

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

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Little Hoover Commission  
925 L St., Suite 805  
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Dear Honorable Commissioners:

The Department of Developmental Services (DDS) supports nearly 400,000 individuals of all ages with intellectual and/or developmental disabilities. DDS contracts with 21 non-profit regional centers throughout the state to develop and coordinate the provision of services and supports for individuals and their families in their communities.

The Lanterman Developmental Disabilities Services Act (Lanterman Act) is the California law that helps people with developmental disabilities lead independent and inclusive lives in the community. All eligible Californians deserve to benefit from the promise of the Lanterman Act. However, we recognize that not all individuals have equitable access to services and the consumer and family experience varies greatly across different regions of the state, between consumers of different economic status, and between ethnic and racial groups. DDS has made it a priority to approach these discrepancies in a thoughtful and systematic way.

The developmental services system has undergone significant changes over the years. During the Great Recession, service provider payment rates were frozen, targeted service options were eliminated or reduced, and regional center service coordinator caseloads grew. These changes greatly impacted individuals' and families' experiences navigating the system and accessing services, particularly for communities of color. The historical announcement in 2015 of the closure of all California's developmental centers furthered the systemwide need for accessible inclusive service options, including those serving individuals with highly complex needs. To address the sustainability, quality and transparency of services throughout the system, the Department conducted a comprehensive rate study released in 2019. In the last two years, transformational investments were made to include reinstating service options,

**“Building Partnerships, Supporting Choices”**

implementing rate reform, reducing caseload ratios and establishing regional center specialists for targeted purposes, revising regional center eligibility and moving from a compliance-based to an outcome-based system. The COVID-19 pandemic created new challenges and opportunities. Communities who historically faced systemic racism or inequity in access to services were at greatest risk during this health crisis. Despite incredible efforts and response by regional centers and local partners, these communities were hit the hardest. We remain in a state of recovery. Recent response efforts include restoring services that were previously suspended and codifying flexibilities that were effective during the health crisis.

Inequity in access to services is not tolerated and requires decisive action. DDS remains committed to operationalizing recent investments to address disparities and to continuous evaluation and planning for additional action. DDS will continue supporting initiatives and policies that further our goal of reducing inequities. This effort is not an “event”- it's a ongoing quest for progress.

DDS will provide leadership to regional centers with the development of a Strategic Plan that includes Service Access and Equity in the developmental services system.

## Community Voices

Stakeholder Engagement: There is no substitute for the voice of the people we serve and learning directly from individuals about their experiences entering and navigating the developmental services system.

DDS has expanded its outreach. Over 30 stakeholder groups engage in regular opportunities for public input on department-related matters, allowing for unprecedented diverse stakeholder representation. A network of community-based organizations (CBOs) has become trusted partners for open and productive dialogue about what is and is not working for their communities. This open and ongoing communication is infused into our culture of learning.

DDS' vision statement and guiding principles were recently updated by the [Developmental Services Task Force](#) and reflect identified priorities. Community input has inspired a number of initiatives that are either operational or in the process of being implemented.

What is Needed: While progress has been made, we have not reached full representation of the diverse population we serve. We understand that there are some communities with which trust must be developed before individuals

and families feel free to give input or challenge the system without fear of retaliation. The state and regional centers must continue working to build relationships within their stakeholder communities and cultivate opportunities for honest discussions among them.

To encourage those efforts, DDS has increased focus group discussions, is establishing a new Office of Ombudsperson and overseeing the efforts of family resource centers to hire recently funded community navigators to support individuals and families in their home communities.

To further this effort, DDS, in partnership with regional centers and CBOs, plans Town Hall meetings to hear from stakeholders about local and systemic barriers to service access and identify opportunities for continued improvement. DDS will direct regional centers to develop community engagement plans and will monitor implementation.

## **Factors Impacting Access to Services**

The reasons for disparities are as complex and varied as the 400,000 individuals we serve. Addressing the disparities requires that we understand them as thoroughly as possible to find solutions that work for our communities. There is no one way to measure inequity and many factors can influence aggregate or raw expenditure data. Dollars spent in one public system alone should not be the sole measure of a person's experience. Among other things, we must understand the influences of age, geography, population density, culture, and language preferences.

*Individual Experiences Navigating the System:* Self-advocates and family members have reported challenges navigating the DD system, deterring them from accessing the needed services. Reported difficulties include language barriers, availability of regional center service coordinators, complicated procedures, and more. There is also concern that implicit bias may be built into the tools and procedures for intake and eligibility, or linguistic variations occur when relying on translated language rather than holding meetings and discussions in the preferred language of an individual. DDS has leaned into the conversation and has been thoroughly reviewing the issues identified, including those raised by witness testimony at the Little Hoover Commission hearings.

Recent investments were made to improve individual experiences, to include enhanced service coordination for target populations, requiring implicit bias training for all regional center employees, and establishing provisional eligibility for 3 and 4 year-olds who present with delays and are at risk for exiting the

regional center system before a formal eligibility determination can be completed.

To build on these efforts, DDS is collaborating with Association of Regional Center Agencies (ARCA) to develop and implement a standardized intake process. DDS will also work with community partners to develop and implement assessment tools and processes used in determining Early Start eligibility, with special attention to children who are in foster care or when English is not the family's primary language.

