



ACTION:



INFORMATION:



COUNCIL MEETING NOTICE/AGENDA

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THE PUBLIC MAY LISTEN IN BY CALLING:	1-800-839-9416
PARTICIPANT CODE:	2982825

DATE: Thursday, September 22, 2016

TIME: 10:00 a.m. – 5:00 p.m.

LOCATION: DoubleTree by Hilton
2001 Point West Way
Sacramento, CA 95815

Pursuant to Government code Sections 11123.1 and 11125(f), individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in this meeting should contact Robin Maitino at (916) 322-8481 or email robin.maitino@scdd.ca.gov. Requests must be received by 5:00 pm, September 15, 2016.

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1. CALL TO ORDER	A. Lopez	
2. ESTABLISH QUORUM	A. Lopez	
3. WELCOME/INTRODUCTIONS	A. Lopez	
4. SWEARING IN OF NEW COUNCIL MEMBER	A. Carruthers	
5. PUBLIC COMMENTS		
<i>This item is for members of the public only to provide comments and/or present information to the Council on matters not on the agenda. Each person will be afforded up to three minutes to speak. Written requests, if any, will be considered first.</i>		
 6. APPROVAL OF JULY 2016 MINUTES	A. Lopez	4

For additional information regarding this agenda, please contact Robin Maitino, 1507 21st Street, Ste. 210, Sacramento, CA 95811, (916) 322-8481. Documents for an agenda item should be turned into SCDD no later than 12:00 p.m. the day before the meeting to give members time to review the material. The fax number is (916) 443-4957.

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	B. Deputy Director of Policy and Planning Report		
	C. Deputy Director Regional Office Operations Report (A)		
	D. CRAVAS Update Report		
	E. QA Project Update Report		
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	A. 2016 Regional Institute – Association of People Supporting Employment-First		
	B. Heroes in the Park – United Cerebral Palsy of the Inland Empire		
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	E. Administrative Committee	C. Nutt	



F. Self-Advocates Advisory Committee

D. Forderer



14. STATEWIDE SELF-ADVOCACY NETWORK REPORT

D. Forderer



15. CALIFORNIA EMPLOYMENT CONSORTIUM FOR YOUTH (CECY) REPORT

S. Kapp

16. CLOSED SESSION – PERSONNEL

Bocanegra/Lopez

Pursuant to Government Code 11126 (a)(1), the Council will have a closed session to consider the evaluation of performance of a public employee.

17. RECONVENE OPEN SESSION

Bocanegra/Lopez

Pursuant to Government Code Section 11126.3 (f), there will be an announcement of any action(s) taken during closed session.



18. OPEN SESSION PORTION OF EXECUTIVE DIRECTOR EVALUATION

A. Lopez



19. NEXT MEETING DATE & ADJOURNMENT

A. Lopez

APPROVAL OF JULY 2016 MINUTES

**Council Meeting Minutes
July 22, 2016**

Members Present

April Lopez (FA)
Charles Nutt (SA)
Chisorom Okwuosa
David Forderer (SA)
Elena Gomez
Eric Gelber
Francis Lau (FA)
Janelle Lewis (FA)
Jay Lytton (SA)
Kerstin Williams (SA)
Larry Yin
Pete Sanchez
Rebecca Donabed (SA)
Robert Taylor (SA)
Sandra Aldana (SA)
Sandra Smith (FA)
Kecia Weller (SA)
Michele Villados

Members Absent

Kris Kent
Max Duley (FA)
Ning Yang (SA)
Carmela Garnica (FA)
Jacqueline Nguyen (FA)
Robin Hansen

Others Attending

Aaron Carruthers
Angela Lewis
Bob Giovati
Christine Lannon
Cindy Chiu
David Grady
Dawn Morley
Dena Hernandez
Gabriel Rogin
Holly Bins

Others Attending (continued)

Janet Fernandez
Lisa Hooks
Mary Agnes Nolan
Mary Ellen Stives
Michael Brett
Natalie Bocanegra
Robin Maitino
Sarah May
Scarlett vonThenen
Sonya Bingaman
Tamica Fouts-Rachal
Vicki Smith
Wayne Glusker
Yolanda Cruz

1. CALL TO ORDER

Chairperson April Lopez (FA) called the meeting to order at 10:18 a.m.

2. ESTABLISHMENT OF QUORUM

Chair Lopez (FA) established a quorum.

3. WELCOME AND INTRODUCTIONS

Councilmembers and others in attendance introduced themselves.

4. PUBLIC COMMENT

Executive Director Aaron Carruthers read a letter dated July 20, 2016, from the board of directors of Families for Early Autism Treatment requesting that the Council reach out to the Department of Education regarding the public release of student names and income information. Chair Lopez (FA) requested that this matter be referred to Council's LPPC Committee.

5. **APPROVAL OF MEETING MINUTES**

Councilmembers acted to approve the May 26, 2016 meeting minutes as amended.

Motion 1

It was moved/seconded (Forderer [SA]/Nutt [SA]) and carried to approve the May 26, 2016 Council meeting minutes as amended. (See page 8 for the voting record of member's present.)

Amendment 1

Change member's Olivia Raynor, Catherine Blakemore, and Steven Kapp as being present to being absent.

Amendment 2

Page 6, agenda item 6, correct the amendment to read "Page 9 under Motion 9 change 1791 to 1719"

Amendment 3

Page 6, agenda item 8, correct grammar in first paragraph.

Amendment 4

Page 7, agenda item 9 correct the spelling of Nancy Bargmann's name to read "Bargmann."

Amendment 5

Page 8, under agenda item 13C., Motion 4, add the names of the self-advocates that moved/seconded the motion.

6. **CHAIR REPORT**

Chair Lopez (FA) reported on activities since the May Council meeting. Her report focused largely on Council-sponsored legislation updates, Statewide Self-Determination (SSDAC) activities and the ABLE Act Board, reporting that SSDAC met on June 21st and the ABLE Board was meeting on August 15th.

7. **STAFF REPORTS**

Executive Director Carruthers reported on Council activities since May 2016. His report covered recent legislative testimony, policy, self-advocacy, and state plan activities, as well as partner collaborations and the Council's budget.

Director Carruthers then introduced Holly Bins, CRA/VAS Coordinator, and invited her to provide an update on then Developmental Center closures. Director Carruthers stated that this new report would be a standing item on the Council's agenda.

Additional staff reports were included in the packet, starting on page 14.

8. **UPDATE ON SILICON VALLEY/MONTEREY BAY AND CENTRAL COAST CONSOLIDATION**

On March 8, 2016, the Council acted to consolidate the Central Coast Region with the Silicon Valley Monterey Bay Region.

As part on the consolidation process, Chair April Lopez (FA) conducted public hearings in each of the 7 affected counties on June 27, 28, 29. The purpose of these meetings was to collect community feedback and provide it to the Council. Executive Director Carruthers presented that feedback to Councilmembers.

Following Director Carruthers update, the Council took no additional action. Therefore, the consolidation effective date is October 4, 2016.

9. **FINAL APPROVAL OF DRAFT 2017-21 STATE PLAN & WORK PLAN**

Every five years Councilmembers are required to submit a new State Plan to the Administration on Intellectual and Developmental Disabilities (AIDD). At the March 8, 2016 Council meeting, Councilmembers approved the 2017-21 State Plan Goals and Objectives in concept. On May 26th the Council reviewed and approved the final 2017-21 State Plan Goals and Objectives.

Using the approved goals and objectives, the State Plan Committee developed the final draft of the 2017-21 State Plan and Work Plan. The State Plan Committee presented that draft to the full Council for consideration and input.

Motion 2

It was moved/seconded (Nutt [SA]/ Forderer [SA]) and carried to approve the 2017-21 State Plan and Work Plan. (See page 8 for the voting record of member's present.)

10. **CYCLE 39 GRANT APPROVAL**

The State Plan Committee presented nine (9) grant proposals to the Council for consideration and action. The Committee's presentation included the steps taken to in selecting the proposals presented to them.

Councilmembers had several questions pertaining to the method used in selecting/rating the proposals as well as concerns with the lack of agency background information being provided to the Councilmembers. Their concern was that without more background information, they did not feel comfortable making recommendations to fund any of the grant proposals. Therefore, the Council directed staff to gather and provide pertinent background information following the lunch break.

Following the presentation of additional information, the Council took the action to award funding as described below.

Motion 3

It was moved/seconded (Nutt [SA]/ Weller [SA]) and carried award Cycle-39 Grant funding to the below nine (9) proposers. (See page 8 for the voting record of member's present.)

- 1) **Regional Office:** Sacramento
Organization: Peer Advocacy Connection-Supported Life Institute
Amount: \$16,000
Goal Area: Self-Advocacy
- 2) **Regional Office:** North Bay
Organization: Children's Nurturing Project
Amount: \$20,000
Goal Area: Early Intervention
- 3) **Regional Office:** Bay Area
Organization: Helping Hands East Bay
Amount: \$20,000
Goal Area: Formal & Informal Community Supports
- 4) **Regional Office:** Silicon Valley/Monterey Bay
Organization: Hope Rehabilitation Services, Inc.
Amount: \$20,000
Goal Area: Employment

- 5) **Regional Office:** Sequoia
Organization: Next Step Vocational Education & Transition Center
Amount: \$19,500
Goal Area: Self-Advocacy

- 6) **Regional Office:** Central Coast
Organization: UCP WORK, Inc.
Amount: \$20,000
Goal Area: Employment

- 7) **Regional Office:** Los Angeles
Organization: Project Get Safe
Amount: \$19,960
Goal Area: Health and Safety

- 8) **Regional Office:** Orange County
Organization: Project Independence
Amount: \$20,000
Goal Area: Employment

- 9) **Regional Office:** San Diego
Organization: Project Get Safe
Amount: \$19,980
Goal Area: Self-Advocacy

11. **HCBS RAC RECOMMENDATIONS**

Executive Director Carruthers reported that SCDD's 13 regions provided responses to the request for HCBS recommendations. According to the responses received there are many unanswered questions, including an overall lack of information and feeling of overwhelm and fear to name just a few. Another big question was about whether or not the March deadline was realistic and what would happen should the deadline not be met.

Some roles the community would like to see the Council play include: distribution of information, locating and distributing accessible information, and provide training and technical assistance.

12. SPONSORSHIP REQUESTS

- A. The Brightside of Down Syndrome requested sponsorship funding in the amount of \$999 to help fund their 2nd Annual Best Practice in the Education of Children with Down Syndrome on October 3, 2016. The conference will be held at the San Joaquin County Office of Education located at 2707 Transworld Drive, Stockton, Ca 95206. Valley Mountain Regional Center, Family Resource Network and State Council on Developmental Disabilities' North Valley Hills Office are supporting this year's conference by volunteering and agreeing to share the conference information.

Motion 4

It was moved/seconded (Lewis [FA]/ Weller [SA]) and carried award this sponsorship to the Brightside of Down Syndrome in the amount of \$999 for its 2nd Annual Best Practice in Education of Children with Down Syndrome event. (See page 8 for the voting record of member's present.)

- B. The San Joaquin Hosing Collaborative also requested sponsorship funding in the amount of \$999 to help fund their 5th Annual San Joaquin Valley Affordable Housing Summit. The objective of the Summit is to explore the role housing plays as one piece of an overall anti-poverty strategy by inviting community advocates new to housing to learn more about housing as it relates to their own work, and by discussing ways housing advocates and others can better work together to support Valley communities.

Motion 5

It was moved/seconded (Weller [SA]/ Nutt [SA]) and carried award this sponsorship to the San Joaquin Hosing Collaborative in the amount of \$999 for its 5th Annual San Joaquin Valley Affordable Housing Summit. (See page 8 for the voting record of member's present.)

13. COMMITTEE REPORTS

- a. State Plan Committee – Committee Chair Sandra Smith (FA) provided members with a brief summary of the July meetings.
- b. Legislative and Public Policy Committee – Committee Chair Janelle Lewis (FA) provided a summary of the May meeting.

- c. Employment First Committee – Committee Chair Jenny Yang (SA) provided a summary of the June meeting.
 - d. Executive Committee – Committee Chair Jenny Yang (SA) referred members to their packet for the most recent budget projections.
 - e. Membership Committee – Chair Lopez (FA) provided a brief summary of the July 19th meeting.
 - f. Self-Advocates Advisory Committee – Committee Chair David Forderer provided members with a summary of the July 21st meeting.
14. **STATEWIDE SELF-ADVOCACY NETWORK (SSAN) REPORT**
Councilmember David Forderer (SA) provided a written report to the Council highlighting the items covered at the June 8-9, 2016, SSAN meeting.
15. **CALIFORNIA EMPLOYMENT CONSORTIUM REPORT**
Councilmember Olivia Raynor provided a brief update on CECY.
16. **NEXT MEETING AND ADJOURNMENT**
The next Council meeting set for September 22, 2016 at the DoubleTree by Hilton in Sacramento. The meeting was adjourned at 4:45 p.m.

Name	Motion 1	Motion 2	Motion 3	Motion 4	Motion 5
Aldana, Sandra	For	For	Abstain	For	For
Blakemore, Catherine	Abstain	For	Not Present	Not Present	Not Present
Boomer, Daniel	For	For	For	For	For
Donabed, Rebecca	For	For	For	For	For
Forderer, David	For	For	For	For	Not Present
Gelber, Eric	For	For	Not Present	For	For
Gomez, Elena	For	For	Abstain	For	For
Kapp, Steven	Abstain	For	Abstain	For	For
Lau, Francis	For	For	For	For	For
Lewis, Janelle	For	For	For	For	For
Lopez, April	For	For	For	For	For
Lytton, Jay	For	For	For	For	For
Nutt, Charles	For	For	For	For	For
Okwuosa, Chisorom	For	Not Present	For	For	For
Raynor, Olivia	Abstain	For	Abstain	For	For
Sanchez, Pedro	For	For	For	For	For
Smith, Sandra	For	For	For	For	For
Taylor, Robert	For	Abstain	Oppose	For	For
Villados, Michele	Abstain	For	For	For	For
Weller, Kecia	Abstain	For	For	For	For
Williams, Kerstin	For	For	For	For	For
Yin, Larry	For	For	For	For	For

Legend:

SA = Self-Advocate

FA = Family Advocate

STAFF REPORTS



Chief Deputy Director's Report September 22, 2016

Began as Acting Chief Deputy Director on November 10, 2015.

Manage SCDD internal operations. Collaborate with staff to maximize efficiency and maintain a high level of performance, in order to advance our advocacy, capacity building and systems change efforts.

Policy

- Continued follow-up from recent Statewide Self-Determination Advisory Committee meeting.
- Collaborated with APSE and Cal-Tash in preparation for their upcoming conferences.

Administrative

- Continued implementation of the Council's Structural Deficit Recommendations.
- Facilitated a meeting of the Administrative Committee.
- Supported the Deputy Director of Regional Office Operations to manage the State Plan process.
- Worked with the Deputy Director of Regional Office Operations to complete the Cycle 39 Program Development Grant process.
- Worked with staff to prepare for a Membership Committee meeting focused on filling Council and Regional Advisory Committee vacancies.

- Supported the Deputy Director of Policy and Planning with the completion of an internal Communication Plan and the 2015 Employment-First Report.
- Continued supervision of the Quality Assurance and Clients' Rights Advocacy/Volunteer Advocacy Services programs.
- Worked with the Quality Assurance Manager to review a statewide staffing analysis and participated in a statewide meeting of Quality Assurance Coordinators.
- Met with staff to prepare for a redesign of the SCDD website.
- Participated in a Regional Managers' meeting and provided updates from Headquarters.
- Gave presentation at SSAN meeting on SCDD State Plan and facilitated work on the Memorandum of Understanding with SSAN.
- Along with SCDD's Program Writer, met with a representative from DHCS to review SCDD requirements for the Our Promise Campaign.
- In coordination with the Executive Team, tracked progress on short and long-term organizational goals.

Personnel

- Worked with the Personnel Officer on recruitment, screening and interview processes for vacant positions at SCDD Headquarters and regional offices.
- Filled three vacant positions at Headquarters – Planning Analyst, Self-Advocacy Coordinator and Program Writer.
- Continued to support the transition of the new Bay Area Manager.
- Met with the Deputy Director of Regional Office Operations and individual Regional Managers, as necessary.
- Led a meeting of the SCDD Disability Advisory Committee.
- In coordination with Executive Team, addressed on-going training and personnel needs.



DEPUTY DIRECTOR OF POLICY AND PLANNING REPORT

SEPTEMBER 2016

Policy

- Continuously communicated Council's positions on legislation to key committees, legislators, and like-minded organizations.
- Worked on revising legislative platform.
- Met with Senator Mendoza's staff multiple times.
- Met with Assembly Republican Caucus staff.
- Met with the Governor's staff multiple times.
- Met with Senator Lara's staff.
- Met with Senator Bates' staff.
- Met with Senator Hill's staff.
- Met with Senator McGuire's staff.
- Met with Senator Neilsen's staff.
- Met with Assemblywoman Lopez's staff.
- Visited all Senate offices to distribute Floor Alert.
- Continued ongoing monitoring and changes of our internal bill tracking system.
- Planning/strategy calls as well as ongoing communication with LPPC chair.
- Planned for upcoming LLPC meeting.
- Prepared support letters.
- Prepared request for signature letters.
- Numerous phone and email contacts with legislative offices.

Staff

- Working with HQ management to properly allocate distribution of workload and management responsibilities within the office.

- Continued to work the new acting Chief Deputy and acting Deputy Director for Regional Center Operations to implement positive changes at SCDD HQ.
- Worked with SCDD management to address ongoing personnel issues.
- Reworked communications plan.
- Worked with staff on SSAN/SAAC issues.
- Worked with staff on EFC issues and planning EFC meeting agenda.
- Attended weeklong supervisory training.
- Reworked EFC annual report.



REPORT FROM
ACTING DEPUTY DIRECTOR OF REGIONAL OFFICE OPERATIONS
TIME PERIOD: July 01, 2016 to August 31, 2016

The Acting Deputy Director of Regional Office Operations (DDROO) provides leadership and supervision to the SCDD regional offices and the planning team at Headquarters (which monitors, prepares and reports on the SCDD State Plan).

Regional Operations:

- Provide initial and ongoing training and support for Regional Managers.
- Supervise regional office operations and facilitate monthly managers meetings (at minimum, meetings rotate between face-to-face one month and teleconference the next month). Topics range from administrative procedures to workgroup assessments for the implementation of the State Plan.
- Oversee Regional Advisory Committee input and/or recommendations to the SCDD via the Managers of the 13 regional offices.

Planning Team:

- Supervise the development, monitoring, assessment and analysis of the SCDD State Plan. (The Planning Team successfully submitted the State Council's 2017-2021 State Plan to AIDD by the due date of 8/22/2016)
- The Planning Team added a Planning Analyst, Maria West, who will assist greatly in compiling data from activities, outputs, outcomes and performance measures for the state plan. Maria started with SCDD on 8/15/2016 and in her first week contributed to the 2017-2021 State Plan.
- Along with Janet Fernandez (as the lead), the Team has already begun the data collection for the Program Performance Report (PPR) which is the Annual Report to AIDD on the activities, outputs, outcomes and performance measures achieved for the current State Plan (October 1, 2015 to September 30, 2016).

Professional Development:

- Coordinate with our HR Specialist and Executive Team to identify initial and ongoing management training which enhances the skill set of management and which meets state requirements.

Respectfully Submitted: Vicki²⁰L. Smith, Deputy Director (A), Regional Office Operations

Highlights of State Plan Activities (full version posted at www.scdd.ca.gov)

REGIONAL OFFICE ACTIVITIES FOR:

<u>REGIONAL OFFICE (RO)</u>	<u>MANGER</u>
North Coast (NCRO)	Dawn Morley
North State (NSRO)	Sarah May
Sacramento (SACRO)	Sonya Bingaman
North Bay (NBRO)	Lisa Hooks
Bay Area (BARO)	Sheradan Nicholau
North Valley Hills (NVHRO)	Dena Hernandez
Silicon Valley/Monterey Bay (SVMBR))	David Grady
Sequoia (SEQRO)	Yolanda Cruz
Central Coast (CCRO)	Vicki Smith
Los Angeles (LARO)	Cindy Chiu
Orange County (OCRO)	Scarlett VonThenen
San Bernardino (SBRO)	Tamica Foots-Rachal
San Diego/Imperial (SDIRO)	MaryEllen Stives

- Goal 1 - Individuals with developmental disabilities have the information, skills, opportunities and support to advocate for their rights and services and to achieve self-determination, independence, productivity, integration and inclusion in all facets of community life.

SDIRO facilitated a team of self-advocates in a discussion regarding their grant to hold four- three hour trainings over the next year. The group identified four themes for each of the four sessions and they are: Mind and Body, Relationships, Healthy Living and Leadership. Under each of these categories the IVPF members identified specific areas they would like training on. In addition the group decided they would like a health wise cooking lesson/demo during each presentation to reinforce the concept of healthy living. The planning team has identified several organizations they would like to be a part of the planning team and to help with the provision of trainings and they are SCDD, Sure Helpline and the SDSU Nursing Program. (People Trained in Leadership 9SA/ 2OTH)

- Goal #2 - Individuals with developmental disabilities and their families become aware of their rights and receive the supports and services they are entitled to by law across the lifespan, including early intervention, transition into school, education, transition to adult life, adult services and supports, and senior services and supports.

LARO SCDD LA staff provided training to the Self-Advocacy Board of LA County on the next section of Minnesota's on-line Partners in Policymaking training. This module focused on the branches of government. SABLAC has been covering one module at each of their meetings facilitated by SCDD LA staff. Minnesota's State Council has posted all of the materials on-line. (People Trained in Leadership 12SA)

- Goal #3 - Individuals with developmental disabilities and their families express the degree to which they are satisfied with their services and the extent to which they feel their needs are being met.

NVHRO SCDD/North Valley Hills Regional Manager was honored at the July VMRC Board Meeting. SCDD staff, family and friends were in attendance. The Communitas Award was presented to SCDD/North Valley Hills Manager at the meeting. The Communitas Award is given annually. It's criteria for the recipient: 1) clearly stands out among professionals in the field of developmental disabilities. 2) Demonstrates long-term and sincere commitment to supporting people in real homes, real neighborhoods and real jobs. 3) Has an impressive record of achievement in helping people become more independent and actively participants in their home community. The winners name is inscribed on a permanent plaque to be maintained in the Board Room at the VMRC's Stockton office. An individual plaque is given to the recipient. Staff gave handouts on the HCBS, Self Determination and upcoming events in the 5 counties the public comment portion of the meeting. SCDD staff and her family was invited to the annual dinner with was right after the meeting ended. (GP Reached 7SA/ 8FA/ 17OTH)

- Goal #4 - Public safety agencies, other first responders and the justice system get information and assistance to be knowledgeable and aware of the needs of individuals with developmental disabilities so they can respond appropriately when individuals with developmental disabilities may have experienced abuse, neglect, sexual or financial exploitation or violation of legal or human rights.

