



STATEWIDE SELF-DETERMINATION ADVISORY COMMITTEE MEETING NOTICE/AGENDA

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PARTICIPANT CODE:	2982825

DATE: Thursday, October 27, 2016
TIME: 12:00 p.m. – 4:00 p.m.
LOCATION: Crowne Plaza Sacramento Northeast
5321 Date Avenue
Sacramento, CA 95841

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, October 22, 2016.

	<u>Page</u>
1. CALL TO ORDER	A. Lopez
2. ESTABLISH QUORUM	A. Lopez
3. WELCOME AND INTRODUCTIONS	All
4. MARCH AND JUNE 2016 MEETING MINUTES	A. Lopez
5. UPDATE ON SELF-DETERMINATION WAIVER	J. Knight
a. Feedback on SD Waiver Questions	All
6. REVIEW & COMMENT ON DDS SD WORKGROUP TRAINING MATERIALS	Committee

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.

- 7. **REVIEW & COMMENT ON PRE-ENROLLMENT PROCESS** Committee
- 8. **SURVEY LOCAL SD ADVISORY COMMITTEE'S OUTREACH EFFORTS AND RESULTS** All
- 9. **INFORMATIONAL MATERIAL**
- 10. **PUBLIC COMMENTS**
*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.*
- 11. **ADJOURN** A. Lopez

**MARCH AND JUNE 2016
MEETING MINUTES**



DRAFT

SSDAC Meeting Minutes March 3, 2016

Members Present

Ronnie Allan (CVRC)
Rhys Burchill (RCOC)
Michele Carbone (TCRC)
Joyce Clark (SDRC)
Ronda Denver (FNRC)
Richard Dier (NLACRC)
Vi Ibarra (RCEB)
Martha Johanson (SARC)
Sherry Johnson (SCLARC)
Sonia Jones (NBRC)
Miriam Kang (HRC)
Cindy Lemas (RCRC)
April Lopez (SCDD Chair)
Judy Mark (WRC)
Joyce McNair (ACRC)
Peter Mendoza (GGRC)
Virgilio Orlina (ELARC)
Maia Pawooskar (IRC)
Cheri Pettiford (SGPRC)
Lisa Utsey (VMRC)
Michelle Wolf (FDLRC)
Rick Wood (KRC)

Others Attending

Chris Arroyo
Catherine Blakemore
Aaron Carruthers
Evelyn Chamorro
Linda Chan Rapp
Cindy Chiu
Nilo Choudry
Ana DaSilva
Teri DeBell
Ivy Diaz
Alnita Dunn
Tamika Foots-Rachal
Tom Fambro
Rosalinda Garcia
Fran Goldfarb
Raeheiu Gomez
Melody Goodman
Mary Hernandez
Diana Hernandez
Lisa Hooks
Ruth Janka
Sidney Jackson
Esther Kelsey

Others Attending (cont.)

Roseangela Kenney
Darlene Kilmartin
Ronda Kopito
Pierre Landry
Connie Lapin
Harvey Lapin
Laura Larsen
Cathay Liu
Debra Newman
Sonia Ojeda
Terrence Payne
Kathryn Platnick
Mark Polit
Michelle Resnick
Gabriel Rogin
Christine Sheppard
Kim Sinclair
Vicki Smith
Melinda Sullivan
April Stewart
Christine Tolbert
Diana Ugalde
Willie West
Amy Westling

1. **CALL TO ORDER**

Chairperson April Lopez called the meeting to order at 10:02 AM.

2. **ESTABLISH QUORUM**

A quorum was present.

3. **WELCOME AND INTRODUCTIONS**

Chairperson Lopez welcomed everyone, and explained the role/meeting objectives of the Statewide Self-Determination Advisory Committee (SSDAC). Executive

Director Aaron Carruthers explained the Bagley-Keene Open Meeting Rules which govern this body, as well as Robert's Rules of Order.

4. **INTRODUCTIONS/UPDATES FROM LOCAL SELF-DETERMINATION ADVISORY COMMITTEES**

SSDAC members introduced themselves and described the following: one thing that has worked well in their Self-Determination Advisory Committee (SDAC) and one thing that could use more support in their region.

Rhys Burchill (RCOC SDAC) – Each member participates and gives input into the agenda. They need more training on Person-Centered Planning, using a train-the-trainer model, and utilizing people who are independent of the regional center.

Martha Johanson (SARC SDAC) – There is good collaboration among parents, providers, staff and SCDD. They need more clarification on the direction the SDAC should be taking.

Peter Mendoza (GGRC SDAC) – They had large attendance at the first 2 SDAC meetings. Now they are losing people. There is no direction from the regional center on their role. Not all information from the Department of Developmental Services' Statewide Self-Determination Group is getting to the regional centers. Regional center staff need to be trained. Mr. Mendoza also asked that more breaks be built into the agenda for future meetings of this Committee.

Virgilio Orlina (ELARC SDAC) – They have had 5 meetings every other month since June, 2015. One of their SDAC members has a daughter in the pilot. The motto of the Committee is "Let's learn together." They are spreading the word about their meetings with flyers in multiple languages to reach underserved groups. They would like more guidance on how to outreach to more adults, not just parents.

Sonia Jones (NBRC SDAC) – They have had 3 very positive meetings with good turnout and good feedback. Ms. Jones has not had good communication or services with the regional center.

Michelle Carbone (TCRC SDAC) – They have had good presentations on Self-Determination and good attendance and feedback. They need help with outreach to and participation from people who live in rural areas.

Judy Mark (WRC SDAC) – They have been meeting monthly since December, 2014, with 15 meetings so far. Their meetings are open and inclusive to anyone

interested including Committee members, parents, consumers, staff, and the public who all sit around the table together. They do aggressive outreach in 4 languages to all parent groups and all service coordinators. They are becoming experts on various aspects of the Self-Determination law. They have sub-committees for outreach, consumer/family training, staff training, and for provider training. They would like more plain-language materials.

Cindy Lemas (RCRC SDAC) – This regional center was part of the pilot. Self-Determination works and has made a huge difference. The SDAC has met 3 times. They are anxious to spread the word. The area is very rural. They would like to see more training for all regional center staff.

Richard Dier (NLACRC SDAC) – Their committee of 11 has met 6 or 7 times. They have had good training on person-centered planning by Jay Nolan Center and Tierra del Sol. The regional center has assigned one full-time person to self-determination. They need more training. He wonders what the committee and the system will be doing in 5 years when Self-Determination is open to everyone.

Rick Wood (KRC SDAC) – This regional center was part of the pilot. The committee is very enthusiastic. Their vast geography makes it challenging to get people to meetings. They do not have sufficient staff support, attention or direction.

Maia Pawooskar (IRC SDAC) – While IRC remains closed to the public, the committee has met at the local State Council office and has had great support from SCDD. It is hard to get minority communities to attend. As the largest regional center in the state, they will have 242 slots for Self-Determination in the first 3 years. So far, only 180 have expressed interest. Many don't understand self-determination, are fearful, and IRC staff are not well-trained.

Sherry Johnson (SCLARC SDAC) – They use flyers and have created a short video to help with outreach. They still aren't getting lots of interest from the public. They need more training for consumers and staff as well as training on unmet needs, person-centered planning, and Fiscal Management Services. More clarity on the role of the Committee is also needed.

Ronnie Allan (CVRC SDAC) – They are doing trainings and are working on a skit about Self-Determination.

Lisa Utsey (VMRC SDAC) – They meet quarterly and they need more training materials.

Miriam Kang (HRC SDAC) – They meet monthly, focusing on a different topic each month. They have good collaboration with the regional center and there is good information on HRC's website. They need outreach to get more people to the meetings, beyond the autism community which has done an excellent job of creating awareness.

Michelle Wolf (FDLRC SDAC) – They have been meeting for a year and have had good leadership from the regional center staff. The challenge is to reach diverse communities. They want to make sure a representative sample fills the 72 slots they will have, not just the active people. They plan to make more use of existing parent support groups. There are lots of questions and misunderstanding, such as: Will I lose my service coordinator? Will I get less money? How can we do a person-centered plan if we don't know the hopes and dreams of our child?

Ronda Denver (FNRC SDAC) – This regional center covers 30,000 square miles and 9 counties. They have had 2 meetings with a good mix of providers, consumers and families. They are working with Claudia Bolton on person-centered planning. Four supervisors are being trained as trainers. They have developed a new IPP form.

Vi Ibarra (RCEB SDAC) – They have done a good job of connecting with 2 Family Resource Centers and the DD Councils from each county. They have a strong relationship with the regional center and State Council. Due to staff changes, they will have new people and are concerned about a break in continuity.

Joyce McNair (ACRC SDAC) – She is representing Lisa Cooley today. They have met monthly since June. They have 2 sub-committees, one for outreach and one on independent facilitation. They have had 3 trainings – one on FMS, one on the pilot, and 1 by Judy Mark on independent facilitation and person-centered planning. Because of the geography, they don't get many people from the public at the meetings. They have done a good job of outreach to the CAC's in the schools. Regional center service coordinators have been instructed to sign up anyone who expresses interest. They already have 500 to 1000 on the list.

Joyce Clark (SDRC SDAC, on the phone) – They have been proactive with community trainings and do an annual conference. They need materials and fact sheets translated into other languages. She suggests DDS communicate with regional centers statewide about the process and next steps.

5. **SELF-DETERMINATION PROGRAM EXPECTATIONS**

Chairperson Lopez introduced Catherine Blakemore, Executive Director of Disability Rights California, who gave an overview of self-determination, and discussed legal requirements and roles and responsibilities. She explained that self-determination is a system transformation offering choice and an opportunity to think differently. She listed and defined the principles of self-determination: Freedom, Authority, Support, Responsibility, and Confirmation.

Ms. Blakemore further discussed outreach and training. The law says each regional center must provide training about self-determination and must contract with local consumer and family groups to reach diverse groups. The state is required to develop informational materials and make sure regional center staff are trained. DDS has developed a training video.

Among other things, SDAC's can be used to: help translate the video and other materials, make sure each regional center's pre-enrollment informational meetings are meaningful, partner with the regional centers to train service coordinators, and make sure Independent Facilitators are trained.

It is important to understand how the Person-Centered Planning process differs from the IPP, and to keep in mind the outcomes an individual wishes in order to achieve the life he or she envisions.

She also discussed budget development in self-determination, which is based on what was spent on an individual in the past 12 months. Unmet needs or changes in circumstances might justify a change in that budget. The Fiscal Management Service will be a key player in managing an individual's funds, paying for services in the Person-Centered plan, and helping individuals stay within their budget. They are the only service that must be vendored.

Potential roles for this Statewide Self-Determination Advisory Committee are: to identify best practices, list creative innovative things and share them around the state; make efforts to get the waiver approved a priority; evaluate people's satisfaction with self-determination and identify barriers that need to be fixed; and give advice to DDS and the regional centers for the report they must submit to the Legislature in 3 years.

Keep in mind that participants in Self-Determination still must use generic services if they exist. Services purchased must be eligible under the HCBS waiver and services don't have to be vendored. Programs cut in 2009 can be purchased with

Self-Determination. The waiver must comply with the state's transition plan implementing the new HCBS rules.

6. **PANEL PRESENTATION**

Chairperson Lopez introduced Rick Wood and Willie West who spoke about their experiences with the Self-Determination pilot project. Mr. Wood stressed that Self-Determination is not complicated. Thirty-six people were in the pilot project at Kern Regional Center and 33 remain. In his family member's case, he ended up using 1/3 of his budget, still satisfying all identified needs. People used their budget for creative things such as: car repairs, home renovations, equestrian therapy, cell phones, adaptive skiing, health club memberships, and microbusiness development. He said person-centered planning gets easier and easier each year. It gives a real opportunity to evaluate quality of life – what is going well and what needs to be improved. Freedom is a very powerful concept. He shared some of the differences between traditional services and Self-Determination. One of the most remarkable differences is that there were no fair hearings in the pilot.

Willie West has been in Self-Determination since 2000, picked by a lottery to be in the pilot. He is happy to be living independently and says it is working great. With Self-Determination, it is cheaper to buy medical supplies or wheelchair parts. He wishes Self-Determination was implemented statewide 15 years ago without the need to wait for the waiver.

7. **PERSON CENTERED PLANNING EXERCISE**

Chairperson Lopez introduced Judy Mark and Diana Ugalde. Judy Mark explained person-centered planning in more detail. She introduced Diana Ugalde who shared her story of identifying her dreams in the person-centered planning process, including having a successful translation business, getting a wheelchair lift for a car, and moving into her own place. She is excited about the opportunities Self-Determination will provide for her.

8. **LUNCH**

Refer to PowerPoint in the meeting packet for the lunchtime presentation on Self-Determination by Judy Mark (WRC).

9. **UPDATE ON SELF-DETERMINATION WAIVER**

Jim Knight (DDS) provided a detailed status of the Home and Community-Based Services (HCBS) Waiver for Self-Determination. DDS received a response about the Waiver from the Centers for Medicaid and Medicare Services (CMS) in December 2015 with about 180 questions/points of clarification for DDS. Many of

the 180 questions are similar in nature such as how services are defined, duplication of services, service provider oversight (qualifications of service providers and frequency of oversight).

Jim Knight (DDS) explained the current system functions through vendors of the regional centers, but the new system will not have a layer of vendors and the subsequent requirements of a vendor. Concerns from CMS were special incident reporting such as which entity will have the responsibility of SIR reporting. Also, CMS rejected college tuition and related expenses such as books.

Jim Knight (DDS) summarized that the DDS must clarify in the Waiver what each service is/does and clarify how it does not overlap with other services. Each time a waiver application is submitted for federal funding, there are always questions from the feds. Working with the advisory group who is providing good suggestions and “encouragement” is helpful. DDS will also be working with the federal government to work through the questions in a form of technical assistance. DDS goal is to respond to the questions by the end of March 2016. There will likely be further questions from CMS and DDS will make every effort to respond to the future questions as quickly as possible. This will include working with the advisory group as DDS wants input throughout this process from stakeholders.

Outreach and Training: DDS is working with the advisory group to get the information out to consumers/families. Jim Knight (DDS) referred to DDS website, posted outreach video on the DDS website, and explained that DDS will be finalizing training materials for the regional centers to use over the next few months. He solicited the input from any and all stakeholders for this task.

The 2500 consumer rollout lottery is based on regional center, age, ethnicity, gender, and disability. There will be a pre-enrollment informational meeting, which is mandatory and will explain the difference from the traditional regional center vendor model of services. There will be a random selection from those names who have completed the pre-enrollment informational meeting. If the 2500 consumers are not met initially, then there will be increased outreach to the “missing” spots.

Jim Knight (DDS) elaborated a bit about CMS concerns about the Fiscal Management Services and Independent Facilitator portion of the waiver, specifically if they would be capable of handling the 2500 rollout consumers and future enrollees. He concluded his time by indicating training materials can be adapted to best reach family-run organizations, support groups and local advisory committees. He also reiterated the option to sign-up for DDS email updates.

Questions/Concerns:

Peter Mendoza (GGRC) – Their SDAC is having difficulties with regional center staff support, Bagley-Keene violations (posting requirements). They need direction from DDS to ensure they are able to get their local committee back on track.

Cindy Lemas (RCRC) – She agrees that direction from DDS to all regional centers would be helpful.

Martha Johanson (SARC) – Shared that she is working to translate the outreach video in Spanish as well as the SD Waiver into Spanish for the Autism Society of San Francisco. She also wondered how much geography was considered in the selection process.

Jim Knight (DDS) responded that the selection process does not go down to the county level, only by regional center catchment area.

Judy Mark (WRC) - Responded to Martha Johanson about her work for the Autism Society of San Francisco citing there may be difficulties in the translation of the Waiver. She commented that the geography consideration was very time-consuming for the workgroup and it would help to focus beyond the phase-in when it will be open to all consumers.

Michelle Wolf (FDLRC) - Suggested far more involvement with social media/marketing such as Twitter, Instagram, Facebook as a grassroots way of spreading the word.

Virgilio Orlina (ELARC) - Requested closed-captioning of the outreach video in other threshold languages.

Sonia Jones (NBRC) - Needs help from translators during their local meetings because currently members of the public have been assisting with translations.

Ronald Allan (CVRC) - Suggested going to colleges to have students help with translation.

Richard Dier (NLACRC) - Questioned the “technical assistance” portion of the DDS response to the SD Waiver and wondered if the answers/responses need to go back through public posting (which may further delay the process).

Jim Knight (DDS) indicated that DDS is using the technical assistance provided by CMS, which is called the Quality Meeting Strategy where data and measurements are needed. It is not a requirement for the responses to be set out for public comment so there will be no delay for that reason.

Miriam Kang (HRC) - Asked how families with dual-diagnosed consumers will know how they are categorized for purposes of the phase-in.

Jim Knight (DDS) responded to check with the regional center to determine which diagnosis qualifies them for regional center services.

Chairperson Lopez suggested that people continue to provide information and suggestions to Jim/DDS and offered to add a breakdown to the letter.

Judy Mark (WRC) – Suggested that everyone be as supportive as possible to DDS in an effort to help facilitate the process.

Maia Pawooskar (IRC) – Wondered if demographic information could be requested of the regional centers so they know who needs increased outreach.

Judy Mark (WRC) – Responded to Maia Pawooskar (IRC) that yes demographic information is available.

10. **OVERVIEW OF FINANCIAL MANAGEMENT SERVICES**

Victor Lira from Premier Healthcare provided a presentation about the role of Financial Management Services (FMS) in Self-Determination. He expanded on the different types of FMS from which to choose and the positive/negative balance to both. See PowerPoint included in packet for details related to this presentation.