*Inequitable Rates:* The state's current provider rate structure system is antiquated, complex, encompassing of different methodologies depending on the service provided or when the rate was negotiated. Largely, rates are not standardized. They are primarily driven by incremental changes and adjustments over several decades and further exacerbated between 2003 and 2015 when payment rates were subject to various reductions, freezes, and other constraints. The untenable complexity of the rate structure was acknowledged and researched in the [2019 Rate Study](#) mandated by the California Legislature. The existing rate structure has been a barrier to equitable reimbursements. The Budget Act of 2021 approved the rate adjustments through 2024/25 [to implement the rate models](#) presented in the 2019 Rate Study, inclusive of a [Quality Incentive](#) component.

*Technology Systems:* The system's technological infrastructure is over 40 years old and does not have the capacity to quickly adapt and meet current needs. Limited data impedes DDS' visibility into consumers' service utilization, the ability to track individual and systemwide outcomes, offer meaningful transparency and to provide desired oversight. Currently, each of the 21 regional centers uses one of six different case management systems that do not interface or allow for centralized core business rule management, change management, or integration of case management data across all regional centers. This results in dissimilar data sources, poor data consistency and integrity, and non-standard data which is difficult to aggregate or utilize for process and program monitoring and outcomes assessment activities.

The Budget Act of 2021, approved DDS to design a modern Consumer Electronic Records Management System (CERMS). It is DDS goal to enable individuals and their families to have immediate access to their data and information, providing an improved experience and greater transparency. DDS is committed to including active input from consumers, families, service providers, and regional centers throughout the design and implementation. This planning process will be completed in 2023 and inform future budget adjustments.

While there are investments and actions to modernize our electronic record and financial systems, these are complex initiatives that will take multiple years to complete. In the interim, improving data integrity can occur and is necessary to effectively monitor progress and measure outcomes.

*Workforce Shortage:* The ability to provide services is dependent upon a sufficient workforce. Recruitment and retention of a knowledgeable and skilled frontline workforce has become more challenging since the pandemic, consistent with nationwide trends in nearly all service sectors. DDS is launching a variety of initiatives to stabilize the workforce, establish career pathways, and develop a workforce that is culturally and linguistically representative of the individuals served.

## **System Transformation**

*Statewide Standardization:* Stakeholders frequently express frustration with some of the significant differences in how services are provided between regional centers. DDS encounters this as well. DDS has been exploring and developing standardized policies, while leaving room for tailored responses to the local communities. Recent efforts to advance statewide efforts, including reforming the fair hearing process and developing standardized information packets for Lanterman Act and Early Start services, which are in final review for release.

DDS has explored options to establish standard practices in response to service providers concern that they experience different procedures between regional centers, which may impact service access for individuals. To improve upon this, DDS is working with ARCA, with input from stakeholders, to establish a streamlined and/or standardized vendorization process.

*Initiatives:* Recent state budgets have included historic investments in the developmental services system. Consistent with California Health and Human Services Agency's principles and priorities, investments have provided opportunities for programs and efforts that deepen the system's focus on the whole person while also doubling down on addressing inequities. The initiatives are designed to help individuals and families to access services and provide increased choice and flexibility about how regional center services are provided. A program for [regional center performance measures](#) will assess and monitor regional centers through an incentive-based approach that will encourage performance beyond minimum standards. (Attachments A and B).

## Oversight

Access to Information: DDS has historically been challenged by limited access to information maintained at the regional center level coupled with limited resources to analyze and research data or information. That said, in recent years there have been deliberate efforts to collect and analyze data and information.

DDS annually collaborates with regional centers to compile purchase of service (POS) data by ethnicity, language, living arrangement and diagnosis. In 2017, using POS data for 2015-16 as a baseline, DDS collaborated with stakeholders to define a set of [11 equity measures](#). The initial disparities revealed in the POS data are troubling and DDS is dedicated to assuring the full extent of disparities in accessing services is accurately and consistently identified and acted upon across all regional centers.

Since 2016 DDS has been building infrastructure for a data-driven culture. DDS established a Research Section to promote and establish data integrity that would inform and improve monitoring DDS programs and services, support equity in service delivery, provide data-driven policy recommendations, and enhance data understanding among stakeholders.

To improve transparency and access to information, DDS developed several [dashboard](#) displays to include areas used to oversee regional center efforts and activities. Changes in how data is used has brought focus to needed changes regarding data definitions, quality and consistency. Reliable data will improve understanding of trends and disparities, which is critical to program planning, policy recommendations and overall oversight and accountability.

Authority and Accountability: During the LHC hearing on October 13, 2022 there was testimony expressing concern that DDS limits directives to regional centers due to a misinterpretation of the ARC vs. DDS decision. The California Supreme Court in the ARC case decided two things: 1) individuals with intellectual and developmental disabilities have a right to receive services that enable them to live more independent and productive lives in the community; and 2) the regional centers and the state have distinct and different responsibilities under the Lanterman Act. The ARC decision also determined that regional centers and DDS have different statutory responsibilities. Under the Lanterman Act, DDS is responsible for developing uniform services of accounting, budgeting, and reporting, setting the rates for out of home care, and auditing and paying funds to the regional centers. The regional centers provide services to individuals with developmental disabilities and determine the way those services are to be rendered.

DDS acknowledges that self-advocates and families can become frustrated when reaching out to DDS for assistance about a decision made by the regional center and learning that DDS is unable to impact their Individual Program Plan. However, these inquiries assist DDS in understanding self-advocates' and families' perspectives, and provide an opportunity for DDS staff to educate individuals about their rights and options for resolving disagreements. The information gathered during these calls often leads to technical assistance or increased monitoring for the regional center. When statewide trends are noted, policy changes can be implemented through change in statute, regulations or the regional center contract.