NBRO staff and a local community agency provided a Feeling Safe, Being Safe training to children. Discussion on how to complete an emergency plan worksheet and fill out the emergency magnet was provided. Each child was given a red back

pack with a list and encouraged to create their own first aid kit. Also, participants were provided with a guided tour of a local fire station. Each participant was provided the opportunity to climb inside the fire truck, take pictures with fireman, try on fire gear, hear the fire truck siren, and ask questions. Material provided: A red back pack with a bottle of water, snack item, and Feeling Safe Being Safe packet. (People Trained 30SA/ 25FA – ORGs 20TH)

- Goal #5 - Individuals with developmental disabilities and their families get the information to be prepared for emergencies.

SBRO staff provided Active Shooter training to a group of self-advocates, family advocates, and UCPIE staff regarding strategies and best practices to be utilized during an active shooter situation. SBRO staff defined what constitutes an active shooter situation, awareness of surroundings, response during an active shooter situation, how an individual should respond when law enforcement arrives at the event, information that should be provided to law enforcement, and other best practices. SBRO staff encouraged interaction from the group on analyzing evacuation and escape routes at their locations, the importance of creating an active shooter plan for a community based setting prior to an event, stakeholders that should be involved in plan development, staff training, and practice. The focus of the presentation was the 'Run, Hide, Fight' best practice initiated by Houston Police Department and is considered a best practice nationwide. This best practice is also endorsed by the Department of Homeland Security. SBRO staff did show the 'Run, Hide, Fight' Video to the group and provided guidance to additional resources available to the community for the Riverside county area. Professionals that work directly with our population and respite workers with UCPIE also attended the Active Shooter Training to better facilitate supports for the I/DD population in the community. Distributed Items: 1-pager on Riverside County Emergency Resources, Department of Homeland Security Active Shooter Event Quick Reference Guide. (People Trained 2SA/ 9FA/ 15OTH)

- Goal #6 - Young adults with developmental disabilities and their families get the information and support to be prepared for and experience a successful transition to adult life.

LARO received numerous complaints in recent months pertaining to alleged practices in individualized education program (IEP) meetings of the Whittier Union High School District, a local educational agency (LEA). Alleged practices included lying in IEP meetings, intentionally providing inaccurate information to students and families, failing to provide a free appropriate public education (FAPE), and negotiating with students and families in bad faith. SCDD Los Angeles staff

conducted research which included reviewing IEP documents, evaluations, reports, and other substantiating documents. SCDD Los Angeles staff also attended an IEP meeting and immediately thereafter met with school administrators to discuss the bad faith allegations and practices of the LEA. The issue was discussed and a resolution was achieved which resulted in changes regarding how information would be shared with students and families in future IEPs and settlement negotiations. (Programs/Policies created 1SA/ 2FA/ 4OTH – People Trained 1FA/ 1OTH – People Active 1OTH)

- Goal #7 - Children birth to 3 who are at risk of or have a developmental delay and their families receive the early intervention services they need to achieve their potential.

OCRO attended and participated in the Interagency Coordinating Council on Early Intervention (ICC) quarterly meeting on July 22, 2016. The ICC encourages a family-centered approach, family-professional partnerships, and interagency collaboration. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC functions to advise and assist the Department of Developmental Services (DDS), the lead agency, in the development and implementation of the policies that constitute the statewide system of early intervention. The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, birth to 3 years, who have, or are at risk for having a disability, and their families, utilizing and encouraging a family centered approach, family-professional partnerships, and interagency collaboration. The ICC provides advice and assistance to the Department of Developmental Services: Regarding the statewide system of early intervention; About achieving the full participation, cooperation and coordination of appropriate public agencies in the state, and; A forum for public input. SCDD staff realize the shared vision to result in ongoing and effective collaborations, as the Family Resource Center Network in 58 counties, provides training for family strengthening. (People Active 5FA/ 30OTH – ORGs 10OTH)

- Goal #8 - The State of California will adopt an Employment First policy which reflects inclusive and gainful employment as the preferred outcome for working age individuals with developmental disabilities.

SVMBRO At the Service Providers Advisory Committee meeting SCDD staff informally proposed to the Regional Center Executive Director and the Service Providers Advisory Committee's Chair co-host a Best Practices in Day and

Employment Seminar for providers. The aim of such a meeting is to introduce HCBS and Community Integrated Employment concepts to the day and employment provider community and offer examples of how programs adopted new principles and policies to better integrate their clientele into the community. Committee members were open to the idea. The chair person requested I put my proposal in writing so he can propose the idea to the regional center board of directors. (ORGs 12OTH)

- Goal #9 - Working age adults with developmental disabilities have the necessary information, tools and supports to succeed in inclusive and gainful work opportunities.

BARO collaborated with local agencies to plan this year's College with a Disability Conference. This conference is an opportunity for students with disabilities, aged 14 and up, and their families to learn about the array of resources and supports available at the college level. This is the sixth straight year that the State Council has supported this event. Today's meeting centered around finishing the Save the Date flyer and email the group is planning to send out. Registration, food options, parking, speakers and surveys were also discussed at the meeting. The conference schedule and the time limits for the events of the conference were ironed out. centered around finishing the Save the Date flyer and email the group is planning to send out. Registration, food options, parking, speakers and surveys were also discussed at the meeting. The conference schedule and the time limits for the events of the conference were ironed out. (People Trained 40SA/ 110FA/ 12OTH)

- Goal #10 - Individuals with developmental disabilities understand their options regarding health services and have access to a full range of coordinated health, dental and mental health services in their community.

NCRO continues the planning and implementation for the Cycle Without Limits" Bike Camp project and taught 11 individuals with intellectual and developmental disabilities to ride a bicycle. Collaborators on the event are the County HHSA Health Department, Prevention and Planning, Family Resource Center, the Alex Rorabaugh Recreation Center staff, United Cerebral Palsy of the North Bay, Ukiah Unified School District. SCDD staff were instrumental in finding the funding for the camp. The cost associated with the project: gym use for the week \$2,000, the trainers and the bikes @ another \$5,500 for a total cost of \$7,500. The Bike Camp provided by United Cerebral Palsy of the North Bay was held at Recreation Center from July 24th to the 29th from 9:00 to 12:00 each day. It is one of the new projects offered at the ARRC Recreation Center. This camp provides a 5 day instructional

program with one hour and 15 minute sessions each day that teaches children and adults on how to ride a conventional two wheeled bicycle or an adapted cycle. Parents and volunteers came on the Sunday for an orientation. North Coast staff is continuing to provide technical assistance to the planning team and helped with grant writing, donors, volunteers, fliers, contracts, gym usage and cleanup, insurance, projectors and logistics. to publicize the event SCDD staff went to People First meetings, Day Programs, Redwood Coast Regional Center, local bike Shops, Rotary and other service clubs, KZYX radio station and Healthy Mendocino newsletter, Mendocino Strider's, Safe Bike routes to School program and sent fliers out to our email lists. Articles were published in the local papers twice that reach about 40,000 subscribers. One of the nice things about the camp is that the instructors can adapt a child's own bike to be more rideable and with adaptive equipment attached to the bike the parents can practice with their child when camp is done. Dollars Leveraged \$7,500 (People Trained 11SA/ 15FA/ 12OTH – GP Reached 130SA/ 350FA/ 40,000OTH)

- Goal #11 - Individuals with developmental disabilities have access to affordable and accessible housing that provides control, choice and flexibility regarding where and with whom they live.

SEQRO The Purpose of this summit is to 1. Advocate. Bring together a diverse group of interested partners and stakeholders from across the state to bolster advocacy for affordable, healthy neighborhoods and communities throughout the San Joaquin Valley. 2. Educate. The proposed summit format is as follows: Registration, Exhibits and Continental Breakfast 1. Call #2 Action Items: Finalized Session Descriptions, Started Speaker & Sponsor Follow Ups, and Sponsorship Solicitation 2. Registration as of 6/15/2016: 3. Sponsorships as of 6/15/2016: \$7,050 4. Call #4 will take place on July 20, Call #5 (Final Call) will be 1 week prior to Summit Inform: Speakers - Housing & Health: o Clinica Sierra Vista is an option, Louis Medina can help reach the Chief of Programs, who can facilitate an ask to the Executive Director – Jenna/Alicia will follow up with Louis o David Erickson, Federal Reserve Bank of SF is another option – Alicia will follow up with Leilani o Third option is Reinvent South Stockton – Jenna/Alicia will follow up with Carol Ornelas - Housing & Education o Carol Ornelas has ideas – Jenna/Alicia will follow up with her - Morning Keynote – “Housing and Anti-Poverty” o Dr. Toulou Thao is an option – Jenna can connect with Cynthia Abbott/Toulou o Fresno Mayor Ashley Swearengen is an option, she has been motivational for many groups in the area, works closely with HSR, huge supporter of housing and homeless in Fresno (First

Steps Homes), number of housing initiatives – Michael Duarte (ORGs 2SA/ 15OTH)

- Goal #12 - Affordable and accessible housing units are developed in local communities to expand housing options for individuals with developmental disabilities.

SACRO attended and participated in the Housing Now board meeting on July 21, 2016. SCDD staff actively engaged to create ongoing and effective collaborations. To affirmatively further fair housing, HUD has directed local jurisdictions to have a plan to identify and address impediments to fair housing. This includes having enough housing for people of all incomes in integrated communities. There is also a need to have low income housing close to quality schools and access to fresh foods. Identifying consumers at risk of homelessness, the Housing Now organization is continuing its mission to create affordable housing. Housing Now representatives met with statewide regional center community service managers to inform them of the Legacy Homes Program. A Housing Now board representative is offering to assist Independent Living (ILS) and Supported Living service (SLS) vendors in the application process with consumers. This process can be difficult, resulting in the lack of applications received for people who have ID/DD. SCDD staff offered to establish and host a forum, where ILS and SLS vendors, along with consumers and family members could meet to learn the application process. (People Trained 3OTH, People Active 1SA/ 6OTH)

- Goal #13 - Individuals with developmental disabilities and their families have access to community based services and supports available to the general population (such as recreation, transportation, childcare, etc.) that enable them to live productive and inclusive lives.

SVMBRO met with the chairperson of LEO's Haven an adaptive playground being planned by a group of advocate parents in Santa Cruz County. With chairperson strategy develop to inform community of this new park facility. Chairperson introduced to Monterey Bay Provider Network. Chairperson advised to introduce herself to regional center local office, regional center director, and regional center board. Chairperson advised to give a brief presentation to regional center board at upcoming meeting. Chairperson advised to request information about LEO's Haven be added to SARC Facebook page. (GP Reached 24OTH)

- Goal #14 - Public policy in California promotes the independence, productivity, inclusion and self-determination of individuals with developmental disabilities and their families.

BARO - This month's DDC meeting focus on the annual planning meeting. There were 6 focal groups each working on different topics to discuss and/or present for the coming year. Group 1 focused on employment and student transition from school to employment. Group 2 focused on disaster awareness the VOAD group, and involving the regional center in disaster preparedness. Group 3 focused on transition from 0 to 3 years of age as well as 5 to 22 years of age and social recreation. Group 4 focused on Legislative action and advocacy and ways to enhance our media outreach committee. Group 5 focused on health and wellness, the Affordable Health Care Act, navigating through the maze for portable equipment, and expanding dental services because UCSF has closed another unit. Would like to explore virtual dental through the UOP program. Group 6 focused on young adults and miscellaneous topics such as IDD forensics task force, crisis services, and senior and dependent adult abuse. (People Active 15SA/ 22FA/ 5OTH – ORGs 15SA/ 22FA/ 5OTH)

- Goal #15 - Individuals with developmental disabilities and their families have access to information and resources in ways that reflect their language and cultural preferences.

NSRO participated in Rowell Family Empowerment of Northern California (RFENC) Multicultural Committee on 7-18-16. Meeting included updates about various community events and resources and agency updates. The committee discussed organizing an event or conference that provided education, awareness and connection for ethnically diverse families within the region. Through discussion, a tentative title developed for the conference "Exploring Cultural Diversity in Rural Communities - Everyone matters." It will be hosted by the RFENC Multicultural Committee in Partnership with SCDD North State Office and Far Northern Regional Center. Location and dates were discussed and the format of the conference. Community Leaders / Parents as guest speakers, Spanish support group leaders hold a forum (Q&A?), having some dancers / drummers there, maybe charge \$10-15 for cost of food and/or other cost of conference. Next steps will be to coordinate meeting with Far Northern Regional Center about contributions of ideas and funding. (People Active 2FA/ 6OTH – ORGs 5OTH)

SCDD AT WORK INSIDE THE DEVELOPMENTAL CENTERS

SCDD provides comprehensive clients' rights advocacy services (CRA) and volunteer advocacy services (VAS) for persons with I/DD who are residents of state developmental centers and the state operated community facility through an interagency agreement with DDS.

Welfare and Institutions Code Section 4433 requires DDS provide clients' rights advocacy services for all consumers in its service delivery system. To avoid the potential for a conflict of interest or appearance of a conflict DDS contracts with SCDD.

SCDD employs one full-time CRA and one full-time VAS Coordinator at Sonoma DC, Porterville DC, and Fairview DC. SCDD employs one full-time CRA/VAS staff person at Canyon Springs Community Facility.



State Council on Developmental Disabilities

Census as of September 1, 2016

Sonoma DC	342
Porterville DC	337
Fairview DC	212
Canyon Springs CF	44
Total	935

Project Activity for July and August 2016

Sonoma Developmental Center

The CRA conducted two bioethics committee emergency reviews; reviewed 8 urgent restrictive intervention reviews; attended 6 transfer meetings due to unit consolidation; attended two HRC meetings and provided denial of rights report; provided DOR training to crisis unit staff; trained SDC staff on rights of residents; reviewed SDC policies. The VAS Coordinator attended 17 IPP meetings and 3 transition planning/review meetings both at SDC and in the community. The VAS Coordinator made rights presentations at 4 SDC advocacy groups and 2 SDC employee orientations.

Porterville Developmental Center

Acting CRA and VAS Coordinator attended 9 human rights committee/behavior management meetings, 4 IPP meetings, 14 denial of rights reviews, reviewed 8 restricted access plans, attended 2 hand cuff debriefings, 3 escort review committee, provided 1 PDC employee orientation

Fairview Developmental Center

VAS Coordinator and advocates attended 6 IPPs; 3 Transition Planning meetings; 6 special team meetings; attended 5 post placement meetings; following 7 consumers in the community; provided extensive support for consumer transitioned without cross training for vendor. CRA attended 6 acute crisis meetings, 15 transition mtgs, 11 denial of rights meetings, conducted 8 trainings, 17 IPP/ special teams, conducted 8 FDC employee trainings, weekly human rights/behavior support meetings, attended People First meeting; attended court, SCRIP liaison meeting.

Canyon Springs Community Facility

CRA provided 8 rights trainings, investigated 16 alleged rights violations, provided 12 rights consultations, reviewed denial of rights; participated in 6 transition meetings, reviewed 21 incident reports, reviewed 2 facility policies for rights concerns, attended 2 human rights meetings, facilitated 2 self-advocacy meetings, provided 22 clients with rights training. VAS toured 4 recruits, received 3 applications, presented to 2 local colleges and 3 libraries., provided 6 VAS trainings VAS participated in 6 transitional meetings. There are 9 volunteer advocates currently.



Holly R. Bins 30

CRA/VAS Project Manager
holly.bins@scdd.ca.gov



Clients' Rights Advocate and Volunteer Advocacy Services

Developmental Center Closure Update

September 22, 2016

Community Transition Numbers for January to August 2016

	January	February	March	April	May	June	July	Aug	TOTAL
Canyon Springs	0	4	1	0	2	2	1	3	13
Fairview	4	4	5	1	6	9	1	6	36
Porterville	7	8	7	15	10	5	11	4	67
Sonoma	0	4	6	2	2	3	1	1	19

California Department of Public Health (CDPH) and Centers for Medicare & Medicaid Services (CMS)

Canyon Springs	CDPH surveyed CS the week of August 15 2016. Results pending.
Fairview	CMS settlement agreement reached July 1. Expires Dec 31 2016
Porterville	CMS settlement agreement reached July 1. Expires Dec 31 2016
Sonoma	CMS cancelled settlement agreement with SDC on 7/1/2016. ICF units are decertified by CMS. CDPH will continue to survey ICF units. NF units passed survey and are certified

Porterville and Fairview Certified Unit Population Projections

The projections below establish the maximum permissible client census eligible for

federal funding in the PDC and FDC certified units as of the first calendar day of the listed month. Federal Financial Participation is only permissible for clients on the Client List as of June 27, 2016. No Federal Financial Participation can be sought for the number of clients that exceed the projections below, even if the clients that exceed the census limits below are on the Client List as of June 27, 2016.

Monthly Census Maximum Per CMS Agreement	Porterville DC – General Treatment Area	Actual Census	Fairview DC	Actual Census
July 2016	105	104	136	128
July 2017	82		106	
July 2018	61		57	
July 2019	39		5	
October 2019			0	
July 2020	18			
July 2021	0			

SCDD Clients’ Rights Advocate current observations inside the DC

Canyon Springs	California Dept of Public Health (CDPH) conducted a licensing review at CS. Areas of improvement were identified and plans of correction are being developed. No written report available yet.
Fairview	Unconserved individuals who were deemed able to give informed consent for some medical needs at other facilities were not given opportunity at FDC upon admission. Blanket statements in IPP documents state individuals unable to give informed consent.
Porterville	Increased transition activity noted in April, May, July 2016. Systemic issues for STA: client on client altercations, client on staff assaults (two serious assaults), weapons, drugs, and found tattoo gun and ink.
Sonoma	SDC continues to consolidate units. A delay in closure of an ICF residence occurred after health issues (influenza outbreak) and community placement complications. The complications were related to factors such as pending community care licensing approvals, home modifications/construction and ordinance approval from local municipalities. Northern STAR acute crisis residence is experiencing difficulty

	<p>retaining staffing levels. Some staff have been seriously injured in the past two months. An overall increase in stat medications have been noted and an increase in peer to peer altercations.</p> <p>Two ICF off-site work programs have been canceled or clients have been attending on a rotational basis due to staffing shortages and consolidations. ICF unit staff supplement off-site staffing during day program hours; however, less staff are available for specific work sites due to closure of units. Thus, leaving day programs without the level of staffing they previously had for deployment.</p> <p>CRA successfully advocated for desensitization training that resulted in a successful community transition in July.</p>
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SCDD Volunteer Advocacy Services (VAS) community transition current trends

The VAS Project serves approximately 26% of the individuals residing in the DCs. A volunteer advocate or the VAS Project Coordinator provides direct advocacy services for twelve months post placement.

Canyon Springs	One transition took two years for placement due to medical concerns. For one transition, transition was discontinued due to lack of timely response by the vendor. A suitable vendor was located and placement was successful.
Fairview	Increased transition activity noted. VAS advocating for individual transitioned in July 2016 with little cross training provided to community vendor.
Porterville	VAS staff and advocates note more increased number of transitions in July 2016. VAS Coordinator recruited and trained an advocate specifically for the STA side in August 2016.
Sonoma	The sole person who transitioned in August 2016 was not receiving SSI due to living on a decertified unit at SDC. The Regional Center Case Manager has applied for SSI and is waiting for approval. VAS services successfully advocated for the regional center to pay all fees including the P&I funds.



▶ PREPARING FOR ADULT FAMILY SURVEYS 1



▶ WHERE ARE PEOPLE MOVING 2



▶ MLS FAQ 3

Quality Assessment

A PROJECT OF THE STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

www.sccd.ca.gov/qap.htm

Families of Adults to be surveyed, as Mover Longitudinal Study Continues

As preparations are being made to begin the next cycle of family surveys and Adult Consumer Surveys, SCDD continues to interview individuals enrolled in the Mover Longitudinal Study (MLS).

While the sampling strategy for the Adult Family Survey (AFS) and Family Guardian Survey (FGS) is not yet available, it is expected that SCDD will mail out surveys to all eligible families statewide, as we also interview a sub-mover population of approximately 800

individuals across the state.

At present, SCDD continues to implement the Mover Longitudinal Study, a recently added component to the National Core Indicators.

To date, under the MLS, SCDD has conducted 53 interviews at the 3 month stage and 22 interviews at the 6 month.