Public Comment: Pierre Landry asked about the concept of hostile work environment and who would be responsible for legal aspect if there were problems. Victor Lira (Premier) responded that the Fiscal Management Services provider would need to train the consumer to understand the law. He also explained the benefit to using skilled/trained staff for this reason.

Richard Dier (NLACRC) shared that he is in the business of protecting his clients from liability, so with the different FMS models, who bears the responsibility? Victor responded with the FMS Agent model, the participant is responsible and with the Co-Employer model the FMS is the first line of defense.

Sonia Jones (NBRC) thinks it is imperative that consumer's understand the budget, which may be difficult for some. This would be a good use of the independent facilitator.

Peter Mendoza (GGRC) received a loan from his regional center to help him get started in Supported Living, which he satisfied over the course of a year. It worked well for him, but he had to get used to viewing things from a "workplace" perspective.

Ronald Allen (CVRC) expressed concerns of the cost of the Financial Management Services. Victor shared that it would be ideal for the FMS providers to have the same rate structure, but there is a suggested cap of \$150 per month/per consumer.

Victor Lira (Premier) added that it would help if the FMS is required to have a meaningful credit line which could carry up to three months of services (for all their signed consumers). This would help protect consumers from less reputable FMS companies. Also CPA oversight is imperative to ensure adherence to tax laws.

Judy Mark (WRC) thinks information about the FMS needs to be in consumer-friendly language.

Chairperson Lopez has owned her own business for 17 years and has done it herself after the initial setup when she hired someone to help with QuickBooks.

Cindy Lemas (RCRC) asked if Self-Determination funds can go directly to the consumer. Victor confirmed that the FMS manages all funds.

Michelle Carbone (TCRC) asked if the FMS would be able to manage car insurance and pull driving records. Victor stated they may be able to do that.

Chairperson Lopez briefly commented about workers comp and auto insurance costs.

Michelle Wolf (FDLRC) asked if FMS provides 1099 tax forms as with income. Victor responded that the Self-Determination funds are not considered income, so 1099s will not be provided.

Virgilio Orlina (ELARC) asked if the consumer needs to keep all receipts, such as for groceries. Victor confirmed that the FMS keeps invoices but does not require receipts since groceries are not a service under Self-Determination.

11. **ROUNDTABLE DISCUSSION**

SCDD Executive Director Aaron Carruthers facilitated this portion of the meeting. He summarized the needs expressed earlier from each of the local SDAC representatives: “training, train the trainer, FMS, SD program itself, RC staff needing training, and outreach.” The goal of this discussion is to determine best practices and construct a training toolbox, which the local committees can use.

Training:

Judy Mark (WRC) offered her training, but with the caveat that changes are occurring regularly and to take that into consideration with all materials constructed. She also volunteered the materials from the Autism Society of Los Angeles. Executive Director Aaron Carruthers volunteered the SCDD materials for use by everyone.

Chairperson Lopez will be pulling all the potential materials together so they can be accessed via the web. Also, please verify before distributing that the information is correct at the time of use.

Rick Wood (KRC) has concerns that posting resources/training materials prior to waiver approval could lead to more problems as the information could be incorrect. Judy Mark (WRC) replied that this entire program is a work-in-progress.

Executive Director Aaron Carruthers shared “by the time you know everything, it is too late.”

Michelle Wolf (FDLRC) requested a roster with everyone’s (SSDAC) information so they may keep in contact with each other.

Maia Pawooskar (IRC) would appreciate if local SDAC committee members could be reimbursed for mileage due to distance traveled for some. Also, she volunteered a Facebook group “Self-Determination SB468” is open for people to join.

Executive Director Aaron Carruthers clarified that the state will pay for the SSDAC meetings and the regional center pays for the local SDAC meetings.

Public comment: Pierre Landry shared that trainings help the trainers to learn as they train, which still benefits everyone in spite of changes to curriculum.

Peter Mendoza (GGRC) thinks it is nice to have material in a centralized place and would like to have access to the trainings, as needed.

Executive Director Aaron Carruthers clarified the need to keep to Bagley-Keene for communications among advisory members.

Outreach:

Executive Director Aaron Carruthers solicited comments/suggestions regarding outreach (with preference to rural areas, if possible).

Joyce McNair (ACRC) shared a one-page letter constructed by Alta Regional Center about Self-Determination, which has been widely distributed thus far and seems to be well-received by consumers.

Judy Mark (WRC) has been working with WRC to add a check box to their IPP document, to guarantee that the individual Service Coordinators have presented this at each IPP. Also Family Resource Centers, support groups, and care providers.

Miriam Kang (HRC) shared that she believes that the regional center Service Coordinator's need training first.

Executive Director Aaron Carruthers shared the authority of the SSDAC was to develop best practices.

Chairperson Lopez thought using YouTube videos for training and outreach purposes would be well-received by consumers. She volunteered Judy Mark (WRC) for one.

Martha Johanson (SARC) shared that it is important to speak their language, listen, offer options/materials for other threshold languages, and not to overwhelm people with too much detail.

Ronald Allan (CVRC) is concerned about low attendance at the local SDAC meetings in spite of exhaustive outreach.

Public comment: Sidney Jackson (CVRC) is a program manager for the Self-Determination unit at Central Valley Regional Center. They have been travelling to present on Self-Determination to the very small towns in their geographic catchment area. They have gone to libraries in rural communities, colleges, and

advisory meetings to provide information. So far they have 169 people interested in their 141 slots for the phase-in.

Joyce McNair (ACRC) asked where we find the information being presented for informational purposes.

Public comment: Sidney Jackson (CVRC) offered their CVRC website and the Family Resource Center. During their outreach, they have been able to communicate in Spanish (Yolanda Cruz, SCDD Manager), English, and Hmong.

Chairperson Lopez agreed with the need for positive outreach to the small towns so that enough people are reached.

Martha Johanson (SARC) shared that schools have been allowing them to use and present for Spanish-speaking consumers/families in her area.

Rhys Burchill (RCOC) stated RCOC local SDAC has been identifying organizations (Down Syndrome and Prader Willi) as well as special education schools to approach for training.

Virgilio Orlina (ELARC) offered their Consumer Advisory Committee, Family Resource Center and ELARC website.

Public Comment: Tom Fambro offered to consider the disabled student groups at local colleges (specifically in Pasadena).

Executive Director Aaron Carruthers asked if anyone had any plain-language materials.

Judy Mark (WRC) agreed that plain-language materials were needed and there should be "testing" with the materials to ensure they are understood by consumers.

Public Comment: Rosalinda Garcia (HRC SDAC) offered to help modify materials into a plain-language format. Miriam Kang (HRC) will work with her to support her in determining which material to begin with.

Public comment: Connie Lapin shared the DDS website has great plain-language materials to use.

Richard Dier (NLACRC) suggested using specific examples when outreaching to rural communities, in an effort to better relate.

Michelle Carbone (TCRC) agreed that vignettes/success stories are needed to help people understand it can work for many different levels of need.

Chairperson Lopez suggested using media (YouTube) to better reach others.

Public comment: Melody Goodman (SCDD) offered the Los Angeles office's plain-language Self-Determination material for use by all.

Judy Mark (WRC) stressed the need to make the outreach upbeat to gain more interest in the program. She suggested that Rick Wood (KRC) share his story.

Rick Wood (KRC) shared that opening outreach for Self-Determination with responsibilities is very confusing and off-putting – start with simple cases as opposed to “selling” it to the most complex cases. Also he made the point that the Service Coordinators need to be on board and properly trained so they can help to generate interest.

Executive Director Aaron Carruthers clarified the different roles of DDS vs. SDAC. The local SDACs are to influence their regional center.

Martha Johanson (SARC) wants a sub-committee workgroup led by SCDD staff.

Judy Mark (WRC) and Cindy Lemas (RCRC) discussed the issue of the RCRC preventing their SDAC from meeting as frequently as they agreed to.

Peter Mendoza (GGRC) said it was very important to bring issues forward at the local SDAC meetings.

Chairperson Lopez stated that SCDD will work with DDS and ARCA on a letter to the regional centers to clarify roles and responsibilities.

Peter Mendoza (GGRC) agreed that the letter should be sent to the regional centers (and their boards).

12. **NEXT STEPS**

See handout included in packet “What Local Advisory Committees Can Do March 2016.”

Judy Mark (WRC) introduced a new campaign Self-Determination Now, which can be found on Facebook. She encouraged support of this campaign.

Public comment: Connie Lapin provided words of encouragement about the program.

Chairperson Lopez surveyed the members and it was agreed to have monthly phone meetings. The date will be determined via email to the members.

Public comment: Connie Lapin shared a personal story and reiterated that this will be a work-in-progress, although it feels like it's behind it's important to keep forging ahead. She suggested involving the Consumer Advisory Committees at each regional center.

Harvey Lapin urged prompt training of the Independent Facilitators.

Mark Polit thanked everyone for their meaningful work so far and reminded members that this program is designed to help consumers and their families have a Self-Determined life.

Rosalinda Garcia (HRC) shared that as she works to create plain-language materials for outreach, she will bring her daughter (who wants to be an author) into the process to develop her skills relating to her dream career.

13. **PUBLIC COMMENT**

There were no additional public comments.

14. **ADJOURNMENT**

Meeting was adjourned at 4:23 p.m.



DRAFT

**SSDAC Meeting Minutes
June 21, 2016**

Members Present

April Lopez (Chair)
Peter Mendoza (GGRC)
Sherry Johnson (SCLARC)
Judy Mark (WRC)
Louise MacKenzie (TCRC)
Rick Wood (KRC)
Lisa Cooley (ACRC)
Ronnie Allan (CVRC)
Vi Ibarra (RCEB)
Virgilio Orlina (ELARC)
Michelle Wolf (FDLRC)
Ronda Dever (FNRC)

Members Present (cont.)

Miriam Kang (HRC)
Maia Pawooskar (IRC)
Sonia Jones (NBRC)
Debra Newman (NLARC)
Rhys Burchill (OCRC)
Cindy Lemas (RCRC)
Cheryl Hewitt (SARC)
Joyce Clark (SDRC)
Bruce Wasson (SGPRC)
Alphonse Mikahail
(VMRC)

Others Attending

Aaron Carruthers
Gabriel Rogin
Robin Maitino
Dawn Morley
David Grady
Cindy Chiu
Sarah May
Scarlett vonThenen
Jim Knight
Catherine Blakemore

1. **CALL TO ORDER**

Chairperson April Lopez called the meeting to order at 1:00 p.m.

2. **ESTABLISH QUORUM**

A quorum was established.

3. **WELCOME AND INTRODUCTIONS**

Chairperson Lopez reviewed the Bagley-Keene requirements for the meeting, as well as the meeting goals. Committee members and others in attendance introduced themselves.

4. **LOCAL SD ADVISORY COMMITTEE ROLE AND TOOLS**

Chairperson Lopez reviewed the role of the local Self-Determination Advisory Committees (SDACs). Their role is as follows:

- To provide oversight of the Self-Determination Program (SDP)
- To review the progress and on-going development of the SDP
- To review whether the SDP advances the principles of self-determination
- To state whether the SDP is operating within the requirements of the law
- To make recommendations for improving the SDP to either the regional center or DDS

Chairperson Lopez reviewed some new Budget Trailer Bill Language (TBL), which is as follows:

Regional Centers shall:

(1) Contract with local consumer or family-run organizations and consult with the local volunteer advisory committee established pursuant to conduct outreach through local meetings or forums to consumers and their families to provide information about the Self-Determination Program and to help ensure that the program is available to a diverse group of participants, with special outreach to underserved communities. (2) Collaborate with the local consumer or family-run organizations identified in paragraph (1) to jointly conduct training about the Self-Determination Program. The regional center shall consult with the local volunteer advisory committee in planning for the training, and the local volunteer advisory committee may designate members to represent the advisory committee at the training.

Chairperson Lopez asked Ms. Catherine Blakemore, Executive Director of Disability Rights California (DRC), to provide more details about the TBL. Ms. Blakemore stated that the TBL can be used to help frame the role of the local advisory committees. It underscores the importance of a collaborative role between the advisory committees and regional centers. The local advisory committees have an opportunity to help regional centers conduct the trainings. For example, they can help identify key community members that can participate. They can also ensure that materials are translated so that they are fully accessible to diverse communities.

Judy Mark acknowledged the important work of DRC in getting this TBL in place.

Peter Mendoza acknowledged the work of Disability Rights California and asked whether the TBL is posted anywhere. Ms. Blakemore stated that the Governor is expected to sign the budget shortly. When that happens, the TBL will be formally in place. Chairperson Lopez agreed to send the TBL to the committee members.

Peter Mendoza stated that it would be helpful for local committees to have a standardized set of tools that each committee can modify, as needed.

Cheryl Hewitt stated that SARC planned a self-determination conference in July but did not ask the local advisory committee to participate. Chairperson Lopez asked Jim Knight, Assistant Deputy Director, Department of Developmental Services (DDS) to follow up with SARC.

Rick Wood stated that KRC has developed a number of training modules and they are encouraged by the progress of their trainings. They expect their local advisory committee to be actively involved in upcoming pre-enrollment trainings.

Judy Mark stated that there are three potential roles for local advisory committees:

- 1) Outreach
- 2) The Pre-Enrollment Meeting
- 3) Training/Orientation for Those Who Are Selected

Chairperson Lopez stated that it may be helpful to invite people who participated in the pilot to come to your local advisory committee meetings. Chairperson Lopez stated that she will get a list of pilot participants and send it to the committee members.

Maia Pawoskar asked if regional centers can provide self-determination information to vendors. Judy Mark and Cindy Lemas agreed that this is a good idea. Chairperson Lopez stated that it starts with case managers – they can get the word out to individuals and families and then vendors will follow. Judy Mark stated that their local committee is developing targeted materials for vendors and will share them when they are ready.

Joyce Clark stated that there is misinformation occurring in the San Diego area. Some self-advocates are confused and believe that the SDP will cause them to lose their paycheck.

Catherine Blakemore stated that it may be helpful for DDS, SCDD and DRC to put out an update on the status of the SDP, possibly including some FAQs. Jim Knight and Chairperson Lopez agreed.

5. **UPDATE ON WAIVER STATUS**

Jim Knight provided an update on the status of the Waiver. He stated that we are still waiting for approval from the federal government. Some key questions include – what services are we going to provide?, how will the program be monitored?, and how will individual budgets be defined?

DDS is planning to set up a technical support call with the federal government and the Department of Health Care Services (DHCS) in the next few days. DDS has already received a lot of feedback and we want to make sure that we are prepared for our next formal submission. DDS needs to make amendments before resubmitting. If all goes well, California could be looking at approval of the Self-Determination Waiver, about the end of November.

Judy Mark stated that the stakeholder input process has been robust through the DDS Workgroup. It will be important for DDS and DHCS to get language back to CMS as soon as possible and to ensure that all settings are inclusive and federally approved. The WRC local advisory committee has met with local senators and assembly members to push DDS and DHCS to move this forward.

Lisa Cooley asked how can we help CMS overcome their apprehension with the Waiver.

Judy Mark stated that she plans to reach out to CMS and the Administration on Community Living, as well as possibly visiting local members of Congress to advocate. Self-Determination is a path to inclusion and a means of coming into compliance with the federal rules.

Jim Knight agreed that advocacy is always helpful and the Administration will continue to move as quickly as possible but also noted that CMS will likely have questions related to the next submission.

Debra Newman asked whether any other states have received approval for their efforts to comply with the HCBS Rules.

Jim Knight responded that three states have received approval (two only preliminary approval). DDS is looking very closely at them.

6. **UPDATE ON REGIONAL CENTER STAFF TRAINING**

The DDS Workgroup is preparing different training modules – FMS, Budgets, Services Available, Differences with Traditional Services, etc. The modules are almost finalized, we are receiving the final comments. Within a few weeks, the modules should be posted on our website and then translated. Regional Center staff training will then begin at five or six locations throughout the state. The idea is to get all regional center staff to at least a base level of understanding.

The trainings will be conducted by volunteers, including some people involved in the pilots. The training modules can then be modified for individuals and families.

Cheryl Hewitt suggested that pre/post tests for regional center staff would be a good idea. Jim Knight agreed and will discuss it with the DDS Workgroup.

Joyce Clark asked whether local advisory committees will be involved with the trainings. Jim Knight responded that DDS is open to including a number of people but they won't be able to include everyone. Peter Mendoza emphasized that it is important to include people with disabilities and family members.

7. **ROLE OF SSDAC IN PRE-ENROLLMENT TRAINING**

Jim Knight asked what base information needs to be covered in pre-enrollment meetings, in addition to the information in the modules for regional center staff. DDS initially thought these meetings could take place at regional centers but now we are wondering if there are other locations that would be helpful too. Mr. Knight asked how we can get others involved. For example, he suggested that local advisory committees, Family Resource Centers, and other community groups may be able to play a role.

8. **ROLE OF SSDAC IN SETTING AGENDAS FOR LOCALS**

Chairperson Lopez asked whether the local committees wanted the Statewide Self-Determination Advisory Committee to set their local agendas. Peter Mendoza stated that more information from the statewide committee would be helpful but he does not think that the statewide committee should set the local agendas. Several other committee members agreed with Mr. Mendoza.

Chairperson Lopez agreed to post local agendas, minutes and meeting materials on the SCDD website. SCDD staff will also begin taking notes at the DDS Workgroup meetings and those notes will be provided to this committee.

Bruce Wasson suggested that Employer of Record be discussed at our next meeting.

Chairperson Lopez agreed that local committees will keep control of their agendas, regional centers can provide support and the statewide committee will provide information and guidance.

9. **UPDATES FROM LOCAL SD ADVISORY COMMITTEES**

Lisa Cooley stated that their local committee has been conducting presentations on Self-Determination and Employment-First.

Ronnie Allan noted that their committee discusses the items that they need to work on.