Generally, the various steps DDS takes begin with informal resolution to enforce regional center compliance. DDS also provides written guidance, or prepares directives to ensure consumers' rights, health, safety, or welfare are protected; however, DDS cannot issue directives in every circumstance. If DDS finds that a regional center isn't complying with its contractual obligations, DDS may issue a letter of noncompliance, establish a corrective action plan for the regional center, or if necessary, terminate the regional center's contract.

Monitoring: DDS monitors regional centers for compliance, receives complaints and takes appropriate action to resolve them, and examines information received from regional centers and the community to track performance and evaluate trends. (Attachments C, D, E)

In 2019-2020, DDS launched a major reorganization that included enhancing a program division to act as the central point of contact with regional centers through regular and ongoing collaboration, information sharing, data gathering, and performance monitoring. The Office of Community Operations (OCO) works to ensure regional centers adhere to statutory, regulatory, and contractual obligations. OCO handles complaint and general inquiry calls, reviews board composition and compliance, processes conflict of interest statements, reviews performance contracts, reviews regional center websites for transparency requirements, and monitors special contract language.

## Looking Ahead

DDS will continue to reflect and learn from the history, trends and outcomes, but is very much focused on the future. With our community partnerships that have been formed through meaningful community engagement, exceptional opportunities are ahead, and DDS is excited about the opportunity to continue

transformational changes. In addition to the numerous initiatives in progress to improve service access and individual experiences, DDS will:

- *Develop a Strategic Plan*
- *Host meetings with regional center representatives to hear directly from individuals and families*
- *Direct regional centers to develop community engagement plans*
- *Work with ARCA to develop and implement standardized intake standards*
- *Work with community partners to identify and implement assessment tools and process used in determining early start eligibility*
- *Work with ARCA to establish a streamlined and standardized vendorization process*
- *Continue to build capacity for data fluency, prioritize data integrity, usefulness and transparency*

It is important to call out that change is a commitment and process. Foundations must be laid, actions planned and ordered, progress monitored, feedback collected to inform adjustments, and successes and remaining issues must be identified. Starting with foundations, people and infrastructure are the underpinnings of any system. The developmental services system has experienced years of funding limitations that affected both people and infrastructure. This is being addressed and the recent investments will stabilize the developmental services system and improve the experiences of individuals.

DDS will always value stakeholder input and stands at the ready for questions, feedback and recommendations of the Little Hoover Commission.

Sincerely,

NANCY BARGMANN  
Director

Attachments



DEPARTMENT OF DEVELOPMENTAL SERVICES  
**2021-22 Budget Initiatives**  
SUMMARY

<b>1. Community Navigator Program</b>	Establish a community navigator program using family resource centers to help families connect with services. Funding in 2021-22 includes \$500,000 for an independent evaluation of the efforts to promote equity and reduce disparities.	\$5.3 M RC Ops
<b>2. Coordinated Family Support Services</b>	Pilot a new service options to improve and expand supports for individuals living at home with their family.	\$41.7 M
<b>3. DSP Bilingual Differential</b>	Provide a pay differential to direct service professionals (DSP) who can communicate with consumers in a language or medium other than English.	\$3.6 M POS increases to \$10.8 M by 2023-24
<b>4. DSP Workforce Training and Development</b>	Establish a training and certification program for direct service professionals (DSP) tied to wage differentials, to foster a more sustainable and professional workforce.	\$4.3 M RC Ops increases to \$75.0 M by 2023-24
<b>5. Early Start Outreach to Tribal Communities</b>	Conduct engagement and outreach with tribal communities to improve access and utilization of Early Start services.	\$0.5 M RC Ops
<b>6. Electronic Visit Verification (EVV) - Phase II</b>	Continue dedicated resources to support implementation of EVV. Providers of in-home personal care services must utilize EVV by January 2022 to record services provided.	\$11.4 M HQ
<b>7. Emergency Preparedness and Resources</b>	Establish dedicated regional center emergency coordinators for emergency planning, preparedness, response, and recovery activities. Provide education and outreach, power supplies and Go-Kits/Bags for individuals in high risk areas.	\$4.3 M RC Ops

NOTE: Budget allocations include General Fund (GF),  
HCBS Spending Plan and federal reimbursements

POS            Regional Center Purchase of Services  
RC Ops        Regional Center Operations  
HQ              Headquarters  
SORCS         State-Operated Residential and Community Services

