal reviews received from providers to DDS. It also aligns audit timeframes with the state fiscal year. This goes into effect January 1, 2018.

AB 488 (Gonzalez) removes sheltered workshop employees from the small list of individuals currently exempt from the protections of the Fair Employment and Housing Act.

AB 2231 (Calderon) increases the penalties on licensed community care facilities and daycares for various violations, including repeat violations. It also expands the list of "serious violations."

California LEGISLATIVE INFORMATION

AB-796 Health care coverage: autism and pervasive developmental disorders. (2015-2016)

SECTION 1. Section 1374.73 of the Health and Safety Code is amended to read:

1374.73. (a) (1) Every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and shall be subject to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section shall not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section shall not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Every health care service plan subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise and employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. Nothing shall prevent a health care service plan from selectively contracting with providers within these requirements.

(c) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised and employed by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised and employed by a qualified autism service provider.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 1374.72.

(3) "Qualified autism service provider" means either of the following:

(A) A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified.

(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

(4) "Qualified autism service professional" means an individual who meets all of the following criteria:

(A) Provides behavioral health treatment.

(B) Is employed and supervised by a qualified autism service provider.

(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.

(D) Is a behavioral service provider approved as a vendor by a California regional center to provide services as an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program as defined in Section 54342 of *Article 3 of Subchapter 2 of Chapter 3 of Division 2 of* Title 17 of the California Code of Regulations.

(E) Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(5) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:

(A) Is employed and supervised by a qualified autism service provider.

(B) Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.

(C) Meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code.

(D) Has adequate education, training, and experience, as certified by a qualified autism service provider.

(d) This section shall not apply to the following:

(1) A specialized health care service plan that does not deliver mental health or behavioral health services to enrollees.

(2) A health care service plan contract in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(3) A health care service plan contract in the Healthy Families Program (Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code).

(4) A health care benefit plan or contract entered into with the Board of Administration of the Public Employees' Retirement System pursuant to the Public Employees' Medical and Hospital Care Act (Part 5 (commencing with Section 22750) of Division 5 of Title 2 of the Government Code).

(e) Nothing in this section shall be construed to limit the obligation to provide services under Section 1374.72.

(f) As provided in Section 1374.72 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

~~(g) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.~~

SEC. 2. Section 10144.51 of the Insurance Code is amended to read:

10144.51. (a) (1) Every health insurance policy shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and shall be subject to the same requirements as provided in Section 10144.5.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health insurers will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section shall not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section shall not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Pursuant to Article 6 (commencing with Section 2240) of *Subchapter 2 of Chapter 5 of* Title 10 of the California Code of Regulations, every health insurer subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise and employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. Nothing shall prevent a health insurer from selectively contracting with providers within these requirements.

(c) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised and employed by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised and employed by a qualified autism service provider.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the insurer upon request.

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 10144.5.

(3) "Qualified autism service provider" means either of the following:

(A) A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified.

(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

(4) "Qualified autism service professional" means an individual who meets all of the following criteria:

(A) Provides behavioral health treatment.

(B) Is employed and supervised by a qualified autism service provider.

(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.

(D) Is a behavioral service provider approved as a vendor by a California regional center to provide services as an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program as defined in Section 54342 of *Article 3 of Subchapter 2 of Chapter 3 of Division 2 of* Title 17 of the California Code of Regulations.

(E) Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(5) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:

(A) Is employed and supervised by a qualified autism service provider.

(B) Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.

(C) Meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code.

(D) Has adequate education, training, and experience, as certified by a qualified autism service provider.

(d) This section shall not apply to the following:

(1) A specialized health insurance policy that does not cover mental health or behavioral health services or an accident only, specified disease, hospital indemnity, or Medicare supplement policy.

(2) A health insurance policy in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(3) A health insurance policy in the Healthy Families Program (Part 6.2 (commencing with Section 12693)).

(4) A health care benefit plan or policy entered into with the Board of Administration of the Public Employees' Retirement System pursuant to the Public Employees' Medical and Hospital Care Act (Part 5 (commencing with Section 22750) of Division 5 of Title 2 of the Government Code).

(e) Nothing in this section shall be construed to limit the obligation to provide services under Section 10144.5.