Vi Ibarra stated that their committee is regularly looking for opportunities to provide outreach and peer to peer presentations.

10. **NEXT STEPS**

Chairperson Lopez noted that SCDD staff have recorded agreed-upon next steps during this meeting.

11. **PUBLIC COMMENT**

It was noted that it is confusing to have a Statewide Self-Determination Advisory Committee and a separate DDS Workgroup. Chairperson Lopez agreed to send out a definition of each to clarify the differences.

12. **ADJOURNMENT**

Chairperson Lopez adjourned the meeting at 4:10 p.m.

UPDATE ON SELF- DETERMINATION WAIVER

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.

State's response

No, not all eligible individuals will be granted entrance into the waiver. The Department of Developmental Services (DDS) will use a stratified random selection process for selecting entrants so that all interested individuals will have an equal opportunity to participate. The process will be as follows: First, DDS will receive lists from regional centers of interested individuals who attended a required Pre-Enrollment Informational Meeting at each regional center. Second, DDS will take the lists and randomly select participants for each regional center so selection will be representative of the State for ethnicity, age, gender, and disability diagnosis.

CMS Response: Please update the application with this information. *CMS is having internal discussion regarding this item and more information will follow.

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.

State's response

An individual is considered an applicant when the individual has been selected to potentially fill an open slot.

The proposed performance measure will be amended to read:

The number and percent of applicants who had a LOC determination. Numerator = Number of consumer records that documented an initial LOC determination. Denominator = Total number of applicants whose records were reviewed.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

- 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.

State's response

The performance measure will be amended to reflect that "Completed accurately" means that the determinations are supported by and consistent with other information in the consumer's record.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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

State's response

The SDP is a new waiver. Historically in the DD Waiver, issues with LOC determinations have not required further oversight beyond occasional follow-up reviews. However, when substantial or repeated issues have been identified in other areas, follow-up actions have included increased monitoring, targeted technical assistance and requiring the regional center to agree to special contract language addressing the identified issue.

CMS Response: CMS has no further questions.

Appendix C-3: Waiver Services

5. **Waiver Services-** 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.

State's response

The following statement will be added to the applicable services: "X services will supplement, and not supplant, services available through the approved Medicaid state plan or the EPSDT benefit."

CMS Response: To clarify for the under 21 population, 1915(c) cannot "supplement" services available through EPSDT. Please clarify the service definition to specify the under 21 group will receive these services through the state plan pursuant to the EPSDT benefit.

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.

State's response

The waiver application will include pertinent information about provider qualifications.

CMS Response: CMS will need to review this information once available from the state to determine if resolved.

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.

State's response

Based on the technical guidance regarding contracted entities, FMS providers are waiver service providers, and therefore not considered contracted entities.

CMS Response: CMS has no further questions.

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.

State's response

Throughout Appendix C, the statement, “ongoing thereafter through the IPP process,” will be changed to “annually thereafter through the Individual Program Plan process.”

CMS Response: CMS accepts the revision. Please be sure to update the application with this information.

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.

State's response

Behavior Intervention Services will be changed in the waiver document from “statutory service” to “other service.”

CMS Response: CMS accepts the revision. Please be sure to update the application with this information.

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.

State's response

Home Health Aide Services under the state plan are limited to the amount that is determined medically necessary, which varies for each individual. If the planning team determines that the individual could benefit, as documented in the individual program plan (IPP), from services in addition to those provided under the state plan, these additional services may be purchased through the SDP Waiver.

CMS Response: *CMS is having internal discussion regarding this item and more information will follow.

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.

State's response

As noted in the definition, respite services may only be provided when the care and supervision needs of the individual exceed those of a person of the same age without developmental disabilities. Therefore, these services exceed the scope of day/child care services. The provision of respite services provides temporary relief from the on-going care and supervision needs of an individual. Without these respite periods for the family/caregivers, out-of-home residential options may be necessary. The State will amend the waiver application to indicate that out-of-home respite may not exceed 30 consecutive days.

CMS Response: *CMS is having internal discussion regarding this item and more information will follow.

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.

State's response

Advocacy services are only for the purposes of accessing generic services and are not specific to legal counsel. Advocacy services would be provided in addition to case management or independent facilitator services (providers of both of these services cannot be providers of other SDP services)

CMS Response: The state indicated they are considering removing this service as it overlaps with other waiver services. Please advise of state's intent moving forward.

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

State's response

California's application for Appendix C-3: Waiver Services will be revised to state that communication support services will be limited to personnel who will assist participants with limited English proficiency skills, or impairments in hearing, speech, and/or vision to effectively communicate with service providers, family, friend, co-workers, and the general public. Technology services include purchasing/leasing equipment or products that enable the participants to have independence in accessing the community. Technology services may also include training on specific devices. Specialized medical equipment and supplies are durable and non-durable medical equipment or devices that enable participants to manage activities of daily living that are not available under the state plan.

CMS Response: *CMS is having internal discussion regarding this item and more information will follow.

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.

State’s response

- a. California’s application for Appendix C-3: Waiver Services will be revised to separate out community integration and employment support services. Community integration services assist participants to participate in community activities to improve his/her adaptive skills, such as learning to access transportation to community events. Community living supports are a mix of services including skill development with activities of daily living that support an individual in their place of residence. All claims for payment are processed through the Financial Management Services (FMS) provider. The FMS will maintain a separate accounting for each service, including what was purchased, to ensure duplicate billing does not occur.
- b. “College, including financial assistance with tuition, books, and other related fees” will be removed and estimated costs associated with this expense will be subtracted from the cost estimates.

CMS Response:

- a. CMS will need to review this information once available from the state to determine if resolved.
- b. CMS accepts the revision. Please be sure to update the application with this information

- 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.

State’s response

Community living supports are a mix of ongoing services designed to provide socialization and skill development to participants residing in their home. Homemaker services are not meant to assist the participant in skill development. This service is available to participants who need someone to complete meal preparation or regular household chores. Community integration services assist participants to participate in community activities with the wider population to improve his/her adaptive skills.

CMS Response: Please explain the difference between regular household chores as included under homemaker services, from “support with home and personal care” and “support with household activities” under Community Living Supports. Please explain how the state will 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.

State’s response

- a. This short term service is provided in response to a crisis or emergency while behavior intervention services are designed to meet an ongoing identified need.

- b. The types of 24-hour crisis care facilities will be added as provider types in this section.

CMS Response:

- a. Please consider defining short term as 30 days or less. If more than 30 days we will need to further discuss settings implications.
- b. CMS accepts the revision. Please be sure to update the application with this information.

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.

State's response

Extended coverage of dental services will vary according to participants' service needs and as documented in a participant's Individual Program Plan. For participants 21 years of age and older, a \$1,800 annual State plan benefit limit applies, however, this limit can be exceeded based on medical necessity. Services in the SDP would include procedures not approved by the State plan.

The Waiver application will be revised to include the provider qualifications for dental services.

CMS Response: Please also update the waiver application to specify the limit in the service specification section.

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.

State's response

The State will remove this as a distinct service as it is covered under Training and Counseling Services for Unpaid Caregivers.

CMS Response: CMS accepts the revision. Please be sure to update the application with this information including the reflection of this removal in Appendix J and Factor D.

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?

State's response

- a. California's application for Appendix C-3: Waiver Services will be amended to designate financial management services as "supports for participant direction" instead of "other."
- b. "As appropriate" refers to the type of business the FMS is operating under, e.g., California Corporation (for-profit or non-profit), California Limited Liability Company, General Partnership, or Limited Liability Partnership.

- c. No, FMS providers cannot provide any other services to an individual participant.
- d. We currently have FMS providers supporting individuals and directing services such as respite and transportation under the DD Waiver. We anticipate that the current FMS providers will provide services under the SDP Waiver. It is not known how many additional FMS will enroll during the course of the three year waiver period. FMS providers are required to go through the vendorization process through the regional centers. Regional centers are responsible for initial approval and on-going oversight. Part of the consumer's IPP review process is looking at satisfaction with all current services and providers including FMS. The State will ensure the performance of the FMS during the biennial monitoring reviews, ensuring the individual participant's satisfaction with all FMS services is evaluated.

CMS Response:

- a. CMS accepts the revision. Please be sure to update the application with this information.
- b. CMS accepts the revision. Please be sure to update the application with this information.
- c. CMS has no further questions.
- d. CMS has no further questions.

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

State's response

Housing Access Supports is a separate and distinct service from case management, community integration, and advocacy services. It is a direct service to the participant to implement housing **preferences and needs based on the participant's Individual Program Plan.**

- Case management assists participants to identify their overall services and supports but is not a direct service.
- Community integration focuses on development of a participant's skills and abilities to increase independence, and to access community events and activities.
- Advocacy services provide consultation on legal issues or legal representation as needed for the participant in a court of law.

CMS Response: The state indicated on the call their intent to revise the definition to make it more distinct. The state also indicated it used the CIB issued on June 26, 2015 to inform this service. We advise the state reviews the CIB again as this definition differs from housing related services outlined in the CIB. Please note the CIB indicates the items outlined in this definition can be coverable under case management services in the 1915(c). CMS would like to review the state's updates to this definition in order to provide further feedback.

<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

***CMS is having internal discussion regarding this item and more information will follow.**

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?

State's response

- a. The Independent Facilitator is an impartial individual or entity who is hired by the participant to help with identifying, paid and unpaid services according to a participant's person-centered plan. The participant may also task the independent facilitator with training the service providers and negotiating rates for the services requested on their behalf. The Independent Facilitator role does not duplicate or overlap services provided by the following:
 - The regional center service coordinator's primary responsibilities are developing and monitoring the individual's IPP, developing the individual budget, and other case management activities. The service coordinator is provided to each Waiver participant by the regional center whereas the independent facilitator is an optional benefit that can be purchased by the participant through the use of Waiver funds.
 - Advocacy services: Provided when generic legal counsel is not available/cannot help and the participant's unique needs are outside the scope of the Office of Clients' Rights Advocacy. Providers of advocacy services may, for example, advocate for service through an Independent Living Center, Area Agency on Agency, or County social services office.
 - Financial Management Services provider: Assists participants in their roles as either employers or co-employers.
- b. Training for Independent Facilitators will be based on the requirements in statute and informed by input from stakeholders.
- c. It is anticipated that the number of Independent Facilitators will vary based on the demand for this service by SDP participants. The identification of these providers will begin as implementation of the SDP gets closer.

CMS Response: The state suggested after clarifying other services it may help to see the Independent Facilitator roll more distinctly. CMS would like to review suggested revisions to the definition and to review these updates to identify if the issues will be resolved.

- 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.

State's response

The individual training and education service is specific to participation and/or attendance at trainings, conferences, forums, etc. and the purchase of related materials needed to participate in these conferences. This is different than the on-going support provided within the employment supports waiver service or other waiver services which consist of ongoing on the job training.

CMS Response: *CMS is having internal discussion regarding this item and more information will follow.

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.

State's response

- a. The State will separate these services.
- b. Extended coverage for these services will vary according to participants' needs and as documented in a participant's Individual Program Plan.
 - Acupuncture is available through the State plan in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.
 - The State plan limits chiropractic services to manual manipulation of the spine to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. A doctor of chiropractics is authorized to practice chiropractics by the State and who is acting within the scope of his/her license. Both acupuncture and chiropractic services are limited to a maximum of two in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy. Additional services can be provided based upon medical necessity through the preauthorization process.
 - Massage therapy would be provided to a participant as part of an effective continuum of care throughout the course of a medical condition.

[CMS Response: Please update the waiver application to specify the limit in the service specification. CMS will need to review the separated definitions once available from the state to determine if resolved.](#)

- 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.

State's response

Extended coverage for prescription lenses and frames will vary according to participants' service needs and as documented in a participant's IPP. For State plan services, prior authorization is required for low vision devices when the billed amounts are over \$100 and for contact lenses when medically indicated for certain conditions (aphakia, keratoconus, anisometropia, or when facial pathology or deformity preclude the use of eyeglasses). Prior authorization is also required for ophthalmic lenses and frames that cannot be supplied by the fabricating optical laboratory.

The SDP Waiver application will be amended to include the provider qualifications directly and not by reference to the state plan.

[CMS Response: Please specify the state plan service limits. CMS will need to review updates regarding provider qualifications once available from the state to determine if resolved](#)

- 25. Optometric/Optician Services** - Please describe the extent of the extended coverage of services. Please also specify the state plan service limit.

State's response

Extended coverage for optometric/optician services will vary according to participants' service needs and as documented in a participant's IPP. Medically necessary optometric services provided in hospital outpatient departments and community hospital outpatient clinics require prior authorization, except for emergency services.

The SDP Waiver application will be amended to include the provider qualifications directly and not by reference to the state plan.

[CMS Response: Please specify the state plan service limits. CMS will need to review updates regarding provider qualifications once available from the state to determine if resolved.](#)

- 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.

State's response

Extended coverage for psychology services will vary according to participants' needs and as documented in a participant's IPP. Medically necessary psychology services are covered as a benefit under the state plan when provided by a psychologist, clinical social worker, or marriage and family therapist (MFT) licensed by the state. Registered MFT interns, registered associate clinical social workers (ASWs), and psychological assistants may also provide psychology services under the direct supervision of a licensed mental health professional, that is within their scope of practice in accordance with applicable state laws.

The SDP Waiver application will be amended to include the provider qualifications directly and not by reference to the state plan.

[CMS Response: Please specify the state plan service limits. CMS will need to review updates regarding provider qualifications once available from the state to determine if resolved](#)

- 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.

State's response

Extended coverage for skilled nursing services will vary according to participants' needs and as documented in a participant's IPP. Skilled nursing services are provided to a waiver participant in his/her home or place of residence when there is a documented need for daily skilled nursing and/or daily special rehabilitation services. Direct care is hands-on care to support the care needs of the waiver participant. Protective supervision is observing the participant's behavior in order to safeguard the participant against injury, hazard, or accident. Such services do not include nursing services provided in a licensed health facility.

The SDP Waiver application will be amended to include the provider qualifications directly and not by reference to the state plan.

[CMS Response: Please specify the state plan service limits. CMS will need to review updates regarding provider qualifications once available from the state to determine if resolved](#)

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

State's response

Specialized Therapeutic Services is an approved service in California 1915(c) Waiver CA.0336.R03.00 and was an approved service in the prior version. We request clarification as to why the service must be removed from the SDP Waiver.

CMS Response: *CMS is having internal discussion regarding this item and more information will follow.

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.

State's response

Extended coverage for speech, hearing and language services will vary according to participants' service needs and as documented in a participant's Individual Program Plan.

- Speech and language therapy for the restoration, maintenance and acquisition of skills and audiology may be provided only upon the written prescription of a physician or dentist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity. Speech and language therapy and audiology provided in a certified rehabilitation center is covered only when billed by the rehabilitation center. In a certified rehabilitation center, one visit in a six-month period to evaluate a participant and prepare an extended treatment plan may be provided without authorization. Services must be performed by providers who meet the applicable qualification requirements as defined for speech and language therapy and audiology services in 42 CFR Section 440.110(c), licensed and within their scope of practice under state law. More than one evaluation visit in a six-month period requires authorization. Outpatient speech and language therapy and audiology services are subject to a limit of two services in any one calendar month or any combination of two services per month. Pre-authorization is required for a speech and language therapy or audiology visit that exceeds the two-visit limit.
- Hearing aids are covered only when supplied by a hearing aid dispenser upon the prescription of an otolaryngologist, or the attending physician where there is no otolaryngologist available. Loaner aids, during repair periods covered under guarantee, are not covered. Replacement batteries are not covered. Replacement of hearing aids that are lost, stolen, or irreparably damaged due to circumstances beyond the beneficiary's control is not included in the \$1,510 maximum benefit cap. Hearing aid benefits are subject to a \$1,510 maximum cap per beneficiary per fiscal year. Hearing aid benefits include hearing aids and hearing aid supplies and accessories. The following beneficiaries are exempted from the cap: • Pregnant women, if hearing aids are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. Prior authorization is required when the purchase price is more than \$100. Prior authorization is required for rental or repair when the total cost is more than \$50. Prior authorization is required for prosthetic eyes and most prosthetic eye services. Prior authorization is required for the purchase or trial period rental of hearing aids and for hearing aid repairs which exceed a cost of \$25. Cords, receivers, ear molds, and hearing aid garments are covered without prior authorization.

[CMS Response:](#) Please specify the state plan service limits. CMS will need to review updates regarding provider qualifications once available from the state to determine if resolved

- 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.

State’s response

- Technology services include off-the-shelf equipment and products that can be purchased through a consumer electronics company and that can enable participants to independently participate in mainstream activities.
- In contrast, PERS are specific to personal emergency response items
- Communication support services allow participants with limited English proficiency skills, or impairments in hearing, speech, or vision, to pay a human aide to assist them to communicate.

The Financial Management Services provider will maintain a separate accounting for each service, including what was purchased, to ensure duplicate billing does not occur.

The state will remove “but not limited to” from the waiver service definition and specify what can be covered.

[CMS Response:](#) CMS accepts this revision. Please be sure to update the application with this information.

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

State’s response

As noted in response to question #18, family assistance and supports will be removed as a distinct SDP waiver service

[CMS Response:](#) CMS accepts this revision. Please be sure to update the application with this information.

- 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.

State’s response

The information will be removed from this section.

[CMS Response:](#) CMS accepts this revision. Please be sure to update the application with this information.

- 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.

State’s response

The Department of Developmental Services (DDS) contracts with 21 nonprofit private corporations known as regional centers that are responsible for enrolling home and community-based services waiver providers in their catchment areas through a process of vendorization. Vendorization is the process for identification, selection, and utilization of service providers based on the qualifications and other requirements necessary in order to provide the services. In accordance with regulations, regional centers must verify, prior to the provision of services, that an applicant provider meets all of the requirements and standards specified in the regulations, and is appropriately licensed as required by any pertinent statute.