QA Coordinator Regional Center Assignments

Debbie Kindley
Far Northern Regional Center
North Bay Regional Center
Redwood Coast Regional Center

Kathy Brian
Alta California Regional Center

Angel Wiley ■ Ron Usac
Golden Gate Regional Center
Regional Center of the East Bay
San Andreas Regional Center

George Lewis
Central Valley Regional Center
Valley Mountain Regional Center

Melody Goodman ■ Tom Hamlett ■ Bruce Harrell
East Los Angeles Regional Center
Frank D. Lanterman Regional Center
Harbor Regional Center
North Los Angeles Regional Center
San Gabriel Pomona Regional Center
South Central Los Angeles Regional Center
Tri-Counties Regional Center
Westside Regional Center

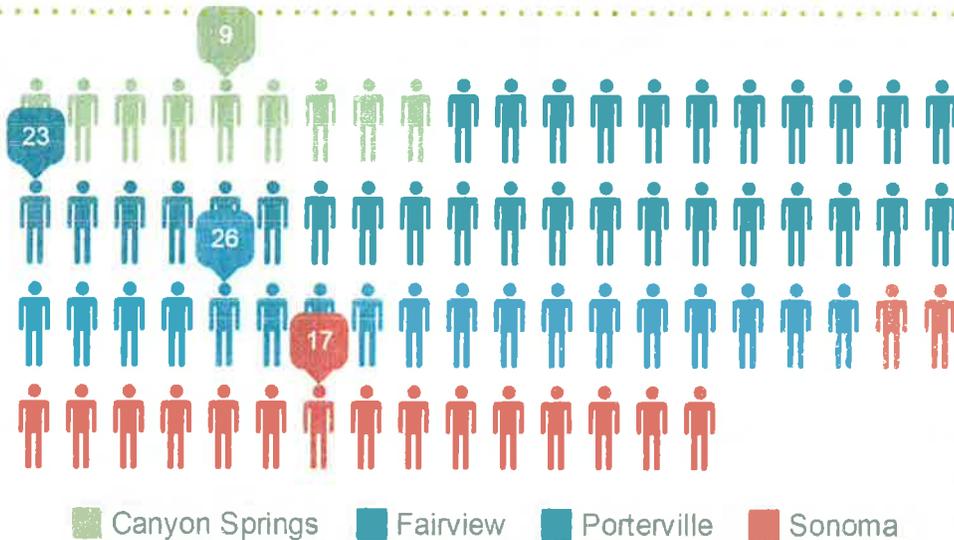
Nancy Dow
Orange County Regional Center
San Diego Regional Center

Vacant
Inland Regional Center
Kern Regional Center

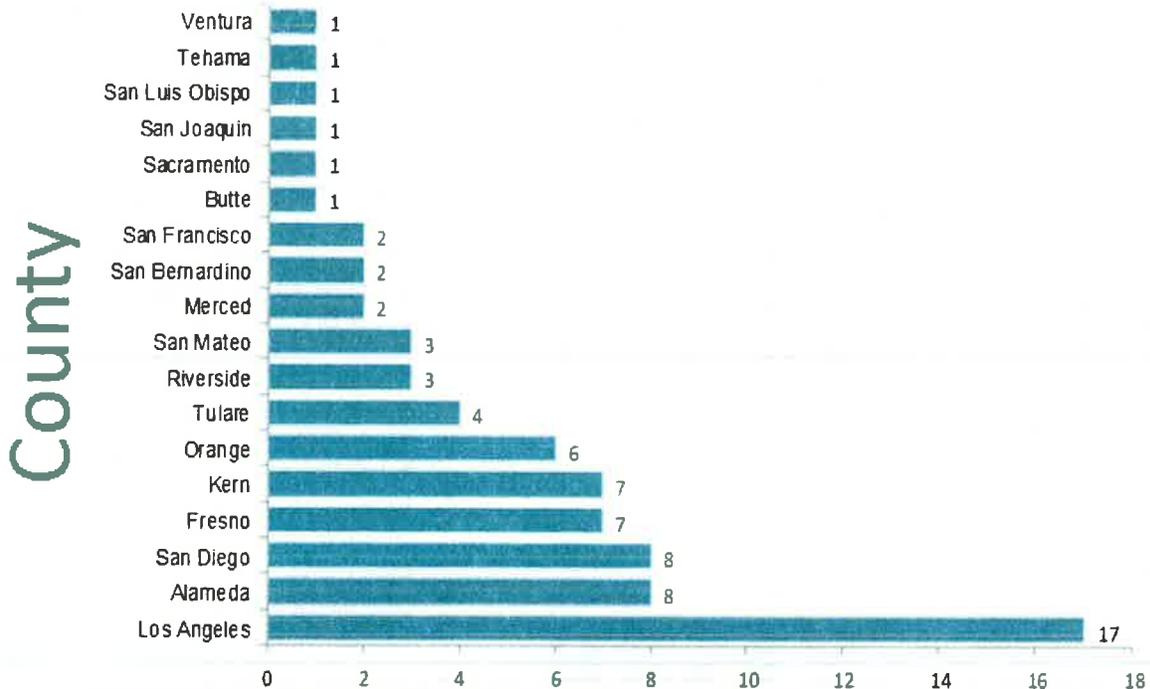
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
Quality Assessment Project

Mover Longitudinal Study

75 individuals moved out of a Developmental Center
between January 2016 through July 2016
and were enrolled in the Mover Longitudinal Study



BY DEVELOPMENTAL CENTER



WHERE PEOPLE ARE MOVING

Mover Longitudinal Study

- **WHAT IS THE STATE COUNCIL ON DEVELOPMENTAL DISABILITIES (SCDD)?** The Council is an independent state agency that advocates, promotes and implements policies and practices that achieve self-determination, independence, productivity and inclusion in all aspects of community life for Californians with developmental disabilities and their families. Through its Quality Assessment Project, SCDD implements the NCI surveys through a contract with Department of Developmental Services (DDS)
- **WHAT IS NCI?** National Core indicators (NCI) is a project that collects information about the satisfaction and experiences of people with developmental disabilities receiving services.
- **WHAT IS A MOVER LONGITUDINAL STUDY?** This is a study (over time) of approximately the first 100 individuals who moved from a developmental center beginning January 2016, and after.
- **HOW MANY TIMES WILL THE INDIVIDUAL BE INTERVIEWED?** Because this is a longitudinal survey, the individual will be interviewed around 3 months, 6 months, 1 year, and 2 years after he/she moved into the community.
- **WHAT ARE CORE INDICATORS?** The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.
- **WILL REGIONAL CENTER KNOW HOW WE ANSWERED?** All information collected will remain confidential. Names and identifiable information will be kept confidential and will not be published or shared.
- **THE INDIVIDUAL DOES NOT TALK OR USE AN AUGMENTATIVE COMMUNICATION DEVICE?** Our interviewers have been trained to use a User Friendly Version for Section 1 of the interview. This User Friendly Version includes the use of pictures. For other sections of the survey, a proxy may be used.
- **WHAT IS A PROXY?** Someone who knows the individual well and can provide answers to questions that pertain directly to observable, measurable occurrences—such as how often the person participates in specific community events.
- **HOW WILL THE INFORMATION BE USED?** The study will satisfy stakeholder requests and help DDS answer questions about how and why changes in services occur over time for individuals transitioning into the community system. The information collected will also help to inform the development and coordination of transitional and community services for those who will move from a developmental center in the future.
- **I HAVE QUESTIONS ABOUT SERVICES FOR THE PERSON I SERVE. WHO SHOULD I CONTACT?** Regional Center continues to coordinate services for the person you serve. Please continue to contact the assigned service coordinator if you have questions or concerns about any services the person you are serving is receiving.

SELECTION OF NOMINATING COMMITTEE

50-10703-35
HOWLAND
ESTIMATE

COUNCIL AGENDA ITEM DETAIL SHEET

ISSUE: Selecting the Nominating Committee.

BACKGROUND: The California State Council on Developmental Disabilities (Council) bylaws state that election of its officers shall occur once every two years. The Nominating Committee is part of that process.

ANALYSIS/DISCUSSION:

Council Bylaws Article IX, Section 3 state that the nominating committee shall provide advice to the Council relative to the bi-annual election of Council officers. The Committee shall:

- (a) Be composed of at least three (3) and not more than five (5) Council Members.
- (b) Be elected by the Council at the September Council meeting from a slate of nominations presented by the Executive Committee.
- (c) Serve for one year. Be elected at least forty-five (45) days prior to the annual election.

On August 16, 2016, the Executive Committee developed a slate of nominees for the Council's consideration. Those nominees are, in alphabetical order:

- Robin Hansen, federal partner representative
- Kris Kent, agency representative
- Janelle Lewis, non-profit representative
- Charles Nutt, self-advocate representative
- Sandra Smith, family advocate representative

Once selected, the Nominating Committee will meet to develop a slate of nominees for Chair and Vice Chair of the Council for two-year terms beginning January 2017.

COUNCIL STRATEGIC PLAN GOAL/OBJECTIVE: None

PRIOR COUNCIL ACTIVITY: There has not been prior Council activity on the current officer election cycle.

STAFF RECOMMENDATION: Adopt the recommendation of the Executive Committee to appoint the following individuals to serve on the Nominating Committee: Robin Hansen; Kris Kent; Janelle Lewis; Charles Nutt; Sandra Smith. Identify one member as Chair of the Nominating Committee.

ATTACHMENTS(S): None.

PREPARED: Aaron Carruthers, September 12, 2016

**UPDATE ON HCBS
TRANSITION PLAN AND
SELF-DETERMINATION
WAIVER**

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
LABORATORY OF ORGANIC CHEMISTRY
505 EAST EAST
CHICAGO, ILLINOIS 60607



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 11, 2015

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

Dear Ms. Cantwell:

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

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

CRITICAL RESOLUTION ISSUES

Appendix B: Participant Access and Eligibility

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

Appendix B: Evaluation/Reevaluation of Level of Care

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

Appendix C-3: Waiver Services

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

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

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

16. Crisis intervention and Support

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

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

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

19. Financial Management Services

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

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

21. Independent Facilitator

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

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

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

23. Integrative Therapies

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

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

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

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

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

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

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

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

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

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

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

Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

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

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

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

42. D-QIS, Service Plan

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

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

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

- 44. D-QIS, Sub-assurance (c)** - Please clarify that the term “required intervals” means that service plans were updated/revised when warranted by changes in the waiver participant’s needs.
- 45. D-QIS, Sub-assurance (d)**
- a. How will the state determine whether participants have received the appropriate type, scope, amount, duration and frequency of services specified in the IPP?
 - b. How does the state monitor/ensure that participants with similar needs (similar service plans) do not have drastically different budgets? How will the state monitor whether individual budgets are equitable?
- 46. D-QIS, Sub-assurance (e)** - The proposed PM does not specifically measure whether participants are afforded a choice among services and providers. Please revise this PM to specifically address these issues.

Appendix E: Participant Direction of Services

- 47. E-1-c: Availability of Participant Direction by Type of Living Arrangement** - Please specify/define “community living arrangement” where the state indicated participant direction is supported, including the size of the living arrangement.
- 48. E-1-f: Participant Direction by a Representative** - Please describe the safeguards that ensure a non-legal representative functions in the best interest of the participant.
- 49. E-1-i-i: Payment for FMS** - Please specify how the state will compensate the entities that provide FMS services. Per the HCBS Waiver Technical Guide examples could be a per transaction fee, a monthly fee per participant, a combination of both types of fees, or another method. The state indicates in response to this item in the waiver that FMS costs will be paid from the individual budget but that the individual budget will not be increased to include these costs. This is not permissible. The state may include the FMS waiver service costs in an individual budget but then must reflect and account for this in the individual budget methodology as described in Appendix E-2-b-ii.
- 50. E-2-b-ii: Participant, Budget Authority** - Please specify and define “budget categories.” Are there limits to and/or within budget categories? Per the previous comment, if the state intends to pay for waiver FMS costs from the individual budget, then the state needs to revise the budget methodology.
- 51. E-2-b-ii: Participant Directed Budget** - Please describe how the budget methodology is made available to the public.
- 52. E-2-a: Participant Employer Status** - What mechanism does the state have in place to ensure that individuals maintain authority and control over employees when co-employment is occurring.
- 53. E-2-b-v: Expenditure Safeguards**
- a. Please describe the safeguards to address potential service delivery problems that may be associated with budget underutilization or premature depletion of the participant budget.

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

Appendix F: Participant Rights

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

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

Appendix G: Participant Safeguards

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

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

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

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

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

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

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

Appendix I: Financial Accountability

67. I-1: Financial Integrity and Accountability

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

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

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

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

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

70. I-2-d: Billing Validation Process

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

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

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

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

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

Appendix J: Cost Neutrality Demonstration

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

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

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

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

ISSUES THAT NEED FURTHER CLARIFICATION OR CORRECTION

1. Overall Questions about the Waiver

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

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

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

4. **B-1-b: Additional Criteria** - When selecting the first option in E-1-d: Election of Participant Direction, this section must specify that the waiver is limited to individuals who want to direct some or all of their services.
5. **B-3-f: Selection of Entrants to the waiver**
 - a. How are informational meetings about the SDP being publicized?
 - b. How often will the SDP orientation be offered?
 - c. How does an individual let their regional center know that they are interested in enrollment?
 - d. How is this documented at the regional center?
 - e. If there is going to be an interest list or wait list please describe this process?
6. **B-4-b: Medicaid Eligibility Groups Served in the Waiver** - Since the 1931 group has been separated into three distinct eligibility groups; other caretaker relative specified at 435.110, pregnant women specified at 435.116 and children specified at 435.118, the state should remove the check mark from the 1931 group in Appendix B-4-b. No other changes are necessary, since the state has included all other mandatory and optional groups covered under its state plan under the waiver request.
7. **B-6-i: Procedures to Ensure Timely Re-Evaluations** - Please include all pertinent information regarding the procedures used to ensure that re-evaluation will be performed on a timely basis.

C-1- Waiver services

8. **Taxonomy code-** CMS would encourage the state to use the taxonomy codes for the services section.
9. **Participant- Directed Goods and Services** - Please indicate in the definition that the participant directed goods and services must be documented in the service plan and are purchased from the participant directed budget. Also please include that experimental or prohibited treatments are excluded.
10. **Transition/ Set up Expenses** - Please indicate the amount in the amount section if there is a limit for these services.
11. **Transportation** - How will the state determine when the use of natural supports, such as family, neighbors, friends, have been exhausted and services begin?
12. **Vehicle Modifications** - Please add the assurance in the waiver service definition that the vehicle may be owned by the individual or family member with whom the individual lives or has consistent and ongoing contact, who provides primary long term support to the individual and is not a paid provider of such services.
Please also include any cost limits in the limits sections associated with this service.
13. **C-2-a: Criminal History/Background Investigations**
 - a. Please define "other services and supports" in reference to providers who may need to obtain a criminal background check.

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

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

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

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

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

Sincerely,

/s/

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

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

Department of Health Care Services
State of California—Health and Human Services Agency

Statewide Transition Plan for Compliance with Home and Community Based Settings Rules

August 29, 2016



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Attachment I – Revised Draft CBAS Home and Community Based (HCB) Settings Transition Plan

Attachment II – Residential On-Site Assessment Tool

Attachment III – Non-Residential On-Site Assessment Tool

Attachment IV – Residential Provider Self-Survey Tool

Attachment V – Non-Residential Provider Self-Survey Tool

Attachment VI – Setting Assessment Process

Attachment VII – Statewide Transition Plan Milestones and Timeline

Background

1915(c) Waivers

The federal government authorized the “Medicaid 1915(c) Home and Community-Based Services (HCBS) Waiver program” under Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). It is codified in section 1915(c) of the Social Security Act. The original legislative intent of the HCBS Waiver program was to slow the growth of Medicaid (Medi-Cal in California) spending by providing services in less expensive settings. In order to contain costs, the federal legislation limited waiver services to individuals who would be institutionalized if the services were not provided. However, the costs of those waiver services cannot be higher than what they would cost in an institutional setting.

The law permitted states to waive certain Medicaid program requirements and in doing so, deviate from Medicaid requirements, such as providing services only in certain geographic areas (“waive statewideness”). The HCBS Waiver program also allowed states flexibility to offer different types of services to individuals with chronic disabilities. Prior to this, with the origin of Medicaid in 1965, members could receive comprehensive long-term care only in institutional settings.

The initial waiver application is approved by the Centers for Medicare & Medicaid Services (CMS) for three years. Additional renewal applications are required to be approved every five years. The waiver can be designed for a variety of targeted diagnosis-based groups including individuals who are elderly, and those who have physical, developmental, or mental health disabilities, or other chronic conditions such as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). The waiver can be designed to offer a variety of services including case management, personal attendant services, adult day health care services, habilitation services, day treatment services, psychosocial rehabilitation services, mental health services, and other services specifically requested by the state. 1915(c) HCBS waivers have subsequently become mechanisms for many states, including California, to provide Medicaid-funded community-based, long-term care services and supports to eligible members.

Throughout the Statewide Transition Plan (STP), recipients of HCBS will be referred to as members, which includes all Medi-Cal eligible beneficiaries, participants, consumers, etc., who are enrolled in any of the HCBS programs.

1915(i) State Plan Program

Starting January 1, 2007, the Deficit Reduction Act of 2005 (DRA) gave states a new option to provide HCBS through their State Plans. Once approved by CMS, State Plans do not need to be renewed nor are they subject to some of the same requirements of waivers. Under this option, states set their own eligibility or needs-based criteria for providing HCBS. States are allowed to establish functional criteria in relation to certain services. The DRA provision eliminated the skilled need requirement and allowed states to cover Medicaid

beneficiaries who have incomes no greater than 150 percent of the federal poverty level and who satisfy the needs-based criteria. The Patient Protection and Affordable Care Act of 2010 created several amendments including elimination of enrollment ceilings, a requirement that services must be provided statewide, and other enrollment changes.

1915(k) Community First Choice (CFC) State Plan Program

CFC services are provided in the member's private residence (see Private Residence Presumed to be in Compliance section below). The provision of community-based services and supports are the most integrated setting appropriate to the individuals' needs without regard to age, type or nature of disability, severity of disability or the form of home and community-based services and supports that the individual requires in order to lead an independent life.

By being in the community and self-directing care, the individual is able to control their environment to the maximum extent consistent with their capabilities and needs. 1915(k) members have the ability to be active in their community and are able to seek employment by utilizing any available resources. These resources could be their CFC provider or their local community that they reside in.

CFC members select their residential setting of a home or abode of their own choosing. The CFC member chooses who their provider will be and that the services will be provided in the home of the individual or a residential setting, such as an apartment where the individual pays rent through a landlord / occupant agreement, or if the individual is living in a home owned by their family. Settings in which CFC services may be provided are unlicensed, private residences. CFC services are not provided in licensed Community Care Facilities (CCF), a Community Care Licensing term for licensed residential facilities.

Community-Based Adult Services (CBAS) 1115 Waiver

See **Attachment I** – Revised Draft CBAS Home and Community Based (HCB) Settings Transition Plan

New Home and Community-Based Setting Requirements

In January 2014, CMS announced it had finalized important rules that affect HCBS waiver programs and 1915(i) and 1915(k) State Plan programs provided through Medicaid/Medical, and subsequently published regulations in the Federal Register on January 16, 2014. The rules became effective 60 days from publication, or March 17, 2014. These final regulations are CMS 2249-F and CMS 2296-F.

Prior to the final rule, home and community based (HCB) setting requirements were based on location, geography, or physical characteristics. The final rules define HCB settings as more process and outcome-oriented, guided by the member's person-centered service plan by:

1. Being integrated in and supporting full access 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 HCBS.

2. Giving individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting.
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.
5. Facilitating choice regarding services and supports, and who provides them.

For Medicaid/Medi-Cal provider-owned or controlled HCB residential settings, the provider must offer:

6. A legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent or occupy the residence and provides protection against eviction.
7. Privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate units.
8. Options for individuals to control their own schedules including access to food at any time.
9. Individual's freedom to have visitors at any time.
10. A physically accessible setting.

Any modification(s) of the new requirements can only be made on an individual basis, supported by a specific and individually assessed need and justified in the person-centered service plan. Documentation of all of the following is required:

- Identification of a specific and individualized assessed need.
- The positive interventions and supports used prior to any modification(s) to the person-centered plan.
- Less intrusive methods of meeting the need that have been tried but did not work.
- A clear description of the condition(s) that is directly proportionate to the specific assessed need.
- Review of regulations and data to measure the ongoing effectiveness of the modification(s).
- Established time limits for periodic reviews to determine if the modification(s) is still necessary or can be terminated.
- Informed consent of the individual.
- An assurance that interventions and supports will cause no harm to the individual.

HCBS Programs in California Affected by the Final Rules

Program Responsibilities

California's HCBS programs, which are the focus of this Statewide Transition Plan (STP) are either directly administered or overseen by the Department of Health Care Services (DHCS) as the single state agency for Medicaid/Medi-Cal. However, several of the HCBS waivers and the 1915(i) State Plan program are administered jointly by DHCS and the State or local entity with program responsibility. Administrative teams comprised of employees from the State department/entity with program responsibility exist at DHCS, the California Department of Public Health (CDPH), the Department of Developmental Services (DDS), the California Department of Aging (CDA), and the San Francisco Department of Public Health (SFDPH). The SFDPH administers a HCBS Waiver program in accordance with terms of an Agreement with DHCS.

Existing 1915(c) HCBS Waivers and the corresponding State department/entity with program responsibility are as follows:

1. MSSP Waiver (0141), CDA, Long Term Care & Aging Services
2. HIV/AIDS Waiver (0183), CDPH, Office of AIDS
3. DD Waiver (0336), DDS, Community Services
4. ALW (0431), DHCS, Long-Term Care Division
5. NF/AH Waiver (0139), DHCS, Long-Term Care Division
6. IHO Waiver (0457), DHCS, Long-Term Care Division
7. SFCLSB Waiver (0855), SFDPH
8. PPC Waiver (0486), DHCS, Systems of Care Division

The existing 1915(i) State Plan Amendment (SPA) is administered by DDS and utilizes the same provider types as the HCBS Waiver for Persons with Developmental Disabilities (DD Waiver).

California's HCBS 1915(c), 1915(k), 1115 Waiver – CBAS Program, and 1915(i) State Plan Program

California currently has an approved 1915(i) State Plan program that allows the State to access federal financial participation for services provided to individuals with developmental disabilities who do not meet the institutional level-of-care criteria required for participation in the DD Waiver, which is described in greater detail below.

California currently administers the following eight 1915(c) HCBS Waivers:

- *Multipurpose Senior Services Program (MSSP) Waiver.* The objective of this program is to provide opportunities for frail older adults to maintain their independence and dignity in community settings by preventing or delaying avoidable nursing facility placement. 38 MSSP sites perform Care management, which is the cornerstone of this waiver and involves beneficiary assessment; person-centered care planning; service arrangement, delivery and monitoring; and coordinating use of existing community resources. The waiver was approved on July 1, 2014 for five years, through June 30, 2019.

MSSP Waiver provider types include all of the following:

- Adult Day Program
 - Building Contractor or Handyman/Private Nonprofit or Proprietary Agency
 - Congregate Meals Setting
 - Home Health Agency
 - Licensed/Certified Professionals
 - Private Nonprofit or Proprietary Agency
 - Registered Nurse
 - Social, Legal, and Health Specialists
 - Social Worker Care Manager
 - Title III (Older Americans Act)
 - Translators/Interpreters
 - Transportation Providers
- *HIV/AIDS Waiver.* The purpose of this waiver is to allow persons of all ages with mid- to late-stage HIV/AIDS to remain in their homes through a continuum of care designed to stabilize and maintain an optimal level of health, improve quality of life, and provide an alternative to institutional care in hospitals or nursing facilities. Services include, but are not limited to, enhanced care management, homemaker and attendant care services, nutritional counseling and supplements, psychotherapy, and non-emergency medical transportation. The current waiver was approved on January 1, 2012 for five years, through December 31, 2016.

HIV/AIDS Waiver provider types include all of the following:

- Building Contractor or Handyman
 - Clinical Psychologist
 - Specialized Medical Supplies
 - Non-Emergency Transportation
 - Foster Parent
 - Home Health Agency
 - Home Health Aide
 - Homemaker
 - Licensed Clinical Social Worker
 - Licensed Vocational Nurse
 - Local Pharmacy or Vendor
 - Marriage and Family Therapist
 - Master's Degree Nurse; Psychiatric and Mental Health
 - Clinical Nurse Specialist or Psychiatric and Mental Health Nurse Practitioner
 - Private Nonprofit or Proprietary Agency
 - Registered Dietician
 - Registered Nurse
 - Social Work Case Manager
 - Waiver Agency with Exception Approved by CDPH/Office of Aids
 - Residential Care Facilities for the Chronically Ill
 - Foster Family Homes (Specialized)
- *HCBS Waiver for Persons with Developmental Disabilities (DD Waiver).* The purpose of this waiver is to serve beneficiaries of all ages in their own homes and community settings as an alternative to placement in hospitals, nursing facilities or intermediate care facilities for persons with developmental disabilities (ICF/DD). Community-based services for individuals with developmental disabilities are provided through a

statewide system of 21 private non-profit corporations known as Regional Centers. Regional Centers provide fixed points of contact in the community for persons with developmental disabilities and their families. The DD Waiver has been in operation since 1982 to assist in funding services for individuals who live in the community and who meet the ICF/DD level-of-care requirement. DD Waiver beneficiaries live in the setting of their choice, such as with their families, in their own homes or apartments, or in licensed settings. There is no wait list for eligible beneficiaries. The current waiver was approved on March 29, 2012 for five years, through March 28, 2017.