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<b>8. Employment Grants</b>	Increase pathways to competitive integrated employment and other employment opportunities for people with disabilities.	\$14.7 M RC Ops
<b>9. Enhanced Community Integration for Children and Adolescents</b>	Grant program to enable regional centers and local communities (i.e., local park and recreation departments) to leverage local resources and increase integrated and collaborative social recreational options.	\$12.5 M HQ
<b>10. Enhanced Service Coordination for Consumers with Low or No POS</b>	Enhanced service coordination for consumers with low or no purchase of service (POS) expenditures.	\$12.8 M RC Ops
<b>11. FY 2022-23 Enhanced Service Coordinator Ratios</b>	Reduce service coordinator ratios at the 21 regional centers linked to Regional Center Performance Measures.	Beginning FY 2022-23 ongoing \$87.5 M RC Ops
<b>12. Forensic Diversion Program</b>	Multifaceted forensic diversion program for individuals with IDD and who are actively involved in the criminal justice system.	\$3.2 M POS \$0.5 M RC Ops \$0.3 M HQ \$0.3 M SORCS
<b>13. Foster Youth Trauma Informed Services</b>	Ongoing implementation of AB 2083 for children and youths in foster care who have experienced severe trauma.	\$1.6 M RC Ops
<b>14. Group Homes for Children with Special Health Care Needs (GHCSHN)</b>	Establish GHCSHNs to provide 24-hour health care and intensive support services in home-like settings for up to five children each.	Existing resources
<b>15. Implicit Bias Training for Regional Centers</b>	Implicit Bias training to all regional center personnel, as well as contracted staff involved in intake and assessment and eligibility determinations.	\$7.0 M RC Ops
<b>16. Language Access and Cultural Competency Orientations and Translations</b>	Promote language access and cultural competency across the regional center system, through orientations and specialized group and family information sessions, culturally sensitive outreach efforts, and translation services.	\$16.7 M RC Ops

NOTE: Budget allocations include General Fund (GF), HCBS Spending Plan, and federal reimbursements

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<b>17. Lanterman Act Provisional Eligibility Ages 3 and 4</b>	Establishes provisional eligibility for Lanterman Act services for three and four-year-olds who meet specified eligibility requirements.	\$16.2 M POS \$7.6 M RC Ops
<b>18. Modernize IT Systems</b>	One-time investment supports the initial planning process to update the regional center fiscal system and implement a statewide Consumer Electronic Records Management System.	\$7.5 M
<b>19. Paid Internship Program and Competitive Integrated Employment Program</b>	Modify paid internship program's fiscal caps and add specified incentive payments, including a temporary increase to milestone payments for competitive integrated employment.	Existing resources
<b>20. Provider Supplemental Rate Increases</b>	Remove the December 31, 2021 suspension of supplemental rate increases for specified services.	\$470.8 M POS
<b>21. Quality Improvement Pilot</b>	Establish a quality improvement pilot project tied to outcomes, for up to four services and with up to three regional centers.	\$12.5 M HQ
<b>22. Rate Adjustments and Quality Incentive Program</b>	Five-year process for rate adjustments and implementation of the rate models, consistent with the 2019 Rate Study, which shall include a quality incentive program, create an enhanced person-centered, and outcomes-based system by July 1, 2025.	\$127.1 M POS in 2021-22 increasing to \$2.0 B POS in 2025-26  \$12.6 M RC Ops ongoing \$6.3 M HQ ongoing
<b>23. Regional Center Performance Measures</b>	Convene a workgroup to make recommendations for the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations.	\$3.7 M RC Ops \$1.9 M HQ
<b>24. Repeal Uniform Holiday Schedule</b>	Repeal the prohibition on compensating certain vendors on specified holidays.	\$56.8 M POS
<b>25. Services for the Deaf Community</b>	Provide increased expertise at the department and all regional centers to support services, and improve access and equity, for consumers who are deaf.	\$2.4 M RC Ops \$0.2 M HQ

NOTE: Budget allocations include General Fund (GF), HCBS Spending Plan, and federal reimbursements

<b>26. Self-Determination Program</b>	<p>Establish the following to increase service access and equity, and reduce disparities:</p> <ul style="list-style-type: none"> <li>• An Office of the Self-Determination Program Ombudsperson within the department to provide information and assist regional center consumers and their families in understanding their rights under the SDP;</li> <li>• Participant Choice Specialists to provide timely transition to program participation and access to regional center staff; and</li> <li>• Enhanced Transition Support Services for individuals and their families who need greater assistance in transitioning to the SDP.</li> </ul>	<p>\$2.5 M POS \$7.8 M RC Ops \$1.3 M HQ</p>
<b>27. Social Recreation, Camp and Non-Medical Therapies</b>	<p>Restore previously suspended social recreation services, camp services, educational services, and nonmedical therapies, effective July 1, 2021.</p>	<p>\$29.4 M POS increases to \$57.0 M by 2023-24</p>
<b>28. Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Teams</b>	<p>Establish nine additional START teams to provide 24-hour crisis prevention and response services. With this addition, there are 15 START teams statewide.</p>	<p>\$6.4 M POS \$10.2 M RC Ops</p>
<b>30. American Rescue Plan Act (ARPA) for Part C</b>	<p>Multiple investments to improve the Early Start experience, data collection, and outcomes including:</p> <ul style="list-style-type: none"> <li>• Family wellness pilot program</li> <li>• Develop culturally and linguistically sensitive services</li> <li>• Outreach and education to underserved populations</li> <li>• Technology to improve access to the Early Start program</li> <li>• Increase technical assistance and monitoring</li> <li>• Initiatives in collaboration with the Department of Education</li> </ul>	<p>\$24 M</p>

NOTE: Budget allocations include General Fund (GF), HCBS Spending Plan, and federal reimbursements