In accordance with Title 17 CCR, Section 53422, the vendoring regional center is required to approve all qualified providers as long as the applicant provides all required information.

[CMS Response:](#) CMS accepts this revision. Please be sure to update the application with this information.

34. Qualified Providers, Sub-assurance (a)

- a. Please explain why bi-annual reviews by DSS are of sufficient frequency to ensure licensed providers initially meet all required standards prior to furnishing waiver services.
- b. Regarding the second proposed PM, Please clarify what the review consists of. How will it help the state to ensure that providers are meeting required licensure and/or certification standards and adhering to other applicable standards?

State's response

- a. The data source for this performance measure will be revised to read, "Vendor Master File records indicate regional center verification of provider qualifications"; responsible party to indicate "Operating Agency"; frequency of data collection to indicate "monthly"; and sampling approach will be "100% preview".
- b. DSS review consists of ensuring providers are meeting required licensure and/or certification standards and adhering to other applicable standards on an annual basis. When these requirements are not met, it triggers a comprehensive evaluation, review, and follow-up by DSS.

[CMS Response:](#) Please confirm whether non-vendored providers are maintained in the Vendor Master File records. Please clarify the process for monitoring non-vendored waiver service providers.

35. Qualified Providers-Sub-assurance (a) and Sub-assurance (b) - Please clarify what is meant by "Representative Sample – 5."

State's response

The State will monitor a representative and random sample which will have a confidence of 95%; +/- a 5% margin of error.

[CMS Response:](#) CMS accepts this revision. Please be sure to update the application with this information

36. Qualified Providers-Sub-assurance (b)

- a. The proposed PM only addresses providers who initially meet all required standards; however, the sub-assurance is not limited to initial adherence. Please either revise the

proposed PM to indicate how providers continually meet all required standards, or add an additional PM that measures continuous monitoring of providers who do not require licensing or certification.

- b. Please explain why bi-annual reviews by DDS are of sufficient frequency to ensure non-licensed providers initially meet all required standards prior to furnishing waiver.

State's response

- a. An additional PM will be added to this sub-assurance to reflect continuous monitoring of non-licensed/certified providers.
- b. Historically, the results of biennial reviews of non-licensed providers for California's 0336 Waiver have shown adherence to the required standards. We feel this is a good indication that biennial reviews are a reasonable frequency for this waiver.

CMS Response: CMS will need to review added sub assurance once available from the state to determine if resolved.

37. Qualified Providers-Sub-assurance (c)

- a. How does the State monitor the successful completion of 70 hours of competency based training?
- b. Are direct support professionals (DSPs) the only providers that must meet a training requirement? If not, please either revise the proposed PM to measure all provider training requirements or add an additional PM.
- c. A provider could potentially provide services for an extended period of time without having met training requirements. Please explain why 70 hours of competency based training within two years of hire is sufficient to assure that the provider training is conducted in accordance with state requirements and the approved waiver. How did the state arrive at 70 hours given training can vary for each participant?

State's response

- a. The competency-based training course curriculum is developed jointly by DDS and the Department of Education. DSPs attend the training courses and take a required test; test results are entered into an online system which is used to verify successful completion. DSPs and facility administrators are notified of successful course completion; these notifications are kept in personnel files by the licensed service provider. DDS uses the online system to monitor who has taken and successfully completed the trainings. Additionally, regional centers ensure that DSPs receive the required training through annual facility monitoring which include file and record reviews.
- b. Yes, DSPs, are the only providers that must meet a training requirement.
- c. The 70-hours of competency-based training provide basic training in core competencies necessary to address most consumers' daily living activities. In addition to this required training, there are regulatory requirements that include written staff training plan for orientation, on-the-job training and continuing education. On-site orientations for direct care staff and administrators are required under regulations to be completed with the first 40 hours of providing consumer services in the facility. This orientation addresses an array of service quality standards that range from health and safety to facility operations to consumer rights and individual care needs (California Code of Regulations, Title 17 Sections 56038 and 56037).

CMS Response: CMS has no further questions.

38. C-5: Home and Community-Based Settings

- a. Please include a list of the specific settings where individuals will reside.
- b. Please include a list of specific settings where individuals will receive services.
- c. Please include a detailed description of the process the state Medicaid agency used to assess and determine that all waiver settings meet the HCB settings requirements.
- d. Please include the process that the state Medicaid agency will use to ensure all settings will continue to meet the HCB settings requirements in the future.

State's response

- a. SDP participants may reside in a privately owned, leased or rented home or apartment by themselves, with their family or with roommates of their choosing. These settings are presumed to be in compliance with the HCB settings requirements. Additionally, participants may reside in licensed community care facilities, adult family homes or foster family homes that meet the HCB settings requirements.
- b. In addition to receiving services where they reside, as identified above, participants may also receive services in a multitude of places including in general community locations (e.g. employment setting, office of a health practitioner, etc.); in settings that may or may not be designed to predominantly provide services to people with developmental disabilities and that are subject to licensure (e.g. community care facilities, adult or child day care.)
- c. For each setting selected by a participant, an assessment will be completed to determine if it comports with the HCB settings requirements. The assessment is organized to first ask questions that are representative of highly integrated settings. For example, settings that do not limit provision of service to, or are not designed specifically for, people with disabilities; and settings presumed to be home and community-based such as non-provider-owned or controlled private residential homes. Because these settings are compliant or presumed to be compliant with the settings rules, the remainder of the assessment would not need to be completed.

Next, the assessment includes questions about settings that are not options for participants because they are not home and community-based (hospitals, nursing facilities, institution for mental diseases, or intermediate care facilities for individuals with intellectual/development disabilities) or they are presumed not to be home and community-based (located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, in a building on the grounds of, or immediately adjacent to, a public institution, or that has the effect of isolating individuals from the broader community). Settings that are institutional or are "presumed institutional" based on CMS regulations and guidance, will not be options for SDP participants. The participant will receive guidance on selecting other locations to receive services.

The remaining questions in the assessment pertain to provider controlled licensed/certified/congregate settings. The assessment questions are based on CMS guidance and documentation of how the setting meets each of the requirements is required. Participants may only receive services in those settings that fully meet all requirements, as certified by the regional center and FMS provider.

- d. The IPP planning team and FMS provider will annually review the assessment to verify on-going compliance with the HCB settings requirements. On-going compliance will also be monitored as part of the State's biennial monitoring reviews.

CMS Response:

- a. The following settings can be found throughout the waiver application that are not accounted for here. They are also indicated in your response to E-1-c. Please include all settings within this waiver that must comport with HCBS regulations regarding the final rule including the following: Adult Residential Facility, Adult Residential Facility for Persons with Special health Care Needs, Certified Family Home, Group Home; Small Family Home, Residential Care Facility for the Elderly, Family Teaching Homes
- b. Please clarify there are no non-residential settings in this waiver where services are received.
- c. Assessments would need to be completed in full on all settings regardless of a few preliminary questions. If someone is already doing an assessment of the location it would be advisable to do a complete assessment to assure the settings comports.
 - o Please include each of the requirements the settings must meet.
 - o Please further explain the assessment process from beginning to completion.
 - o Who is completing the assessment?
 - o How is the assessment validated by the state initially?
 - o What is the process for the assessment timeline? At what point in the process is the assessment completed?
- d. Please be specific regarding how the planning team will access ongoing compliance and how ongoing compliance will be worked into the current biennial monitoring?

***CMS is having internal discussion regarding this item and more information will follow.**

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.

State's response

- a. The application will be amended to reflect that participants are informed of services available under the waiver that meet their needs during the planning process.
- b. As noted in the application and required by State law, the IPP identifies the responsible parties for implementing the various aspects of the plan.
- c. The waiver and other services are coordinated by the IPP team. This team includes the consumer, legal representative or designee and regional center service coordinator.
- d. The regional center service coordinator is assigned the responsibility to monitor and oversee the implementation of the service plan.

CMS Response:

- a. CMS will need to review this information once available from the state to determine if resolved.
- b. CMS has no further questions.
- c. Please update the waiver application with this information.
- d. Please update the waiver application with this information.

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.

State's response

- o The statewide sample size, as determined using a sample size calculator such as Raosoft, will be a statistically representative sample of participants enrolled in the waiver, yielding a 95% confidence level with a 5% margin of error.
- o Reviews of service plans by DDS and DHCS will be completed biennially. This information will be added to the waiver application.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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.

State's response

- a. Regional center case managers are responsible for monitoring the implementation of the consumer Individual Program Plans. At least annually, all plans are reviewed to determine that planned services have been provided, that sufficient progress has been made on the consumers' goals and objectives, and that consumers and families are satisfied with the Individual Program Plan and its implementation. For consumers who do not live with their families, quarterly face-to-face visits are required to monitor the participant's health, safety and well-being, asses the effectiveness of services and monitor progress in meeting the identified goals.
- b. Quarterly monitoring of consumers' IPP by regional center staff can contribute to immediate change if necessary and/or requested by consumer. If during the State biennial review issues are identified, the regional center has 30 days to respond to concerns to DDS. Response is expected at the time the issue is identified if there is an immediate health or safety concern.
- c. Systemic information is collected during the State biennial monitoring reviews. Other avenues that issues may be reported to the State include those detailed in Appendix F.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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.

State's response

- a. Continuing to use this frequency of monitoring, we anticipate seeing similar results, based on historically high compliance identified with current HCBS waiver monitoring.
- b. The statewide sample size, as determined using a sample size calculator such as Raosoft, will be a statistically representative sample of participants enrolled in the waiver, yielding a 95% confidence level with a 5% margin of error.

[CMS Response: CMS accepts this revision. Please be sure to update the application with this information.](#)

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?

State's response

- a. The document will be changed in all instances.
- b. The planning team determines how the IPP will address a consumer's needs and the services to meet those needs. A consumer's needs are adequately addressed when the identified needs have services in place which assist the consumer's progress towards their goals and objectives.

[CMS Response: CMS accepts this revision. Please be sure to update the application with this information.](#)

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.

State's response

"Required intervals" as noted in the performance measure is at least annually. IPPs are updated or revised when warranted by changes in the waiver participant's needs or choices.

[CMS Response: no further information is needed](#)

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?

State's response

- a. The planning team determines the appropriate type, scope, duration and frequency of services necessary to address the participant's needs. This information is documented in the participant's IPP. Subsequently, the State's biennial monitoring reviews verify that claims that were billed match those services identified on the IPP.
- b. The waiver application will be modified to reflect how the State will monitor and report on budget utilization by the participants and administration by FMS providers.

CMS Response: CMS will need to review this information once available from the state to determine if resolved.

- 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.

State's response

The PM will be revised to measure that participants were afforded choice among services and providers.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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.

State's response

The following changes will be made to E-1-c.

- All three boxes will be checked.
- The response will be changed to read:

Participant direction opportunities will also be available to participants who live in other living arrangement that facilitate independence and promote community integration. These include the following settings that have a capacity for no more than four (4) residents:

- Adult Residential Facility
- Adult Residential Facility for Persons with Special health Care Needs
- Certified Family Home; Foster Family Home
- Group Home; Small Family Home
- Residential Care Facility for the Elderly

Two other community living arrangement setting types are Adult Family Homes which have a capacity for no more than two (2) residents, and Family Teaching Homes which have a capacity for no more than three (3) residents.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

- 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.

State's response

Safeguards that ensure a non-legal representative functions in the best interest of the participant include regular monitoring of the participant's IPP, as described in Appendix D, and independent budget by the regional center service coordinator is an important safeguard for participants. This monitoring is done to determine if satisfactory progress is being made toward the objectives identified in the IPP and the satisfaction with services and providers. Regular reports provided by FMS providers also allow for oversight of budget expenditures and identification of potential issues.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

- 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.

State's response

The FMS will be reimbursed a monthly, per participant fee. The cost for this service is considered as the participant determines the appropriate service mix and costs within each budget category.

CMS Response:

- What is the formula for the cost and how is it applied consistently?
- Does the state intend to include FMS services to a person's budget or is the state still intending on cutting an individual's budget to accommodate the FMS cost as well as the independent facilitator cost?
- If a cut occurs how will the state assure that there will not be a negative impact on those whose budgets were cut and how there will not be a loss of services.
- How are budgets determined for those who had not utilized the other 1915(c) waiver and there is not a 12 month data to use for them.

***CMS is having internal discussion regarding this item and more information will follow.**

- 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.

State's response

"Budget category" is the term used to group services. Waiver participants' individual budgets will be distributed among budget categories in order to implement the Individual Program Plan. The revised application will specify the budget categories and the services included within each category.

CMS Response: CMS suggests the state review the technical guide for section C-4 on limits.

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

State's response

The budget methodology is available in State statute, and is also described on the DDS webpage and in the posted SDP Waiver application.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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.

State's response

A review of all IPP services, including the FMS, is a part of all periodic (quarterly and/or annually) IPP reviews. The IPP will identify when the FMS and participant are co-employers.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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?

State's response

- a. FMS providers and regional center service coordinators have roles in monitoring utilization of participants' individual budgets. State law provides for upward adjustment of budgets when a participant's circumstances, needs, or resources, or if prior unaddressed needs, resulted in an increase. FMS providers are responsible for tracking, preparing, and distributing expenditure reports. Regional centers are responsible for holding quarterly face-to-face meetings with participants. Participants can choose to include family members and independent facilitators in these meetings. These safeguards allow for potential budget problems are identified on a timely basis.

The State's biennial review process includes reviewing the safeguards identified above. This monitoring provides the state Medicaid agency with data regarding potential service delivery or oversight issues that may be associated with or lead to problems with individual budget utilization.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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.

State's response

- a. Regional centers are the service agencies required to provide fair hearing information to the participant.
- b. All participants and persons having legal responsibility for participants will be informed verbally of, and will be notified in writing in a language which they comprehend, the service agency's mediation and fair hearing procedure when they apply for service, when they are denied service, when notice of service modification is given, and at any time upon request.
- c. Notice will be sent to the applicant or recipient and the authorized representative by certified mail at least 30 days prior to any of the following actions: (1) The regional center makes a decision without the mutual consent of the service recipient or authorized representative to reduce, terminate, or change services set forth in an individual program plan, or; (2) A recipient is determined to be no longer eligible for agency services. Notice will be sent to the applicant or recipient and the authorized representative by certified mail no more than five working days after the agency makes a decision without the mutual consent of the recipient or authorized representative, to deny the initiation of a service or support requested for inclusion in the individual program plan.
- d. Regional centers are required to provide written notice informing the applicant, recipient, and authorized representative of information on the availability of advocacy assistance, including referral to the regional center clients' rights advocate, the State Council on Developmental Disabilities, publicly funded legal services corporations, and other publicly or privately funded advocacy organizations, including the protection and advocacy system required under federal Public Law 95-602, the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C.A. Sec. 6000 et seq.). Regional center employees are required to assist applicants/ recipients/authorized representatives with filing the fair hearing request and filling out forms when requested.

Fair hearing brochures, notification of resolution, and fair hearing request forms are maintained at each regional center and are available on the DDS' website at www.dds.ca.gov. Regional centers and vendors that contract with a regional center to provide services to recipients are required to noticeably post on their websites, if any, a link to the DDS website page that provides a description of the appeals procedure, and a DDS telephone number for recipients and applicants who have questions about the appeals procedure.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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?

State's response

- a. Training and information in this area will occur as part of the orientation for SDP. On-going monitoring, for example through quarterly and or annual review of the IPP, may identify a need for more frequent or additional training needs.
- b. Training through the orientation will include how to notify the appropriate entities when a participant has experienced abuse, neglect or exploitation.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information.

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?

State's response

- a. Non-vendored providers are monitored to ensure they complete background checks and otherwise are qualified to provide services but are not required to submit special incident reports.
- b. When special incidents occur, as defined in California Code of Regulations Title 17, vendors and long-term health care facilities are required to submit a report of the incident to the appropriate regional center within 48 hours of the occurrence. The report must include information concerning the law enforcement, licensing, protective services and/or other investigative agencies or individuals notified of the special incident or involved in the special incident. These agencies conduct investigations, as necessary, in accordance with policies established by each individual agency, which includes how the investigations are conducted and the timeframe for conducting and completing the investigation.
- c. Please see the response to item b, above.
- d. Please see the response to item a, above.
- e. Please see the response to item a, above.

CMS Response:

- Both licensed and non-licensed providers need to be equitable in assuring effective incident management for health and welfare of waiver participants. The state will need to develop a system by which non vendored providers report incidents of neglect, abuse, and exploitation. Please clarify how the state will assure health and welfare and the plan for developing this system.
- If there is not a standard by which agencies adhere to when completing investigations and timelines for the investigation, how does the state assure health and welfare as well as monitor the investigations are completed in accordance to each agencies policies? The structure of this system must address each element as follows:
 - For each type of critical incident or event identified in Item G-1-a, specify the entity or entities to which reports are submitted. Such entities might include the state's adult protective services agency, the child protective services agency, a

licensing authority and/or a program authority (e.g., the state developmental disabilities agency);

- Identify the entity that is responsible for evaluating reports (e.g., making a determination that follow-up is necessary) and how reports are evaluated (e.g., the criteria that are applied in deciding whether follow-up action is warranted);
- Identify the entity that is responsible for follow-up investigations and how investigations are conducted (e.g., whether methods are determined based on severity according to a prescribed protocol, accommodations that are made for participant interviews);
- The timeframe for conducting and completing an investigation (i.e., how promptly an investigation is initiated) and the time-frame for completing an investigation (e.g., within 48-hours, 7-days, 30-days depending on severity and criticality); and,
- The process and time frames for informing the participant (or the participant's family or legal representative as appropriate) and other relevant parties (e.g., the waiver provider, licensing and regulatory authorities, the operating agency) of the investigation results.