DD Waiver provider types include all of the following:

- Adaptive Skills Trainer
- Adult Residential Facility (CCF)
- Adult Residential Facility for Persons with Special Health Care Needs (CCF)
- Associate Behavior Analyst
- Behavior Analyst
- Behavior Management Consultant
- Behavioral Technician/Paraprofessional
- Building Contractor or Handyman
- Camping Services
- Certified Family Home; Foster Family Home
- Child Day Care Facility; Child Day Care Center; Family Child Care Home
- Client/Parent Support Behavior Intervention Training
- Clinical Psychologist
- Contractor
- Creative Arts Program
- Crisis Intervention Facility
- Crisis Team – Evaluation and Behavioral Intervention
- Day-Type Services (Activity Center, Adult Day Care Facility, Adult Development Center, Behavior Management Program,
- Community-Based Training Provider, Socialization Training Program; Community Integration Training Program; Community Activities Support Service)
- Dentist
- Dental Hygienist
- Dietitian; Nutritionist
- Dispensing Optician
- Driver Trainer
- Durable Medical Equipment Provider
- Facilitators
- Family Home Agency: Adult Family Home/Family Teaching Home
- Financial Management Services Provider
- Group Home
- Hearing and Audiology Facilities
- Home Health Agency
- Home Health Aide
- Independent Living Program
- Independent Living Specialist
- Individual (Landlord, Property Management)
- Individual or Family Training Provider
- In-Home Day Program

- Licensed Clinical Social Worker
- Licensed Psychiatric Technician
- Licensed Vocational Nurse
- Marriage Family Therapist
- Occupational Therapist
- Occupational Therapy Assistant
- Optometrist
- Orthotic Technician
- Parenting Support Services Provider
- Personal Assistant
- Personal Emergency Response Systems Provider
- Physical Therapist
- Physical Therapy Assistant
- Physician/Surgeon
- Psychiatrist
- Psychologist
- Public Transit Authority
- Public Utility Agency, Retail and Merchandise Company, Health and Safety Agency, Moving Company
- Registered Nurse
- Residential Care Facility for the Elderly (CCF)
- Residential Facility – Out of State (CCF)
- Respite Agency
- Small Family Home
- Social Recreation Program
- Special Olympics Trainer
- Speech Pathologist
- Sports Club, e.g., YMCA, Community Parks and Recreation Program; Community-Based Recreation Program
- Supported Employment
- Supported Living Provider
- Translator/Interpreter
- Transportation Provider
- Vehicle Modification and Adaptations
- Work Activity Program

- *Assisted Living Waiver (ALW)*. This waiver offers eligible seniors and persons with disabilities age 21 and over the choice of residing in either a licensed Residential Care Facility for the Elderly or independent Publicly Subsidized Housing (PSH) private residences with Home Health Agency services as alternatives to long-term institutional placement. The majority of Publicly Subsidized Housing units serve low-income applicants, while a percentage of units are designated for ALW members. The goal of the ALW is to facilitate nursing facility transition back into community settings or prevent skilled nursing admissions for beneficiaries with an imminent need for nursing facility placement. Eight care coordinator agencies serving seven counties independently maintain wait lists. The current waiver was approved on March 1, 2014 for five years, through February 28, 2019.

ALW provider types include the following:

- Care Coordination Agency
- Home Health Agency in Public Subsidized Housing
- Residential Care Facility for the Elderly

- *Nursing Facility/Acute Hospital (NF/AH) – Transition and Diversion Waiver.* This waiver offers services in the home to Medi-Cal beneficiaries with long-term medical conditions, who meet the acute hospital, adult subacute, pediatric subacute, intermediate care facility for the developmentally disabled – continuous nursing care and Nursing Facility A/B levels of care with the option of returning and/or remaining in their home or home-like setting in the community in lieu of institutionalization. The current NF/AH Waiver was approved on January 1, 2012 for five years, through December 31, 2016.

NF/AH Waiver provider types include all of the following:

- Behavioral Therapist
 - Durable Medical Equipment Provider
 - Employment Agency
 - Home and Community-Based Continuous Care Facility
 - Home Health Agency
 - Home Health Aide
 - In-Home Support Services Public Authority
 - Intermediate Care Facility for the Developmentally Disabled – Continuous Nursing Care
 - Licensed Clinical Social Worker
 - Licensed Psychologist
 - Licensed Vocational Nurse
 - Marriage Family Therapist
 - Non-Profit or Proprietary Agency
 - Personal Care Agency
 - Private Nonprofit or Proprietary Agency
 - Professional Corporation
 - Registered Nurse
 - Waiver Personal Care Services Provide
- *In-Home Operations (IHO) Waiver.* This Waiver was originally developed for those individuals who had been continuously enrolled in a DHCS administered waiver prior to January 1, 2002 and who primarily receive direct-care services rendered by a licensed nurse. This waiver offers services in the home to Medi-Cal beneficiaries with long-term medical conditions in their home or home-like setting in the community in lieu of institutionalization. The current waiver was approved on January 1, 2015 for five years, through December 31, 2019.

IHO Waiver provider types include all of the following:

- Associate Clinical Social Worker (ACSW)
- Durable Medical Equipment Provider
- Employment Agency
- Home and Community-Based Continuous Care Facility
- Home Health Agency
- Home Health Aide
- In-Home Support Services Public Authority
- Licensed Clinical Social Worker
- Licensed Psychologist
- Licensed Vocational Nurse
- Marriage Family Therapist
- Personal Care Agency
- Private Nonprofit or Proprietary Agency
- Professional Corporation

- Registered Nurse
- Waiver Personal Care Services Provider
- *San Francisco Community Living Support Benefit (SFCLSB) Waiver.* This waiver utilizes certified public expenditures for provision of waiver services to persons with disabilities age 21 and over who reside in the City and County of San Francisco and who are either homeless, residing in a nursing facility, or are at imminent risk of entering a nursing facility. Eligible individuals can move into licensed CCFs or Direct Access to Housing (DAH) sites, also known as Public Subsidized Housing (PSH) (e.g., private residences). Services consist of care coordination, community living support benefits, and behavior assessment and planning in both CCFs and DAHs; and home delivered meals and environmental accessibility adaptations in DAH sites.

SFCLSB Waiver provider types include all of the following:

- Adult Residential Facility (CCF)
- Clinical Psychologist
- Durable Medical Equipment Provider, Building Contractor or Handyman Private Nonprofit or Proprietary Agency
- Home Delivered Meal/Meal Preparation Vendor
- Home Health Agency
- Licensed Clinical Social Worker
- Marriage Family Therapist
- Not-For-Profit Case Management Agency
- Private Nonprofit or Proprietary Agency
- Residential Care Facility for the Elderly (CCF)
- Therapist (Various Specializations)
- *Pediatric Palliative Care (PPC) Waiver.* This waiver offers children with life limiting conditions a range of home-based hospice-like services while they maintain the option of receiving curative treatment. According to diagnosed need and an approved plan of care, services include: care coordination, expressive therapies, family training, individual and family caregiver counseling/bereavement services, pain and symptom management, personal care and respite care.

PPC Waiver provider types include all of the following:

- Agency Certified Nursing Assistant
- Art Therapist
- Associate Clinical Social Worker
- Child Life Specialist
- Congregate Living Health Facility
- Home Health Agency
- Home Health Aide
- Hospice Agency
- Licensed Clinical Social Worker
- Licensed Psychologist
- Licensed Vocational Nurse
- Masters Level Social Worker
- Massage Therapist
- Music Therapist
- Registered Nurse

1915(k) Community First Choice (CFC)– In-Home Supportive Services (IHSS). The goal of the IHSS program is to allow members to live safely in their own home and avoid the need for out of home care. Services are provided in the members' private residence. This could be a house, apartment, or the home of a relative. The members' home is the only setting in which CFC – IHSS may be provided. Members residing in a licensed, provider-owned/ controlled residential setting may not receive IHSS services.

1915(k) CFC services include:

- Personal care services like dressing, bathing, feeding, toileting
 - Paramedical services like helping with injections, wound care, colostomy and catheter care under the direction of a licensed medical professional
 - House cleaning
 - Cooking
 - Shopping
 - Laundry
 - Accompaniment to and from medical appointments
- *1115 Community-Based Adult Services Program (CBAS).* See **Attachment I** of the STP for details.

Monitoring and Oversight Process

In keeping with state laws and regulations, and CMS approved Waiver and State Plan commitments, California's HCBS programs currently conduct periodic reviews of their care-management entities, providers, and residences of program members. Prior to implementation of the HCB Settings Final Rule, HCBS programs were required to conduct site visits to monitor and assess federal assurance compliance. Among the activities conducted during these on-site visits are member record reviews, member and staff interviews, home visits, person-centered plan review, and special incidents review,

In order to assess current settings and ensure ongoing compliance with the HCB Setting Final Rule, the State has expanded its current processes to include activities that will ensure compliance with the Final Rule, and remediation strategies to achieve compliance in the event a setting does not meet the HCB criteria. The state has developed an at-a-glance view of California's monitoring and oversight process demonstrating each programs approach to on-site assessments and compliance with the HCB Settings Final Rule (see **Attachment VI – Setting Assessment Process**).

Private Residences Presumed to be in Compliance

CMS issued home and community-based (HCB) settings regulations which define HCB settings based on individual experience and outcomes with the purpose of maximizing the opportunities for members receiving Medicaid HCB services to receive those services in integrated settings. In formulating a plan to implement these regulations, California has determined that the following types of non-provider owned or controlled private residential settings qualify as HCB settings:

1. Private residences owned by the member or a relative of the member.
2. Unlicensed room and board homes chosen by the member and paid for by the member with his or her own money, sometimes using their Social Security payments. These homes are not limited to a category of residents, and both disabled and non-disabled individuals are free to reside in these homes.
3. Private residences chosen by the member where the member pays for part or all of the lease costs with the assistance of federal, State, or local funding. Examples include:
 - Affordable Housing Apartment Complexes funded by a combination of Low Income Tax Housing Credits, California State Housing and Bond initiatives, Housing and Urban Development, City and County local and federal funds, and bank financing, where residential eligibility is income based.
 - Housing and Urban Development (HUD) Section 8 Housing Choice Vouchers, which can be used to pay for housing anywhere that accepts vouchers. This includes the Medi-Cal partnership with the Housing Authority of the City of Los Angeles (HACLA), for section 8 vouchers for Medi-Cal seniors residing in skilled nursing facilities (SNFs) who would like to return to the community. All units must meet the applicable Housing Quality Standards (HQS) set forth in 24 C.F.R. § 982.401.
 - HUD Non-Elderly Disabled Vouchers, which can be used by disabled individuals to live in any residence of their choice that accepts these vouchers. These vouchers do not require that the residences are limited to disabled residents. All units must meet the applicable Housing Quality Standards (HQS) set forth in 24 C.F.R. § 982.401.
 - HUD Shelter Plus Care and Continuum of Care Vouchers, issued to people experiencing homelessness. This program provides case management supportive services to the homeless but do not require the residence be restricted to the homeless. All units must meet the applicable Housing

Quality Standards (HQS) set forth in 24 C.F.R. § 982.401. All units must meet the applicable Housing Quality Standards (HQS) set forth in 24 C.F.R. § 982.401.

- HUD Section 811 Project Rental Assistance Demonstration Program. For this program, no more than 25% of the units can be set-aside for 811 tenants, which results in a mix of tenant types. All units must meet the applicable Housing Quality Standards (HQS) set forth in 24 C.F.R. § 982.401.
- Veterans Affairs Supportive Housing vouchers issued to homeless veterans and disabled veterans to help them pay for housing.
- Veteran Housing and Homeless Prevention Program, which acquires, constructs, rehabilitates and preserves affordable multifamily housing for veterans and their families.
- HUD Section 202 Senior Housing rent subsidies for very low-income households with at least one person who is at least 62 years old.
- LA Department of Health, Housing for Health, rental subsidies and supportive services for persons who are homeless, for use in a variety of community-based housing options such as non-profit owned supportive housing with units dedicated to serving homeless individuals and/or families, long term leases of privately owned buildings, and scattered site housing units rented from private landlords.

Consistent with CMS' HCB setting rules, California presumes that these non-provider-owned or controlled private residential home settings qualify as HCB settings. The dwellings are not limited to or designed specifically for people with disabilities. Rather, the members chose to live in the private residences in integrated settings with other people from the community and their families. The members realize the benefits of community living, including opportunities to seek employment and work in competitive integrated settings. These settings do not isolate the member from the broader community, and do not have the characteristics of an institution. These settings do not control the personal resources of the member, or utilize interventions or restrictions that exist in institutional settings.

Individuals living in these settings, or utilizing the described subsidies or vouchers to pay for rent in non-provider owned and controlled dwellings, personally select their homes that include non-disability specific settings and options for a private unit in a residential community setting. The individual decides whether or not to share a room with a person of their choice. Residents in these settings who are receiving HCB services are treated with the same respect and dignity as persons not receiving HCB services. The settings do not restrict the member from interaction with other non-disabled people in the broader

community. These settings do not restrict the member's independence in making life choices. The settings do not restrict the member's choice of HCB services and supports or who can provide those services.

Notably, California law governs all of these private residences in ways that makes them meet the minimum qualifications for HCB settings. Residential rental agreements are subject to fundamental Code limitations. Several provisions in residential rental agreements are deemed invalid as contrary to public policy and, if included, will be unenforceable. These statutory limitations demonstrate the legislative recognition of the unequal bargaining power historically typifying residential landlord-tenant relationships. The codes help prevent the unknowing signing away of valuable rights by tenants who may not fully understand the rental agreement. (*See Jaramillo v. JH Real Estate Partners, Inc.* (2003) 111 CA4th 394, 402-403.) A member living in these settings has a legally enforceable agreement for the housing which ensures the member's rights of privacy, dignity and respect, and freedom from coercion and restraint. Residential rental agreements cannot waive or modify any of the following tenant rights:

- Tenant's right to return of security deposit under Civil Code sections 1950.5(m) and 1953(a)(1);
- Tenant's right to protection under the implied warranty of habitability under Civil Code section 1942.1;
- Tenant's statutory protection against "retaliatory eviction" by the landlord under Civil Code section 1942.5;
- The tenant's right to have the landlord exercise a lawfully-imposed duty of care to prevent personal injury or property damage, under Civil Code section 1953(a)(5);
- Statutory limitations on the landlord's right to access the rented unit during the lease term under Civil Code § 1953(a)(1). The rights of a Landlord to enter a dwelling are limited to certain conditions under Civil Code section 1954;
- Tenant's right to assert a cause of action against the landlord under Civil Code section 1953(a)(2);
- Tenant's right to legally-required notice and hearing, including three or 30/60-day notice to terminate the tenancy, filing of a response to an unlawful detainer complaint, and an unlawful detainer trial, under Civil Code section 1953(a)(3) and (4). The non-waivable right to three-day notice also applies to federally-subsidized (HUD) rental housing. In federally-subsidized "Section 8" housing, landlords are required to give 90 days' written notice under Civil Code section 1954.535 and specify "good cause" to evict. In rent control jurisdictions, some form of "eviction control" restricts the grounds upon which tenancies may be terminated. Some local controls are quite extensive and others very selective.

- A landlord must allow a tenant with a disability to make reasonable modifications to the rental unit to the extent necessary to allow the tenant “full enjoyment of the premises.” (Civil Code § 54.1(b)(3)(A).)
- Landlords of “buildings intended for human habitation” must install dead bolt locks on each “main swinging entry door of a dwelling unit” and exterior doors that provide ingress or egress to common areas with access to dwelling units in multifamily developments (Civil Code § 1941.3(a).) Any dwelling unit which lacks a proper lavatory or kitchen sink, bathtub shower, or less room or space dimensions than required by code, to an extent that endangers the life, limb, health, property, safety, or welfare of the occupant, is deemed substandard. (Health & Safety Code § 17920.3) “Dwelling unit” means a structure or the part of a structure that is used as a home, residence, or sleeping place by one person who maintains a household or by two or more persons who maintain a common household. (Civil Code §1940(c).) Landlords are responsible for installing at least “one usable telephone jack” and the placement, maintenance and repair of inside telephone wiring “in good working order.” (Civil Code § 1941.4.)
- A residential rental agreement compelling binding arbitration of disputes over a tenant’s rights or obligations falls within the section 1953(a)(4) bar, and thus is void, because inherent in an arbitration agreement is the waiver of any right to a jury trial. (*Jaramillo v. JH Real Estate Partners, Inc., supra*, 111 CA4th at 403-404.)
- As a matter of state constitutional law, a contractual provision waiving the right to a jury trial in advance of pending litigation is unenforceable because it is not one of the ways the Legislature has directed that a jury may be waived. (Cal. Const. Art. I, § 16; Code of Civil Pro. § 631(d)).
- The California Fair Employment and Housing Act effectively makes protection from unlawful housing discrimination a non-waivable tenant right. (Gov. Code §§ 12920, 12955; *see also* Gov. Code § 12921(b).)

California will assess licensed residential settings types that are not private residences through provider and on-site assessments.

California’s Statewide Transition Plan

This STP identifies the framework and strategy for achieving and maintaining compliance with the federal requirements for HCB settings in California.

California’s HCBS waiver and 1915(i) State Plan program differ significantly in the populations they serve, their size and complexities, and their statutory and regulatory structures, among other differences. The largest and most complex are the DD Waiver and the 1915(i) State Plan program, where the programs serve approximately 130,000

members in the provision of a vast array of residential and nonresidential services that are separately licensed and/or regulated. Participation in the DD Waiver is not required to access the State's full array of available developmental services. Providers are not separately identified for DD Waiver or 1915(i) State Plan program purposes; therefore, all providers potentially utilized for HCBS must be in compliance with the HCB setting requirements. For the DD Waiver, the entire system, serving over 270,000 members, is potentially affected by the new requirements.

In contrast, the SFCLSB Waiver, with 17 beneficiaries, represents the smallest 1915(c) waiver in California. Eligibility is open only to San Francisco residents who meet level of care eligibility and require at least one of six available services.

This STP identifies at a high level the commitments and requirements that each of the eight HCBS waivers, 1915(i) and 1915(k) State Plan programs, and 1115 waiver will meet. The specific approach and details of each program's transition process will reflect the input and guidance of the particular program's stakeholders, and the unique structure and organization of the program itself. The complexity of each task will vary significantly across programs.

Resources to address and implement the many changes necessary to be in compliance with the regulations are and will continue to be limited. When resources are needed, they must be raised and vetted through the annual legislative budget process, which only allows for new resources prospectively, typically in the upcoming state budget year. Therefore, careful thought and analysis must go into every aspect of implementation in an effort to achieve compliance as cost effectively as possible. Since program systems and processes have long been established in California, standard processes will be considered for modification to bring about and ensure ongoing compliance, such as revising existing monitoring and oversight protocols to incorporate the regulatory requirements, utilizing available data, such as the National Core Indicator (NCI) and expanding existing complaint and appeal processes to allow for member and/or provider due process when disputes arise.

Stakeholder Input

To achieve compliance, California will strongly emphasize inclusive stakeholder processes that analyze and guide implementation. Essential involvement will come from members. Their input concerning how they experience community inclusion and freedom of choice will be critical for system changes and implementation strategies. Also essential is provider input. Providers are the backbone of the system, ensuring that services and choices are available to members. How the regulations are implemented may affect the viability of providers as sustainable businesses. Stakeholder processes will also include entities and experts who are impacted by, or are knowledgeable about, the various topics, particularly, the California Department of Social Services as the licensing agency (Community Care Licensing [CCL]) for many of the HCB settings.

As the State continues this process, stakeholder input will evolve over time as implementation phases progress, as described below. With the stakeholder input, specificity will be added and/or modifications will be made to the various components identified in the STP.

Following is a summary of California's efforts to elicit stakeholder input and subsequent comments received to date on the STP. Please note: The Revised Draft CBAS Home and Community-Based (HCB) Settings Transition Plan details a separate stakeholder engagement process.

DHCS posted the first STP draft to the DHCS website on September 19, 2014, followed by a 30-day stakeholder input period, and the second STP draft on November 7, 2014, followed by another 30-day stakeholder input period. In addition, DHCS posted general public interest notices about impending public comment periods and meetings regarding development of the STP in the California Regulatory Notice Register on March 3, 2014 and April 25, 2014. The Register is available in print at public libraries as well as other public places. DHCS also posted a general public interest notice to inform stakeholders of a conference call on July 13, 2015, to discuss the revisions made to the STP, as well as to discuss comments received on the On-Site Assessment Tools and Provider Self-Survey Tools. Other notices were sent by the individual departments with responsibility for specific waivers; e.g., CDPH communicated directly with HIV/AIDS Waiver stakeholders; CDA with MSSP sites and CBAS centers; and DDS with Regional Centers.

DHCS received CMS feedback on the previously submitted STP on November 16, 2015. The letter can be found at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/ca/ca-cmia.pdf>. CMS hosted a series of conference calls with the State to discuss CMS feedback and clarify the STP requirements outlined in the letter. The current STP draft, which addresses CMS' requirements, was posted to the DHCS website on August 29, 2016 for public review and input. Public comment will be analyzed and incorporated into the STP, and will be summarized in **Appendix A**. DHCS will also host a stakeholder conference call in September to discuss revisions to the STP and respond to questions or concerns.

Implementation of the HCB Setting Requirements

Following is a description of the various phases of implementation that California will undertake to achieve compliance with the HCB setting requirements. California will move forward concurrently with many of the components listed below. As described previously, the details of implementation will vary significantly across the HCBS Waiver, 1915(i) and 1915(k) SPAs, and 1115 Waiver, program and be integrally guided by stakeholders. As remedial strategies are solidified, actions and timelines will be identified to track progress against objectives based on resources available.

Consistent with the above, additional State resources must be requested via the State legislative and budget processes. To ensure awareness of these needs, staff from the California Department of Finance and the State Legislature are invited to attend ongoing stakeholder meetings.

Education, Outreach, and Training

As an important early step, information and education on the requirements of the HCB setting requirements and the regulations generally has been provided to State departments/entities, members and families, care-coordination agencies, regional centers, providers, advocacy groups and other interested stakeholders throughout the State on a continuous and ongoing basis. California has used website postings, conference calls, webinars, and public hearings as methods for getting information about the Final Rules widely disbursed. Additionally, all affected parties will be informed of the ongoing methods for providing input, being involved and staying informed as implementation progresses. Ongoing communication methods will be developed with stakeholder input.

The phase of assessing provider compliance with the settings requirements will involve intensive training of providers, care management agencies, regional centers, assessment team members, and others involved in the assessment process, and orientation for advocacy groups and other members of the interested public. Several webinars and locally held training sessions will take place over the next year as the various HCBS programs roll out Provider Self-Surveys, Member Surveys and On-Site Assessment activities.

Systemic Assessment of Statutes, Regulations, Policies and Other Requirements

DHCS and the State departments/entities responsible for operating each HCBS Waiver, 1915(i) and 1915(k) State Plan programs, and 1115 Waiver reviewed and analyzed the applicable statutes, regulations, and policies governing residential and nonresidential HCB settings to determine the extent to which they comply with federal regulations.

Departments requested stakeholder participation for input into the systemic assessment process to determine whether each standard is in compliance, out of compliance or whether the standard is silent on the federal requirement. Beginning early in 2015 the State engaged assistance from stakeholders who are required to adhere daily to California law, program regulations, and program policies.

Each department convened stakeholders via webinar, teleconference, and/or face-to-face meetings, and encouraged stakeholder input either directly during the meetings, by email, USPS mail, and telephone. Stakeholder involvement in review and analysis of statutes, regulations, and policies varied by program. For example, the sheer number of residential and non-residential HCB settings available to persons with developmental disabilities through the HCBS waiver and State Plan benefits required an extensive process to consider, deliberate, and validate existing State standards and policies.

The initial draft systemic assessment process was completed July 1, 2015, and following incorporation of public input, finalized August 6, 2015. To address issues CMS identified in the systemic assessment in its letter dated November 16, 2015, the State reexamined its

findings. During a series of meetings among the State departments, and as a result of discussions with CMS teams, updates have been made to the August 6, 2015 version. The revised systemic assessment indicates where specific programs will take action to bring their statutes, regulations and policy documents in conformance with the federal requirements. Given the amount of time required to effect statutory or regulatory changes in California, programs will develop and implement any needed changes during 2017 and 2018.