## DEPARTMENT OF DEVELOPMENTAL SERVICES

**2022-23 Budget Initiatives***SUMMARY*

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| <b>1. Communications Assessments for Consumers Who Are Deaf</b> | One-time funding to complete communications assessments for individuals who are deaf or hard of hearing to improve services. Funding includes \$700,000 to contract with an individual or entity to advise the Department on the most appropriate assessment tools and services. |
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| <b>2. Resources to Support Individuals Who are Deaf</b> | Funding to support regional center interpretation services. |
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| <b>3. Directive Authority for HCBS and Coordinated Family Support Services</b> | The Department may issue administrative program directives for Home and Community-Based Services and Coordinated Family Support Services to assure compliance with federal regulations and implement the new service until the time regulations are adopted. |
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| <b>4. Division of Community Assistance and Resolutions</b> | Establish the Division of Community Assistance and Resolutions to improve the complaint and appeal process for individuals and their families. Initiatives include: 1) Fair Hearing/Appeal Reform; 2) Establish an Ombudsperson Office; 3) Divide Risk Management and Quality Assurance into two separate offices. |
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| <b>5. Early Start Eligibility</b> | Funding to support regional center operations and provide purchase of service resources to support revised statutory eligibility provisions for early intervention services, including: lowering the eligibility threshold from 33 percent to 25 percent; separating communication delays to two distinct categories (expressive and/or receptive language); and highlighting Fetal Alcohol Syndrome as a risk factor for developmental delays. |
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| <b>6. Early Start – Part C to B Transitions</b> | Funding to reduce caseload ratios for children birth through age five, provide technical support for service coordinators, and promote inclusive preschool options. Additionally, funding for six headquarters positions to enhance oversight and outcomes of services for children and their families. |
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<b>7. Extend Alternative Services, Amend Tailored Day Services, and Eliminate Half Day Billing</b>	Based on lessons learned during the COVID-19 Pandemic, trailer bill would extend the use of Alternative Nonresidential Services until December 31, 2022, broaden access to tailored day services, and eliminate the half-day billing policy. Funding to reflect the elimination of the half-day billing policy for service providers.
<b>8. Extend Suspension of Family Cost Participation Program</b>	The Family Cost Participation Program and the Annual Family Program Fee Program assessments and collections were suspended during the public health emergency. Statutory changes continue the suspensions through June 30, 2023. DDS will collaborate with stakeholders to promote administrative efficiency and program compliance.
<b>9. Financial Management Services for the SDP</b>	Funding to move payments for Financial Management Services for Self-Determination Program (SDP) participants outside of individual budgets.
<b>10. Research and Data Enhancements</b>	To enhance data collection, analysis, sharing and reporting as well as enable sufficient technical infrastructure support for new and continuing program initiatives that emphasize person-centered outcomes and equitable access and services within the developmental services system, funding supports 19 positions.
<b>11. Service Access and Equity Grant Program</b>	An additional \$11.0 million one-time funding and 4 headquarters positions to increase funding available in the Service Access and Equity Grant Program and support ongoing workload associated with monitoring existing and future grant applications and awards.
<b>12. Subminimum Wage Phaseout and New Service Model Alternative to Work Activity Programs</b>	Funding for a three-year pilot of a service model focused on career readiness for consumers exiting WAP or secondary education and one headquarters position to participate in the state efforts to phase out subminimum wage work performed by individuals with intellectual and developmental disabilities.
<b>13. Workforce Stability</b>	\$185.3 million one-time funding and 7 headquarter positions ongoing to support efforts to address current and emerging workforce challenges among workers who provide direct services and regional center consumer service coordinators. Includes training stipends, internship program, tuition reimbursement program, and technology.

## Oversight of Regional Centers Activities by Frequency

### Daily/Ongoing as Received

- Review of special incident reports submitted pursuant to Title 17 section 54327.1. This review process also includes reviewing MediCal claims that could be a result of abuse and neglect with the special incident report database to determine if there are incidents that may have not been reported and following up with the regional center on those cases.
- Review of regional center purchase of service policies and assessment tools, staff instructions and training materials, board meeting agendas and minutes, notifications to consumers and providers [WIC §4434(d)]
- Review of regional center conflict-of-interest statements and waiver requests [WIC §4626]
- Follow-up on WIC section 4731 appeals and complaints (Early Start, Citizen's, Whistleblower, and general complaints)

### Monthly

- Survey of regional centers on Self-Determination Program enrollment status [RC Contract Art. II, Sec. 10]
- Attendance at regional center board meetings conducted pursuant to WIC section 4660
- Review and distribution of regional center and vendor timeliness reports for special incident reporting
- Ensure regional center submission of information for each consumer for whom the Director of DDS is conservator [RC Contract, Art. VII, Sec. 16]

### Quarterly

- Review of purchase of service data related to Competitive Integrated Employment Incentive Payments and Paid Internship Program
- Review of data related to utilization of institutions for mental diseases, out-of-state placements and other settings
- Review of Disparity Funds Program quarterly progress reports
- Ensure regional center submission of service provider corrective action plans and sanctions [WIC §4640.9]
- Ensure regional center submission of information regarding complaints pursuant to WIC section 4731 for which the regional center sent the complainant a written proposed resolution in response to in the previous quarter [RC Contract, Art. VII, Sec. 12]

## Semi-annually

- Review of Adult Residential Facilities for Persons with Special Health Care Needs, Enhanced Behavioral Supports Homes and Community Crisis Homes [WIC §4684.70, §4684.84, §4698; CCR T17, §59055, §59013]
- Review of data reports on fair hearing requests submitted pursuant to WIC section 4710
- Review regional center websites to confirm posting of information on Home and Community Based Services (HCBS) Final Rule provider compliance [WIC §4519.2(b)]