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.

State's response

The SDP application will be amended with the appropriate option selected.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information

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).

State's response

The SDP application will be amended with the appropriate option selected

CMS Response: CMS accepts this revision. Please be sure to update the application with this information

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?

State's response

The State monitors medication management through the State's overall risk mitigation and management system as well as the Waiver Monitoring Review. Further, medication management is monitored by the Regional Center through Title 17 California Code of Regulations and through Department of Social Services' Community Care Licensing Division requirements. The State's risk management contractor reviews electronic SIR data for trends in medication errors and hospitalizations due to medication errors. This data is reported to DDS on a quarterly basis where DDS uses it to determine statewide priorities for risk management activities, e.g. system level remediation and quality improvement initiatives including: regional center technical support, publication of mitigation tools and information on the website.

[CMS Response:](#) CMS accepts this revision. Please be sure to update the application with this information

- 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?

State's response

As indicated in the previous answer, the review of trends is conducted by the State's risk management contractor and reported to and reviewed by DDS at least quarterly.

[CMS Response:](#) CMS accepts this revision. Please be sure to update the application with this information

- 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.

State's response

All medication errors for participants who are under vendored care are required to be reported to (1) the regional center, and (2) the appropriate State licensing entity. Regional centers, in turn, are required to notify DDS of all medication errors.

[CMS Response:](#) Please address how non-vendored providers will report medication errors.

- 62. G-3-c-iv: State Oversight Responsibility** - Please specify the requested information in this section.

State's response

Regional centers monitor the provider's compliance with medication administration pursuant to the IPP, via service coordinator and quality assurance site visits as needed and through special incident reporting. The State monitors these requirements through reporting of special incidents by regional centers as well as at least quarterly analysis and reporting by the State's risk management contractor.

[CMS Response:](#) CMS accepts this revision. Please be sure to update the application with this information

- 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.

State's response

An additional PM will be added in this area to measure the number of participant records reviewed that documented the participant had received training/information on how to recognize and report instances of abuse, neglect or exploitation. The training is intended to increase the awareness of potential warning signs, risk factors and patterns of behavior. The intended outcome being increased reporting of instances of abuse, neglect and exploitations by participants and their family members.

The state will develop other metrics to ensure that all instances of abuse, neglect, exploitation and unexplained death are identified in the event that a SIR has not been filed.

CMS Response: CMS will need to review this information once available from the state to determine if resolved.

- 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.

State's response

The State will look to add or modify the PMs for this sub-assurance.

CMS Response: Please provide and update the application with the additional PMs or modifications to the existing PMs. CMS will need to review this information once available from the state to determine if resolved.

- 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.

State's response

The current PM is measured with data collected during biennial reviews by determining if participants' identified health needs are identified and supported adequately in the IPP. Another PM will be added to measure that identified health related follow-up activities occurred as recommended.

CMS Response: Please provide and update the application with the additional PMs. CMS will need to review this information once available from the state to determine if resolved.

- 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.

State's response

The overall QIS for the SDP is consistent with the strategy used for the State's 1915(c) waiver (CA.0336) for people with developmental disabilities and the 1915(i) state plan amendment. However, data is collected so that it is reported separately to CMS for each of these programs.

CMS Response: CMS accepts this revision. Please be sure to update the application with this information

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 is 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?

State's response

- a. The DDS fiscal audits that occur every two years and are a comprehensive review. The follow up audits focus only on those findings noted in the prior fiscal audit.
- b. If a regional center is required to have an annual fiscal audit, a follow-up will be included as part of the audit. In addition, follow-up may be conducted on audit findings identified by other state or federal agencies. All findings or issues such as: unused funds carried over to the next fiscal year, unsupported expenditures, or misuse of Self Determination funds identified in the prior audit will be followed-up in the current audit to ensure corrective action has been taken.
- c. Audits are not conducted on an annual basis. DDS conducts audits on a random sample of providers with annual expenditures over \$100,000. Audits are also conducted upon referral.
- d. There is no difference in the frequency of provider audits.
- e. Only providers who have gone through the vendorization process with the regional center can submit claims for payment

CMS Response: How is the random sample of providers conducted? Please describe the random sampling methodology and explain how the sample size is determined to be statistically significant.

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

State's response

The approved waiver application, including payment rates/methodologies, will be posted on the DDS website. Additionally, information about payment rates will be included in the mandatory pre-enrollment meetings and SDP orientation.

CMS Response: Please update the application with this information.

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.
- b. Would rates for expanded state plan services also be negotiated?
- c. Are participants and providers given any guidance as to what an appropriate rate may be?
- d. Is there any limit for what a participant can spend per unit of service?
- e. Please describe state's oversight process of rate determination.
- f. How does the state ensure that the negotiated rates are consistent with economy, efficiency and quality of care?
- g. What role, if any, would the regional center play in setting the rate?
- h. Please describe the parameters that would prevent a participant from varying from a reasonable rate.

State's response

- a. All waiver service rates are negotiated by participants except the FMS rates which will be set by the State. The monthly FMS rate methodology will reflect a maximum monthly amount. The SDP Waiver application will be changed to reflect this methodology.
- b. Yes, the participant could negotiate rates for expanded state plan services under the waiver.
- c. Regional Centers, FMS providers, and independent facilitators can provide guidance to participants of appropriate rates. Rates set by the Department are available on the DDS website.
- d. The individual budget methodology sets a limit on the total amount that can be spent for all services, which allows for individual variances in the amount a participant may spend on individual services.
- e. The State's fiscal audits include a review of rate determinations.
- f. The individual budget determination methodology provides a baseline for the cost of required needed services identified in each participant's IPP. Unless there is a change in the amount or mix of needed services, participants must stay within this overall budgeted amount.
- g. Regional centers will be directly involved setting rates for FMS providers and can provide consultation regarding rates for other services.
- h. The FMS provider, regional center service coordinator and independent facilitator all may play a role in assisting the participant to choose qualified providers at reasonable rates.

CMS Response:

- Please clarify whether the fiscal audit review include the rates negotiated by participants?
- Please confirm that these individuals are not required to play a role in assisting the participant. If so, what would prevent an individual from declining assistance and potentially paying an unreasonable 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?

State's response

- a. FMS providers develop monthly expenditure reports for regional centers and participants. These reports not only provide updated tracking of total expenditures within the participant's budget, but also provide a chance to review claims made by providers to ensure they are in line with the participant's IPP.
- b. Regional Centers/FMS providers maintain supporting documentation of services claimed. DDS fiscal audits review supporting documentation, including the IPP, monthly claims (including dates of service) and the periodic reports mentioned in the previous response. During the biennial reviews, DDS reviews invoices, attendance, and other supporting documentation to ensure that services have been rendered.
- c. Regional Centers report dates that participants are admitted to nursing facilities so that billing does not occur for services during the time that the participant is in a nursing facility.

CMS Response: Please update the application with this information.

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.

State's response

- a. DDS conducts fiscal audits of regional centers every two years. The regional center audits include testing of purchase of services claims. In addition, DDS conducts audits of vendors which consist of verifying billing to the services rendered.
- b. One step in the audit procedures is to review the consumer's individual program plan (IPP) to ensure services are authorized. As part of the testing, DDS will compare the service code description with the service that has been authorized in the consumer's IPP; this step ensures that claims are coded correctly.
- c. DDS reviews invoices, attendance, and other supporting documentation to ensure that services have been rendered.
- d. CMS says d. is addressed in QIS D and can be eliminated.

CMS Response: What types of other supporting documentation are reviewed? For example, are there signed timesheets that a provider must submit to ensure that services have been rendered? Are participants contacted to confirm that services have been rendered as reported?

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.

State's response

- a. All waiver service rates are negotiated by participants except the FMS rates which will be set by the State with a monthly maximum amount.
- b. DDS selects a random sample of SDP participants and from this sample selects expenditures associated with the services provided. Review of these expenditures includes verification that claims were paid within the appropriate rates and all services were identified in the participant's IPP and individual budget.

CMS Response: Please describe the random sampling methodology and explain how the sample size is determined to be statistically significant.

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?

State's response

- a. The per capita cost, by service was based on the SFY 2010-11 base year actual HCBS waiver costs for similar waiver services for new services.

A 1.4 factor was applied to the Average Units per User used in Year 1 to account for phase in for Year 2.

A 2.0 factor was applied to the Average Units per User in Year 1 to account for phase in for Year 3.

- b. The estimate of 2,500 eligible recipients is based on W&I Code, Section 4685.8 that states that the statewide SDP shall be phased in over 3 years, and during the phase-in period, shall serve up to 2,500 RC consumers. It was estimated that 1,000 would participate in the first year, and 1,500 in the second year.
- c. The average length of stay units noted in each waiver year represent months. Based on the DD Waiver's CMS 372 report for the period 3/29/11 to 3/28/12, the waiver will be updated to reflect average length of stay of 168.5 days in year 1, 235.9 days in year 2, and 337 days in year 3.
- d. Factor D was based on the DD Waiver's CMS 372 report for the period 3/29/11 to 3/28/12 and SFY 2010-11 base year actual HCBS waiver costs for similar waiver services for new services.

- e. The HCBS waiver expenditures and the DD Waiver's CMS 372 report reports were reviewed and analyzed to determine which data would be appropriate to use for this waiver.
- f. Assumptions were made for costs and users of services that are not currently being provided.
- g. The Therapeutic/Activity-Based Day Services \$50 monthly rate was based on costs for Sports Club. The Therapeutic/Activity-Based Day Services \$40 hourly rate was based on costs for Specialized Recreational Therapy, Music Therapist, and Recreational Therapist.
- h. Based on costs from the Assistive Technology service in Pennsylvania Waiver and discussions with the California stakeholders group, \$1,200/unit was estimated and 10% of participants were assumed to utilize this service.

CMS Response:

- The state should use the most current approved CMS-372 report data when deriving estimates for factors and services. If the state is not using the most recent approved CMS-372 data please provide a justification for why earlier data is sufficient. Please note 372 data for CA.0336 waiver year 2011 was reported in a non-standard format (covered a period of greater than 1 year) and should not be used.
- a. Please provide the data, assumptions, and methodology used to determine the two factors of 1.4 and 2.0 for phase in for Years 1 and 2, respectively.
 - d. Please update this calculation to use the most recent DD Waiver CMS 372 reports (2013 and 2014). Please use two years of 372 data to remain consistent with derivations for factors D', G, and G'
 - e. What were the determining qualities of the data to select the most appropriate set to use for this waiver?
 - f. What assumptions were made? What measures were taken to ensure that these assumptions were appropriate for this waiver?
 - h. Please explain why the assumptions of \$1,200/unit and 10% of participants were ultimately selected. Please explain why Pennsylvania was selected as the reference. Are there other states that offer this service?

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?

State's response

- a. No costs for prescription drugs were included. Only prescription lenses and frames are included in the waiver.
- b. The development of Factors D', G, and G' are based on an average cost per consumer from DD Waiver's CMS 372 report for the periods 3/29/11 to 3/28/12 and 3/29/12 to 3/28/13.
- c. Expenditures from the approved HCBS waiver and the DD Waiver's CMS 372 report were reviewed and analyzed to determine which data would be appropriate to use for this waiver.

- d. No adjustments were made to actual data used before developing projections.

CMS Response:

- What were the determining qualities of the data to select the most appropriate set to use for this waiver?
- b. Please indicate the primary source for factor G and G' estimates in the waiver application as this information reported on the 372 report is pulled from alternative sources.

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?

State's response

- a. While there may be some consumers on the DD Waiver who choose to enroll on the SDP waiver instead, there is no anticipated impact to the DD Waiver enrollment.
- b. At renewal, DDS will determine the need to modify services in the current DD Waiver.
- c. At this time, the SDP waiver is envisioned to occur simultaneously with the HCBS waiver monitoring.

CMS Response: Does the state intend on consolidating the Quality Strategies further for the HCBS waiver and the SDP waiver or solely through monitoring 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.

State's response

The second paragraph in Main 6-I will be modified as follows:

Public input was also sought by making the draft Waiver application available for comment. The application was posted on the Department of Developmental Services' (DDS) internet site on August 7, 2015, accompanied by an announcement published the same day in the California Regulatory Notice Register. The public comment period ran through September 7, 2015. People were able to make public comment via regular mail, by emailing comments to a dedicated email box, and by telephoning a Department of Developmental Services staff member. During the comment period, seven individuals asked for and received copies of the draft application. Additionally, written comments were received via email from a total of seven individuals or organizations.

CMS Response: CMS accepts the revision. Please be sure to update the application with this information.

- 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.

State's response

This is a new program and the Interagency Agreement (IA) between DDS and DHCS has not been finalized. Once the IA is approved and in place, it will be updated as needed and provided to CMS.

CMS Response: CMS has no further questions.

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.

State's response

New language will be added in B-1-b: "This waiver is limited to individuals who want to direct all of their waiver services."

CMS Response: CMS accepts the revision. Please be sure to update the application with this information.

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?

State's response

- a. Once scheduled, the required Pre-Enrollment Informational Meetings will be publicized on websites for the Department of Developmental Services, regional centers, the State Council on Developmental Disabilities, and its regional offices. Regional centers, working closely with the Local Volunteer Advisory Committees, will post and publicize the required Pre-Enrollment Information Meetings, and regional center service coordinators will inform consumers of scheduled meetings.
- b. SDP orientations will be scheduled and facilitated by regional center teams who will ensure each selected participant receives an orientation prior to enrollment.
- c. Individuals interested in being considered for participation in the SDP can contact their regional center service coordinator or notify the Department of Developmental Services of their interest by emailing sdp@dds.ca.gov, or by placing a telephone call.
- d. Regional centers and DDS currently maintain a list of individuals who are interested in enrolling in the SDP Waiver. Names of interested individuals received directly by DDS are also shared with the appropriate RC.
- e. Names of those interested in participating in SDP after attending a pre-enrollment information meeting will be forwarded to DDS. From this list, DDS will randomly select the initial 2,500 participants with consideration given to the ethnic, disability and geographic diversity of the State. It is assumed that more than 2,500 individuals will be interested in SDP. If so, DDS will maintain and monitor a wait list and select new participants from this list as slots become available based upon the ethnic, disability and geographic diversity of the State.

CMS Response:

- Please update the application with this information.
- How often are SDP orientations going to be scheduled and facilitated in the regional centers?

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.

State's response

The check mark from the first box (1931 group) will be removed.

CMS Response: CMS accepts the revision. Please be sure to update the application with this information.

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.

State's response

Each month, the State sends a report to all regional centers which includes all consumers requiring LOC re-evaluation the following month. Additionally, timeliness of regional center electronic reporting of annual reevaluations is monitored through use of the Medicaid Waiver Control Listing for Clients with Past Due Recertification report. Timeliness of the completion of re-evaluations is also monitored during the Waiver Monitoring Reviews.

CMS Response: Please update the application with this information.

C-1-Waiver services

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

State's response

The State will review the available taxonomy coding to determine applicability and timing for inclusion with this application.

CMS Response: CMS has no further questions.

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.

State's response

The following will be included in the definition: "The participant-directed goods and services must be documented in the participant's Individual Program Plan and purchased from the participant's Individual Budget. Experimental or prohibited treatments are excluded."

CMS Response: CMS accepts the revision. Please be sure to update the application with this information.

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

State's response

There is not a limit for these expenses.

CMS Response: CMS has no further questions.

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

State's response

All SDP participants will work with a regional center service coordinator and a Financial Management Services provider. Some will choose to also work with an Independent Facilitator. The SDP participant, and one or all of these entities will determine when the use of natural supports, such as family, neighbors, and friends have been exhausted and paid services begin.

CMS Response: CMS has no further questions.

- 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.

State's response

The following will be added to the existing definition: "The vehicle may be owned by the participant or a family member with whom he or she lives or has consistent and ongoing contact, who provides primary long-term support to the participant, and who is not a paid provider of such services." Costs associated with the vehicle modifications service are limited to those that can be covered by the participant's Individual Budget. There is not a limit for this individual service.

CMS Response: CMS accepts the revision. Please be sure to update the application with this information.

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?

State's response

- a. Other services and supports or any service other than direct personal care.
- b. The Department's Office of Protective Services manages the background investigations process consistent with Welfare and Institutions Code Sections 4689.2 to 4689.6, inclusive. The direct personal care provider pays for a Live Scan screening. Results go to the Department of Justice who notifies DDS of criminal record information. DDS then notifies the FMS provider whether the provider has cleared the investigation.
- c. A description of the scope of the investigation is outlined in Welfare and Institutions Code Section 4689.2. In summary, it includes receipt of full criminal history from the Department of Justice, and if applicable, the Federal Bureau of Investigation. If the applicant has been convicted of or is awaiting trial for any crime other than a minor traffic offense, the application is denied unless an exemption is granted by DDS.
- d. The DDS Office of Protective Services is responsible for the criminal history/background investigations.

CMS Response:

- Please update the application with this information.
- Please explain when an exemption would be granted by DDS when an applicant has been convicted of or is awaiting trial for any crime other than a minor traffic offense.

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

State's response

"N/A" will be removed and "Required information contained in response to C-5" will be inserted.

CMS Response: CMS accepts the revision. Please be sure to update the application with this information.

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

State's response

Public input has been received since December 2013 when the Self-Determination Program Workgroup was formed. Workgroup members consist of an array of stakeholders including consumers, family members, service providers, and representatives of regional centers, advocacy groups, and the State Council on Developmental Disabilities. Since its formation, the Workgroup has assisted DDS in shaping the framework of the Self-Determination Program based on the law in which it is authorized. All meetings have been open to the public where input was welcomed and received. This is how the proposed rate methodology for payment to financial management services providers was developed.