A revised summary of results including hyperlinks to applicable statute, regulations, policies and other source documents can be found in **Appendix B**. Please note that the systemic assessment is an indication of compliance, but does not preclude settings from further compliance determination processes, such as Provider Self-Surveys, Beneficiary Self-Surveys, and On-Site Assessments.

Compliance Determination Process for HCB Settings

The State departments/entities will be responsible for ensuring appropriate provision of HCBS by all providers that serve, or may serve Medi-Cal members. California's assessment of HCBS providers will involve several distinct sets of activities that will feed into one another. All of these activities require large amounts of data in the planning stages, and will produce similar amounts of data needed for ongoing operations, program reporting to state management and CMS, and evaluation and program improvement. Some of the initial types and sources of data include member eligibility files, provider certification and payment files, program administration files, sampling, selection criteria, and validation protocols.

Following is an initial listing of HCB settings that have been assessed [see page numbers below] through the systemic assessment process for inclusion in the compliance determination process:

- Adult Day Program [Pg. 27]
- Adult Family Home/Family Teaching Home [Pg. 29]
- Adult Residential Facility (Includes Adult Residential Facility for Persons with Special Health Care Needs) [Pg. 31]
- Certified Family Home; Foster Family Home [Pg. 35]
- Child Day Care Facility; Child Day Care Center; Family Child Care Home [Pg. 37]
- Community-Based Adult Services [See **Attachment I** - Community-Based Adult Services Program Transition Plan – Appendix V]
- Congregate Living Health Facility [Pg. 38]
- Congregate Meal Site [Pg. 42]
- Day-Type Services (Activity Center, Adult Day Care Facility, Adult Development Center, Behavior Management Program, Community-Based Training Provider, Socialization Training Program; Community Integration Training Program; Community Activities Support Service) [Pg. 45]
- Group Home [Pg. 46]

- Residential Care Facility for the Elderly [Pg. 48]
- Residential Care Facility for the Chronically Ill [Pg. XX]
- Small Family Home [Pg. 54]
- Work Activity Program [Pg. 56]

The first set of activities centers around provider self-surveys of their existing operations compared to the new requirements in the federal regulations. DHCS and State departments have developed an agency-wide core Provider Self-Survey Tool, which will be forwarded to all HCB settings for completion. The Residential and non-Residential Provider Self-Survey Tools are found in **Attachment IV and V**, respectively. The core survey tool may be modified, including guidance and instructions, to address specific provider types and programs.

The different HCBS programs may use both electronic and mail distribution processes to send the survey instruments and guidelines to providers. Additionally, California will host training webinars on the provider self-survey process and expectations, and will post follow up information on program websites. The survey distribution and training processes generally will begin the fourth quarter of 2016 and continue through the second quarter of 2017 (See **Attachment VII - Statewide Transition Plan Milestones and Timeline** for detailed timeline).

Depending on provider type, providers will have 30 to 60 days to complete and return their self-surveys. Programs will follow up with providers with reminder emails and phone calls. With the exception of programs like CBAS, which is integrating the provider self-surveys with other information required from CBAS centers in preparation for their biennial certification visits through 2018, completion of provider self-surveys is targeted for the third quarter 2017 (See **Attachment VII - Statewide Transition Plan Milestones and Timeline** for detailed timeline).

Program staff, or care coordination agencies and regional centers, will analyze returned self-surveys and identify them according to whether or not they meet the CMS readiness criteria. Providers whose self-surveys do not indicate that they fully meet the criteria will be further categorized by the type and level of remediation needed to achieve compliance. Those needing relatively straightforward corrective action (e.g., documenting procedures, staff training on the new requirements, reiterating rights and responsibilities to members and their representatives, etc.) will implement corrective action, monitored by program staff, care coordination agencies and regional centers. Those needing more extensive corrective action will be scheduled for on-site assessments.

Secondly, surveys of members will pose non-threatening questions to effectively elicit members' thoughts and feelings about the HCBS they receive, their ability to actively participate in life decision making, and any problems they encounter. Member survey

instruments also need to be tailored to the several different types of populations receiving HCBS—the elderly; persons with developmental disabilities, cognitive impairments, or mental illness; the physically disabled; AIDS patients; children needing palliative care in addition to treatment for acute diseases.

DHCS convened representatives from member advocate organizations and its sister agencies administering HCBS programs to develop the core questions for member surveys. These core questions will be incorporated in existing policies and procedures used by the various programs for member interviews, service planning, and complaint investigations.

Conducting member surveys will take many different forms during 2017. To avoid confusion and to assure the consistency and reliability of member input, California will not distribute member surveys in mass through the mail or electronic media. Instead HCBS programs will conduct face-to-face interviews with members or their authorized representatives as often as possible. For example, HCBS programs which use periodic recertification of member eligibility or reassessment of need for services may add the core questions to their recertification or reassessment processes. Programs which make on-site visits to HCBS providers or to member homes may interview members during these visits. Complaint investigations will include the opportunity to ascertain how members see their ability to access community resources.

Since many members receive HCBS from more than one provider, the focus will be on the HCBS provider(s) with which the member resides or spends a significant amount of time (i.e., 4 hours) on a regular basis. Member input can be linked to identified providers through each program's system for storing provider information.

In addition to corroborating information garnered from provider self-surveys and on-site assessments, member input will play an essential role in quality assurance and program improvement efforts. Its impact is felt in the scope and duration of HCBS that programs offer, the types and qualifications of providers used, and how services are financed.

On-site assessments are the litmus test for ascertaining provider compliance with the federal settings requirements. These assessments will confirm compliance or identify areas for remediation. DHCS and State departments have developed an agency-wide core On-Site Assessment Tool, for use in the On-Site Assessments of HCB settings. The Residential and non-Residential On-Site Assessment Tools are found in **Attachment II and III**, respectively. The core assessment tool includes questions that relate to each new federal requirement that will be used to determine if the HCB setting meets or does not meet the required federal rule. The core assessment tool may be modified to address specific provider types, including guidance and instructions, and will become the assessment tools utilized by the appropriate State departments/entities administering the program.

The responsibility for ensuring completion of On-Site Assessments rests with the State department/entity responsible for the program as specified under “HCBS Programs in California Affected by the Final Rules” section of this document. On-Site Assessments will be conducted by a survey team that includes representation from at least two of the following: State personnel, case managers or other representatives of case management entities, and licensing entities.

Depending upon the HCBS program’s size and diversity of provider types, the selection of providers for on-site assessments can be done on the basis of several factors that may include:

- Statistically valid samples
- Annual or biennial regularly scheduled site visits for licensing or certification purposes
- The responses to the provider self-surveys, member input, and other factors like staff’s knowledge of provider operations, including a history of site visits, complaints, and corrective actions
- The provider’s location being on or adjacent to institutional settings.

As On-Site Assessments are completed for a sample of settings by provider type category, a general pattern of non-compliance may trigger a full review of all settings comprising the provider type category. On-Site Assessments will be ongoing until remedial strategies are identified and implemented. On-Site Assessments will be incorporated into ongoing monitoring protocols as a part of existing processes

There are HCBS providers which may serve members from several different HCBS programs. To ensure consistency and avoid duplication of effort, the program which has primary responsibility for monitoring and oversight of the providers will conduct any necessary on-site assessments. Other programs may rely on the findings of the responsible agency as to the providers’ compliance with the federal requirements.

Like the analysis of provider self-surveys, on-site assessments will determine if a specific provider is in compliance with the federal settings requirements, or needs to implement corrective action to achieve compliance. The written results of each On-Site Assessment will be forwarded back to the HCB setting with specific information regarding improvements that will be required in order for the setting to come into compliance with the federal requirements and a timeline for completion. Remedial actions will be developed to include timelines, milestones and a description of the monitoring process to ensure timelines and milestones are met. Follow up of the compliance issues will be the responsibility of the administering State department/entity. Completed assessments, including documentation of any required follow-up actions as a result of the On-Site Assessments, will be maintained by the appropriate department

The final report of the compliance determination process will detail the number of HCB settings that are fully compliant with the requirements, partially compliant with the requirements and will require modifications, cannot meet the requirements and require withdrawal from the program, and the number of settings that require going through the heightened scrutiny process. Once completed, this report will be included in an updated STP.

Heightened Scrutiny Process

The State must identify settings that are presumed to have institutional qualities. These settings include those that: are in a publicly or privately-owned facility that provide inpatient treatment; are on the grounds of, or immediately adjacent to, a public institution; or settings that have the effect of isolating individuals receiving Medi-Cal funded HCBS services. Settings that have one or more of these characteristics must be approved by CMS to continue to receive Medi-Cal HCBS funding. The State must demonstrate, through evidence presented by the State and public input, that the setting meets the HCB setting requirements.

Settings that may have the effect of isolating HCBS members are settings specifically designed for people with disabilities, often for people with a certain type of disability, and on-site staff provides many of the services available. In addition, settings that isolate HCBS members from the broader community may also be designed to provide members with multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities. These settings provide little or no interaction with the broader community and use interventions or restrictions that are used in institutional settings.

Using Provider Self-Surveys, On-Site Assessments and other monitoring activities, Member Surveys and stakeholder input, the State will identify settings that are in publicly or privately owned facilities that provide inpatient treatment; are on the grounds of, or immediately adjacent to, public institutions; or have the effect of isolating individuals receiving Medi-Cal funded HCBS services. These settings will be required to submit evidence to the State to demonstrate how they have the qualities of HCBS, which the State will then submit to CMS. The evidence should focus on the qualities of the setting and how it is integrated in and supports full access to the community. Specific evidence to be submitted may include:

1. Licensure requirements or other state regulations that clearly distinguish a presumed institutional setting from licensure or regulations of institutions;
2. Provider qualifications for staff employed in the setting that indicate training or certification for HCBS, and that demonstrate the staff is trained specifically for HCBS in a manner consistent with the HCB setting requirements;
3. Procedures that indicate support for activities in the greater community according to the individual's preferences and interests; and
4. Description of the proximity to avenues of available public transportation or an explanation of how transportation is provided when desired by the member.

All settings submitted for heightened scrutiny must complete a Provider Self-Survey and will be subject to an On-Site Assessment where Beneficiary Self-Surveys will be conducted. The State's heightened scrutiny review process will consist of:

- A review of evidence provided by the setting;
- A review of the setting's policies and services;
- An on-site visit and an assessment of the physical characteristics;
- A Review of policies and procedures governing person-centered plan development and implementation;
- Member interviews and observation;
- Collection of evidence to submit to CMS in order to overcome the institutional presumption.

The State must determine, using input from the public, members, stakeholders, and providers whether or not it believes the setting overcomes the institutional presumption. The evidence required to overcome institutional presumptions must be submitted to the settings' contractor within thirty (30) days of its identification for the heightened scrutiny process. The contractor will review the evidence submitted, follow up with the setting for any necessary documentation, and make a recommendation to the corresponding State agency overseeing the program. The State agency will review the evidence, follow up with the contractor to request missing documentation, and recommend to DHCS a compliance determination. DHCS will review evidence and recommendations and will follow up if necessary with an On-Site Assessment and member survey to ensure all necessary information is obtained before making a determination of whether or not the setting overcomes the institutional presumption.

The State will work with settings when necessary to develop remediation strategies and timelines specific to each setting to achieve full compliance with the final rule. In the event that a setting cannot achieve compliance with the HCB settings rule, the transition of members will be conducted as described under the STP section "Changes in Services or Providers for Members."

Changes in Members' Services or Providers

Currently California's HCBS programs have policies and procedures, which allow for changes in members' services or providers. These changes may occur due to several factors including:

- Changes in a member's need for specific types or intensity of services
- The member's selection of different service options available to meet needs
- The member's dissatisfaction with a provider's services or personnel
- Changes in a provider's staffing, hours of operation, or location
- Provider closure
- Provider withdrawal or suspension from the Medi-Cal program

The initial steps in addressing the impending change include reviewing the member's person-centered plan; reevaluating the goals and objectives, needs, preferences and choices of the member; and identifying the options available. The person-centered plan meeting would include the member, involved family members, conservators, authorized representatives, advocates, the care management agency or regional center coordinator, and provider staff who know the member well. To ensure a smooth transition from one provider to another, a transition plan outlining the specific transition activities, including any necessary supports and services needed to ensure a successful and person-centered transition, is incorporated into the person-centered plan.

Written notification to the member and the provider is given at least 30 days in advance of the effective date of the change, identifying the specific reasons for the transition. This notification also informs the member of their right to a fair hearing under Medi-Cal, including Aid Paid Pending if timely requested.

When one of California's HCBS programs determines that a provider owned and operated residence or day program setting is not in compliance with the HCB settings requirements, the first order of business is the setting's development of a workable remediation plan to come into full compliance with the HCBS Settings Rules over a reasonable timeframe. However, if the provider owned and operated residence or day program provider cannot come into compliance with the HCBS Settings Rule by March 2019, the program will initiate its policies and procedures to transition, if possible, affected members to compliant settings so they can continue to receive federally funded HCBS services.

When choosing provider owned and operated residences, members have the opportunity to explore integrated living options that match their identified service and support needs and choices. Considerations may include:

- Exploring the variety and types of community living options currently available (e.g., non-disability settings, supported living, small group homes, family home agencies)
- Proximity to services in the community
- Employment opportunities
- Needed medical services

Until California completes the process of assessing provider settings and determines appropriate remediation plans, it cannot estimate the number of individuals that may need to be transitioned eventually other settings.

Milestones and Timeline

In order to illustrate the variety of compliance determination activities the State has performed, or will perform, California has developed a comprehensive milestones and timeline document for stakeholders to reference. It provides a convenient view of the milestone activities described in detail throughout the STP, and their associated timelines for completion (see **Attachment VII**).

Role of Person-Centered Planning

Even though implementation of the new federal regulations affecting the person-centered planning process is not technically part of this STP, person-centered planning is inextricably linked to the HCB setting requirements. The State department/entity responsible for program administration will use a stakeholder process to evaluate the role of person-centered planning as it relates to determining compliance with the federal regulations, assessing member satisfaction with the setting options, and other possible community integration issues. Strategies may be developed to utilize information from the person-centered planning process to improve service delivery under the federal regulations.

Public comment supports the idea of the State's understanding regarding home-like and community integration within a persons' individual plan of care and basic civil right. DHCS believes community is not the mere physical presence of other buildings and people. It includes a safe and purposeful environment where individuals have needed support and safety, and the greatest freedom to live productive, connected lives according to their own desires.

The person-centered plan documents the member's choice of settings and services based on the needs and preferences of the member. The State will take into account the options provided and choice of the member or their parent or legal guardian when determining HCB settings compliance, thus keeping the end goal of optimizing autonomy, independence, and member choice in mind.

The State will ensure through STP activities and ongoing monitoring and oversight that the person-centered plan documents member choice, needs, preferences, and goals. Any modification to the HCBS setting requirements must be documented and supported by the person-centered plan and will only be made on an individual basis. For example, certain HCBS members will have a documented need to reside in a setting utilizing delayed egress and/or secured perimeters. State statute and regulation clearly identify the policies and procedures for implementing such interventions¹.

¹ Health and Safety Code Section 1584; 17 CCR 56068 – 56074, 56101, 56620 – 56625; 22 CCR 87705.

Appeal Processes

As the State assesses HCBS settings for compliance with the Final Rule, providers and members will have an opportunity appeal compliance determinations made that result in loss of funding for providers or loss of service and/or member relocation of residence. In addition to the appeals and grievance policies that exist for each individual program, providers and members may utilize existing state processes to file an appeal. There are two distinct processes that providers and members may use to file appeals with the State.

Provider Appeals:

In the event that a setting is determined non-compliant and cannot or will not address issues of non-compliance through remediation, the provider has the option of filing an appeal through the Office of Administrative Hearings and Appeals (OAHA). OAHA is an independent hearing office created by DHCS to provide an appeals process for enrolled Medi-Cal providers to dispute actions taken by the Department. Providers looking to file an appeal related to HCBS setting compliance can find more information at

<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/The-Office-of-Administrative-Hearings-and-Appeals.aspx>

Member Appeals:

Members looking to dispute an HCBS setting determination by the State resulting in a loss of services and/or unwanted relocation of residence may file an appeal through the Medi-Cal Fair Hearing process. For more information regarding the Fair Hearing process, members may visit <http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx>.

Compliance Monitoring

Each HCBS Waiver and 1915(i) State Plan program, in consultation with stakeholders, will use the self-surveys, On-Site Assessments and/or other data collection methods, to develop remedial strategies and monitor progress toward compliance with the federal regulations. All State-level and individual-setting level remedial actions will be completed no later than March 17, 2019.

The State will ensure that HCB settings remain in compliance with the new requirements by utilizing current ongoing licensing and/or certification processes for both residential and non-residential settings, as well as weaving compliance reviews into current monitoring and oversight processes (**See Attachment VI – Setting Assessment Process**).

Plan Updates and CMS Reporting

During the implementation period, progress on this STP will be continuously monitored and reported to CMS, as needed.

Appendix A – Stakeholder Input

The State submitted a draft STP for public comment on December 19, 2014, followed by a second draft for public comment submitted July 1, 2015. On August 14, 2015, the State submitted its STP for CMS review, which included a summary of public comment and state responses. To review public comment and state responses on the previous STP submission, please visit:

http://www.dhcs.ca.gov/services/ltc/Documents/STP_Final%20August%202014%202015.pdf

The August 29, 2016, revised STP incorporates stakeholder input from previous STP versions, and addresses CMS feedback received November 16, 2015. The letter can be found at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/ca/ca-cmia.pdf>.

The State will analyze, summarize, respond to and incorporate public input received during the August 29, 2016 – September 29, 2016 public comment period in Appendix A of the revised STP.

Evidence of Public Notice

The following public notices were published in the California Register, which is distributed to public institutions and subscribers statewide.



**FINAL RULES, CMS-2249-F
HOME- AND COMMUNITY-BASED (HCB) SETTING COMPLIANCE
Statewide Transition Plan Resubmission**

Purpose: The California Department of Health Care Services (DHCS) provides notice that the revised Statewide Transition Plan (STP) will be resubmitted to the Centers for Medicare & Medicaid Services (CMS) in October 2016 for approval. The Community-Based Adult Services (CBAS) Transition Plan is one attachment to the STP. The revised STP describes California's plan to ensure approved Home- and Community-Based Services (HCBS) waivers comply with the new federal HCBS setting rules. DHCS, state partners and stakeholders have updated the STP based upon the CMS guidance letter, which can be found at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/ca/ca-cmia.pdf>.

DHCS invites all interested parties to review the STP, including the CBAS Transition Plan, and provide public input. The 30-day public comment period will begin on August 29 and end on September 29, 2016. Public comments on the STP should be submitted via the STP Public Comment Template that is available on the DHCS website listed below. The DHCS website will also provide a link to the CBAS Transition Plan and the CBAS Plan's Public Comment Template.

Please mail or email public comments using the contact information below. DHCS will review all feedback and incorporate into the STP as appropriate. Public input is essential to the development and implementation of the STP, and will assist the state in achieving approval of the STP and complying with the HCB Settings Final Rule.

DHCS will host a statewide conference call on September 27, from 3 p.m. to 5 p.m., to discuss the revised STP, milestones and timelines, state strategies for HCBS setting compliance, and any questions or concerns raised by the public. Please check the STP website below for the call-in number and agenda.

The STP and Public Comment Template, including a link to the CBAS Transition Plan and its Public Comment Template, can be found at: <http://www.dhcs.ca.gov/services/ltr/Pages/HCBSStatewideTransitionPlan.aspx>

More information about the new federal rules is available at: <http://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>.

For further information about the STP, contact

STP@dhcs.ca.gov
Department of Health Care Services
Long-Term Care Division
1501 Capitol Avenue, MS 4502
P.O. Box 997437
Sacramento, CA 95899-7413

For additional information about the CBAS Transition Plan, contact

cbascda@aging.ca.gov; (916) 419-7545
California Department of Aging
1300 National Drive, Suite 200
Sacramento, CA 95834



**FINAL RULES, CMS-2249-F, REQUIRE
HOME AND COMMUNITY – BASED (HCB) SETTING COMPLIANCE
Statewide Transition Plan - Stakeholder Phone Conference**

Purpose:

The Department of Health Care Services (DHCS) has made revisions to the Statewide Transition Plan (STP) to comply with the new federal Home and Community-Based Services (HCBS) setting rules. DHCS has also developed "On-Site Assessment Tools", "Provider Self-Survey Tools", and Public Comment Templates that stakeholders can use to provide feedback on the tools. The public comment period ended on June 30, 2015. DHCS will be holding a stakeholder phone conference to discuss:

- Changes made to the On-site Assessment Tools and Provider Self-Survey Tools
- Comments received on assessment tools, and provider survey tools
- Revisions made to the STP from prior version of the plan

Date: Monday, July 13, 2015	Time: 10:00 a.m. - 1:00 p.m.
Toll Free Phone Number: 1-877-917-7134	Participant Passcode: 7695981

Agenda will be posted on DHCS web-site at:
<http://www.dhcs.ca.gov/services/lte/Pages/HCBSStatewideTransitionPlan.aspx>.

PARTICIPATE VIA TEXT TELEPHONE RELAY

If you use a TTY (text telephone) machine, and wish to participate in this phone conference via the California Relay Service (CRS), dial the CRS line at 711. Tell the CRS Operator that you wish to participate in a conference call. Then give the operator the toll free number 1 (877) 917-7134 and passcode 7695981. From this point onward, the operator will provide further instructions.

To review revised STP, On-site Assessment Tools, Provider Self-Survey Tools, and Public Comment Templates, please visit our web-site at:
<http://www.dhcs.ca.gov/services/lte/Pages/HCBSStatewideTransitionPlan.aspx>

More information about the new federal rules is available at:
<http://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>.

**For Further Information, contact
Jalal Haddad
Department of Health Care Services
Long-Term Care Division
1501 Capitol Avenue, MS 4503
P.O. Box 997437
Sacramento, CA 95899-7437**



**FINAL RULES, CMS-2249-F, REQUIRE
HOME AND COMMUNITY – BASED (HCB) SETTING COMPLIANCE
Final Statewide Transition Plan Submission - Stakeholder Phone Conference**

Purpose:

The California Department of Health Care Services (DHCS) is providing notice that the final Statewide Transition Plan (STP) will be submitted to the Centers for Medicare and Medicaid Services (CMS) on August 14, 2015. This final STP describes California's plan to ensure approved Home and Community-Based Services (HCBS) waivers and programs comply with the new federal HCBS setting rules including timetables. DHCS will be holding a stakeholder phone conference after submission of the STP to CMS to discuss:

- Summary of public comments received on revised STP during 30 day comment period (July 2, 2015 – July 31, 2015)
- Summary of changes made to the final STP based on public input
- Updates on the revision of the On-Site Assessment Tools and Provider Self-Survey Tools as a result of public input

Date: Thursday, August 20, 2015	Time: 1:00 p.m. - 3:00 p.m.
Toll Free Phone Number: 888-456-0327	Participant Passcode: 7109848

Agenda will be posted on DHCS web-site, please visit <http://dhcs.ca.gov/STP> for detail information.