## Annually

- Ensure development and submission of regional center outcome-based performance plan/contract, DDS review of baseline and year-end performance data, and regional center reporting to DDS on public meetings held to discuss the prior year's performance contract objectives and outcomes [WIC §4629]
- Survey of regional center administrative expenditures, personnel salaries and executive director compensation [WIC §4639.5]
- Survey of regional center service coordinator caseload ratios" [WIC §4640.6]
- Survey of regional center board composition, including but not limited to, confirming whether each board has members with management or board governance expertise and members with financial expertise, and ensuring each board submits a plan for compliance when it is out of compliance with board composition requirements [WIC §4622 and 4622.5]
- Survey of regional centers on Competitive Integrated Employment Incentive Payments and Paid Internship Program [WIC §4870]
- Review regional center websites to confirm posting of service disparity data and ensure related reporting to DDS [WIC §4519.5]
- Review of independent CPA audit of regional center [WIC §4639]
- Review of regional center behavior modification treatment reports [CCR, T17 §50823]
- Compile and review information and update the Legislature on WIC section 4731 complaints and fair hearing requests submitted to regional centers [WIC §4731]
- Ensure regional center reporting to DDS on public meetings held to discuss National Core Indicators (NCI) data [WIC §4571]

## Biennially

- Fiscal compliance audit of regional center
- Monitoring of Adult Family Home Agencies
- Monitoring review of federal Medicaid HCBS Waiver
- Review of federal Medicaid Targeted Case Management program
- Review of federal Nursing Home Reform program
- Early Start monitoring



### Triennially

- NCI Adult In-Person Survey
- NCI Child Family Survey
- NCI Adult Family Survey
- NCI Family Guardian Survey

### Other

- Monitoring of habilitation programs (ongoing)
- Review of NCI survey data, including Mover Longitudinal Survey data (ongoing)
- Special audit of regional center (as needed)
- Oversight of Direct Support Professional (DSP) Training DDS oversees the work of the California Department of Education by ensuring that training/challenge classes are being held and are accessible for all DSPs and that the test records and historical data is monitored)
- Review regional center websites to confirm posting of performance dashboards on its website, including information on HCBS Waiver compliance, competitive integrated employment, WIC section 4731 complaints and fair hearings [WIC §4572]
- Review regional center websites to confirm posting of the following pursuant to WIC section 4629.5(b) and Article I, Section 10 of the regional center contract (ongoing):
  - (1) Regional center annual independent audits.
  - (2) Biannual fiscal audits conducted by the department.
  - (3) Regional center annual reports pursuant to Section 4639.5.
  - (4) Contract awards, including the organization or entity awarded the contract, and the amount and purpose of the award.
  - (5) POS policies and any other policies, guidelines, or regional center-developed assessment tools used to determine the transportation, personal assistant, or independent or supported living service needs of a consumer.
  - (6) The names, types of service, and contact information of all vendors, except consumers or family members of consumers.
  - (7) Board meeting agendas and approved minutes of open meetings of the board and all committees of the board.
  - (8) Bylaws of the regional center governing board.
  - (9) The annual performance contract and year-end performance contract entered into with the department pursuant to this division.
  - (10) The biannual Home and Community-based Services Waiver program review conducted by the department and the State Department of Health Care Services.
  - (11) The board-approved transparency and public information policy.
  - (12) The board-approved conflict-of-interest policy.
  - (13) Reports required pursuant to Section 4639.5.
  - (14) A link to the page on the department's Internet Web site specified in subdivision (d).

- (15) The salaries, wages, and employee benefits for all managerial positions for which the primary purpose is the administrative management of the regional center, including, but not limited to, directors and chief executive officers.
- (16) Regional center-specific reports generated pursuant to, and for the purposes of WIC section 4571 (h).
- (17) The Zero Tolerance Policy pursuant to Article I, Section 8 of the regional center contract.
- (18) Regional center data pursuant to WIC section 4519.5 and Article VII, Section 6 of the regional center contract.

#### Oversight Activities by Other Entities

- State Council on Developmental Disabilities (SCDD)/Area Board: One responsibility of the SCDD is to conduct, or to cause to be conducted, investigations or public hearings to resolve disagreements between state agencies, or between state and regional or local agencies, or between persons with developmental disabilities and agencies receiving state funds (e.g. regional centers).
- Disability Rights California (DRC): DRC (formerly Protection and Advocacy, Inc.) is a federally funded, nonprofit corporation designated by the Governor with the authority and expertise to pursue administrative, legal, and other appropriate remedies or approaches to ensure the protection of the rights of people with disabilities, including investigation of alleged incidents of abuse and neglect that may involve regional center consumers.
- Other state and federal agency oversight and reporting: Regional centers at various intervals file required reports with Franchise Tax Board, Employment Development Department, U.S. Department of Labor, Internal Revenue Service, Bureau of State Audits, Equal Employment Opportunity Commission, Board of Equalization, Centers for Medicare and Medicaid Services, Department of Health Care Services, Social Security Administration, and federal Office of Special Education Programs, among others.