(f) As provided in Section 10144.5 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

~~(g) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.~~

SEC. 3. *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

California LEGISLATIVE INFORMATION

SB-1226 Regional centers: audits and reviews. (2015-2016)

SECTION 1. Section 4652.5 of the Welfare and Institutions Code is amended to read:

4652.5. (a) (1) An entity that receives payments from one or more regional centers shall contract with an independent accounting firm to obtain an independent audit or independent review report of its financial statements relating to payments made by regional centers, subject to both of the following:

(A) If the amount received from the regional center or regional centers during the entity's fiscal year is more than or equal to five hundred thousand dollars ($500,000), but less than two million dollars ($2,000,000), the entity shall obtain an independent review report of its financial statements for the period. Consistent with Subchapter 21 (commencing with Section 58800) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations, this subdivision shall also apply to work activity program providers receiving less than five hundred thousand dollars ($500,000).

(B) If the amount received from the regional center or regional centers during the entity's fiscal year is equal to or more than two million dollars ($2,000,000), the entity shall obtain an independent audit of its financial statements for the period.

(2) This requirement does not apply to payments made using usual and customary rates, as defined by Title 17 of the California Code of Regulations, for services provided by regional centers.

(3) This requirement does not apply to state and local governmental agencies, the University of California, or the California State University.

(b) An entity subject to subdivision (a) shall provide copies of the independent audit or independent review report required by subdivision (a), and accompanying management letters, to the vendoring regional center within nine months of the end of the fiscal year for the entity.

(c) Regional centers that receive the audit or review reports required by subdivision (b) shall review and require resolution by the entity for issues identified in the report that have an impact on regional center services. Regional centers shall take appropriate action, up to termination of vendorization, for lack of adequate resolution of issues.

(d) *(1)* Regional centers shall notify the department of all qualified opinion reports or reports noting significant issues that directly or indirectly impact regional center services within 30 days after receipt. Notification shall include a plan for resolution of issues.

(2) A regional center shall submit copies of all independent audit reports that it receives to the department for review. The department shall compile data, by regional center, on vendor compliance with audit requirements and opinions resulting from audit reports and shall annually publish the data in the performance dashboard developed pursuant to Section 4572.

(e) For purposes of this section, an independent review of financial statements shall be performed by an independent accounting firm and shall cover, at a minimum, all of the following:

(1) An inquiry as to the entity's accounting principles and practices and methods used in applying them.

(2) An inquiry as to the entity's procedures for recording, classifying, and summarizing transactions and accumulating information.

(3) Analytical procedures designed to identify relationships or items that appear to be unusual.

(4) An inquiry about budgetary actions taken at meetings of the board of directors or other comparable meetings.

(5) An inquiry about whether the financial statements have been properly prepared in conformity with generally accepted accounting principles and whether any events subsequent to the date of the financial statements would have a material effect on the statements under review.

(6) Working papers prepared in connection with a review of financial statements describing the items covered as well as any unusual items, including their disposition.

(f) For purposes of this section, an independent review report shall cover, at a minimum, all of the following:

(1) Certification that the review was performed in accordance with standards established by the American Institute of Certified Public Accountants.

(2) Certification that the statements are the representations of management.

(3) Certification that the review consisted of inquiries and analytical procedures that are lesser in scope than those of an audit.

(4) Certification that the accountant is not aware of any material modifications that need to be made to the statements for them to be in conformity with generally accepted accounting principles.

(g) The department shall not consider a request for adjustments to rates submitted in accordance with Title 17 of the California Code of Regulations by an entity receiving payments from one or more regional centers solely to fund either anticipated or unanticipated changes required to comply with this section.

(h) (1) An entity required to obtain an independent review report of its financial statement pursuant to subparagraph (A) of paragraph (1) of subdivision (a) may apply to the regional center for, and the regional center shall grant, a two-year exemption from the independent review report requirement if the regional center does not find issues in the prior year's independent review report that have an impact on regional center services.

(2) An entity required to obtain an independent audit of its financial statements pursuant to subparagraph (B) of paragraph (1) of subdivision (a) may apply to the regional center for an exemption from the independent audit requirement, subject to both of the following conditions:

(A) If the independent audit for the prior year resulted in an unmodified opinion or an unmodified opinion with additional communication, the regional center shall grant the entity a two-year exemption.

(B) If the independent audit for the prior year resulted in a qualified opinion and the issues are not material, the regional center shall grant the entity a two-year exemption. The entity and the regional center shall continue to address issues raised in this independent audit, regardless of whether the exemption is granted.

(3) A regional center shall annually report to the department any exemptions granted pursuant to this subdivision.