PARTICIPATE VIA TEXT TELEPHONE RELAY

If you use a TTY (text telephone) machine, and wish to participate in this phone conference via the California Relay Service (CRS), dial the CRS line at 711. Tell the CRS Operator that you wish to participate in a conference call. Then give the operator the toll free number 1 (888) 456-0327 and passcode 7109848. From this point onward, the operator will provide further instructions.

To review the STP, On-site Assessment Tools, and Provider Self-Survey Tools please visit <http://dhcs.ca.gov/STP>

More information about the new federal rules is available at:

<http://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>.

For Further Information, contact
Jalal Haddad
Department of Health Care Services
Long-Term Care Division
1501 Capitol Avenue, MS 4503
P.O. Box 997437
Sacramento, CA 95899-7437

Appendix B - Systemic Assessment Summary

The following is an assessment summary, by setting type, of the statutes, regulations, policies and other requirements for all HCB settings listed in the “Compliance Determination Process for HCB Settings” section. The complete assessment of findings is available upon request. Please note that the systemic assessment is an indication of compliance, but does not preclude settings from further compliance determination processes, such as Provider Self-Surveys, Beneficiary Self-Surveys, and On-Site Assessments. For reference, the HCB Setting Requirement numbers in the tables below correspond to the following:

1. Being integrated in and supporting full access 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 HCBS.
2. Giving individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting.
3. Ensuring individuals’ rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.
5. Facilitating choice regarding services and supports, and who provides them.

For Medicaid/Medi-Cal provider-owned or controlled HCB residential settings, the provider must offer:

6. A legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent or occupy the residence and provides protection against eviction.
7. Privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate units.
8. Options for individuals to control their own schedules including access to food at any time.
9. Individuals the freedom to have visitors at any time.
10. A physically accessible setting.

Provider Setting Type - Adult Day Program

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	Met 22 CCR Section 82022 22 CCR Section 82025 22 CCR Section 82026 22 CCR Section 82068 22 CCR Section 82072 22 CCR Section 82079 22 CCR Section 82087.3 22 CCR Section 82088	None	Not Applicable
2	Silent	Client has choice of adult day program during person-centered planning.	Not Applicable
3	Met 22 CCR Section 82072 22 CCR Section 82075 22 CCR Section 82077.2 22 CCR Section 82077.4 22 CCR Section 82088 22 CCR Section 82092.4 22 CCR Section 82092.5 22 CCR Section 82092.6	None	Not Applicable
4	Met 22 CCR Section 82068.2 22 CCR Section 82072 22 CCR Section 82077.2 22 CCR Section 82079 22 CCR Section 82088	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
5	Met 22 CCR Section 82072 22 CCR Section 82079	None	Not Applicable
6	Met 22 CCR Section 82068 22 CCR Section 82068.3 22 CCR Section 82068.5	None	Not Applicable
7	Met 22 CCR Section 82068 22 CCR Section 82072 22 CCR Section 82088	None	Not Applicable
8	Met 22 CCR Section 82072 22 CCR Section 82076	None	Not Applicable
9	Met 22 CCR Section 82072	None	Not Applicable
10	Met 22 CCR Section 82087 22 CCR Section 82088	None	Not Applicable

Provider Setting Type – Adult Family Home; Family Teaching Home

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met W&I Code Section 4501, 4502, 4646, 4689.1(e) Partially Met Members' control of personal resources - T17 Section 56091</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to control of personal resources.</p>	<p>Fourth Quarter 2018</p>
2	<p>Met W&I Code Section 4501, 4502.1, 4512(b), 4646, 4689.1(e) Silent Option for private unit Documentation of setting options</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to option for private unit and documentation of setting options.</p>	<p>Fourth Quarter 2018</p>
3	<p>Met W&I Code Section 4502(b)(2), 4502.1, 4646, 4689.1(e)</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
4	<p>Met W&I Code Section 4501, 4502(b)(2), 4646, 4689.1(e)(8)(B)&(C)</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
5	<p>Met W&I Code Section 4502(b), 4646, 4689.1(e)(8)(B)&(C), T17 Section 56084(a)(2)</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
6	<p>Met T17 Section 56076, 56090(e), 56094</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to privacy in living units, lockable doors, choice of roommates and furnishing sleeping units.</p>	<p>Not Applicable</p>

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
7	<p>Silent Privacy in living unit Lockable doors Choice of roommates Furnish sleeping units</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to privacy in living units, lockable doors, choice of roommates and furnishing sleeping units.</p>	<p>Fourth Quarter 2018</p>
8	<p>Met W&I Code Section 4502(b)(10), 4502.1, 4689.1(e)(8)(B-E)</p>	<p>None</p>	<p>Fourth Quarter 2018</p>
9	<p>Silent Access to food at any time.</p> <p>Silent Visitors any time</p>	<p>The State will discuss the impacts of this characteristic during the Waiver renewal process.</p>	<p>Fourth Quarter 2018</p>
10	<p>Met W&I Code Section 4646 T17 Section 56087(C)</p>	<p>None</p>	<p>Not Applicable</p>

Provider Setting Type - Adult Residential Facility - Assisted Living Waiver; San Francisco Community Living Supports Benefit Waiver

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met 22 CCR Section 80022 22 CCR Section 80025 22 CCR Section 85072 22 CCR Section 85079 22 CCR Section 85087</p> <p>Waiver Language: As subcontracted waiver providers, participating DHCS-approved ARFs will demonstrate, by inclusion in the CCP that they optimize participant independence and community integration, promote initiative and choice in daily living, and facilitate full access to community services.</p>	None	Not Applicable
2	<p>Met 22 CCR Section 85068.2 22 CCR Section 85072 22 CCR Section 85087 22 CCR Section 85088</p> <p>Waiver Language: As part of the Freedom of Choice process, applicants are provided with information regarding all HCBS waivers and programs</p>	None	Not Applicable
3	<p>Met 22 CCR Section 85088</p> <p>Waiver Language:</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
4	<p>The DHCS-approved ARFs must offer a residential setting that permits each resident to: Freedom to come and go from the residence at will</p> <p>Met 22 CCR Section 85072 22 CCR Section 85079 22 CCR Section 85068.2</p>	None	Not Applicable
5	<p>Met 22 CCR Section 85068.1 22 CCR Section 85068.2 22 CCR Section 85079</p> <p>Waiver Language: The DHCS-approved ARFs must offer a residential setting that permits each resident to: Freedom to elect whether or not to participate in any communal activities.</p>	None.	Not Applicable
6	<p>Met 22 CCR Section 80068 22 CCR Section 85068.1</p> <p>Waiver Language: DHCS-approved ARFs must provide each resident with a lease that specifies the resident's rights to use and occupy the property, the time period the lease is in effect, the rights of termination of the lease by the resident and by the property owner and the provision for termination, the services that will be provided, and an affirmative statement that the residential setting meets all Federal and State Fair Housing Law requirements.</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
7	<p>Met 22 CCR Section 85087 22 CCR Section 85088</p> <p>Waiver Language: The DHCS-approved ARFs must offer a residential setting that permits each resident to: Control access and egress to his/her living area, this includes the ability to secure their rooms, based on their CCP</p>	None.	Not Applicable
8	<p>Met 22 CCR Section 80072 22 CCR Section 85072 22 CCR Section 85079 22 CCR Section 86176</p> <p>Waiver Language: The DHCS-approved ARFs must offer a residential setting that permits each resident to: Have free choice of meals including choice among any meals offered to all residents (family style dining) or choice of an individual meal</p>	None	Not Applicable
9	<p>Met 22 CCR Section 85072</p> <p>Waiver Language: The DHCS-approved ARFs must offer a residential setting that permits each resident to: Control their daily routine, including having visitors of their choosing at any time.</p>	None	Not Applicable
10	<p>Met 22 CCR Section 85087 22 CCR Section 85087.2</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
	The DHCS-approved ARFs must offer a residential setting that permits each resident to: Freedom to come and go from the residence at will.		

Provider Setting Type - Adult Residential Facility. Adult Residential Facility for Persons with Special Health Care Needs. Residential Care Facility for the Elderly. Group Home and Small Family Home - HCBS Waiver for Californians with Developmental Disabilities and 1915(f) State Plan

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met W&I Code Section 4501, 4502 (All setting types) 22 CCR Section 85072(b)(7) (Adult Residential Facility) 22 CCR Section 87468 (Residential Care Facility for the Elderly)</p> <p>Partially Met 22 CCR Section 80026 (Adult Residential Facility, Adult Residential Facility for Persons with Special Health Care Needs, Group Home, and Small Family Home)</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to control of personal resources.</p>	<p>Fourth Quarter 2018</p>
2	<p>Met W&I Code Section 4502</p> <p>Silent: Option for private unit Documentation of identified setting options not selected by consumer</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirements related to option for private unit and documentation of setting options.</p>	<p>Fourth Quarter 2018</p>
3	<p>Met W&I Code Section 4502(b)(2)&(8) 22 CCR Section 80072(a)(3)</p>	<p>None</p>	<p>Not Applicable</p>
4	<p>Met W&I Code Section 4501, 4502</p>	<p>None</p>	<p>Not Applicable</p>

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
5	<p>Met W&I Code Section 4512(b) Silent Consumers' choice of provider of services</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to choice of provider of services</p>	Fourth Quarter 2018
6	<p>Met W&I Code Section 4741 22 CCR § 80068 SPA 09-023A, Services, 1.A)7.i) DD Waiver: Appendix C-2, Facility Specifications</p>	None	Not Applicable
7	<p>Met W&I Code Section 4502(b)(2) T17 Section 50510(a)(2) Conflicting Lockable entrance doors for individuals that are bedridden Silent: Privacy in sleeping or living unit Lockable entrance doors Choice of Roommate Freedom to furnish and decorate sleeping or living units</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to lockable entrance doors.</p>	Fourth Quarter 2018
8	<p>Met W&I Code Section 4502(b)(2) 22 CCR Section 80072, 80076(4)</p>	<p>The State will discuss the impacts of this characteristic</p>	Fourth Quarter 2018

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
	Silent Access to food at any time	during the Waiver renewal process	
9	Silent Visitors each day, any time	The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to visitors at any time.	Fourth Quarter 2018
10	Met <u>W&I Code Section 4646</u> <u>22 CCR Section 80087, 80088</u> Silent Physically accessible setting	The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to full access.	Fourth Quarter 2018

Provider Setting Type – Certified Family Home; Foster Family Home

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met W&I Code Section 4501, 4502, 4646 22 CCR Section 89372</p>	None	Not Applicable
2	<p>Met W&I Code Section 4501, 4502, 4502.1, 4512(b), 4646, 22 CCR Section 89372</p> <p>Silent Documentation of identified setting options not selected by consumer</p>	The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to option for private unit and documentation of setting options.	Fourth Quarter 2018
3	<p>Met W&I Code Section 4502, 4646 22 CCR Section 89372</p>	None	Not Applicable
4	<p>Met W&I Code Section 4501, 4502, 4646 22 CCR Section 89372</p>	None	Not Applicable
5	<p>Met W&I Code Section 4512(b), 4646</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
6	<p>Met 1915(c)-Appendix C-2: Facility Specifications 1915(i)-Services, 1.A)7.i)</p>	None	Not Applicable
7	<p>Silent Privacy in living unit Lockable doors Choice of roommates</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to privacy in living units, lockable doors, choice of roommates and furnishing sleeping units.</p>	Fourth Quarter 2018
8	<p>Partially Met W&I Code Section 4501, 4502, 4502.1, 4646</p>	None	Not Applicable
9	<p>Partially Met W&I Code Section 4501, 4502, 4502.1, 4646 22 CCR Section 89372</p>	None	Not Applicable
10	<p>Partially Met W&I Code Section 4502, 4646 22 CCR Section 80087, 80088</p>	None	Not Applicable

Provider Setting Type – Child Day Care Facility; Child Day Care Center; Family Child Care Home

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	Met W&I Code Section 4501, 4502, 4646	None	Not Applicable
2	Met W&I Code Section 4502, 4512(b), 4646 Silent Documentation of identified setting options not selected by consumer.	The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to option for private unit and documentation of setting options.	Fourth Quarter 2018
3	Met W&I Code Section 4502, 4646 22 CCR Section 101223, 102423	None	Not Applicable
4	Met W&I Code Section 4501, 4502, 4646	None	Not Applicable
5	Met W&I Code Section 4512(b), 4646	None	Not Applicable

Provider Setting Type - Congregate Living Health Facility

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met H & S Section 1250 Waiver Language: In addition to the skilled nursing services and pursuant to H&S code sections 1250(i) and 1267.13, a CLHF will provide or arrange for the following basic services to be provided to individuals enrolled in the Waiver, as part of the per diem rate paid to CLHF Waiver providers:</p> <ul style="list-style-type: none"> • Medical supervision • Case Management • Pharmacy consultation • Dietary consultation • Social Services • Recreational Services • Transportation to and from medical appointments • Housekeeping and laundry services • Cooking and shopping 	None	Not Applicable
2	<p>Met H & S Section 1267.13 22 CCR Section 51344 Waiver Language: Common areas in addition to the space allotted for the resident's sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities of the residents in a homelike and communal manner</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
3	<p>Met H & S Section 1265.7 Waiver Language: Bathrooms of sufficient space and quality shall be provided to allow for the hygiene needs of each resident and the ability of the staff to render care without spatial limitations or compromise. No bathroom shall be accessed only through a resident's bedroom.</p> <p>Partially Met H & S Section 1267.13</p>	DHCS will modify Waiver language to include the requirement that consumer to bathroom ratios promote the right to privacy, dignity and respect.	January 2017
4	<p>Met H & S Section 1250 (i) (5) H & S Section 1267.13. (d) Waiver Language Common areas in addition to the space allotted for the resident's sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities of the residents in a homelike and communal manner.</p>	None.	Not Applicable
5	<p>Met 22 CCR Section 51343.2 Waiver Language: As a Waiver service provider, each NF/AH Waiver enrolled individual will be assessed for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individuals at the request of the individual. The</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
	<p>CLHF will establish a POT to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the CLHF's per diem rate under this Waiver. The CLHF will be responsible for arranging for the following services, which may include but are not limited to:</p> <ul style="list-style-type: none"> • Counseling services provided by a Licensed Clinical Social Worker; • Occupational therapy provided by an Occupational Therapist • Physical therapy provided by a Physical Therapist • Speech therapy provided by a Speech Therapist • Education and training of the Waiver participant to self-direct his/her care needs and/or the education and training of their identified caregivers (who are not CLHF employees) on their care needs • Assessment for and repair of Durable Medical Equipment and • State Plan Personal Care Services or WPCS as described in the approved Waiver when off site from the CLHF if such care is not duplicative of care required to be provided to the waiver participant by the CLHF (i.e., not for care to and from medical appointments). State Plan or WPCS providers will not be paid for care that is duplicative of the care being provided by the CLHF. 		
6	<p>All CLHF residents sign a legally enforceable lease agreement with the residential setting provider, however Health and Safety Code is silent on this protocol.</p>	<p>DHCS will modify Waiver language to include a legally enforceable lease agreement exists between provider and consumer</p>	<p>January 2017</p>

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
7	<p>Met H & S Section 1267.13</p> <p>The facility shall be in a homelike, residential setting. The facility shall provide sufficient space to allow for the comfort and privacy of each resident and adequate space for the staff to complete their tasks.</p> <p>The residents' individual sleeping quarters will allow sufficient space for safe storage of their property, possessions, and furnishings and still permit access for the staff to complete their necessary health care functions. Not more than two residents shall share a bedroom.</p>	None	Not Applicable
8	<p>Silent</p>	DHCS will modify Waiver language to include the requirement that consumer may control their own schedules including access to food.	January 2017
9	<p>Met H & S Section 1267.13</p>	None	Not Applicable
10	<p>Met H & S Section 1267.13</p>	None	Not Applicable

Provider Setting Type - Congregate Meal Site

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met 45 CFR 1321.53(b)(3) CDA Terms and Conditions Exhibit A. Article1.(7) OAA 315(b)(4)</p>	None	Not Applicable
2	<p>Met Older Americans Act (OAA) Section 339.(2)(E) MSSP Waiver Section 6 Additional Requirements, Section E. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services. MSSP Waiver Appendix D-1, d. Service Development Process- The waiver participant is involved in the development of the care plan and has a choice in service selection.</p>	None	Not Applicable
3	<p>Met WIC9103.1(a) 22 CCR Section 7636.7(d) 22 CCR Section 7500 (b) OAA §315 (b)(1) 22 CCR Section 7636.1(b)(9)</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
4	<p>Met 45 CFR Section 1321.53(b)(3) 22 CCR Section 7638.5 (d)</p> <p>Waiver Language: In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act .</p> <p>Waiver Language: The waiver participant is involved in the development of the care plan and has a choice in service selection.</p>	None.	Not Applicable
5	<p>Met 22 CCR Section 7638.5 (d) 22 CCR Section 7636.9(a)(4)</p>	None	Not Applicable
6	Not Applicable	None	Not Applicable
7	Not Applicable	None	Not Applicable
8	Not Applicable	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
9	<p>Met 22 CCR Section 7638.7 (a) 22 CCR Section 7638.9(c)</p>	None.	Not Applicable
10	<p>Met 22 CCR Section 7638 (b)(3) ADA [42U.S.C. Section 12101 et seq.] CDA Terms and Conditions Exhibit D. Article II. (C)(3)</p>	None	Not Applicable

Provider Setting Type – Day-Type Services*

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met W&I Code Section 4501, 4502(a), 4512(b), 4688.21</p> <p>Silent Consumer’s control of personal resources Integrated in and supports full access...to the greater community</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to control of personal resources, integration, and support of full access.</p>	<p>Fourth Quarter 2018</p>
2	<p>Met W&I Code Section 4512(b)</p> <p>Silent Documentation of identified setting options not selected by consumer.</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to option for documentation of setting options.</p>	<p>Fourth Quarter 2018</p>
3	<p>Met W&I Code Section 4502(b)(2)&(8)</p> <p>22 CCR Section 82072(a)(1-4)</p>	<p>None</p>	<p>Not Applicable</p>
4	<p>Met W&I Code Section 4501, 4502(b)(1)&(6)&(7), 4688.21</p> <p>Silent Optimizes, but does not regiment</p>	<p>The State will discuss the impacts of this characteristic during the Waiver renewal process.</p>	<p>Fourth Quarter 2018</p>
5	<p>Met W&I Code Section 4512(b), 4688.21</p>	<p>None</p>	<p>Not Applicable</p>

* Day-Type Services in the HCBS Waiver for Californians with Developmental Disabilities and 1915(j) State Plan include Activity Center, Adult Day Care Facility, Adult Development Center, Behavior Management Program, Community-Based Training Provider, Socialization Training Program; Community Integration Training Program; Community Activities Support Service.

Provider Setting Type - Residential Care Facility for the Chronically III

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met 22 CCR Section 87872 22 CCR Section 87887 22 CCR Section 87888 22 CCR Section 87896</p>	None	Not Applicable
2	<p>Met 22 CCR Section 87872 22 CCR Section 87887 22 CCR Section 87888 22 CCR Section 87896</p>	None	Not Applicable
3	<p>Met 22 CCR Section 87872 22 CCR Section 87888 22 CCR Section 87898 22 CCR Section 87899 22 CCR Section 87900 22 CCR Section 87901 22 CCR Section 87902</p>	None	Not Applicable
4	<p>Met 22 CCR Section 87870 22 CCR Section 87872</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
	22 CCR Section 87896		
5	Met 22 CCR Section 87870 22 CCR Section 87872 22 CCR Section 87896	None	Not Applicable
6	Met 22 CCR comparable to characteristics: 22 CCR Section 87868 22 CCR Section 87868.1 22 CCR Section 87868.2 22 CCR Section 87868.3 22 CCR Section 87868.4	None	Not Applicable
7	Met 22 CCR Section 87868 22 CCR Section 87872 22 CCR Section 87887 22 CCR Section 87888 Silent Lockable Doors	An All Project Director's Letter will provide guidance regarding lockable doors.	Q4 2016
8	Met 22 CCR Section 87872 22 CCR Section 87876	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
9	Met <u>22 CCR Section 87872</u>	None	Not Applicable
10	Met <u>22 CCR Section 87887</u>	None	Not Applicable

Provider Setting Type - Residential Care Facility for the Elderly - Assisted Living Waiver; San Francisco Community Living Supports Benefit

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met H&S Code Section 1569.269 22 CCR Section 87464 22 CCR Section 87467 22 CCR Section 87468</p> <p>Waiver Language: The setting is integrated in, and facilitates the individual's full access 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, in the same manner as individuals without disabilities.</p>	None.	Not Applicable
2	<p>Met 22 CCR Section 87464 22 CCR Section 87467 22 CCR Section 87468</p> <p>Waiver Language: The setting is selected by the individual from among all available alternatives and is identified in the person-centered service plan. The participant has the right to choose the provider they prefer. This applies to the CCA, the RCF and where to the extent that options are available, the HHA in PSH.</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
3	<p>Participants are provided with information regarding the available providers in the county of interest upon request, and via the DHCS website: http://www.dhcs.ca.gov/services/ltc/Pages/ALWPP.aspx</p> <p>The CCA provide the participant with the choices available to them in lieu of the ALW. The participant signs the Freedom of Choice document indicating his or her choice of the ALW as the preferred option for the delivery of services. The participant has the right to decline the waiver services at any time.</p>	None.	Not Applicable
4	<p>Met H&S Code Section 1569.269 22 CCR Section 87468</p> <p>Waiver Language: An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</p> <p>Met 22 CCR Section 87462 22 CCR Section 87464 22 CCR Section 87468</p> <p>Waiver Language: Facilities participating as ALW HCBS settings are required to have the following qualities: Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
5	<p>Met 22 CCR Section 87219 22 CCR Section 87467</p> <p>Waiver Language: Individual choice regarding services and supports, and who provides them, is facilitated.</p>	None	Not Applicable
6	<p>Met 22 CCR Section 87224</p> <p>Waiver Language: The unit or room is a specific physical place that can be owned, rented or occupied under another 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 State's landlord tenant law.</p>	None	Not Applicable
7	<p>Met 22 CCR Section 87307</p> <p>Waiver Language: Each individual has privacy in their sleeping or living unit: (1) Units have lockable entrance doors, with appropriate staff having keys to doors; (2) Individuals share units only at the individual's choice; and (3) Individuals have the freedom to furnish and decorate their sleeping or living units.</p> <p>ALW RCFE Provider Manual: Section C. Program Requirements. (1) Resident Privacy</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
8	<p>Requirement Met, Partially Met, Conflicting, Silent</p> <p>(a) ALW benefits are furnished to residents who reside in private residency units. While all waiver residents must be offered a private unit, residents may ask to share a residence with a roommate of their choice.</p> <p>(i) Sharing a residence may not be a requirement of program participation.</p> <p>(ii) The ISP must reflect the choice of the resident to share a residence.</p> <p>(iii) Residents who wish to share a residence must initiate and submit their request to their Care Coordinator who will forward the request to the housing provider. If the resident is cognitively impaired, the request may be initiated and submitted to the Care Coordinator by the resident's responsible party.</p> <p>(b) All residences shall have kitchenettes and private or semi-private bathrooms not shared by more than one other resident.</p> <p>(c) All ALW residents have a right to privacy. Residences may be locked at the discretion of the resident, except when a physician or mental health professional has certified in writing that the resident is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with the fire code.)</p> <p>Met</p> <p>22 CCR Section 87219 22 CCR Section 87464 22 CCR Section 87555</p> <p>Waiver Language: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	None	Not Applicable

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
9	<p>Met H&S Code Section 1569.269 22 CCR Section 87464 22 CCR Section 87468</p> <p>Waiver Language: Individuals are able to have visitors of their choosing at any time.</p>	None	Not Applicable
10	<p>Met 22 CCR Section 87219 22 CCR Section 87307 22 CCR Section 87705</p>	None	Not Applicable

Provider Setting Type – Work Activity Program

HCBS Setting Requirement #	Requirement Met, Partially Met, Conflicting, Silent	Remedial Strategy	Timeline for Completion
1	<p>Met W&I Code Section 4501, 4502, 4512(b)</p> <p>Conflicting Setting is integrated in and supports full access to the greater community- W&I Code Section 4851(e)</p> <p>Silent Members' control of personal resources</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to integration, support of full access, and control of personal resources.</p>	<p>Fourth Quarter 2018</p>
2	<p>Met W&I Code Section 4512(b), 4646</p> <p>Silent Documentation of identified setting options not selected by consumer</p>	<p>None</p>	<p>Fourth Quarter 2018</p>
3	<p>Met W&I Code Section 4502(a)&(b)(2)&(8)</p>	<p>None</p>	<p>Not Applicable</p>
4	<p>Met W&I Code Section 4501, 4502, 4646</p> <p>Conflicting Does not regiment - W&I Code Section 4862(a)</p>	<p>The State will seek legislative authority or modify statute and/or regulations as appropriate to align with the federal requirement related to regimentation.</p>	<p>Fourth Quarter 2018</p>
5	<p>Met W&I Code Section 4512(b), 4646</p>	<p>None</p>	<p>Not Applicable</p>

1915(k). 1915(c) HCBS Waiver IHO Settings

The setting utilized for these programs are the members' private residence; therefore, the state presumes the settings meet the requirements of the HCB Settings Final Rule.