Other recommendations and input from Workgroup members helped DDS establish priorities and complete work necessary to implement the Program:

- Proposed services for inclusion in the SDP Waiver application.
- Established training requirements, drafted training materials, and the approved plans for providing training to regional center staff, providers, families, and consumers.
- Determined requirements for clearing service providers through background checks.
- Established equitable method for determining the number of SDP participants in each regional center for the first three years and how they will be selected.

CMS Response: Please update the application with this information.

**REVIEW & COMMENT ON
DDS SD WORKGROUP
TRAINING MATERIALS**

Self-Determination Program Services

Learning Objectives

- Be able to recognize Self-Determination Program services
- Understand that paid and unpaid services selected are identified through the person-centered planning process and are included in the individual program plan
- Understand that use of generic resources is required and can maximize a participant's individual budget

7/2016

Self-Determination Program Training to Regional Centers

2

Services

- Self-Determination Program participants choose from the approved services in the Self-Determination Program HCBS Waiver
- Participants can purchase services from entities that are not vendored with the regional centers
- All services must be included in participants' individual program plans

7/2016

Self-Determination Program Training to Regional Centers

3

NOTES

- Many new services that are not offered through the traditional HCBS Waiver are proposed in the Self-Determination Program Waiver application. Just a few of the new services include advocacy, an independent facilitator, and community integration.
 - The complete list is posted at <http://www.dds.ca.gov/SDP/SDPUpdates.cfm>.
- Many services offered through the large HCBS Waiver are also offered in the Self-Determination Program, e.g., homemaker, home health aide, environmental accessibility adaptations, skilled nursing, to name just a few.
- Actual purchases under each of these service definitions could vary. Typical service terms and limits may not apply. For example (discussed later):
 - Respite service hours will not be subject to a cap.
 - Participant directed goods and services will allow participants more flexibility to purchase services that meet identified needs.
- All settings and services selected by SDP participants must fully meet all requirements of the federal HCBS rules.

HANDOUTS or LINKS

A complete list of Self-Determination Program services with definitions.
HCBS Information Sheet (2016) (add link to website once posted)

Examples of Services

- Respite — provides payment on a short-term basis for relief to those persons who normally care for and/or supervise participants
 - Not subject to a cap on hours

7/2016

Self-Determination Program Training to Regional Centers

(4)

NOTES

- Respite services under the Self-Determination Program are not subject to a cap on hours.
- Consumers may currently receive camping services through out-of-home respite, but it is subject to a cap on hours.
- All services must be documented with goals/outcomes in the Individual Program Plan and purchased from the Individual Budget.

Examples of Services

- Community Integration Services — provides payment for services tailored to participants' specific personal skills outcomes to prepare or support community participation, independence, and interdependence
 - Camping
 - Social activities

7/2016

Self-Determination Program Training to Regional Centers

(5)

NOTES

- Examples could include social/recreational programs or community music lessons which could be purchased from business entities and/or individuals.
- Camping is an example of a service that a participant may choose to purchase from his/her individual budget. While technically not an identified service in the home and community-based services waiver, it is only one of a myriad of community integrated services that would benefit participants and produce positive identified outcomes.

Examples of Services

- Live-In Caregiver — provides payment for the additional costs of rent/food for an unrelated live-in personal caregiver
- Integrative Therapies — provides payment for alternative medicines such as acupuncture and chiropractic

7/2016

Self-Determination Program Training to Regional Centers

{ 6 }

NOTES

- SDP funds would cover rent for an unrelated live-in personal caregiver. Participants must pay their own rent from their own resources and cannot use SDP funds for that purpose.
- Could cover integrative therapies over and above those provided under health plans, including Medi-Cal.

Examples of Services

- Participant-Directed Goods and Services – provides payment for services, equipment or supplies not otherwise provided through the Self-Determination Program Waiver or through the Medi-Cal State plan that address an identified need in the IPP and meet certain requirements.

7/2016

Self-Determination Program Training to Regional Centers

[7]

NOTES

- Participant-Directed Goods and Services and consist of services, equipment or supplies not otherwise provided through the SDP Waiver or through the Medicaid State plan that address an identified need in the IPP (including accommodating, improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medi-Cal services; promote interdependence, and inclusion in the community; and increase the person's safety in the home environment; and the participant does not have the personal funds to purchase the item or service and the item or service is not available through another funding source.
- Per the waiver technical guidance, the following requirements must be met:
 - The coverage of this service permits a state to authorize the purchase of goods and services that are not otherwise offered in the waiver or the state plan. This category is for services that are not already included in the list of services in the SDP Waiver.
 - The coverage of this service is limited to home and community-based services waivers that incorporate the budget authority participant direction opportunity. This category is only available to participants in the SDP.
 - Goods and services purchased may not circumvent other restrictions on the claiming of Federal Financial Participation for waiver services, including the prohibition against claiming for the costs of room and board. Existing rules

- related to services that cannot be purchased with federal funds still apply.
- Specific goods and services purchase must be documented in the service plan. The IPP must identify the specific services that will be purchased in this category.
 - Goods and services purchased must be clearly linked to an assessed participant need established in the service plan. Services purchased in this category must relate to a specific individual need identified in the IPP.
 - Examples include purchase of supplies from retailers, or from individual providers which maximize flexibility to negotiate prices.
 - Examples may also include services/supplies outside the scope of Medi-Cal coverage, such as:
 - Routine nail trimming for complex circumstances.
 - Durable medical equipment that exceeds limits covered through Medi-Cal and can improve a participant's quality of life.
 - Pharmaceuticals excluded from Medi-Cal program coverage.

What Services Are Not Covered?

- Costs of participants' room and board
- Services that are not approved in the Home and Community-Based Services Waiver
- Services provided in settings that do not conform to new Federal HCBS regulations that became effective in March 2014
- Generic Resources

7/2016

Self-Determination Program Training to Regional Centers



NOTES

- Room and board — Monthly rental expense and food for participants.
- Services must be approved in the SDP Waiver to be funded. Funding is not available for experimental or prohibited treatments.
- All home and community-based settings where participants reside must meet characteristics specified in federal regulation.
 - More information on the federal home and community-based settings regulations is available at <http://www.dds.ca.gov/HCBS/index.cfm>.

HANDOUT

HCBS Information Sheet (2016) (add link to website once posted)

Generic Resources

- Available to the general community, not just regional center consumers
 - Medi-Cal
 - In-Home Supportive Services
- Must be used first
- Allow Self-Determination Program participants to extend their individual budgets further

7/2016

Self-Determination Program Training to Regional Centers

9

NOTES

- The law charges the Department of Developmental Services and regional centers with ensuring generic resources, including federally funded programs, and private insurance programs, are utilized before regional centers fund service/support costs.
- Examples of common generic resources are:
 - Services received through Local Educational Agencies (school systems), Independent Living Centers, Area Agencies on Aging, Social Security Administration, Supplemental Nutrition Assistance Program (formerly Food Stamps)
 - Medi-Cal
 - In-Home Supportive Services
- Generic resources may also include services offered through private entities such as YMCA/YWCA, community park and recreation activities, and myriad of other private sources.
- Generic resources do not count against a participant's individual budget.
- It is important for participants and families to explore all available services. Many private organizations may provide services on a sliding scale which can help stretch a participant's individual budget.

Questions



7/2016

Self-Determination Program Training to Regional Centers

10

Individual Budget

Learning Objectives

- Know how a budget is determined for a Self-Determination Program participant
- Know how a budget can be modified for a Self-Determination Program participant
- Know what services can and cannot be purchased with an individual budget under the Self-Determination Program

7/2016

Self-Determination Program Training to Regional Centers

(2)

Individual Budget

The amount of annual funding available to the Self-Determination Program participant for the purchase of services and supports necessary to implement the Individual Program Plan.

7/2016

Self-Determination Program Training to Regional Centers



STATUTE:

Welfare and Institutions Code (WIC) 4658.8 (c)(3)

...The individual budget shall be determined using a fair, equitable, and transparent methodology.

WIC 4685.8 (d)(3)(D)

The participant shall manage Self-Determination Program services and supports within his or her individual budget.

WIC 4685.8 (n)(B)(iii)

(2) The amount of the individual budget shall be available to the participant each year for the purchase of program services and supports. An individual budget shall be calculated no more than once in a 12-month period, unless revised to reflect a change in circumstances, needs, or resources of the participant using the process specified in clause (ii) of subparagraph (A) of paragraph (1).

Budget Determination

- For current regional center consumer:
 - Budget is determined by the amount of money spent in the last 12 months on his or her services
- For newly eligible regional center consumers or those with less than 12 months of expenditures:
 - After the IPP team identifies necessary services for the consumer, the regional center determines the cost by using the average cost paid by the regional center for each service

7/2016

Self-Determination Program Training to Regional Centers

(4)

NOTES:

- For some participants, there may be a difference between the amount of funding authorized and the amount of funding utilized during the prior 12 months.

STATUTE:

WIC 4685.8 (n)(1)(A)(i)

...for a participant who is a current consumer of the regional center, his or her individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

WIC 4685.8 (n)(1)(B)(i)(ii)

(B) For a participant who is either newly eligible for regional center services or who does not have 12 months of purchase service expenditures, his or her individual budget shall be calculated as follows:

(i)The IPP team shall identify the services and supports needed by the participant and available resources, as required by Section 4646.

(ii)The regional center shall calculate the cost of providing the services and supports to be purchased by the regional center by using the average cost paid by the regional center for each service or support unless the regional center determines that the consumer has a unique need that requires a higher or lower cost. The regional center shall certify on the individual budget document that this amount would have been expended using regional center purchase of service funds regardless of the individual's

participation in the Self-Determination Program.

WIC 4685.8 (k)

The IPP team shall utilize the person centered planning process to develop the IPP for a participant...The IPP team shall determine the individual budget to ensure the budget assists the participant to achieve the outcomes set forth in his or her IPP and ensures his or her health and safety.

Budget Modifications

- Can occur if the IPP team determines an adjustment is necessary due to a change in the participant's:
 - Circumstances
 - Needs
 - Including prior unaddressed needs
 - Resources
- Participants may transfer up to 10 percent of funds between budget categories

7/2016

Self-Determination Program Training to Regional Centers

5

NOTES:

- Changes in a participant's circumstances may include, for example, the individual completing and exiting his or her school program.
- Changes in a participant's resources that impact their individual budget may include, for example, changes to generic resources such as Medi-Cal benefits.
- Additional detail on the budget categories will be forthcoming.

STATUTE:

WIC 4685.8 (n)(1)(A)(ii)

An adjustment may be made to the amount specified in clause (i) if both of the following occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures.

(II) The regional center certifies on the individual budget document that regional center expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

WIC 4685.8 (n)(1)(B)(i)

The IPP team shall identify the services and supports needed by the participant and available resources, as required by Section 4646.

WIC 4685.8 (o)

Annually, participants may transfer up to 10 percent of the funds originally distributed to any budget category set forth in paragraph (3) of subdivision (n) to another budget category or categories. Transfers in excess of 10 percent of the original amount allocated to any budget category may be made upon the approval of the regional center or the participant's IPP team.

Services

- Must be included in the approved Federal waiver
- Do not include generic services which must first be exhausted
- Must be documented in the participant's Individual Program Plan

7/2015

Self-Determination Program Training to Regional Centers

6

NOTES:

- Services and descriptions are subject to change pending approval by the Centers for Medicare & Medicaid Services.
- Self-Determination Services may be purchased in addition to generic services, but not replace them.
- The participant shall only purchase services and supports necessary to implement his or her IPP.
- Some providers must complete a criminal background check in order to be eligible to provide services.
- Some providers, e.g., nurses and psychiatrists, must be licensed or certified to be eligible to provide services.
- Providers who are on the federal debarment list or who have been convicted of certain crimes are not eligible to provide services.

STATUTE:

WIC 4685.8 (c)(6)

The Self-Determination Program shall only fund services and supports provided pursuant to this division that the federal Centers for Medicare & Medicaid Services determines are eligible for federal financial participation.

WIC 4685.8 (d)(3)(B)

The participant shall utilize the services and supports available within the Self-

Determination Program only when generic services and supports are not available.

WIC 4685.8 (d)(3)(C)

The participant shall only purchase services and supports necessary to implement his or her IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.

WIC 4685.8 (d)(3)(E)

The participant shall utilize the services of a financial management services provider of his or her own choosing and who is vendored by a regional center.

HANDOUT

List of services that are posted on the Department's Self-Determination Program Updates website.

Services

- The Financial Management Services provider must be vendedored by a Regional Center
- The Financial Management Services provider will work with each participant's service coordinator
- Service providers may or may not be vendedored by a regional center

7/2016

Self-Determination Program Training to Regional Centers

(7)

NOTES:

- Self-Determination Program participants are required to work with Financial Management Service providers who are vendedored by a Regional Center.
- The Financial Management Services provider will coordinate with the Regional Center on budget issues.
- There is a separate training module on Financial Management Services.

WIC 4685.8 (u)

The FMS provider shall provide the participant and the regional center service coordinator with a monthly individual budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.

Questions



Independent Facilitator

Learning Objectives

- Understand the roles, responsibilities, and training required for Independent Facilitators
- Understand the relationship between participants, financial management services providers, and regional centers

Roles and Responsibilities per statute (SB468)

- Helps participants explore different service options which can include a combination of paid and unpaid natural supports and services funded through their individual budget
 - Participants who elect not to work with Independent Facilitators may request that regional center service coordinators fulfill the role
- Receives training in the principles of self-determination, person-centered planning, and other responsibilities at his or her own cost

7/2015

Self-Determination Program Training to Regional Centers

3

NOTES:

- Not everything outlined in a participant's person-centered plan or IPP needs to cost money. It is up to the Independent Facilitator to explore all options when seeking appropriate services and service providers in the participant's community.
- The Independent Facilitator should know about available services and be able to "think outside of the box."
- The law does not specify credentials required to act as an Independent Facilitator.
- Details regarding training for Independent Facilitators will be forthcoming.

STATUTE:

Welfare and Institutions Code (WIC) WIC 4685.8 (c)(2)

...An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own cost.

WIC 4685.8(d)(3)(F)

The participant may utilize the services of an independent facilitator of his or her own choosing for the purpose of providing services and functions as described in paragraph (2) of subdivision (c)*. If the participant elects not to use an independent facilitator, he or she may use his or her regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

*See next page for full WIC reference of 4685.8 (c)(2).

Roles and Responsibilities

- Chosen and directed by the participant
- Does not provide any other services to the participant, pursuant to his or her IPP
- Is not employed by an entity or person providing services to the participant
- Any fees are paid from a participant's individual budget
- Be familiar with state law and the federal Self-Determination Program Waiver.

7/2016

Self-Determination Program Training to Regional Centers

4

NOTES:

- Self-determination participants can choose Independent Facilitators who can assist with the person-centered planning process.
- Independent Facilitators cannot provide any other services to the participant.
- Independent facilitation allows facilitators to be completely dedicated to the person they are assisting.
- Individuals who act as Independent Facilitators should also be familiar with, at a minimum, the state law and the Self-Determination Program Waiver. More information on SDP can be found at <http://www.dds.ca.gov/SDP/SDPUpdates.cfm>.

STATUTE:

WIC 4685.8 (b)(2)(E)

Choice of independent facilitators who can assist with the person-centered planning process and choice of financial management services providers vendored by regional centers who can assist with payments and provide employee-related services.

WIC 4685.8 (c)(2)

“Independent Facilitator” means a person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to his or her IPP and is not employed by a person providing services to the participant. The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and

supports consistent with the participant's Individual Program Plan. He or she is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the Individual Program Plan, and obtaining identified services and supports. The cost of the independent facilitator, if any, shall be paid by the participant out of his or her individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own risk.

May assist with:

- Allocating the individual budget based on needs identified in the Person-Centered Plan
- Locating, accessing and coordinating services
- Identifying immediate and long-term needs
- Advocating on behalf of the participant in the person-centered planning process and development of the IPP
- Obtaining services and supports

7/2016

Self-Determination Program Training to Regional Centers

5

NOTES:

- Functions could include:
 - Assisting the participant in making informed decisions about the individual budget; locating, accessing, and coordinating services and supports consistent with the participant's Individual Program Plan.
 - Assisting in identifying immediate and long-term needs and developing options to meet those needs.
 - Leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the Individual Program Plan, and obtaining identified services and supports.
- Ongoing supporter that helps to:
 - Develop long-term vision of the desired life
 - Develop long-term strategies to IPP goals
 - Connect IPP goals to supports
 - Acquire supports
 - Access critical generic resources
 - Prioritize and plan support

Other Relationships

- May be available during development of the participant's individual budget
- May advocate on behalf of the participant ensuring that service coordinators are aware of the individual's preferences
- May be a liaison to the regional center and Financial Management Services provider.

7/2016

Self-Determination Program Training to Regional Centers

6

NOTES:

- While it is important that the Independent Facilitator's capabilities match the participant's needs, the Independent Facilitator should also develop and maintain good rapport with the Financial Management Service provider and the regional center service coordinator.
- As the liaison to the regional center and Financial Management Services provider, the Independent Facilitator communicates with individuals and entities involved in the provision of services and supports.
- May assist with determining whether settings chosen by the participant meet the federal home and community-based services settings requirements.

Questions



Background Checks

Learning Objectives

- Understand the purpose of background checks.
- Know who is required to submit to a background check before providing services to a participant in the Self-Determination Program.
- Understand the process in California for getting a background check.

Who needs one?

- **Individuals who provide direct personal care**
 - This includes anyone who provides these services under the Self-Determination Program
 - Only one background check is required for a direct personal care services employee who is serving more than one Self-Determination Program participant
- **All other providers at the request of a participant or the participant's financial management service**

2/2016

Self-Determination Program Training to Regional Centers

3

NOTES

- Individuals, including family members, who provide direct personal care services (assistance with dressing, grooming, bathing or personal hygiene services).
- All other providers of services for whom a background check is requested by a participant or the participant's financial management service.