*Note: Additional informal oversight activities may not be reflected on this list.*

**Regional Center Reports and Surveys Due Dates**

**Attachment D**

<b>Item</b>	<b>Due Date</b>	<b>Statute/Regulation/Contract Provision/DDS Requirement</b>
<b>January</b>		
• Executive Director Annual Compensation Survey & Newly Executed Contracts	January 31	WIC section 4639.5 and RC contract Article IV, Section 5
• Performance Contract – Local Measure Reports	January 31	WIC section 4629
• UFS Data Run – Vendor Independent Audits	End of January	WIC section 4652.5
• Family Home Agency Update	January	DDS
<b>February</b>		
• Behavior Modification Report	February 15	Title 17, Section 50823
• Corrective Action Plans & Sanctions	February 15	WIC section 4640.9
• Spring Rent Survey	Mid-February	DDS
<b>March</b>		
• Consumer Rights Complaints Information	March 1	WIC section 4519.2 (c)
• Caseload Ratio Survey	March 10	WIC section 4640.6
• Final Year-End Performance Contract Report	Mid-March	WIC section 4629 (e)(1)
<b>May</b>		
• Paid Internship Program Report	May	WIC section 4870
• Corrective Action Plans & Sanctions	May 15	WIC section 4640.9
• Purchase of Service Disparity Report	May 31	WIC section 4519.5 and RC Contract Article VII, Section 6
<b>August</b>		
• RC Board Conflict of Interest Disclosure Statements	August 1	WIC section 4626(g)(i)
• Board Composition Survey	August 15	WIC section 4622.5
• Corrective Action Plans & Sanctions	August 15	WIC section 4640.9
• Fall Rent Survey	Mid-August	DDS
• Purchase of Service Posting on Website	August 31	WIC section 4519.5 and RC Contract Article VII, Section 6
• Health and Safety Annual Report	August 31	WIC section 4620.4(f)
<b>September</b>		
• Consumer Rights Complaints Information	September 15	WIC section 4519.2 (c)(d)

**Regional Center Reports and Surveys Due Dates**

**Attachment D**

<b>Item</b>	<b>Due Date</b>	<b>Statute/Regulation/Contract Provision/DDS Requirement</b>
<ul style="list-style-type: none"> <li>Annual Family Participation Fee Assessment</li> </ul>	September	DDS
<b>October</b>		
<ul style="list-style-type: none"> <li>Competitive Integrated Employment Survey</li> </ul>	October 1	WIC section 4870
<ul style="list-style-type: none"> <li>Paid Internship Program Survey</li> </ul>	October 1	WIC section 4870
<ul style="list-style-type: none"> <li>Alternative Residential Model Rate Facilities Report</li> </ul>	October	SB 826, Chapter 23, Statute of 2016
<b>November</b>		
<ul style="list-style-type: none"> <li>Performance Contract</li> </ul>	November 1	WIC section 4629
<ul style="list-style-type: none"> <li>Functional Operations Staffing Survey</li> </ul>	November 1	WIC section 4437
<ul style="list-style-type: none"> <li>Corrective Action Plans &amp; Sanctions</li> </ul>	November 15	WIC section 4640.9
<b>December</b>		
<ul style="list-style-type: none"> <li>Personnel and Administrative Services Expenditures Survey</li> </ul>	December 1	WIC section 4639.5
<ul style="list-style-type: none"> <li>Board of Directors' Training Plan</li> </ul>	December 15	WIC section 4622 (g) & RC Contract Article VII, Section 11
<ul style="list-style-type: none"> <li>Purchase of Service Reports Posted to RC Websites</li> </ul>	December 31	WIC section 4519.5 and 4519.6
<b>Other Reports/Etc.</b>		
<ul style="list-style-type: none"> <li>Independent Audit Reports</li> </ul>	Within 9 months of end of FY	WIC section 4652.5
<ul style="list-style-type: none"> <li>National Core Indicators Annual Presentation</li> </ul>	60 days following annual presentation	WIC section 4571
<ul style="list-style-type: none"> <li>Monthly Report on Specified Consumers (Safety Net)</li> </ul>	Monthly	RC Contract Article VII, Section 10 (August 31, 2020)

**Regional Center Contract Amendments  
Fiscal Years (FY) 2016-17 to FY 2022-23**

**FY 2016-17**

1. Article III, Section 13: Foundation Support  
Added language requiring, effective July 1, 2016, regional centers (RCs) to request and receive approval from the Department of Developmental Services (DDS) prior to entering into a lease agreement in which bond financing will be utilized to fund the loan.
  
2. Article IX, Section 1: Specialized Personnel and Monitoring  
Added language requiring RCs to hire to fulfill the following functions: Employment Specialist Cultural Specialist, and HCBS Waiver/New Federal Rule Program Evaluators.

**FY 2017-18**

1. Exhibit F: Statement of Assurances for Protection of Protected Health Information  
Updated and added language regarding the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH).

**FY 2018-19**

1. Article II, Section 4: Federal Funds  
Amended to state regional centers (RCs) must implement mutually agreed-to procedures for administration of all programs funded by Medicaid, including specified programs, i.e., Home and Community-Based Services Waiver, Self-Determination Program Waiver, Targeted Case Management, etc.
  
2. Article II, Section 10: Self-Determination Program (SDP)  
Added language requiring RCs to conduct and plan SDP orientations for all participants, report monthly to DDS on the status of enrolling individuals, provide a general progress report to the local volunteer advisory committee, and provide DDS with information for its SDP point-of contact.
  
3. Article III, Section 3: Advance Payment Provisions  
Added language stating DDS will advance funds as soon as reasonably possible following enactment of the annual Budget Act.

4. Exhibit G: Medicaid Enrollment Requirements  
Added Exhibit G to outline Medicaid enrollment requirements including disclosing information, as specified, for all RC board members and the executive director.