2017 LEGISLATIVE PLATFORM



LEGISLATIVE
and Public Policy
Platform

Proposed for 2017

About the Council

The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 establishes State Councils on Developmental Disabilities in each of the 56 states and territories to promote self-determination, independence, productivity, integration, and inclusion in all aspects of community life for people with intellectual and developmental disabilities (I/DD) and their families. The Lanterman Act establishes the California State Council on Developmental Disabilities (Council) to fulfill those obligations through advocacy, capacity building, and systems change.

To that end, the Council develops and implements goals, objectives, and strategies designed to improve and enhance the availability and quality of services and supports.

The Council is comprised of 31 members appointed by the Governor, including individuals with disabilities and their families, and representatives from Disability Rights California, the University Centers for Excellence in Developmental Disabilities, and state agencies.

In addition to the Council's Sacramento headquarters, regional offices support individuals with I/DD and their families through activities such as advocacy training, monitoring, and public information. The Council strives to ensure that appropriate laws, regulations, and policies pertaining to the rights of individuals are observed and protected.

This document conveys the Council's position on major policy issues that affect individuals with I/DD and their families.



Promise of the Lanterman Act

The Lanterman Act promises to honor the needs and choices of individuals with I/DD by establishing an array of quality services throughout the state. Services shall support people to live integrated, productive lives in their home communities, in the least restrictive environment. Access to needed services and supports must not be undermined through categorical service elimination, service caps, means testing, or family cost participation fees and other financial barriers.

California must not impose artificial limitations or reductions in community-based services and supports that would compromise the health and safety of persons with I/DD.



SELF-DETERMINATION

Individuals with I/DD (intellectual and developmental disabilities) and their families must be given the option to control their service dollars and their services through Self-Determination. The person with I/DD is in charge. With the support of those they choose and trust, people with I/DD and their families are best suited to understand their own unique needs, develop their own life goals, and construct those services and supports most appropriate to reach their full potential. The process begins with a Person Centered Plan (PCP). Self-Determination gives individuals the tools and the basic human right to pursue life, liberty, and happiness in the ways that they choose.



EMPLOYMENT

Competitive Integrated Employment (CIE) gives people an opportunity to contribute and be valued. It gives them a chance to build relationships with co-workers, be a part of their communities, and contribute to their local economies. It reduces poverty and reliance on state support and leads to greater self-sufficiency. The Council supports the initiatives of the Workforce Investment Opportunity Act (WIOA), Home and Community-Based Services (HCBS), and California's Employment First law.

CIE is the priority outcome for working age individuals with I/DD, regardless of the severity of their disability. Transition planning should begin as early as possible. Policies and practices must set expectations for employment, promote collaboration between state agencies, and remove barriers to CIE through access to information, benefits counseling, job training, postsecondary education, and appropriate provider rates that incentivize quality employment outcomes.

EQUITY

Disparities in services can result in severe health, economic, and quality of life consequences. Accordingly, services and supports must be distributed equitably so that individual needs are met in a culturally appropriate and linguistically competent manner, regardless of race, ethnicity, or income.



TRANSPORTATION

Access to transportation is essential to the education, employment, and inclusion of individuals with disabilities. Individuals with I/DD must be a part of transportation planning and policymaking to assure their needs and perspectives are heard and addressed. Mobility training must be a standard program among transportation providers to increase the use of available transportation and reduce reliance on more costly segregated systems. Barriers between geographic areas and transportation systems must be broken down so people with I/DD can travel as easily as anyone else.

Barriers

HEALTH CARE

California has an obligation to assure that individuals with I/DD have continuity of quality care, a full continuum of health care and wellness services, and access to plain language information and supports to make informed decisions about their health care options.

California has an obligation to support timely, efficient health and dental care for individuals with I/DD. This includes informed consent, prevention of overmedication and an adequate network of health professionals. It also includes people with multiple health care needs, those who require routine preventative care, mental and/or behavioral health treatment, dental care, durable medical equipment, and those with reproductive health issues.

Service system complexities must be reduced. Individuals must be reimbursed for insurance co-pays, co-insurance, and deductibles when their health insurance covers therapies that are on their Individual Program Plans (IPPs).



EDUCATION

Schools must implement the Individuals with Disabilities Education Act (IDEA), as well as state laws and regulations, to provide students with I/DD with free appropriate public education (FAPE) and prepare them for post-secondary education, employment, and living in their communities. Students with disabilities will be educated alongside their non-disabled peers in the least restrictive environment. Transition planning should be considered part of the IPP process. School districts and other educational agencies need to be held accountable for implementing the letter and the intent of all state and federal laws, and parents must have equal participation in the Individual Education Plan (IEP) process, including the ability to give informed consent. Transparency is paramount. The Council opposes all forms of seclusion and restraint techniques.

HOUSING

People with I/DD must be involved in policy and decision making related to housing. Community integrated living options for individuals with I/DD must be increased and enhanced through access to housing subsidy programs and community education and integration to reduce discrimination. Permanent, affordable, accessible, and sustained housing options must be continually developed to meet both current and future needs.

SELF-ADVOCACY

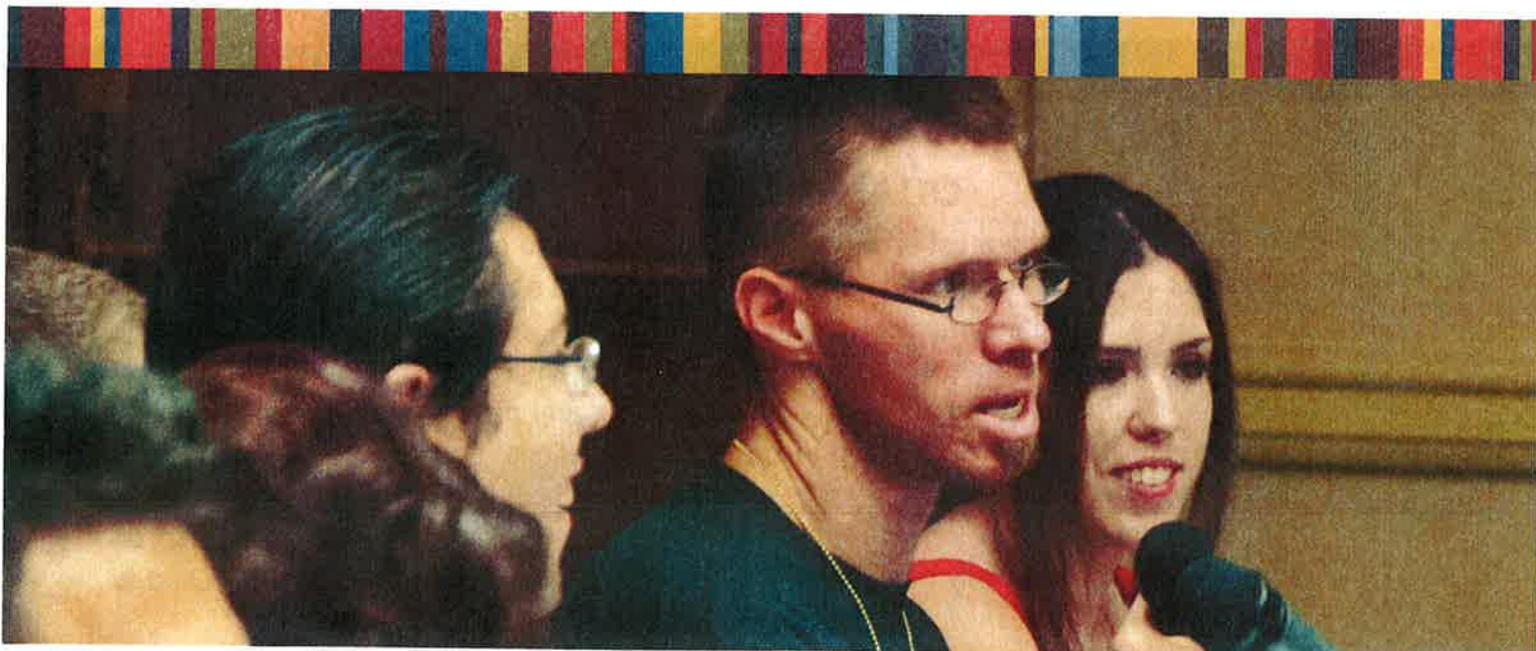
Individuals with I/DD must be supported to exert maximum control over their lives. They must be provided the opportunity and support to assume their rightful leadership in the service system and society, including voting and other civic responsibilities. Self-advocates must have access to training, plain language materials, and policy making opportunities.

COMMUNITY PARTICIPATION

Individuals with I/DD must have access to and be supported to participate in their communities, with their non-disabled peers, through opportunities such as education, employment, recreation, organizational affiliations, spiritual development, and civic responsibilities.

TRANSITION TO ADULT LIFE

All services, including education, rehabilitation, and regional center services, must support students to transition to competitive integrated employment or post-secondary educational opportunities that will lead to meaningful employment. Transition services must be considered at the earliest possible opportunity. Adults with I/DD must have access to meaningful activities of their choice with the appropriate services and supports.



RATES FOR SERVICES

The state must restore rates to adequately support the availability of quality services for people with all disabilities in all the systems that serve them. A planned and systematic approach to rate adjustments must prioritize and incentivize services and supports that best promote self-determination, independence, employment, and inclusion in all aspects of community life.

HEALTH AND SAFETY

All people have a right to be safe. People with I/DD need emergency preparedness training. Individuals with I/DD experience a much greater rate of victimization and a far lower rate of prosecution for crimes against them. The same level of due process protections must be provided to all people. Individuals with I/DD should be trained in personal safety, how to protect themselves against becoming victims of crime, and how their participation in identification and prosecution can make a difference. In addition, too many interactions between law enforcement and people with I/DD end in avoidable tragedy. Law enforcement personnel, first responders, and the judicial system must be trained in how to work with people with I/DD who they interact with during the course of their duties, including those who are victims of crimes.



QUALITY OF SERVICES AND SUPPORTS

The State of California must ensure that funding is used to achieve positive outcomes for individuals with I/DD and their families. An adequate safety net must be in place to address medical, psychiatric, behavioral, residential, staffing, equipment, or other needs when those services or supports fail, are interrupted, are not available, or additional services and supports are necessary for urgent or immediate need. The state must streamline burdensome and duplicative regulations and processes that do not lead to positive outcomes for people with I/DD and their families. Quality assessment and oversight must be provided by the state; it must measure what matters, be administered in a culturally competent manner, and the results made public and used to improve the system of services and supports.



California State Council Regional Offices

North Coast (707) 463-4700

**Counties Served: Del Norte,
Humboldt, Lake, Mendocino**

North State (530) 895-4027

**Counties Served: Butte, Glenn,
Lassen, Plumas, Modoc,
Shasta, Siskiyou, Tehama, Trinity**

Sacramento (916) 263-3085

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Los Angeles (818) 543-4631

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Serving Orange County

San Bernardino (909) 890-1259

**Counties Served: Inyo, Mono, Riverside,
San Bernardino**

San Diego Imperial (619) 688-3323

Counties Served: Imperial, San Diego

Main Office (Headquarters)

1507 21st Street, Suite 210

Sacramento, CA 95811

(916) 322 8481

(866) 802-0514

TTY (916) 324-8420



SPONSORSHIP REQUESTS

COUNCIL AGENDA ITEM DETAIL SHEET

ISSUE: The 2016 Regional Institute: From Workshops to Workplaces-Achieving the Goal of Employment First from Association of People Supporting Employment First.

AMOUNT REQUESTED: \$999.00

BACKGROUND: The California State Council on Developmental Disabilities (Council) supports events that promote self-advocacy, leadership and education, thereby enabling people with developmental disabilities and their family members to expand their knowledge and skills.

ANALYSIS/DISCUSSION: From Workshops to Workplaces-Achieving the Goal of Employment First is designed to help disability services providers build their capacity for supported employment with the goal of serving their clients in competitive integrated jobs in their communities. The Institute addresses such topics as funding, communicating change with individuals served and families, business strategic planning, staff development, legacy real estate planning, employer outreach, job development, informed choice and employment, and wrap-around services. Sessions and information provided will be geared towards all of those who are a part of organizational transformation. The targeted audience includes: people with disabilities who receive services and their family members; direct service workers; mid to upper level management; CEOs and CFOs and board members. The 2016 Regional Institute is taking place at the DoubleTree in Sacramento, CA on November 1st and 2nd, with a Certified Employment Support Professional (CESP) exam opportunity and opening evening reception on October 31st.

This event will increase the ability of consumers and family members to exercise control, choice and flexibility in the services and supports they receive as the information and training provided is geared towards increasing the integrated community employment options and availability for individuals with disabilities through technical assistance on organizational transformation.

SCDD funds requested will be used to offset the cost of printing.

COUNCIL STRATEGIC PLAN GOAL/OBJECTIVE: Individuals with developmental disabilities, their families and their support and/or professional staff will increase their knowledge and skills so as to effectively access needed educational and/or community-based services through at least 225 trainings, conferences, workshops, webinars, and/or resource materials developed by the Council on topics such as rights under IDEA, rights under California's Lanterman Act etc. on an annual basis.

PRIOR COUNCIL ACTIVITY: Since the beginning of FY 2016-17, the Council has awarded \$1,998 in funds for sponsorship requests. The Council allocates \$25,000 per fiscal year for sponsorships. The fiscal year began July 1, 2016.

STAFF RECOMMENDATION: Award funding to Association of People Supporting Employment First.

ATTACHMENTS(S): Association of People Supporting Employment First's request for sponsorship.

PREPARED: Kristie Allensworth, August 31, 2016



Sponsorship Request Application Checklist

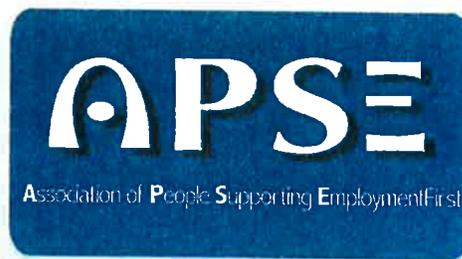
The checklist below will help you identify the information needed to complete the sponsorship request application. We suggest you print this page to use while you gather information for the sponsorship application.

To allow sufficient time for processing and review, we recommend that sponsorship requests be submitted at least 3 months before an event. Please submit this checklist with the sponsorship request application.

Information Checklist

- Name of your Company/Organization
- Name of Project/Event/Program
- Project/Event Date
- Contact Name
- Contact Email, Address and Phone Number
- Amount of Funding Requested
- Approximate Total Cost of Project/Event
- The answer to this question: How this event/conference will increase the ability of consumers and family members to exercise control, choice and flexibility in the services and supports they receive, including a description of the specific way SCDD's funding would be utilized
- Event/Program Objectives
- Target Audience: The number and type of expected attendees (i.e. teachers, providers, administrators, etc.), including how many of those attendees are expected to be consumers and family members
- The answer to this question: How many presenters or panelists will participate in the event and what number of the presenters or panelists will be consumers
- A list of other sponsors/major contributors
- The answer to this question: How you will conduct outreach to increase consumer and family involvement in the conference
- Have you included a complete and total budget, including the amount you are requesting (\$999 limit), details on the amount and sources of other funds solicited or obtained

- Have you included a list of other SCDD sponsorships and grants you have previously requested and/or received
- Have you included a letter of recommendation from a consumer and/or family organization that supports your efforts to improve consumer and family self-advocacy



EMPLOYMENT FIRST - EMPLOYMENT NOW

To: California State Council on Development Disabilities

Re: Request for Sponsorship

Date: August 25, 2016

Section 1

A). The 2016 Regional Institute: *From Workshops to Workplaces-Achieving the Goal of Employment First* is designed to help disability services providers build their capacity for supported employment with the goal of serving their clients in competitive integrated jobs in their communities. The Institute addresses such topics as funding, communicating change with individuals served and families, business strategic planning, staff development, legacy real estate planning, employer outreach, job development, informed choice and employment, and wrap-around services. Sessions and information provided will be geared towards all of those who are a part of organizational transformation. The targeted audience includes: people with disabilities who receive services and their family members; direct service workers; mid to upper level management; CEOs and CFOs and board members. The 2016 Regional Institute is taking place at the DoubleTree in Sacramento, CA on November 1st and 2nd, with a Certified Employment Support Professional (CESP) exam opportunity and opening evening reception on October 31st.

B). This event will increase the ability of consumers and family members to exercise control, choice and flexibility in the services and supports they receive as the information and training provided is geared towards increasing the integrated community employment options and availability for individuals with disabilities through technical assistance on organizational transformation. The SCDD funding would printing costs for materials that are critical to a successful conference: conference program and signage.

C) There will be approximately 50 presenters and panelists at the 2016 Regional Institute. It is estimated that 15% of the presenters publicly identify as having a disability.

D) The 2016 Regional Institute expects 300 attendees including disability services providers' CEOs, CFOs, management and direct services staff, disability services funding entities, families and individuals with disabilities.

E). The 2016 Regional Institute planning team has partnered with various organizations and entities to conduct outreach to ensure that prospective Californians are made aware of this event. Organizations and entities include, the California Association of People Supporting Employment First (APSE) chapter, California State Council on Development Disabilities, Easter Seals, The Tarjan Center and UCLA, Wells Fargo and JP Morgan Chase.

F). The 2016 Regional Institute is requesting \$999 from the SCDD to go towards printing costs for materials that are critical to a successful conference: conference program and signage.

414 Hungerford Drive Suite 224 | Rockville, MD 20850

Phone: 301.279.0060 | Fax: 301.279.0075

www.apse.org

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EMPLOYMENT FIRST - EMPLOYMENT NOW

G.) To my knowledge, none.

H.) See letter attached

2.) During the 2016 Regional Institute will provide acknowledgement that family and consumer participation was made possible in part by the California State Council on Development Disabilities

Our major sponsors/ contributors for last year's Regional Institute and this year's event are Wells Fargo, Mitsubishi Electric Americas Foundation, and JP Morgan Chase.

A budget for the conference is attached to this email.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads 'Allison H. Wohl'.

Allison H. Wohl
Executive Director, APSE National
amhwohl@gmail.com
(301) 279-0060
www.apse.org



Nothing about us without us!

September 1, 2016
Mr. Aaron Carruthers, Executive Director
California State Council on Developmental Disabilities
1507 21st St #210
Sacramento, CA 95811

Dear Mr. Carruthers:

It is my pleasure write a letter in support of the grant proposal being submitted to the California State Council on Developmental Disabilities by the Association of People Supporting Employment First (APSE) for their second Regional Institute: From Workshops to Workplaces—Achieving the Goal of Employment First in Sacramento, CA on November first and second of this year.

The Autistic Self Advocacy Network is a 501(c)(3) nonprofit organization run by and for Autistic people. ASAN was created to serve as a national grassroots disability rights organization for the Autistic community run by and for Autistic Americans, advocating for systems change and ensuring that the voices of Autistic people are heard in policy debates and the halls of power.

The work that APSE is doing to support disability service providers, state leaders in building capacity for supported employment will empower individuals with disabilities to lead lives of their choosing in their communities, starting with employment.

In conclusion, we fully support the efforts of APSE as they seek funding to support this year's Regional Institute.

Sincerely,

Ari Ne'eman
President
Autistic Self Advocacy Network

COUNCIL AGENDA ITEM DETAIL SHEET

ISSUE: Heroes in the Park from United Cerebral Palsy of the Inland Empire.

AMOUNT REQUESTED: \$999.00

BACKGROUND: The California State Council on Developmental Disabilities (Council) supports events that promote self-advocacy, leadership and education, thereby enabling people with developmental disabilities and their family members to expand their knowledge and skills.

ANALYSIS/DISCUSSION: The proposed project is to hold a community event in the City of Palm Springs, "Heroes in the Park". "Heroes in the Park" will be held on Saturday, October 15, 2016 from 10:00 a.m. to 1:00 p.m. "Heroes in the Park" will celebrate the unveiling of a disability accessible playground for children with disabilities at Sunrise Park in Palm Springs. The event will be free to the public. UCPIE and the City of Palm Springs will invite the special needs community for a day to celebrate inclusion and provide them with resources of generic recreation opportunities for adaptive sports in their community. Health care network providers: Inland Empire Health Plan (IEHP) and Molina will be at hand to host resource tables to inform families of their disability programs. The Palm Springs Police Officers Association will also be at hand to build community relationships with the target population. Planned activities include music, a variety of adaptive sport clinics, a free picnic lunch, mounted police officers, a dog petting station, 1 mile hero walk, and a rock climbing wall. The proposed event will serve 350 Coachella Valley residents with a focus on families of children with special needs. Local legislatures, city council members, and other government officials will be invited to provide them with the opportunity to hear the needs of the communities they represent.

SCDD funds requested will be used to offset the cost of printing, marketing and promotion.

COUNCIL STRATEGIC PLAN GOAL/OBJECTIVE: Individuals with developmental disabilities and their families have access to community based services and supports available to the general population (such as

recreation, transportation, childcare, etc.) that enable them to live productive and inclusive lives.

PRIOR COUNCIL ACTIVITY: Since the beginning of FY 2016-17, the Council has awarded \$1,998 in funds for sponsorship requests. The Council allocates \$25,000 per fiscal year for sponsorships. The fiscal year began July 1, 2016.