STATUTE

WIC 4685.8 (w)

To protect the health and safety of participants in the Self-Determination Program, the department shall require a background check in accordance with all of the following:

(1) The department shall issue a program directive that identifies nonvendored providers of services and supports who shall obtain a background check pursuant to this subdivision. At a minimum, these staff shall include both of the following:

(A) Individuals who provide direct personal care services to a participant.

(B) Other nonvendored providers of services and supports for whom a background check is requested by a participant or the participant's financial management service.

Why it's needed?

- To protect the health and safety of participants in the Self-Determination Program
 - Screen qualified candidates for employment
 - Protect participants and families
 - Reduce hiring agencies' liability

02/2016

Self-Determination Program Training to Regional Centers

4

NOTES

- Securing a background check on individuals prior to hiring helps evaluate a candidate for a position that places him/her in a position of trust for vulnerable elders and persons with disabilities. In the Self-Determination Program, any service provider required to get a background check must have his or her fingerprints submitted to the Department of Justice prior to employment.
- The California Department of Justice (DOJ) is mandated to maintain the statewide record repository for the State of California. The DOJ uses this information to compile records of arrest and prosecution, known as "RAP sheets," for individuals and disseminates the information for law enforcement and regulatory (employment and licensing) purposes. RAP sheets are based upon fingerprint submissions through a process by which a person's unique identity is confirmed.

How does it work?

- The cost for fingerprinting is the responsibility of the service provider
- The participant's financial management services provider can direct potential candidates for employment to fingerprinting locations
- Detailed information is available on the website for the State of California, Department of Justice, Office of the Attorney General, <https://oag.ca.gov/fingerprints>

7/2018

Self-Administration Program Training for Regional Centers

5

NOTES

- While the financial management services (FMS) provider may assist service providers in the initial steps of the background check process, e.g., directing them to appropriate locations where fingerprints can be taken, the FMS provider works on behalf of participants – not service providers.
- The cost of a background check may vary, but is generally around \$50 for DOJ to complete a California history and \$75 to complete an FBI history (which includes California background check).
- Results of background checks are sent to the agency who requested the background check, in this case, the Department of Developmental Services (DDS).
- DDS will notify the FMS provider of whether or not a clear background check was received.
- An applicant may begin employment after their fingerprints have been submitted to DOJ, but may work directly with consumers only after a clear background check was received or the applicant has obtained an exemption to work.
- A service provider with a history record may request an exemption to work, subject to approval by the Director of DDS or his/her designee.
- Note: there's no specific time frame to expect a background check to be accomplished due to the unpredictable nature of the systems that provide information or additional time that may be required for investigation.

HANDOUT

“Background checks,” a more complete description of steps taken by these entities is posted at <http://www.dds.ca.gov/SDP/backgroundChecks.cfm>.

STATUTE

WIC 4685.8 (w)(8)

...The costs of the fingerprints and the financial management service’s administrative cost authorized by the department shall be paid by the services and supports provider or his or her employing agency...

Questions



7/2016

Self-Determination Program Training to Regional Centers

6

History and Principles of Self-Determination

Learning Objectives

- Understand the relationship between the history and principles of self-determination and the implementation of the Self-Determination Program in California
- Understand the importance of grassroots efforts by consumers, families, and advocacy groups in passage of the law
- Know the 5 principles of Self-Determination

7/2016

Self-Determination Program Training to Regional Centers

2

TALKING POINTS:

- It is important to understand the “academic” aspects of self-determination. This module will provide an overview of what self-determination is from the perspective of history, philosophy and principles.

Definition

Self-Determination is “a means by which individuals who are eligible for state developmental disabilities services are empowered to gain control over the selection of services, or supports, that meet their own needs. The principles and values of self-determination are implemented through new configurations of services and supports in combination with existing services.”

Fenton, G. and Hart, K. (eds.) 1997. Beyond Managed Care: Volume II: An Owner's Manual for Self-Determination. Concord, NH: The Robert Wood Johnson Foundation.



TALKING POINTS:

- In the United States, the concept of Self-Determination was framed into a service delivery model, through the work of the Robert Wood Johnson Foundation:
 - “Working toward a more cost-effective system for serving persons with developmental disabilities while simultaneously giving those persons and their families more choice in determining the services they receive.
 - “In the mid-1990s, state programs serving individuals with developmental disabilities faced three serious problems: rapidly rising costs for services, insufficient resources to serve everyone who needed help and fixed sets of services that gave individuals and their families little control over what services were provided, when or how.” (*RWJ Center*)

AVAILABLE TO DOWNLOAD:

<http://www.rwjf.org/en/library/research/2007/10/self-determination-for-persons-with-developmental-disabilities.html>

In Other Words...

Self-Determination is a program where an individual (or his or her parents or legal representative) is given a specific budget from which they can purchase the services and supports that they need to make their person-centered plan work for them.

TALKING POINTS:

- As a PROGRAM, self-determination involves setting aside money (a budget) for a person so that she or he can arrange for, and pay for the services, she or he needs.

History and Background

- The Lanterman Act lays the ground work for self-determination
- 1998 Self-Determination Pilots
- Significant grassroots effort by consumers, families and advocacy groups to pass a law to expand Self-Determination to include additional participants
- Senate Bill 468 (Chapter 683, Statutes of 2013), established the Self-Determination Program in law, including five principles to guide the program

7/2016

Self-Determination Program Training to Regional Centers

5

TALKING POINTS:

- The Lanterman Act entitles individuals with developmental disabilities to the services and supports they need to live a more independent and normal life.
- In 1998, California began piloting Self-Determination through the regional center system. The 1998 Pilot Project was implemented in 5 regional centers, started with approximately 200 consumers and is ongoing today.
- The passage of SB 468 (Chapter 683, Statutes of 2013) occurred following significant efforts by consumers, families, advocacy groups and legislators to expand the Self-Determination pilot statewide and to a greater number of participants. The law, which started as just an idea amongst families and advocates to expand consumer choice, was unanimously supported by the Legislature.
- SB 468 provided that Self-Determination would be available in every regional center catchment area to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP, in accordance with program requirements.

Principles of Self-Determination

Freedom

Authority

Support

Responsibility

Confirmation

Freedom

... to exercise the same rights as all citizens; to establish, with freely chosen supporters, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them...

TALKING POINTS:

- Freedom. . . . to plan a good life
 - The ability for a person with a disability, along with freely chosen family and friends, to plan their own lives, with necessary support, rather than purchase a program.

STATUTE:

Welfare and Institutions Code (WIC) 4685.8 (z)(2)(A)

Freedom, which includes the ability of adults with developmental disabilities to exercise the same rights as all citizens; to establish, with freely chosen supporters, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them; and, for families, to have the freedom to receive unbiased assistance of their own choosing when developing a plan and to select all personnel and supports to further the life goals of a minor child.

Authority

... to control a certain sum of dollars in order to purchase services and supports of their choosing.



TALKING POINTS:

Authority. . . over a participant's resources

STATUTE:

WIC 4685.8 (z)(2)(B)

Authority, which includes the ability of a person with a disability, or family, to control a certain sum of dollars in order to purchase services and supports of their choosing.

Support

... to arrange resources and personnel, both formal and informal, that will assist a person with a disability to live a life in his or her community that is rich in community participation and contributions.



TALKING POINTS:

Support. . . . for building a life in the community

STATUTE:

WIC 4685.8 (z)(2)(C)

Support, which includes the ability to arrange resources and personnel, both formal and informal, that will assist a person with a disability to live a life in his or her community that is rich in community participation and contributions.

Responsibility

...to be accountable for the use of public dollars, and to accept a valued role in their community through, for example, competitive employment, organizational affiliations, spiritual development, and general caring of others in their community.

7/2016

Self-Determination Program Training to Regional Centers

(10)

TALKING POINTS:

Responsibility...for decisions and to be accountable for the use of public dollars.

STATUTE:

WIC 4685.8 (z)(2)(D)

Responsibility, which includes the ability of participants to take responsibility for decisions in their own lives and to be accountable for the use of public dollars, and to accept a valued role in their community through, for example, competitive employment, organizational affiliations, spiritual development, and general caring of others in their community.

Confirmation

...of the critical role of participants and their families in making decisions in their own lives and designing and operating the system on which they rely.

7/2016

Self-Determination Program Training to Regional Centers

11

TALKING POINTS:

- Confirmation includes—
 - Participants and families playing important leadership roles in a newly-designed system. Families and their family members can strive to become involved in the systems they utilize and to provide feedback for improvement purposes. For example, becoming mentors to other families/individuals, participating in advocacy and leadership opportunities, and actively working within the systems as partners.

STATUTE:

WIC 4685.8 (z)(2)(E)

Confirmation, which includes confirmation of the critical role of participants and their families in making decisions in their own lives and designing and operating the system that they rely on.

In Other Words...

Self-Determination is:

- Having a choice
- Individuals knowing more about themselves
- Having dreams and goals and going after them
- Being in control
- Making their own decisions
- Spending money their way
- About dignity and respect

Self Advocacy Association of New York State, 2005

Questions



Roles and Responsibilities

7/2016

Self-Determination Program Training for Regional Centers

{ 1 }

Learning Objectives

Examine the roles and responsibilities of various entities as defined by law and by the Self-Determination Program Waiver application

7/2016

Self-Determination Program Training to Regional Centers

2

TALKING POINTS:

- Statutory responsibility for implementing the Self-Determination Program is contained in Welfare & Institutions Code section 4685.8.
- This module provides an overview of responsibilities for these various entities.

HANDOUT:

Self-Determination Program (SDP) Responsibilities Chart (WIC 4685.8)

Regional Centers

- Implement the Self-Determination Program
- Establish local volunteer advisory committees
- Establish agreements with local consumer or family-run organizations to conduct outreach and training
- Conduct required Pre-Enrollment Informational Meetings and orientations
- Vendorize financial management services providers

7/2015

Self-Determination Program Training to Regional Centers

4

NOTES

- The Self-Determination Program will be offered statewide with slots available for up to 2500 participants in the first 3 years; there is the option to expand for developmental center consumers. Each regional center is responsible for implementation. Implementation activities will include, but are not limited to, setting up the individual budget, and working with an Independent Facilitator if the participant chooses to have one.
- All regional centers have established and convened a local volunteer advisory committee in partnership with the State Council on Developmental Disabilities regional office.
- Regional centers, in partnership with the SCDD regional offices and local volunteer advisory committees will need to conduct Pre-Enrollment Informational Meetings and orientations.

STATUTE

WIC 4685.8. (a) ...Following the phase-in period, the program shall be available on a voluntary basis to all regional center consumers, including residents in developmental centers who are moving to the community, who are eligible for the Self-Determination Program. The program shall be available to individuals who reflect the disability, ethnic, and geographic diversity of the state. The Department of Finance may approve, upon a request from the department and no sooner than 30 days following notification to the Joint Legislative Budget Committee,

an increase to the number of consumers served by the Self-Determination Program before the end of the three-year phase-in period.

WIC 4685.8 (t) – Each regional center shall be responsible for implementing the SDP as a term of its contract under WIC Section 4629. As part of implementing the program, the regional center shall do both of the following:

- Contract with local consumer or family-run organizations to conduct outreach including special outreach to underserved communities.
- Conduct SDP training, jointly with local consumers or family run organizations.

WIC 4685.8 (x)(1) - Each regional center shall establish a local volunteer advisory committee to provide oversight of the Self-Determination Program. The regional center and the area board shall each appoint one-half of the membership of the committee. The committee shall consist of the regional center clients' rights advocate, consumers, family members, and other advocates, and community leaders.

Regional Centers

- When requested, provide participants the support necessary to transition into and out of the Self-Determination Program

7/2016

Self-Determination Program Training to Regional Centers

5

NOTES

- The Self-Determination Program is voluntary and participants may decide to return to traditional service delivery. If so, regional centers must provide the support necessary to do so, including development of a new Individual Program Plan to reflect the change. More information about this is covered in the Participant Rights training.
- The change must be made seamlessly with no gap in services and supports during the transition period.

STATUTE

- WIC 4685.8 (h) – If at any time during participation in the Self-Determination Program a regional center determines that a participant is no longer eligible to continue in, or a participant voluntarily chooses to exit, the Self-Determination Program, the regional center shall provide for the participant's transition from the Self-Determination Program to other services and supports. This transition shall include the development of a new IPP that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

Individual Program Planning Team

- Use the person-centered planning process in the development of participants' Individual Program Plans
- Determine the individual budget taking into consideration changes in circumstances or unmet needs
- Attach the completed budget to the Individual Program Plan

7/2016

Self-Determination Program Training to Regional Centers

6

NOTES

- There is no change to what is currently required during the development of an Individual Program Plan in the Self-Determination Program.
- There will be a separate module on Person-Centered Planning and the Individual Budget.

STATUTE

- WIC 4685.8 (k) – The IPP team shall utilize the person-centered planning process to develop the IPP for a participant. The IPP shall detail the goals and objectives of the participant that are to be met through the purchase of participant-selected services and supports. The IPP team shall determine the individual budget to ensure the budget assists the participant to achieve the outcomes set forth in his or her IPP and ensures his or her health and safety. The completed individual budget shall be attached to the IPP.
- WIC 4685.8 (p) – The IPP team shall annually ascertain from the participant whether there are any circumstances or needs that require a change to the annual individual budget.

Service Coordinators

- Many current responsibilities will remain the same
- Additional responsibilities:
 - Determining an individual budget
 - Working with an independent facilitator if chosen

7/2016

Self-Determination Program Training to Regional Centers

(7)

NOTES

- Service coordinators are also responsible for ensuring that the services and supports in the Individual Program Plan are consistent with the approved Self-Determination Program. There is a separate module on Self-Determination Program Services and Supports and the role of the independent facilitator.
- Service coordinators are required to participate during the development of an Individual Program Plan. However, service coordinators should only participate in a Self-Determination Program participant's pre-planning meetings if invited by the participant.

STATUTE

WIC 4685.8 (d)(3)(F)

- ... If the participant elects not to use an independent facilitator, he or she may use his or her regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

Independent Facilitator

- A person selected by the participant who can assist in making informed decisions about services and supports
- Must receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities at her or his cost
- Must ensure choices are documented in the Individual Program Plan
- Any fees are paid from a Self-Determination Program participant's budget

7/2016

Self-Determination Program Training to Regional Centers

8

NOTES

- An Independent Facilitator helps the participant make decisions about their budget and helps locate and coordinate services
- Use of an Independent Facilitator is optional
- There is a separate training module on Independent Facilitator

STATUTE

WIC 4685.8 (c)(2)

- The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP... The cost of the independent facilitator, if any, shall be paid by the participant out of his or her individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own cost.

WIC 4685.8 (d)(3)(F)

- ... If the participant elects not to use an independent facilitator, he or she may use his or her regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

Local Volunteer Advisory Committee

- Review the development and ongoing progress of the Self-Determination Program
- Offer recommendations for ongoing improvement
- Collaborate with the regional center to conduct outreach and provide training about the Self-Determination Program

7/2016

Self-Determination Program Training to Regional Centers

9

NOTES

- Members of each of the 21 local volunteer advisory committees are appointed as follows: Half of the members are appointed by the regional center and half are appointed by the State Council on Developmental Disabilities regional office.
- The clients rights advocate for the area also serves on each committee.

STATUTE

WIC 4685.8 (x)(1)

- Each regional center shall establish a local volunteer advisory committee to provide oversight of the Self-Determination Program... The committee shall review the development and ongoing progress of the SDP, including whether the program advances the principles of self-determination and is operating consistent with the requirements of this section, and may make ongoing recommendations for improvement to the regional center and the department.

WIC 4685.8 (t)(1)(2)

(t) Each regional center shall be responsible for implementing the Self-Determination Program as a term of its contract under Section 4629. As part of implementing the program, the regional center shall do both of the following:

- (1) Contract with local consumer or family-run organizations and consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (x) to conduct outreach through local meetings or forums to consumers and their families

to provide information about the Self-Determination Program and to help ensure that the program is available to a diverse group of participants, with special outreach to underserved communities.

(2) Collaborate with the local consumer or family-run organizations identified in paragraph (1) to jointly conduct training about the Self-Determination Program. The regional center shall consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (x) in planning for the training, and the local volunteer advisory committee may designate members to represent the advisory committee at the training.

Statewide Advisory Committee

Meet to identify—

- Self-determination best practices
- Effective consumer and family training materials
- Implementation concerns
- Systemic issues
- Ways to enhance the program
- Recommendations

7/30/16

Self-Determination Program Training to Regional Centers

(10)

NOTES

- The Statewide Self-Determination Advisory Committee consists of the chairpersons for each of the local volunteer advisory committees and are required to meet at least twice annually.

STATUTE

WIC 4685.8 (x)(2)

- ...The Statewide Self-Determination Advisory Committee shall meet by teleconference or other means established by the council, to identify self-determination best practices, effective consumer and family training materials, implementation concerns, systemic issues, ways to enhance the program, and recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports...