4652.5. *(i) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.*

SEC. 2. *Section 4652.5 is added to the Welfare and Institutions Code, to read:*

4652.5. *(a) (1) An entity that receives payments from one or more regional centers shall contract with an independent accounting firm to obtain an independent audit or independent review report of its financial statements relating to payments made by regional centers, subject to both of the following:*

(A) If the amount received from the regional center or regional centers during each state fiscal year is more than or equal to five hundred thousand dollars ($500,000), but less than two million dollars ($2,000,000), the entity shall obtain an independent review report of its financial statements for the entity's fiscal year that includes the last day of the most recent state fiscal year. Consistent with Subchapter 21 (commencing with Section 58800) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations, this subdivision shall also apply to work activity program providers receiving less than five hundred thousand dollars ($500,000).

(B) If the amount received from the regional center or regional centers during each state fiscal year is equal to or more than two million dollars ($2,000,000), the entity shall obtain an independent audit of its financial statements for the entity's fiscal year that includes the last day of the most recent state fiscal year.

(2) This requirement does not apply to payments made using usual and customary rates, as defined by Title 17 of the California Code of Regulations, for services provided by regional centers.

(3) This requirement does not apply to state and local governmental agencies, the University of California, or the California State University.

(b) An entity subject to subdivision (a) shall provide copies of the independent audit or independent review report required by subdivision (a), and accompanying management letters, to the vendoring regional center within nine months of the end of the entity's fiscal year.

(c) Regional centers that receive the audit or review reports required by subdivision (b) shall review and require resolution by the entity for issues identified in the report that have an impact on regional center services. Regional centers shall take appropriate action, up to termination of vendorization, for lack of adequate resolution of issues.

(d) (1) Regional centers shall notify the department of all qualified opinion reports or reports noting significant issues that directly or indirectly impact regional center services within 30 days after receipt. Notification shall include a plan for resolution of issues.

(2) A regional center shall submit copies of all independent audit reports that it receives to the department for review. The department shall compile data, by regional center, on vendor compliance with audit requirements and opinions resulting from audit reports and shall annually publish the data in the performance dashboard developed pursuant to Section 4572.

(e) For purposes of this section, an independent review of financial statements shall be performed by an independent accounting firm and shall cover, at a minimum, all of the following:

(1) An inquiry as to the entity's accounting principles and practices and methods used in applying them.

(2) An inquiry as to the entity's procedures for recording, classifying, and summarizing transactions and accumulating information.

(3) Analytical procedures designed to identify relationships or items that appear to be unusual.

(4) An inquiry about budgetary actions taken at meetings of the board of directors or other comparable meetings.

(5) An inquiry about whether the financial statements have been properly prepared in conformity with generally accepted accounting principles and whether any events subsequent to the date of the financial statements would have a material effect on the statements under review.

(6) Working papers prepared in connection with a review of financial statements describing the items covered as well as any unusual items, including their disposition.

(f) For purposes of this section, an independent review report shall cover, at a minimum, all of the following:

(1) Certification that the review was performed in accordance with standards established by the American Institute of Certified Public Accountants.

(2) Certification that the statements are the representations of management.

(3) Certification that the review consisted of inquiries and analytical procedures that are lesser in scope than those of an audit.

(4) Certification that the accountant is not aware of any material modifications that need to be made to the statements for them to be in conformity with generally accepted accounting principles.

(g) The department shall not consider a request for adjustments to rates submitted in accordance with Title 17 of the California Code of Regulations by an entity receiving payments from one or more regional centers solely to fund either anticipated or unanticipated changes required to comply with this section.

(h) (1) An entity required to obtain an independent review report of its financial statement pursuant to subparagraph (A) of paragraph (1) of subdivision (a) may apply to the regional center for, and the regional center shall grant, a two-year exemption from the independent review report requirement if the regional center

does not find issues in the prior year's independent review report that have an impact on regional center services.

(2) An entity required to obtain an independent audit of its financial statements pursuant to subparagraph (B) of paragraph (1) of subdivision (a) may apply to the regional center for an exemption from the independent audit requirement, subject to both of the following conditions:

(A) If the independent audit for the prior year resulted in an unmodified opinion or an unmodified opinion with additional communication, the regional center shall grant the entity a two-year exemption.

(B) If the independent audit for the prior year resulted in a qualified opinion and the issues are not material, the regional center shall grant the entity a two-year exemption. The entity and the regional center shall continue to address issues raised in this independent audit, regardless of whether the exemption is granted.

(3) A regional center shall annually report to the department any exemptions granted pursuant to this subdivision.

(i) This section shall become operative on January 1, 2018.