### **FY 2019-20**

1. Article I, Section 19: Transparency and Access to Public Information  
Amended to include numerous RC website posting requirements for consistency with statute.
2. Article I, Section 29: Procedures for Employee Retention  
Added language citing requirements in law pertaining to procedures for employee retention.
3. Article III, Section 2: Allocation of Funding to Contractor  
Amended to change the frequency in which DDS provides allocation reports to RCs, from quarterly, to, after each allocation is issued to RCs.
4. Article V, Section 3: State Audits of Contractor  
Added language outlining timeframes associated with DDS' audit of RCs' compliance with this contract and issuance of final audit reports.
5. Article VII, Section 9: Executive Director Recruitment Policy  
Added language requiring RCs to notify DDS within one day of an unanticipated executive director vacancy or within one week of learning of an executive director resignation or retirement, and to provide DDS with its plan for recruitment within one month of the above notification.
6. Article VII, Section 10: Reporting on Specified Consumers  
Added language requiring RCs to report on an ongoing basis and at least monthly, information on any minor or non-minor dependent who remains a resident of California and is residing out-of-state, whose services are not funded by the regional center or any minor at risk of out-of-state placement; and within three business days of any known occurrence, information on any minor or adult residing for five days or more in an emergency room or psychiatric facility, or any minor not accompanied by their parent or legal guardian residing in a shelter.
7. Article VII, Section 11: Board of Directors Training Plan  
Added language requiring RCs to annually submit to DDS a training plan for board members and information on trainings provided in the prior year.
8. Article IX, Section 2: Caseload Ratios  
Amended to display caseload ratio requirements in a chart format and add caseload ratios for consumers with complex needs (1:25) and consumers who

moved from a developmental center and have lived in the community between 12 and 24 months (1:45).

### **FY 2020-21**

1. Article VII, Section 13: WIC §4731 Consumers' Rights Complaints  
Added language requiring RCs to submit quarterly to DDS information regarding Welfare and Institutions Code section 4731 complaints.
2. Article II, Section 11: Out-of-State Foster Children  
Added language requiring RCs to maintain active status 2 files for and monitor eligible children and non-minor dependents age three and older who RCs are aware are residing out-of-state under the authority of a California county child welfare agency, and to identify and develop resources to support transitioning the children back to California as soon as appropriate.

### **FY 2021-22**

1. Article I, Section 18: Whistleblower Policy  
Added language requiring RCs to review and provide, at minimum, annual training to all board members regarding the board's approved Whistleblower Policy to include, but not be limited to the board's role in implementing the policy.
2. Article I, Section 20: Conflict of Interest  
Added language requiring RCs to review and provide, at minimum, annual training to all board members regarding the board's approved Conflict of Interest Policy, and to ensure that all board members understand and carry out their obligations to implement and appropriately monitor all approved conflict resolution plans for board members.
3. Article II, Section 2: Resource Development  
Amended language to specify that POS funds may not be used for purchase of a provider's vehicle, lease for a provider's vehicle unless approved by DDS, or routine maintenance of a provider's plant or facility unless approved by DDS.
4. Article VII, Section 3: Emergency Planning, Preparedness, Response and Recovery  
Amended to outline actions RCs must take to plan, prepare and respond to an emergency.
5. Article VII, Section 11: Board of Directors Training Plan  
Amended language and requirements related to board training plans, including adding statutory references.

6. Article VII, Section 13: Medicaid Enrollment Requirements  
Added language requiring RCs to provide information regarding Medicaid enrollment requirements in board recruitment outreach and information and in annual trainings regarding board member roles and responsibilities.
7. Article VII, Section 14: Board Governance  
Added language requiring that either a board-approved policy or bylaws must describe: the roles and responsibilities of the board in setting policy and overall governance and the executive director in day-to-day operations; and the selection, training and monitoring of facilitators who will support board members to ensure maximum understanding and participation in carrying out their roles and responsibilities
8. Article VII, Section 15: Forensic Cases  
Added language requiring RCs to enter specific information in their case management databases regarding consumers subject to the diversion process and to notify DDS of any intent to recommend to the court an admission to or change in commitment at Porterville Developmental Center, as specified.
9. Article IX, Section 1: Specialized Personnel and Monitoring  
Added language to include Emergency Coordinator, Deaf Services Specialist and Participant Choice Specialists in the list of positions RCs must hire.
10. Article IX, Section 2: Caseload Ratios  
Amended language to include the caseload ratio for consumers with low or no purchase of service expenditures (1:40).
11. Article IX, Section 3: Reporting  
Added language requiring RCs to report DDS in FY 2022-23, caseload ratio data by October 10<sup>th</sup>.
12. Exhibit G: Medicaid Enrollment Requirements  
Amended language to expand the information RCs must disclose for board members and the RC executive director and specifies instances when this information must be submitted to DDS.

### **FY 2022-23 (to date)**

1. Numerous changes to standard terms and conditions to comply with Department of General Services' contracting requirements.
2. Article VII, Section 16: Reporting on DDS Conservatees  
Added language requiring RCs to report monthly to DDS specified information for whom the Director of DDS is conservator and conservatorship responsibilities have been delegated to the RC; requires RCs to complete biennial person-



centered comprehensive assessments for each of these individuals; and requires RCs to annually submit to DDS a photo of each individual.

3. Article IX, Section 1: Specialized Personnel Monitoring

Added language requiring RCs to have face-to-face contact with any individual conserved by the Director of DDS or the Director of the RC, at least quarterly.