STAFF RECOMMENDATION: Award funding to United Cerebral Palsy of the Inland Empire.

ATTACHMENTS(S): United Cerebral Palsy of the Inland Empire request for sponsorship.

PREPARED: Kristie Allensworth, August 31, 2016



August 10, 2016

California State Council on Developmental Disabilities
650 East Hospitality Lane, Suite 280
San Bernardino, CA 92408

Dear State Council:

Enclosed is a sponsorship request for an event being host by the City of Palm Springs and United Cerebral Palsy of the Inland Empire, Heroes in the Park. My name is Sofia Campos and I am the grant writer for this project. You can reach me at 760-321-8184 ext. 105 or at e-mail address: sofia@ucpie.org should you have any questions regarding the attached request.

Respectfully,

Sofia Campos
Director of Program Services
United Cerebral Palsy of the Inland Empire

United Cerebral Palsy of the Inland Empire

Skillbuilders Community Based Resources - Referral Program

California State Council on Developmental Disabilities – area board 12

Amount requested \$999.00

Goal #13: Generic Services: Individuals with developmental disabilities and their families have access to community based services and supports available to the general population (such as recreation, transportation, childcare, etc.) that enable them to live productive and inclusive lives.

Project summary: United Cerebral Palsy of the Inland Empire (UCPIE) is a 501(c) (3) established in 1985 as a public benefit organization that provides family support services for individuals with developmental disabilities. Services provided are in-home respite throughout Riverside and San Bernardino counties, after-school and summer care in the Coachella Valley, adaptive sports, and resource and referral services for services not provided by UCPIE. The proposed project is to hold a community event in the City of Palm Springs, "Heroes in the Park". "Heroes in the Park" will be held on Saturday, October 15, 2016 from 10:00 a.m. to 1:00 p.m. "Heroes in the Park" will celebrate the unveiling of a disability accessible playground for children with disabilities at Sunrise Park in Palm Springs. The event will be free to the public. UCPIE and the City of Palm Springs will invite the special needs community for a day to celebrate inclusion and provide them with resources of generic recreation opportunities for adaptive sports in their community. Health care network providers: Inland Empire Health Plan (IEHP) and Molina will be at hand to host resource tables to inform families of their disability programs. The Palm Springs Police Officers Association will also be at hand to build community relationships with the target population. Planned activities include music, a variety of adaptive sport clinics, a free picnic lunch, mounted police officers, a dog petting station, 1 mile hero walk, and a rock climbing wall. The proposed event will serve 350 Coachella Valley residents with a focus on families of children with special needs. Local legislatures, city council members, and other government officials will be invited to provide them with the opportunity to hear the needs of the communities they represent.

1. **Name of your company/organization?**
United Cerebral Palsy of the Inland Empire
2. **Name of project/event/program?**
Heroes in the Park
3. **Project/event date?**
Saturday, October 15, 2016

4. **Contact name?**
Sofia Campos, Director of Programs Services, United Cerebral Palsy of the Inland Empire
5. **Contact e-mail, address and phone number?**
E-mail: sofia@ucpie.org
Phone: (760) 321-8184 ext. 105
Address: 35-325 Date Palm Drive, Suite 139, Cathedral City, CA 92234
6. **Amount of funding requested?**
\$999.00
7. **Approximate total cost of project/event?**
\$17,000.00
8. **The answer to this question: How does this event/conference increase the ability of consumers and family members to exercise control, choice and flexibility in the services and supports they receive, including a description of the specific way SCDD's funding would be utilized?** The overall goal of Heroes in the Park is to increase inclusion of individuals with disabilities into their own community. This will be accomplished by inviting key service organizations, government officials, and law enforcement to offer their services to families within the special needs community. Invitations have been extended to SCDD, IEHP, Molina, Congressman Ruiz, Assembly member Garcia, and Palm Springs city council members and the mayor. Kelsey's Heroes and other parent operated youth leagues will provide adaptive sport clinics for baseball, basketball, cheerleading, and soccer; as part of the clinics available on that day parents will obtain league information and open enrollment dates. Additionally, the Coachella Valley Autism Society will host a peer activity to promote their teen social group. IEHP and Molina will provide information on health care and their disability programs. Planned activities are designed to provide parents with opportunities to access generic recreation activities in their local area, they will also have the opportunity to learn more about our local representatives and advocate for other valley cities to follow the City of Palm Springs example and allocate funding for disability friendly playgrounds. SCDD's funds will be used for the concrete cost of the day's planned activities i.e. cost of medals for the one mile hero walk, the cost of the DJ to provide music, and a portion of the cost of the adaptive rock climbing wall. These giveaways and incentives will draw out the community for a day of fun and education.
9. **Event/program objectives?**
As stated above the overall goal of Heroes in the Park is to increase inclusion of individuals with disabilities into their own community. Program objectives are:
1. To connect children with special needs to adaptive branches of typical leagues such as adaptive cheerleading, adaptive baseball, adaptive basketball, and adaptive soccer.
 2. To connect families with health care providers that addresses their needs.
 3. To connect the special needs community with local law enforcement.

6. To connect the special needs community to their local government officials.
7. To reach 350 Coachella Valley residents with or with a loved one with diagnosed with a developmental disability. Objectives will be accomplished as described in answer to question #8.

10. **Target audience: The number and type of expected attendees (i.e. teachers, providers, administrators, etc.), including how many of those attendees are expected to be consumers and family members?**

Target audience is: Coachella Valley residents diagnosed with a developmental disability and families with a loved one diagnosed with a developmental disability.

11. **The answer to this question: How you will conduct outreach to increase consumer and family involvement in the conference?**

Outreach will be conducted through social media, typical media, distribution of event information to the Coachella Valley's three local school districts, Palm Springs USD, Desert Sands USD, and Coachella Valley USD, local parent support groups, the 72 families UCPIE serves through its after-school programs (UCPIE will provide transportation and supervision of participant children as part of their community integration focus), and UCPIE's outreach coordinator's (Gaby Reyes) concentrated efforts to bring the information to outreach events, network meetings, and UCPIE partners in the Coachella Valley.

12. **A list of other sponsors/major contributors?**

City of Palm Springs, Inland Empire Health Plan, Molina Healthcare, and Desert Health Care Foundation.

13. **The answer to this question: How you will conduct outreach to increase consumer and family involvement in the conference?**

Consumer family involvement in Heroes in the Park will be accomplished through collaboration with key groups that will be part of the day's activities. For example, parent operated groups such as Kelsy's Heroes, Special Angels Spanish Cerebral Palsy support group, the Coachella Valley Autism Society, and Desert Sands USD parent advisory council (SEPAC). These groups will be involved in the overall planning and execution of the day's activities. All named groups have committed to volunteer the day's adaptive sport clinics and other family activities being held for Heroes in the Park.

14. **Have you included a complete and total budget, including the amount you are requesting (\$999 limit), details on the amount and sources of other funds solicited and obtained? Total budget is attached (attachment A). Funds requested will be used to offset the cost of printing, marketing and promotion. Other funding and in kind contributions are as follows: the City of Palm Springs has committed to donate staff time to plan, carry out and clean up for the event. In donations will be received from the Palm Springs Policemen Association, the Mizell Senior Center, and Desert Lexus. Requests have also been submitted to Desert Health Care District,**

Desert Health Foundation, and Inland Empire Health Plan.

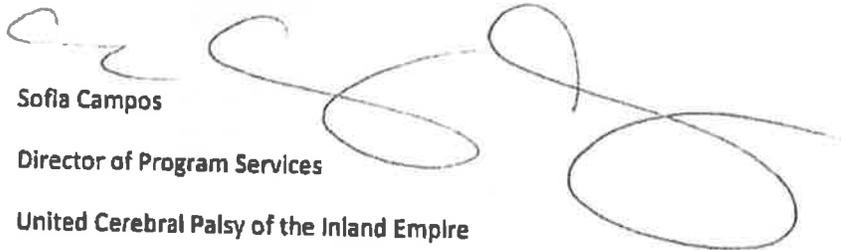
15. Have you included a list of other SCDD sponsorships and grants you have previously requested and received?

UCPIE has not previously received grants or sponsorships from SCDD.

16. Have you included a letter of recommendation from a consumer and/or family organization that supports your efforts to improve consumer and family self-advocacy?

Yes; see letter from Special Education Parent Advisory Committee (SEPAC) attached.

Respectfully submitted by:



Sofia Campos
Director of Program Services
United Cerebral Palsy of the Inland Empire

A.

Heroes in the Park

Total Budget

Food	\$ 2,000.00
Water	\$ 500.00
Marketing/Promotion	\$ 2,000.00
Flyers/Printing	\$ 500.00
Commerative baseball caps	\$ 2,000.00
Medals for 1k walk	\$ 1,000.00
Rock climbing wall	\$ 1,000.00
Photobooth	\$ 500.00
Music (DJ)	\$ 500.00
City of Palm Springs - Parks & Recreation Staff Time	\$ 7,000.00
	<u>\$ 17,000.00</u>

SCDD funding:

Printing	\$ 500.00
Marketing & Promotion	\$ 499.00
	<u>\$ 999.00</u>

Funding sources

Desert Health Care District	\$ 5,000.00
Desert Health Care Foundation	\$ 5,000.00
IEHP	\$ 500.00
In-Kind donations	\$ 5,501.00
	<u>\$ 16,001.00</u>

B1



Desert Sands Unified School District

47-950 Dune Palms Road • La Quinta, California 92253 • (760) 777-4200 • FAX: (760) 771-8505

BOARD OF EDUCATION: Michael Duran, Donald B. Griffith, Wendy Jonathan, Matteo Monica III, Gary Tomak
SUPERINTENDENT: Dr. Gary Rutherford

August 8, 2016

Dear Representative of California State Council on Developmental Disabilities – area board 12,

We are delighted to support the “Heroes in the Park” event on Saturday, October 15, 2016 at Sunrise Park in Palm Springs. United Cerebral Palsy of the Inland Empire (UCPIE) has been actively involved throughout the Coachella Valley serving children with special needs and their families.

This unique event will bring together community partners, government officials and families to celebrate inclusion as the City of Palm Springs unveils their new adaptive park. UCPIE has also created an additional opportunity for this event to provide activities, as well as valuable adaptive sports opportunities and resources in our community.

The Desert Sands Unified School District’s Special Education Parent Advisory Committee (DSUSD, SEPAC) has been fortunate to have the support of UCPIE since our formation nearly ten year ago. UCPIE has provided educational opportunities, respite care, and after school programs to many children with special needs in the Palm Springs, Desert Sands and Coachella Valley school districts.

We hope that you will consider our gratitude to UCPIE and our support for this event during your grant process. Your financial support will allow UCPIE to be able to provide this wonderful event.

Thank you.

Bill Himelright
Director of Special Education, DSUSD

Lori Enroth
President & Special Education Parent, DSUSD SEPAC
Board Member, UCPIE

STUDENT SUPPORT SERVICES DIVISION

Laura Fisher, Assistant Superintendent
Bill Himelright, Director, Special Education; Larry Bellanich, Director, Child Welfare and Attendance



Sponsorship Request Application Checklist

The checklist below will help you identify the information needed to complete the sponsorship request application. We suggest you print this page to use while you gather information for the sponsorship application.

To allow sufficient time for processing and review, we recommend that sponsorship requests be submitted at least 3 months before an event. Please submit this checklist with the sponsorship request application.

Information Checklist

- Name of your Company/Organization
- Name of Project/Event/Program
- Project/Event Date
- Contact Name
- Contact Email, Address and Phone Number
- Amount of Funding Requested
- Approximate Total Cost of Project/Event
- The answer to this question: How this event/conference will increase the ability of consumers and family members to exercise control, choice and flexibility in the services and supports they receive, including a description of the specific way SCDD's funding would be utilized
- Event/Program Objectives
- Target Audience: The number and type of expected attendees (i.e. teachers, providers, administrators, etc.), including how many of those attendees are expected to be consumers and family members
- The answer to this question: How many presenters or panelists will participate in the event and what number of the presenters or panelists will be consumers
- A list of other sponsors/major contributors
- The answer to this question: How you will conduct outreach to increase consumer and family involvement in the conference
- Have you included a complete and total budget, including the amount you are requesting (\$999 limit), details on the amount and sources of other funds solicited or obtained

attachment
A.

Have you submitted a list of the or all financial products you have generated or are generating, and/or received?

Have you not filed a form or document with the state or federal government that supports your efforts to improve consumer and family self-education, attachment
B

STATE PLAN COMMITTEE

1912年12月1日
星期日



DRAFT

**State Plan Committee (SPC) Meeting Minutes
July 18, 2016**

Attending Members

Sandra Aldana (SA)
Nancy Clyde (SA)
Rebecca Donabed (SA)
Carmela Garnica (FA)
Janelle Lewis (FA)
Sandra Smith (FA)
Chair

Members Absent

Robin Hansen

Others Attending

Kristie Allensworth
Janet Fernandez
Dawn Morley
Vicki Smith

1. CALL TO ORDER

Committee Chair, Sandra Smith, called the meeting to order at 9:40 a.m.

2. ESTABLISHMENT OF QUORUM

A quorum was present.

3. WELCOME AND INTRODUCTIONS

Members and others in attendance introduced themselves.

4. APPROVAL OF MARCH 21, 2016 MINUTES

Motion 1- It was moved and seconded [(Lewis (FA)/Donabed (SA)] to approve the March 21, 2016 minutes. Motion carried. (See page 4 for voting record of members present.)

5. PUBLIC COMMENTS

No public was present. Nancy Clyde (SA) was welcomed back to the committee.

By consensus, Item 7 Community Program Development Grant Cycle 39 on the agenda will be addressed before agenda Item 6 Discussion of Work Plan Components of the State Plan.

Legend

SA = Self-Advocate
FA = Family Advocate

7. COMMUNITY PROGRAM DEVELOPMENT GRANT CYCLE 39

Kristie Allensworth, staff, presented the revised State Plan Committee Recommendations summary handout which includes the additional details requested by the committee at the July 5, 2016 meeting. To view this handout, please click on the link below:

<http://www.scdd.ca.gov/res/docs/pdf/State%20Plan/2016/C39%20Staff%20to%20SPC%20Recom%20Packet.pdf>

Four offices will not be awarding grants this cycle. Funds not awarded will remain in the general agency budget. Members present reviewed the revised summary for each grant, asked technical questions and provided suggested edits. Staff clarified that grantees will be required to submit quarterly reports which will be available to the committee. Staff confirmed the Request for Proposal provides specific information about how the grantee must credit the Council and stipulates that the Council retains the rights to any materials developed as part of the grant.

Motion 2- It was moved and seconded [(Lewis (FA)/Donabed (SA)] to approve the proposed recommendations for the regional Cycle 39 Grants. Motion carried. (See page 4 for voting record of members present.)

6. DISCUSSION OF WORKPLAN COMPONENTS OF THE STATE PLAN

The committee members present systematically reviewed the updated Draft Work Plan, which incorporated the requested changes from the July 5, 2016 meeting. To view the Work Plan Compilation, please click on the link below:

<http://www.scdd.ca.gov/res/docs/pdf/State%20Plan/2016/WorkPlan%20Compilation%20SPC%2007.05.2016.pdf>

The Major Activities, Expected Outputs and Expected Outcomes were thoroughly evaluated for each Objective. Committee members discussed potential issues and concerns based on external factors and the multiple agency systems relating to the Employment Goal that may affect plan implementation. The committee also expressed concern about aspects of monitoring versus taking action to improve any issues identified. As part of addressing the need to gather baseline data (monitor) and then take

Legend

SA = Self-Advocate

FA = Family Advocate

strategic action, staff shared the detailed 2-Year Work Plan that further breaks down the work plan into Year 1 and Year 2 activities and targeted numbers for each activity and outcome. To view the 2017-21 State Plan: 2-Year Work Plan (2016-18 Activity Compilation), please click on the link below:

[http://www.sccd.ca.gov/res/docs/pdf/State%20Plan/2016/2-Year%20\(2016-18\)%20Work%20Plan%20-%20Activity%20Compilation%20\(2\).pdf](http://www.sccd.ca.gov/res/docs/pdf/State%20Plan/2016/2-Year%20(2016-18)%20Work%20Plan%20-%20Activity%20Compilation%20(2).pdf)

The committee confirmed that the required targeted goal is included in the plan. Staff collaborated with federal partners to develop this goal which addresses service disparity identified through the Purchase of Service data information collected throughout the State. As part of the discussion, an underlying issue identified that people did not have a clear statewide uniform resource that described the menu of services available through the regional center system.

Each goal also contains a policy objective that was developed in consultation with Bob Giovati, Deputy Director of Policy and Planning. Committee member Lewis (FA) noted that as chair of the Legislative and Public Policy Committee (LPPC) this process has been helpful and is instrumental to aligning the Legislative Platform with the State Plan. It is vital to have this crossover and the information is articulated, clear and concise.

As each goal and objective was reviewed and discussed, committee members were asked to evaluate if there was anything that should not be included or if anything was missing. In order to facilitate understanding of California's State Plan, a list of key terms and acronyms will be made available to peer reviewers for the evaluation process.

Chairperson Smith (FA) complemented the committee on the great work and Mrs. Lewis (FA) reflected upon the progress the committee has made since the initial meetings with Cheryl Matney of ITACC.

Motion 3 - It was moved and seconded [(Lewis (FA)/Donabed (SA)] to adopt the State Plan and Work Plan documents as refined for presentation to the full Council. (See page 4 for voting record of members present.)

Legend

SA = Self-Advocate

FA = Family Advocate

The committee determined that they would like to present to the Council as a panel. They outlined the presentation to include introduction of the committee followed by guiding the Council through the power point summary presentation of the State Plan.

8. ADJOURN

Meeting adjourned at 2:40 p.m.

Member Name	Motion 1	Motion 2	Motion 3
Sandra Aldana	For	For	For
Nancy Clyde	For	For	Absent
Rebecca Donabed	For	For	For
Carmela Garnica	For	For	For
Janelle Lewis	For	For	For
Sandra Smith	For	For	For

Committee members were asked to save August 10, 2016 from 10:00 a.m. to 3:00 p.m. as a contingency in the event the committee must reconvene after the July 22, 2016 Council Meeting.

Legend

SA = Self-Advocate

FA = Family Advocate

**LEGISLATIVE AND
PUBLIC POLICY
COMMITTEE**



DRAFT

**LPPC Committee Meeting Minutes
DATE: August 9, 2016**

Attending Members

Janelle Lewis (FA)
April Lopez (FA)
David Forderer (SA)
Lisa Davidson (FA)
Connie Lapin (FA)
Sandra Aldana (SA)

Members Absent

Others Attending

Bob Giovati
Michael Brett
Sheraden Nicholau
Evelyn Abouhassan

1. CALL TO ORDER

Chairperson Janelle Lewis (FA) called the meeting to order at 12:51 p.m.

2. ESTABLISH QUORUM

A quorum was established.

3. WELCOME/INTRODUCTIONS

Members and others introduced themselves as indicated.

4. APPROVAL OF July 14, 2016 MINUTES

It was moved/seconded (Lapin)(FA), (Davidson)(FA) and carried to approve the July 14, 2016 meeting minutes with corrections. There were no abstentions.

(See attendance list for voting members)

Corrections made to the LPPC Packet Meeting Minutes:

- Change first sentence in second bullet to read: "The FDA is reviewing the decision to..." This is from Connie Lapin's (FA) member report located on page 3.

- Add the word “partially” between been and funded. This is located in the third bullet on page 11 of agenda item 8b.
- Change last sentence in second bullet to read: “Self-Determination...to Regional Center consumers/families/providers.” This is on page 12 of agenda item 8c.
- Add the words “and Employment” between Self-Determination and by. This is located in the last bullet on page 12 of agenda item 8c.
- Remove the letter “s” from partners. This is located in fourth statement on page 13 of agenda item 8d.

5. PUBLIC COMMENTS

There were no public comments.

6. NEW BUSINESS

a. Discussion of Proposed 2017 SCDD Legislative Platform

On July 14, 2016, the LPPC committee/staff held an initial discussion on updating the approved 2014 Council legislative platform. After much discussion today, the LPPC recommended various changes to the certain areas of the existing platform. Chairperson Lewis/staff will present these suggested changes to the Executive Committee on August 16, 2016 for review and comment. The proposed revision of the 2014 legislative platform will then be submitted to the full Council for input, discussion, possible additional changes, and ultimate final approval.

It was moved/seconded (Lapin)(FA), (Davidson)(FA) to carry the 2017 Draft legislative platform to the Executive Committee/full Council for consideration. There were no abstentions.

(In addition to Mrs. Lapin [FA] and Ms. Davidson [FA], Chairperson Lewis [FA] was available for voting. Others were not in attendance for the motion.)

7. OLD BUSINESS

a. IHSS/CMS updates/Overtime Discussion/DC Closures

This item was not discussed.

b. Self-Determination

This item was not discussed.

1) Statewide SDP Committee

c. Disparity Issues

This item was not discussed.

8. MEMBER REPORTS

This item was not discussed.

9. MISCELLANEOUS

- Chairperson Lewis, Dr. April Lopez and staff went to the Capitol to educate Legislators and staff on AB 2091 (Lopez) which deals with translation of IEP Documents. Initially, the Council supported this bill. However, as a result of recent amendments, the bill has been placed on suspense with the Council adopting a support if amend position.
- Chairperson Lewis briefed the committee on a letter from Families for Early Autism Treatment. Originally, during the public comment period for the July 2016 Council meeting. The letter was deferred for future consideration by the LPPC.

10. ADJOURN

Meeting adjourned at 4:32 p.m.

EXECUTIVE COMMITTEE

SPRINGER
SERIES IN
MATHEMATICS

Council Report for FY 16-17
Expenditures through
July-16

FEDERAL GRANT (BSG)

Based on Federal Fiscal Year

	Annual Grant Award	Monthly Expenditure	Year-To-Date Expenditure	Balance	YTD Surplus/Deficit
Personal Services & Benefits	\$ 4,841,674	\$ 358,125	\$ 3,838,962	\$ 1,002,712	\$ 89,522
Operating Expenses	\$ 1,701,706	\$ 50,061	\$ 1,278,408	\$ 423,298	\$ 135,631
Grants / Special Items	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 6,543,380	\$ 408,186	\$ 5,117,370	\$ 1,426,010	\$ 225,153

* One-Time Reallotment - \$139,290

QUALITY ASSESSMENT (QA)

Based on State Fiscal Year

	Annual Budget	Monthly Expenditure	Year-To-Date Expenditure	Balance
Personal Services & Benefits	\$ 1,743,876	\$ 129,188	\$ 129,188	\$ 1,614,688
Operating Expenses	\$ 759,234	\$ 16,085	\$ 16,085	\$ 743,149
Total	\$ 2,503,110	\$ 145,273	\$ 145,273	\$ 2,357,837

CRA/VAS

Based on State Fiscal Year

	Annual Budget	Monthly Expenditure	Year-To-Date Expenditure	Balance
Personal Services & Benefits	\$ 1,219,055	\$ 95,516	\$ 95,516	\$ 1,123,539
Operating Expenses	\$ 557,945	\$ 2,227	\$ 2,227	\$ 555,718
Total	\$ 1,777,000	\$ 97,743	\$ 97,743	\$ 1,679,257