State Council on Developmental Disabilities

- Partner with regional centers to appoint local volunteer advisory committees
- Form the Statewide Self-Determination Advisory Committee
- Share Self-Determination Program information
- Issue a report to the Legislature with recommendations to enhance the effectiveness of the Self-Determination Program

7/2016

Self-Determination Program Training to Regional Centers

11

NOTES

- Share information received from relevant sources with consumers, families, regional centers, and the Department.
- Make recommendations, as needed to improve the program's effectiveness in furthering the principles of self-determination.
- May be involved in participant surveys

STATUTE

WIC 4685.8 (x)(2)

- The State Council on Developmental Disabilities shall form a volunteer committee, to be known as the Statewide Self-Determination Advisory Committee, comprised of the chairs of the 21 local advisory committees or their designees. The council shall convene the Statewide Self-Determination Advisory Committee twice annually, or more frequently in the sole discretion of the council. The Statewide Self-Determination Advisory Committee shall meet by teleconference or other means established by the council, to identify self-determination best practices, effective consumer and family training materials, implementation concerns, systemic issues, ways to enhance the program, and recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports. The council shall synthesize information received from the Statewide Self-Determination Advisory Committee, local advisory committees, and other sources, shall share the information with consumers, families, regional centers, and

the department, and shall make recommendations, as appropriate, to increase the program's effectiveness in furthering the principles of self-determination.

WIC 4685.8 (z)(1)

- The State Council on Developmental Disabilities, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research, and Service, may work with regional centers to survey participants regarding participant satisfaction under the Self-Determination Program, and, when data is available, the traditional service delivery system, including the proportion of participants who report that their choices and decisions are respected and supported and who report that they are able to recruit and hire qualified service providers, and to identify barriers to participation and recommendations for improvement.

WIC 4685.8 (z)(2)

- The council, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research, and Service, shall issue a report to the Legislature, in compliance with Section 9795 of the Government Code, no later than three years following the approval of the federal funding on the status of the Self-Determination Program authorized by this section, and provide recommendations to enhance the effectiveness of the program...

Program Participants

Must agree to all of the following:

- Participate in an orientation on SDP
- Utilize generic services and supports first
- Only purchase services and supports necessary to implement his or her Individual Program Plan
- Manage his or her individual budget
- Utilize the services of a financial management services provider

7/2016

Self-Determination Program: Training to Regional Centers

12

NOTES

- This information is also covered in other modules.

STATUTE

WIC 4685.8 (c)(5) – “Participant” means an individual, and when appropriate, his or her parents, legal guardian or conservator, or authorized representative, who has been deemed eligible for, and has voluntarily agreed to participate in, the Self-Determination Program.

WIC 4685.8 (d)(3) – The participant agrees to all of the following terms and conditions:

- The participant shall receive an orientation to the Self-Determination Program prior to enrollment...
- The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.
- The participant shall only purchase services and supports necessary to implement his or her IPP and shall comply with any and all other terms and conditions for participation in the SDP described in this section.
- The participant shall manage SDP services and supports within his or her individual budget.
- The participant shall utilize the services of a financial management services provider of his or her own choosing and who is vendored by a regional center.
- The participant may utilize the services of an independent facilitator of his or her own choosing for the purpose of providing services and functions... If the

participant elects not to use an independent facilitator, he or she may use his or her regional center service coordinator to provide services and functions...

WIC 4685.8 (I)

The participant shall implement his or her IPP, including choosing and purchasing the services and supports allowable under this section necessary to implement the plan...

Department of Developmental Services

Must ensure that regional centers are trained in the principles of self-determination, the mechanics of the Self-Determination Program, and the rights of consumers and families as candidates for, and participants in, the Self-Determination Program

7/2016

Self-Determination Program training to Regional Centers

13

Department of Developmental Services

- Apply for and secure federal funding
- Issue program directives until the time regulations can be adopted
- Develop informational materials
- Facilitate criminal background checks for those that are required
- Report to the Legislature on program information beginning January 1, 2017

7/2016

Self-Determination Program training to Regional Centers

14

NOTES

- The Department is responsible for oversight of the Self-Determination Program, for ensuring regional centers are implementing the Program according to the law, and for monitoring this through contracts with the regional centers.
- Discuss status of waiver approval process
- Explain selection (Enrollment) process (*use handout from website*)
- Give location of informational materials on DDS SDP web page (<http://www.dds.ca.gov/SDP/Index.cfm>)

Financial Management Services

- Only provider required to vendor with regional center
- Assists participants to manage and direct distribution of funds
- Ensures participants have financial resources to stay within their budgets
- Provides monthly statements to the participant and service coordinator

7/2016

Self-Determination Program Training to Regional Centers

15

NOTES

- There is a separate training module on Financial Management Services.
- Adheres to the same sections in the California Code of Regulations Title 17 as traditional Regional Center programs

STATUTE

WIC 4685.8(v)

- The financial management services provider is required to apply for vendorization for the Self-Determination Program.

WIC 4685.8(c)(1)

- The financial management services provider shall meet the requirements of Sections 58884, 58886, and 58887 of Title 17 of the California Code of Regulations and other specific qualifications established by the department;
 - assist the participant to manage and direct the distribution of funds contained in the individual budget; and,
 - ensure that the participant has the financial resources to implement his or her IPP throughout the year.

WIC 4685.8(u)

- The financial management services provider shall provide the participant and the regional center service coordinator with a monthly individual budget statement.

Department of Justice

- Receives requests from the Department of Developmental Services to check providers' criminal histories
- Provides responses to those requests
- Charges fees to the Department to cover processing costs

7/2016

Self-Determination Program training to Regional Centers

(16)

NOTES

- It is important to know that the Department of Developmental Services follows the process that is authorized under the Lanterman Act for Family Home Agencies.
- There is a separate training module on Background Checks.

STATUTE

Questions



Participant Eligibility, Rights, and Responsibilities

Learning Objectives

- Eligibility requirements
- Requirements for participation
- Understand the rights of consumers and families as candidates for, and participants in, the Self-Determination Program

7/2016

Self-Determination Program Training to Regional Centers

2

NOTES

This training is about participant eligibility, responsibilities, and rights but it is also important to note that individuals maintain all the current rights they have as a regional center consumer under the Lanterman Act.

Eligibility

Participation in the Self-Determination Program is available to people who:

- Are regional center consumers
- Agree to the terms and conditions specified in statute

7/2019

Self-Determination Program: Training to Regional Centers

3

NOTES

- To participate in the Self-Determination Program, a person with a developmental disability must:
 1. Be a regional center consumer, and
 2. Agree to the terms and conditions specified in statute
- Consumers residing in a developmental center may be eligible for the Self-Determination Program if they are expected to transition to the community within 90 days.
- Participants do not have to be in the Medi-Cal program.

STATUTE

Welfare and Institutions Code (WIC) 4685.8 (a)

...Following the phase-in period, the program shall be available on a voluntary basis to all regional center consumers, including residents in developmental centers who are moving to the community, who are eligible for the Self-Determination Program. The program shall be available to individuals who reflect the disability, ethnic, and geographic diversity of the state. The Department of Finance may approve, upon a request from the department and no sooner than 30 days following notification to the Joint Legislative Budget Committee, an increase to the number of consumers served by the Self-Determination Program before the end of the three-year phase-in period.

WIC 4685.8 (d)(2)

Participation in the Self-Determination Program shall be available to any regional center consumer who meets the following eligibility requirements...The consumer does not live in a licensed long-term health care facility, as defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations. An individual, and when appropriate his or her parent, legal guardian or conservator, or authorized representative, who is not eligible to participate in the Self-Determination Program pursuant to this paragraph may request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that he or she is reasonably expected to transition to the community within 90 days. In that case, the regional center shall initiate person-centered planning services within 60 days of that request.

WIC 4685.8(e)

A participant who is not Medi-Cal eligible may participate in the Self-Determination Program and receive self-determination services and supports if all other program eligibility requirements are met and the services and supports are otherwise eligible for federal financial participation.

Requirements for Participation

All candidates for the Self-Determination Program must agree to:

- Receive an orientation to the Self-Determination Program prior to enrollment
- Utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available

NOTES

Generic services and supports are covered in a subsequent training module.

STATUTE

WIC 4685.8(d)(3)

- (A) The participant shall receive an orientation to the Self-Determination Program prior to enrollment, which includes:
- the principles of self-determination
 - the role of the independent facilitator
 - the role of the financial management services provider
 - person-centered planning, and
 - development of a budget
- (B) The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

Requirements for Participation

- Only purchase services and supports necessary to implement his or her Individual Program Plan
- Manage Self-Determination Program services and supports within his or her individual budget
- Utilize the services of a financial management services provider of his or her own choosing and who is vended by a regional center

7/2016

Self-Determination Program Training to Regional Centers

5

STATUTE

WIC 4685.8(d)(3)

(C) The participant shall only purchase services and supports necessary to implement his or her IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.

(D) The participant shall manage Self-Determination Program services and supports within his or her individual budget.

(E) The participant shall utilize the services of a financial management services provider of his or her own choosing and who is vended by a regional center.

Exiting from Participation

- A participant may voluntarily choose to leave the Self-Determination Program at any time and return to traditional service delivery
 - He or she cannot return to the Program for at least 12 months
- Regional centers must ensure that there is no gap in delivery of services and supports

6/2016

Self-Determination Program Training to Regional Centers

6

STATUTE

WIC 4685.8 (i)

An individual determined to be ineligible for or who voluntarily exits the Self-Determination Program shall be permitted to return to the Self-Determination Program upon meeting all applicable eligibility criteria and upon approval of the participant' planning team, as described in subdivision (j) of Section 4512. An individual who has voluntarily exited the Self-Determination Program shall not return to the program for at least 12 months. During the first three years of the program, the individual's right to return to the program is conditioned on his or her regional center not having reached the participant cap imposed by paragraph (1) of subdivision (b).

What happens if the participant moves?

- Participants may elect to continue to receive self-determination services and supports if he or she transfers to another regional center catchment area
- The balance of the participant's individual budget will be reallocated to the regional center to which he or she transfers

NOTES

WIC 4685.8 (j)

An individual who participates in the Self-Determination Program may elect to continue to receive self-determination services and supports if he or she transfers to another regional center catchment area, provided that he or she remains eligible for the Self-Determination Program pursuant to subdivision (d). The balance of the participant's individual budget shall be reallocated to the regional center to which he or she transfers.

Questions



**REVIEW & COMMENT ON
PRE-ENROLLMENT
PROCESS**

Pre-enrollment process – for discussion:

1. DDS provides training for regional centers on conducting pre-enrollment meetings (see #3 for who will lead pre-enrollment meetings.) Projected completion of needed documents described below is 10/31/16.
2. Consumers need to participate in pre-enrollment meeting and receive verification of attendance. For discussion; off-site participation (e.g. webinar)
3. Who can lead these meetings?
 - a. Regional Centers
 - b. Anyone/organization who has received training regarding leading pre-enrollment meetings from DDS or regional centers and agrees to use standard information
 - c. RCs maintain a list (and submit to DDS) of all those who have completed this “train the trainers” training.
4. Pre-enrollment meetings conducted using materials developed by stakeholders and DDS. Content includes:
 - a. Definition of self-determination
 - b. Comparison to current service delivery
 - c. Roles and responsibilities
 - d. Enrollment selection process
5. Standardized “attendance verification” form given to everyone who attends. At the end of the meeting, people will be asked if they want to be considered for enrollment. This choice can be changed at a later time by notifying the regional center. Will need to provide email and/or address so DDS can send verification later.
6. Standardized form used by trainers to report to RCs a list of those who attended. Form will also identify which attendees want to be considered for enrollment. For discussion: to whom at the RC should these go? What info will consumers need to provide other than name and RC?
7. RCs report to DDS everyone who has participated in a pre-enrollment meeting and want to be considered for enrollment.
 - a. DDS sends confirmation to consumer
 - b. Also develop way for consumers/families to verify via the DDS website that their name was forwarded to DDS

**SURVEY LOCAL SD
ADVISORY COMMITTEE'S
OUTREACH EFFORTS & RESULTS**

AGENDA ITEM DETAIL SHEET

ISSUE: What is the status of self-determination outreach efforts?

BACKGROUND: In the three years since the passage of the self-determination law, regional centers and local Self-Determination Advisory Committees have been active in telling clients and families about the program. Some have asked whether these efforts have been complete or is there more that can be done.

ANALYSIS/DISCUSSION: Committee Members are asked to report on the following questions:

1) Please provide:

- the number of clients served by your Regional Center
- the number of Self-Determination slots allotted to your Regional Center for the first three years
- the number of people who have indicated that are interested in Self-Determination (if this is being tracked)

2) What actions have been taken by your local Self-Determination Advisory Committee and/or Regional Center to spread the word about Self-Determination within your region?

3) Approximately what percentage of your population is familiar with Self-Determination?

4) Have there been any significant gaps in outreach efforts? If so, what are the plans to address those gaps?

4) What resources do you have available to reach people who speak languages other than English?

5) Is data being collected regarding the effectiveness in spreading the word about Self-Determination?

COUNCIL STATE PLAN OBJECTIVE: Goal 1, Object 1: Self Advocacy

RECOMMENDATION(S): Prepare the committee feedback into a "State of Outreach" report to the Department of Developmental Services

ATTACHMENT(S): None

PREPARED: Aaron Carruthers, October 17, 2016

INFORMATIONAL MATERIAL

Statewide Self-Determination Work Group
Notes
September 26, 2016

Agenda items and comments

1. Welcome
2. Recap May 25th meeting
 - Look at CMS application and look at all services included in the application.
 - Dialogue with CMS includes questions about Self-Determination plus responses by stakeholders. Overall DDS is pleased to see things are productive and moving forward.
 - To be finalized soon by DDS
 - Pre-Enrollment trainings framework
 - Modules for training in Person Centered Planning (PCP)
 - Independent Facilitator information
3. Waiver Update
 - CMS wants from DDS (ASAP)
 - Community integrated needs to be more identifiable and clarified in certain areas
 - Costs of Financial Management System (FMS) providers
 - Respite needs to be defined by type
 - To determine if Crisis facilities and the 'up to 30-day' treatment is adequate (as after 30-days CMS can determine it unsuitable as an appropriate setting).
 - DDS comments it has made significant progress, there are now 30 questions for which to respond
 - There are 30 service categories that need to fit the Regional Center service codes. These need to line up as 'budget categories' and consumers have 10% allowable movement within the categories. CMS provided 'informal responses' and the following were specifically discussed:
 - Respite - CMS only wants respite, not day care
 - Advocacy - It is recommended to keep Advocacy services and Independent Facilitator (IF) services separate. Advocacy services needs to be clarified (securing attorneys, benefits management, SSI, etc.) as it is different than IF services. The group suggested that all advocates are not required to take the training IF's are to receive.
 - Crisis Intervention and Support – CMS suggests considering defining short term as 30 days or less. If more than 30 days CMS would need to further discuss settings implications. Group members noted that mobile crisis intervention is an effective service to assist in preventing many in-patient crisis treatments.
 - Community Integration and Employment – It is recommended to separate these services and supports.
 - Home and Community Based Settings – CMS requests that DDS explain all places people with I/DD can receive services.
 - Payment for Financial Management System (FMS) – FMS is paid by the regional center, a flat fee. Current S-D pilot families are concerned now as they will lose funding for S-D as they now may have to pay for FMS.
4. Training Modules
 - DDS is planning to provide training to 5 to 6 Regional Centers (near Sacramento area) on Self-Determination in November 2016 (required by law). The training will cover the History and Principles of Self-Determination including:
 - Learning Objectives
 - Definition
 - History and Background
 - Principles of Self-Determination

- Judy Mark to e-mail to the workgroup the S-D Training PowerPoint with a 'test' template she offers after each of her S-D trainings.
 - DDS states they will work on responses to CMS as priority over trainings.
 - The timeline for CMS responses is as follows:
 - DDS hopes to get responses to CMS by October 31, 2016. CMS then back to DDS by January 2017 and DDS to return by February 2017 and post by May 2017 for approval. Noted by group, it has been almost 3 years since S-D was signed by Governor Brown.
 - Recommended by committee that local S-D Advisory Committees (SDAC) members should be involved in S-D trainings.
 - SCDD admin. Noted the State Council Regional Offices are offering S-D trainings around the State.
5. Pre-enrollment Informational Meetings
- Pre-enrollment curriculum by DDS will be ready by the end of October 2016
 - Workgroup suggests on-line option
 - Regarding who can lead the meetings, add the local S-D Advisory Committees (SDAC) and SCDD as well
 - SCDD requested DDS to keep SDACs moving forward on informational meetings about S-D
 - There will be a script that informs about the pre-enrollment process
 - A standardized verification form will be developed for a consumer/family member to take to the service coordinator
6. Independent Facilitator Training – Discussion
- DDS needs to have identified qualified trainers, CMS is needing this information soon.
 - Qualifications of the “trainers”, they should be certified under the Person Centered Planning (PCP) approach
 - Important aspect of the facilitator (IF) – to translate the PCP into the Individual Program Plan (IPP)
 - The following IF/PCP trainings and/or suggested contacts were mentioned: South Central LA Regional Center is doing training on IF; Doug Pascover (KRC area); PCP in TCRC area; and Liz Harrel in LA area.
7. Document Drafts – Review and Discussion – Budget Categories – Self-Determination Orientation: Abuse and Neglect
- Budget Categories need to be identified under:
 - Living Arrangement
 - Employment and Community Participation
 - Health and Safety
 - These following services need to fall under one of the three *above* categories
 - FMS (Option suggested: FMS would be its own category)
 - Advocacy
 - Technology
 - Transition/Set-Up Expenses
 - Transportation
 - Vehicle Modifications and Adaptations
 - Integrative Therapies
 - Independent Facilitator
 - Communication Support Services
 - NOTE: DDS plans to consult with DDS' Consumer Advisory Committee as well.
 - For the orientation of Abuse and Neglect, DDS to add “This is a crime” to its document. If you “Suspect” wrongdoing, that’s when you report.
8. DDS Statewide Self-Determination Workgroup update
- October 26, 2016 phone meeting for update on CMS questions (Coordinated by DDS)
9. Next SSDAC Meeting
- October 27, 2016 12-4pm at Crowne Plaza Hotel, Sacramento, CA. (Statewide S-D meeting coordinated by SCDD)